

Annual Report 2025

ESEAOR
PPF





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Notes

Throughout this report, the terminology 'Member Association (MA)' includes IPPF Member Associations and Collaborative Partners.

Due to rounding, numbers presented in this report may not add up exactly to totals provided. Percentages reflect absolute and not rounded figures, and may not add up to 100 per cent.

Some figures may differ from those reported in the 2023–24 ESEAOR Annual Report due to the inclusion of updated and complete data received after publication.

The report includes data from service delivery points owned and operated directly by MAs, and service delivery points owned and operated by partners, where the MA provides guidance, supervision, commodities and/or other support (known as Associated Health Facilities).

**The photographs used in this publication are for illustrative purposes only; they do not imply any attitude, behaviours or actions on the part of any person who appears in them.*

Who we are

The International Planned Parenthood Federation East & South East Asia and Oceania Region (IPPF ESEAOR) is a global healthcare provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide Federation of national organisations working with and for communities and individuals in 23 countries in IPPF ESEAOR.

23

MEMBER ASSOCIATIONS AND COLLABORATIVE PARTNERS

8,788

SERVICE DELIVERY POINTS

50,303

VOLUNTEERS

1 REGIONAL OFFICE + 1 SUB-REGIONAL OFFICE FOR THE PACIFIC

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Message from the Regional Director



2025 began in chaos. The year began with an unprecedented, direct assault on the global sexual and reproductive health and rights (SRHR) architecture. The dismantling of USAID and suspension of global health assistance by the US Administration sent shockwaves across the world. Almost overnight, programmes supporting family planning, gender equality, HIV prevention, treatment, and care, humanitarian response, and community-led health initiatives were at risk. Across Asia and the Pacific, organisations were faced with clinic closures, disrupted supply chains, staffing cuts, and the painful possibility that millions of women, young people, and marginalised communities would lose access to life-saving SRH care and information.

For many of us, it felt as though the year had begun with an open attack on decades of progress on SRHR and gender equality.

Yet even in those challenging moments, I witnessed how powerful solidarity can be.

At IPPF, we refused to respond with despair. Instead, we responded with collective action, courage, and care. Recognising the immediate harm that funding cuts would cause to communities already facing inequality, conflict, climate emergencies, and shrinking civic space, IPPF launched what was initially called the Harm Mitigation Fund — an urgent appeal to protect essential services and sustain frontline organisations. As governments, philanthropic partners, and allies from across movements stepped forward in solidarity, this initiative evolved into the *Fight Back Fund*.

The renaming was symbolic of something larger: We were no longer simply mitigating harm, but together, we were fighting back against the rollback of rights, against fear and division, and against the growing attempts to silence feminist and community-led movements.

In 2025, I witnessed extraordinary acts of solidarity across the region and beyond. Civil society organisations, youth movements, feminist networks, LGBTQI+ advocates, sex worker collectives, humanitarian actors, parliamentarians, and development partners came together with renewed urgency and shared purpose.

One powerful example of this solidarity was the Unity Statement developed during the ILGA Asia Conference in Nepal, and signed by regional and national organisations across Asia and the Pacific. The Statement reaffirmed our commitment to stand collectively in defence of human rights, gender equality, bodily autonomy, and democratic freedoms.

The same spirit also shaped the creation of the *Asia-Pacific Regional Mechanism for Advancing the ICPD Agenda* bringing together partners such as Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), ARROW, IPPF, FP2030 Asia Pacific Hub, MSI Asia Pacific, DAWN (Development Alternatives with Women for a New Era), and UNFPA to strengthen coordination, share intelligence, and advance a common agenda for SRHR across the region. The Mechanism reflects an understanding that none of us can meet today's challenges alone. The future of SRHR depends on stronger alliances across civil society, multilateral institutions, feminist movements, and community-led organisations.

And while the year began with fear and uncertainty, I remain hopeful.

In November, delegates from across our Federation came together for its global General Assembly under the theme *Lead with Love, Care with Courage*. The General Assembly was a powerful reminder of who we are and what we stand for. Most significantly, we unanimously approved our first Charter of Values, one that strengthens IPPF's role not only as a healthcare provider, but as a global movement rooted in solidarity, advocacy, and the defence of human rights. The Charter reflects a deeper recognition that service delivery alone is not enough; we must also confront the systems, politics, and inequalities that deny people their rights, bodily autonomy, and dignity.

The year also marked a new chapter in IPPF's leadership with the appointment of a new Director General. This signals an even stronger feminist vision grounded in intersectionality, movement-building, decolonial partnership, and courageous advocacy in increasingly difficult political times.

Across East Asia, South East Asia, and the Pacific, our Member Associations and partners continued to demonstrate extraordinary resilience and leadership. Despite immense pressures, they continued to deliver healthcare, reach marginalised communities, advocate for policy change, respond to crises, and create spaces of hope where hope was urgently needed.

This report captures only a fraction of that work.

2025 reminds us that we cannot take progress for granted. We have lived through basic rights being challenged, funding disappear and democratic spaces shrink. But 2025 also reminds us of an equally important fact, solidarity is powerful. We are resilient, and communities and movements rooted in care, justice and collective action will continue to stand strong.

As we move forward, IPPF remains steadfast in its commitment to lead with love, care with courage. We stand in unwavering solidarity with all those fighting for dignity, equality, SRHRJ and development justice.

With gratitude and solidarity,

Tomoko Fukuda
Regional Director
IPPF East, South East Asia and Oceania Region (ESEAOR)



PILLAR 1:

CENTER CARE ON PEOPLE



A Provincial Community Healthcare provider takes a blood sample at a Mobile HIV Clinic in Sidoarjo, East Java on October 17, 2025.
Indonesia/ Ulet Ifansasti/ IPPF (2025)

12.38 MILLION SEXUAL AND REPRODUCTIVE HEALTH SERVICES DELIVERED

37,387 PEOPLE SERVED IN HUMANITARIAN CONTEXTS

Across our region, access to sexual and reproductive health and rights continues to be challenged by growing inequalities, climate-related disasters, humanitarian crises, and shrinking civic space. 2025 was marked by the US Administration's unprecedented aid funding cuts and sweeping policy restrictions, which have had a significant impact on global development and humanitarian assistance, with major ramifications for sexual and reproductive health and rights (SRHR), LGBTQI rights, and human rights more broadly. Despite these challenges, ESEAOR MAs remain committed to ensuring access to SRH care, information, and support. To ensure that no one is left behind, we have focused on three critical pathways: **Expand Choice**, **Widen Access**, and **Advance Digital and Self-Care**.

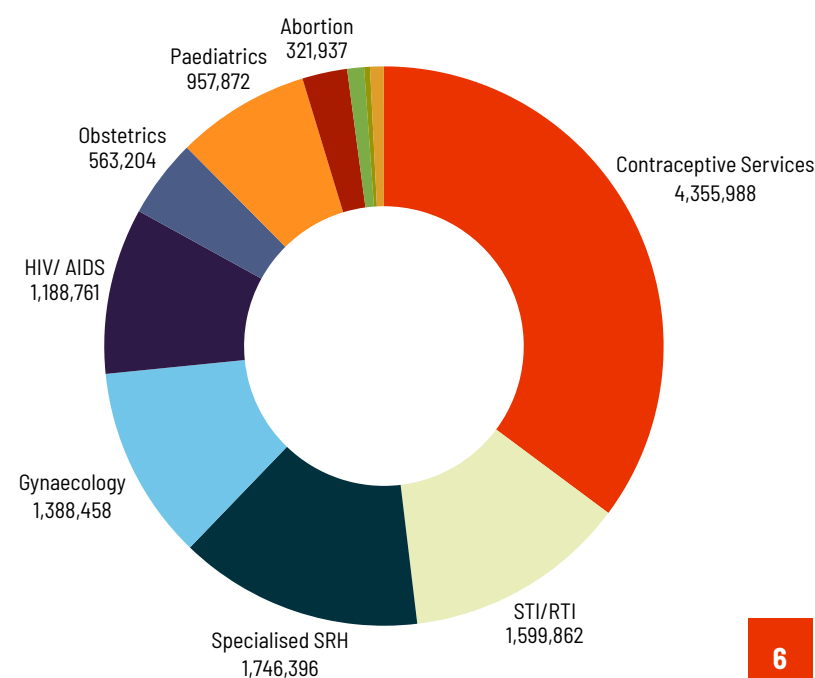
70% OF OUR CLIENTS IDENTIFY AS FEMALE

1 in 3 PEOPLE SERVED WERE UNDER 25

3.96 MILLION PEOPLE REACHED

2 in 3 PEOPLE REACHED IDENTIFIED AS POOR AND MARGINALISED

Graph 1: Disaggregation of SRH services per category



In 2025, IPPF East & South East Asia and Oceania Region delivered 12,383,300 SRH services to 3,957,752 clients. We have observed a 8 per cent decline in service delivery due to external shocks and operational constraints, including the transitioning out of one ESEAOR MA. In Vietnam, the government's policy of merging provinces, districts, and communes has led to closure of clinics. While China faced budget reductions which impacted service delivery.

The disaggregation of SRH per service category shows a high proportion of contraceptive services, followed by STI and Specialised SRH services.

IPPF ESEAOR delivered nearly half a million contraceptive services. Contraceptive care prevented an estimated 232,928 unintended pregnancies and averted 38,490 unsafe abortions, saving an estimated GBP6.926 million in direct costs to health systems. Couple years of protection (CYP), the estimated protection from pregnancy provided by each contraceptive item distributed over a one-year period, was 622,719 in 2025.

Graph 2: Couples Year Protection (CYP) by contraceptive methods mix, 2025

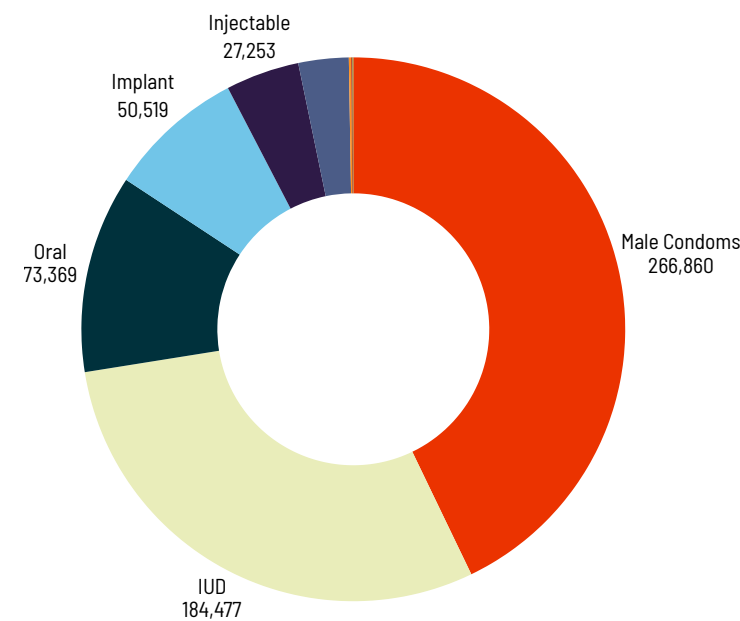


Table 1: Couple Year Protection (CYP) per MA, 2025

Member Association	CYP Total
Australia	22,588
China	222,901
Democratic People's Republic of Korea	88,092
Hong Kong	21,921
Indonesia	34,461
Lao PDR	18,603
Malaysia	3,927
Mongolia	2,108
New Zealand	56,871
Philippines	25,526
Vietnam	103,903
Thailand	7,466
Cook Islands	357
Fiji	434
Kiribati	2,263
Papua New Guinea	5,863
Samoa	871
Solomon Islands	2,502
Tonga	146
Tuvalu	1,863
Vanuatu	53
Total	622,719

Data is not available for the Republic of Korea and the Republic of Marshall Islands.

1,599,862 STI/RTI SERVICES

321,937 ABORTION RELATED SERVICES

In 2025, we continued to focus on delivering quality SRH services to individuals and communities that would otherwise be excluded from sexual and reproductive healthcare. We strengthened cervical cancer screening, fertility care, broadened contraceptive options, advanced inclusive healthcare in our clinics, and expanded service delivery models.

Pathway 1: Expand Choice

Through the **Expanding Client-Centered Family Planning (FP) and Sexual and Reproductive Health (SRH) Delivery (ECCD)** programme, the Indonesian Planned Parenthood Association (IPPA) is ensuring quality SRH care reaches those most often left behind. In 2025, the programme reached 13,920 clients with SRH care, with nearly half coming from communities facing multiple barriers to care, including persons with disabilities, people living with HIV, people in detention, refugees and indigenous communities. Alongside expanding access, the programme strengthened the quality of SRH care. Quality of Care self-assessments conducted in 10 health clinics found an average achievement score of 76% across key service standards, including digital health. The programme supported the expansion of service delivery modalities, ensuring women, young people and marginalised communities are able to access respectful, person-centered sexual and reproductive health (SRH) services.

Pathway 2: Widen Access

Young people are at the centre of our programmes. In 2025, **46.3 % of all sexual and reproductive health services were provided to young people under the age of 25**, and we **served an estimated 169,609 adolescent clients (aged between 10 and 19)**.

In 2025, ESEAOR MAs **reached over 30.15 million young people with quality comprehensive sexuality education (CSE) and trained 75,036 volunteers and providers** to deliver it effectively. China Family Planning Association (CFPA) contributed significantly to these numbers; CSE reached over 30 million young people, and 68,000 peer educators were trained by CFPA.

In Vietnam, supported by the **Responding with Essential Sexual and Reproductive Health and Rights Provision and New Delivery Mechanisms (RESPOND) Programme Phase II**, Vietnam Family Planning Association (VINAFFPA) worked with schools and partners to establish CSE clubs.

VINAFFPA trained teachers and staff, and provided IEC materials on SRHR, SGBV, and the range of services it offers to equip them with the tools to disseminate this information among young people in the community. These clubs, alongside peer-education teams and community-based distributors, disseminated SRHR information as outlined in the *It's All One Curriculum*. During mobile service delivery, VINAFFPA combines CSE activities with community outreach to encourage participation and increase understanding of SRHR.

ESEAOR MAs remained on the frontlines of humanitarian crises. We focused on strengthening our ability and preparedness to deliver life-saving SRH care during crisis, and in crisis settings, we provide safe, high-quality care to affected communities. In 2025, **four MAs delivered essential sexual and reproductive health services to 37,387 people in humanitarian settings**. A full update on ESEAOR's humanitarian work in 2025 is on pages 10-12.

TRABAS* Model of Care

Integrated health posts (Posyandu) are a core component of Indonesia's primary health system, but their fixed locations and once-a-month schedules have limited access for large segments of the population. In Bulungan village, a rural area in Jepara Regency, Central Java, adolescents, working adults, and older people are underrepresented in Posyandu services due to distance, school and work schedules, and limited follow-up systems.

Through the **ECCD** programme, IPPA and its Jepara branch introduced TRABAS New Posyandu, a mobile, community-based service model designed to extend the reach of integrated primary service Posyandu and deliver services in schools, neighbourhoods, community gatherings, workplaces, and local events, bringing health services closer to where people already spend their time. This adaptation saw adolescent coverage from around 1 per cent to 73.9 per cent between 2024 and 2025. Coverage among adults increased from 12.6 per cent to 24 per cent, while coverage among the elderly increased from 14.9 per cent to 42.3 per cent. Referrals from Posyandu services to the Jepara IPPA static clinic increased from 68 to 415, indicating stronger linkages between community-based services and higher-level care.



Indonesia / IPPA (2025)

*TRABAS: colloquially means going off the beaten path, cutting across, or breaking through obstacles

Pathway 3: Advance Digital and Self Care

Digital health solutions have transformed the way SRH care is delivered. What began as an emergency response has now become an integrated part of service delivery. These innovative digital and remote delivery models continue to complement face-to-face care. Through online counselling, virtual SRH services, digital comprehensive sexuality education, and information-sharing platforms, MAs are reaching more people through flexible, client-centred approaches.

ESEAOR MAs **delivered a total of 13,802 services through digital means** in 2025. Four MAs - Indonesia, the Philippines, Vietnam and the Republic of Korea - provide at least some services digitally.

While four MAs reported facilitating abortion self-care to support women and pregnant people who choose to self-manage their medical abortion. Through this self-care model, clients access telemedicine services seeking information and counselling, follow-up care, and referral support remotely. Self-care approaches help reduce delays, stigma, and barriers to access.

Humanitarian



Our **SPRINT** initiative, funded by the Australian Government, supported ESEAOR Member Associations in responding to three humanitarian crises across two countries in 2025. These included tropical cyclones in the Philippines and floods in Indonesia, reaching 8,663 people affected by these crises last year (excluding 5,854 reported in the 2023-24 Annual Report). MAs launched the Minimum Initial Service Package (for Sexual and Reproductive Health in Crisis Situations)(MISP) as part of their emergency response efforts.

In 2025, the Planned Parenthood Association of Thailand (PPAT) also conducted 3 responses with **HER fund** (formerly Stream 3) - IPPF's internal funding mechanism - support. HER fund supported the Thailand-Myanmar border response, reaching 40,847 affected people; the Thailand-Cambodia border response, reaching 10,320 affected people; and the response to floods in Hat Yai, southern Thailand, where 6,249 people were reached with SRH information, services, or dignity kits.

In Kiribati, Tuvalu and the Cook Islands, the **Sexual and Reproductive Health in Emergencies** in the Pacific (SRHiEP) programme has contributed to embedding the MISP within national systems, building local capacity, and advancing inclusive and rights-based approaches. The programme has helped reposition SRHR as an essential component of humanitarian preparedness and response in the Pacific. Its successor, PREPARED (Pacific Reproductive and sexual health and rights: preparing, responding & recovering from disasters), will build on those successes and continue to institutionalise SRHR within national disaster risk management systems, strengthen MA preparedness and support national coordination and localisation efforts.

Preparedness Peer Learning in the Pacific

In 2025, the Reproductive and Family Health Association of Fiji (RFHAF) successfully facilitated Adolescent Sexual and Reproductive Health in Emergencies (ASRHIE) training for peer MAs, with support from **SPRINT**. The training strengthened the capacity of the Solomon Islands Planned Parenthood Association's (SIPPA) community-based educators, Family Life Educators, and volunteers to better understand and respond to adolescents' SRH needs during disasters and emergencies. It also supported the integration of adolescent-focused approaches into community emergency preparedness and response activities. This MA-to-MA learning was also extended to the Tonga Family Health Association. Approximately 35 youths from the Solomon Islands and Tonga completed the ASRHIE Training in 2025.



The MA-to-MA learning on ASRHIE was highly valuable, enabling SIPPA to draw on peer experiences and apply a reflective approach to assess what worked, what did not, and how this links to existing knowledge. The learning environment fostered open discussion and supported the adaptation of practical approaches to strengthen future programming.

Jessica Lapo, Humanitarian Focal Point, Solomon Islands Planned Parenthood Association.

Access to Sexual and Reproductive Health Care for Displaced Populations in Thailand

The Planned Parenthood Association of Thailand (PPAT), with support from the **Government of Japan**, responded to the protracted humanitarian crisis in Myanmar. Recognising the importance of community-led responses, the project trained 15 community volunteers to support outreach, education, and service delivery, helping build trust and extend the reach of services. To strengthen access to specialised care, PPAT established and expanded their referral network by training 24 local organisations in Tak Province. This approach improved pathways to maternal healthcare, gender-based violence response services, and mental health support, ensuring displaced communities receive timely and life-saving care.

Mobile health teams carried out monthly outreach activities, engaging around 345 participants each month through interactive workshops and culturally appropriate education tailored to the realities of displaced communities. PPAT developed multilingual IEC materials on family planning, sexually transmitted infections, menstrual health, and reproductive rights, to improve knowledge on SRHR. Over 18 months, PPAT reached 7,280 displaced individuals residing in temporary shelters and surrounding communities. PPAT tackled the challenges posed by mobility, language and limited resources by implementing a combination of mobile outreach, community engagement, and referral services to address urgent information gaps and improve access to essential SRH care.



"Before, we had no access to these services. Now, we feel safer and more informed about our health." - **Service user, Tak Province.**

Family Planning Organization of the Philippines (FPOP) staff prepare for a post-Typhoon Opong reproductive health medical mission at a damaged covered court in Masbate province, Philippines, on December 12, 2025.
Philippines / Lisa Marie David / IPPF (2025)



Tropical Cyclone Opong Response: Delivering Life-Saving SRH

Care in the Aftermath

Tropical Cyclone Opong struck Masbate in September 2025 affecting more than 2.7 million people, displacing over 738,000 families, and created an urgent need for essential SRH services in the aftermath of the typhoon. In response, the Family Planning Organization of the Philippines (FPOP), through its Masbate Chapter, with support from **SPRINT**, rapidly mobilised to provide life-saving SRH assistance. FPOP conducted 12 medical missions across four municipalities, delivering critical SRH care and information to 4,422 affected individuals, including women, men, adolescents, and young people.

Strong local partnership and coordination with Local Government Units (LGUs), Provincial Health Office, Disaster Risk Reduction and Management Office, and Provincial Social Welfare and Development Office ensured that SRH services were fully integrated into the broader humanitarian response. In Masbate, Barangay health centres and covered courts were transformed into accessible healthcare locations, allowing affected communities to receive care in familiar sites. This collaborative and coordinated intervention helped restore access to essential care, protect health and dignity, and support community recovery on the island.

Glaiza, 26, helps out in their family's small rice field and makes small furniture to get by. She received contraceptive pills from the post-Typhoon Opong reproductive health medical mission in December 2025.

"Life got heavier after the storm. Earning money, finding food, even getting to the health center became difficult."

"This medical outreach mattered. Free check-ups, medicine and contraceptives let me decide when to have another child. I don't want my children to grow up hungry or unsafe."

"I've seen storms change over the years. Even Typhoon Yolanda (2013) wasn't this strong here in Masbate. But Opong was really tough. It felt like all the coconut trees fell all at once."



PILLAR 2:

MOVE THE SEXUALITY AGENDA



These images were captured as part of IPPF's rebrand launch to showcase our commitment to sex workers and LGBTQI+ rights, to being bold, unapologetic, and centring our communications in celebrating intimacy and pleasure.
Thailand / Hannah Maule-finch // IPPF (2025)



Watee Kongbang is a proud transgender woman and staff member of the Koen Khan branch of the Planned Parenthood Association of Thailand (PPAT).
Thailand / Hannah Maule-finch / IPPF (2025)



At a time of marked policy shifts at global and national levels towards right-wing, authoritarian rule, with shrinking spaces of civil society organisations and instrumentalisation of SRHR, gender, LGBTQI, and women's rights, we are not standing still. Our movement remained steadfast in defending dignity, equality, and justice for all. Across East Asia, Southeast Asia, the Pacific, and beyond, we continue to champion the rights of women, girls, young people and marginalised communities. To achieve this, we focus on three key strategies: **ground advocacy, shifting societal norms, and acting with youth.**

In 2025, **ESEAOR Member Associations (MAs) achieved 17 successful policy and legislative changes in support of SRHR across seven countries.** The Philippines led with six wins, while Australia reported five wins, three in Indonesia and the Cook Islands, China and Vietnam secured one each. Of these, one was a regional level change, seven at the national-level, and 9 were at the sub-national level. Three of these wins focused on SRH education, five were related to budget allocations for SRH while other wins covered areas such as access to safe abortion, access to SRH services, promoting gender equality, ending sexual and gender-based violence, and universal health coverage.

Under Pillar 2, IPPF has embarked on qualitative research to assess the impact of our work on attitudes in relation to gender equality and inclusion (Indicator 6), and to measure progress in youth-related areas such as comprehensive sexuality education (CSE), access to youth-centred care, and progress in youth engagement (Indicator 7). Detailed findings from these studies are available in IPPF's Annual Performance Report (APR).

Pathway 1: Ground Advocacy



Advancing SRHR in ESEAOR

Across the region, ESEAOR Member Associations (MAs) and their partners achieved significant policy advocacy wins that strengthened sexual and reproductive health and rights (SRHR), advanced gender equality, and expanded access to health services. Working alongside governments, civil society organisations, youth leaders, healthcare providers, and grassroots communities, we contributed to important policy reforms, strengthened health systems, and expanded access to inclusive and rights-based services. Through policy engagement, public awareness campaigns, grassroots mobilisation, and coalition-building, we work to ensure that more people access essential SRHR information and services free from stigma, discrimination, coercion, and violence.

Several MAs secured landmark reforms at the national level. In Vietnam, advocacy by the Vietnam Family Planning Association (VINAFFPA) contributed to the adoption of the new Population Law, which, among other measures, removes the restriction on how many children individuals and families could have, strengthens social protection systems, and addresses challenges arising from both declining fertility and population ageing.

In Australia, sustained campaigning by Sexual and Reproductive Health Australia (formerly known as the Family Planning Alliance Australia) contributed to expanded government investments in reproductive healthcare, including improved access to long-acting reversible contraception (LARCs), expanded subsidised reproductive healthcare and support for menopause care. Advocacy efforts also contributed to reforms enabling endorsed midwives and nurse practitioners to prescribe medical abortion pills, helping remove barriers to safe abortion care.

Community-led advocacy also drove transformative policy change. In General Santos City, advocacy efforts by the Family Planning Organization of the Philippines (FPOP) strengthened adolescent health policies to address teenage pregnancy and unsafe abortion through improved education and youth-friendly services. FPOP further secured local

government funding for family planning, cervical cancer screening, and adolescent health programs in Cavite and Sorsogon, demonstrating the importance of local government financing in sustaining SRHR services. Progress was also made in strengthening HIV responses. In Davao City, collective advocacy through the Davao City AIDS Council contributed to both the enactment of a strengthened HIV and AIDS ordinance that reinforced prevention, treatment, care, and support services, and securing local funding.

In Indonesia, the Indonesian Planned Parenthood Association (IPPA) advanced national reforms on positive caregiving in juvenile correctional facilities, expanded community-centred health care through the TRABAS Posyandu model in Jepara, and strengthened support systems for survivors of gender-based violence - including transgender women and marginalised communities - in Central Kalimantan.

Across the Pacific, advocacy efforts by Kiribati Family Health Association (KFHA) helped integrate SRHR into emergency preparedness systems in Kiribati's outer islands, Solomon Islands Planned Parenthood Association (SIPPA) strengthened accountability on women's rights commitments through CEDAW, and Cook Islands Family Welfare Association (CIFWA) secured multi-year government funding to deliver SRH services in the main and outer island communities in the Northern and Southern Groups in the Cook Islands.

Together, these advocacy wins and initiatives demonstrate that strategic partnerships, community leadership, and sustained engagement with policymakers can drive meaningful policy change or stir actions towards future policy change. At a time of growing backlash against SRHR globally, these gains are both significant and hard-won, advancing SRHR, health, dignity, equality, and rights for all.

Pathway 2 – Shift Norms

Building Inclusive Organisations: Pacific MAs Advance

GEDSI Commitments

In 2025, gender equality, disability and social inclusion (GEDSI) self-assessments were conducted with eight Pacific MAs, following a 2023 pilot in the Cook Islands. The self-assessments aimed to assess how effectively MAs are integrating GEDSI within their governance structures, organisational policies, programme design, and service delivery models.

Findings revealed that many MAs demonstrated long-standing commitments to community outreach, youth engagement, and reaching underserved populations through SRH services. The assessment also highlighted areas requiring further strengthening, particularly in relation to disability inclusion and integrating feedback mechanisms for marginalised communities.

To address these gaps, all nine Pacific MAs have developed GEDSI Action Plans to integrate intersectional and rights-based approaches into their organisational priorities and programme strategies.

Across the region, 218 participants from 106 organisations engaged in nine GEDSI-focused SRHR stakeholder consultations held in the Cook Islands (2023), and in Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu (2025) to share learnings and support collaboration among civil society organisations, government representatives, disability advocates, youth leaders, and community stakeholders committed to advancing inclusive SRHR.



Read here:



Shaping Positive SRHR Narratives in Asia and the Pacific: A toolkit to support advocates and allies



Read here:



Localising Narratives in

Asia and the Pacific

In response to anti-rights narratives that are increasingly shaping policy environments, policy discussions and discourse around sexual and reproductive health and rights (SRHR), and supported by the Planned Parenthood Association of Thailand, IPPF ESEAOR, with Asia Pacific Alliance for SRHR (APA) and the FP2030 Asia Pacific Hub, developed a narrative-focused toolkit anchored in values of family, culture and identity, localised to the Asia and the Pacific context.

Shaping Positive SRHR Narratives in Asia and the Pacific: A Toolkit to Support Advocates and Allies focuses on supporting advocates, partners, and allies in shaping positive, people-centred narratives that resonate across the region's diverse communities. The toolkit offers practical ways to reframe how SRHR is understood and discussed. Drawing on the lived realities, shared values, and the everyday experiences of people and communities across Asia and the Pacific, it aims to strengthen understanding and build broader support for bodily autonomy and access to essential SRH care, including modern contraception—especially for marginalised and oppressed groups.

Pacific HIV “FOR THEM” campaign



In response to the rising number of HIV cases in the Pacific, the Sub-Regional Office for the Pacific (SROP) launched a Pacific-wide HIV Prevention programme aimed at strengthening awareness, reducing stigma and promoting access to HIV prevention, testing, treatment and support services for people living with or affected by HIV. Supported by the **Australian and New Zealand governments through the IPPF Niu Vaka Pacific Strategy**, the programme combines digital social and behaviour change communication and community-centred messaging to respond to the growing HIV epidemic with compassion and solidarity.

At the centre is the “FOR THEM” digital campaign driven primarily by social media. The ‘FOR THEM’ messaging is grounded in the lived experiences of Pacific communities. The Campaign encourages Pacific ‘togetherness’ as the driving force for keeping everyone HIV free or on treatment by promoting safer practices and normalising testing. Through personal stories of successful treatment or overcoming their fear of testing or navigating stigma and isolation, the campaign normalises conversations around HIV and encourages safer practices rooted in collective care and community responsibility. Between February and April 2026, the social media campaign reached over 30,475 viewers and actively engaged almost 1,600 people across [Facebook](#) and [Instagram](#). Examples of campaign posts captured above.

Pathway 3: Act with Youth



IPPF youth representatives, including YSNAP members, captured during the IPPF General Assembly in Indonesia. General Assembly 2025 / Kicung Hartono/ IPPF (2025)

Across East and Southeast Asia and the Pacific, young people continued to drive bold, innovative action for sexual and reproductive health, rights and justice (SRHRJ). Through youth-led advocacy, digital engagement, regional collaboration, and participation in governance spaces, youth networks are key partners in shaping inclusive, rights-based programming. ESEAOR continues to advance meaningful youth participation by supporting youth leadership, amplifying youth voices, and creating opportunities for young people to influence regional and global agendas.

Youth leadership and capacity strengthening remain central to regional youth programming. In collaboration with Youth Voices Count (YVC), Youth SRHR Network in East Asia, Southeast Asia, and the Pacific (YSNAP) conducted a Youth Multimedia Training to equip 13 young advocates with skills in digital storytelling, advocacy communications, and content creation to strengthen online engagement and movement-building efforts. A total of four videos, on youth allyship, men and boys involved in menstruation, mental health and people living with or affected by HIV, and what is enthusiastic, continuous and revocable consent were produced as part of our advocacy-led social media action.

YOUTH
POWER



Pacific Niu Vaka Strategy Phase II

Across the Pacific, Member Associations continue to operate in a rapidly shifting public health and humanitarian landscape. The year's impact reflects both urgency and resilience: a deliberate focus on reaching those most often left behind and strengthening systems that can withstand crises and evolving health needs.

In 2025, **Pacific MAs delivered 844,650 sexual and reproductive health services**, a 66% increase compared to the previous year. This significant growth reflects strengthened service delivery systems, expanded community outreach, and the unwavering commitment of frontline health workers and volunteers to reaching communities often left behind. **Pacific MAs served 152,999 clients, through a network of static clinics, mobile outreach services, and community-based distribution channels**, bringing essential healthcare closer to people where they live, an increase of 21% compared to 2024.

In 2025, **31% of all clients were under the age of 25**, totalling 47,871 young people reached by nine MAs and one Collaborative Partner, demonstrating the Pacific's continued focus on equity, inclusion, and youth-centred care.

This progress has been made possible **through the continued support of the Australian Department of Foreign Affairs and Trade (DFAT) and the New Zealand Ministry of Foreign Affairs and Trade (MFAT)** through the Niu Vaka Pacific Strategy.

One of the most pressing health concerns across the region has been the continued rise of HIV cases, particularly in Fiji and Papua New Guinea. In response, Member Associations strengthened their leadership in prevention, testing, and community awareness. **All ten Pacific MAs provided HIV counselling and rapid point-of-care testing, delivering 9,562 HIV tests** during the year—an increase of 163% compared to 2024. MAs also **provided more than 11,500 sexually transmitted infection (STI) management services**, helping communities access timely information, testing, treatment, and support.

All nine MAs have strengthened their capacity to deliver the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations. This preparedness work is particularly important in a region where climate-related disasters are becoming more frequent and intense, often disrupting already fragile health systems.

In Kiribati, the Kiribati Family Health Association (KFHA) trained 63 youth leaders across four outer islands — North Tarawa, Abaiang, Marakei, and one additional island — building a cadre of community-level SRHR emergency responders. The formal recognition of Humanitarian Youth Clubs as supporters of Island Disaster Committees represents an important step in embedding SRHR within national disaster management systems and ensuring communities are better prepared during crises. Capacity strengthening has also been central to improving service quality at the community level. KFHA facilitated clinical training for 13 nurses from the Ministry of Health and Medical Services (MHMS) and KFHA itself, in partnership with Sexual Wellbeing Aotearoa. This training has had a multiplier effect, as KFHA nurses have cascaded learning to 55 additional MHMS nurses across five outer islands. The result is a stronger, more confident health workforce better able to deliver SRHR services, including self-care support, closer to where people live.

Another key area of progress has been cervical cancer prevention. Pacific MAs are implementing a combination of approaches for cervical cancer screening, testing and treatment, including pap smear, visual inspection with acetic acid (VIA), and GeneXpert analysis, alongside strengthening national referral pathways to the health ministries for further care. In 2025, **MAs screened 22,134 clients for cervical cancer**.

With investment from **Pacific Women Lead by SPC (the Pacific Community)**, we have strengthened country-level capacities and understanding of Gender Equality, Disability and Social Inclusion (GEDSI) and completed community-led research on barriers to SRHR in Fiji, and expedited progress made by Youth OCEANS in strengthening the capacity of Pacific youth SRHR advocates and increasing visibility and SRHR messaging made by and for young people. The GEDSI analysis is discussed on page 16. An update on Youth OCEANS initiatives on page 20.



Youth officers and members of Youth OCEANS performing at the launch of the Pacific SRHR Youth Strategy and Pleasurenesia Guide at Women Deliver 2026.
Australia / Krishneel Nand / IPPF (2026)

In 2025, Youth Oceanic Consortium for Engagement, Advocacy and Networking in SRHRJ (Youth OCEANS) strengthened their governance and coordination systems, including developing clearer Steering Committee roles, communication mechanisms, and youth-led decision-making processes. An in-person Steering Committee meeting was convened in Samoa for training on SRHR, advocacy, digital communications, and movement-building.

Digital advocacy remained a key driver of impact. Through eight major campaigns and ongoing content series, Youth OCEANS created safer online spaces for SRHR conversations, challenged misinformation, and promoted bodily autonomy and comprehensive sexuality education.

The movement also launched its first advocacy framework, centred on five pillars: pleasure, autonomy, and bodily integrity; inclusive and youth-friendly services; age-appropriate and culturally relevant Comprehensive Sexuality Education (CSE); decolonising SRHR; and strengthening youth participation and leadership in SRHR systems.

Through campaigns, consultations, training initiatives, and global engagements, Pacific young people continued to lead conversations on bodily autonomy, comprehensive sexuality education, climate justice, inclusion, and youth participation. Together, these achievements demonstrate the growing strength of Pacific youth leadership in advancing rights, justice, and wellbeing across the region.

Innovate & Share Knowledge

In 2025, a community-based qualitative research on SRHR in Fiji was **commissioned under Pacific Women Lead by SPC (the Pacific Community)** to better understand “How religious, cultural, and traditional practices influence access to sexual and reproductive health and rights in Fiji”. The study provides important evidence to inform more inclusive, effective, and locally-grounded approaches to SRHR programming and policy.

The findings revealed that many young people, sex workers, people with diverse SOGIESC, and people with disabilities continue to face significant barriers when seeking healthcare primarily due to concerns around confidentiality, stigma, and judgmental attitudes from healthcare providers.

The research also highlighted persistent gaps in sexuality education. The Family Life Education (FLE) content delivered in schools does not adequately reflect the realities young people face in their daily lives. FLE sessions do not cover topics such as consent, relationships, pleasure, and bodily autonomy.

In the absence of trusted and accessible sources of information, many turn to pornography and social media channels full of misinformation.

As Pacific communities face increasing social, economic, and environmental pressures, the research underscores the importance of recognising SRHR as a core component of humanitarian response, adaptation, and development efforts. The research acknowledges that Fiji already has local champions, community knowledge, and effective home-grown solutions. It further highlights that Fiji can improve health outcomes, reduce inequalities, and become a regional leader in sexual and reproductive health and rights for all, with increased investment and sustained political commitment in rights-based, culturally grounded approaches.

Partnerships

Pacific MAs continue to strengthen collaboration with like-minded organisations to progress SRHR. In Tonga, the Tonga Family Health Association formalised six partnerships with organisations representing people with disabilities, people with diverse sexual orientations, gender identities and expressions or sex characteristics (SOGIESC), and sex worker communities, including the Tonga Leiti Association, Lavame'a Ta'e'iloa Disabled People's Association (LATA), and Naunau 'o e 'Alamaite Tonga Association (NATA). These partnerships support TFHA's commitment to strengthen provision of inclusive and accessible SRHR services. In Kiribati, KFHA deepened its longstanding collaboration with the Catholic Church communities, creating new pathways to engage communities and expand access to SRHR information and services while respecting faith-based values.

PILLAR 3:

SOLIDARITY FOR CHANGE



Members of the Cook Islands Family Welfare Association (CIFWA) youth group in Rarotonga, Cook Islands, where they learn about sexual and reproductive health (SRH) and comprehensive sexuality education (CSE), including how climate change impacts SRH and emergencies.
Hanna Lund Adcock / IPPF / 2025

As opposition to sexual and reproductive health and rights and gender equality becomes more organised, so too must our collective response. Progress is never achieved alone. In Solidarity for Change, we aim to advance SRHR for all through **supporting social movements** and amplifying their work, **building strategic partnerships** within and outside our sector, and investing in **innovation and knowledge-sharing**.



FPOP Delegation at the Regional Youth Forum in 2024.
Philippines / Regional Youth Forum / IPPF (2024)

Pathway 1: Support Social Movements



IPPF delegation captured at ILGA Asia Conference in Nepal.
Nepal/ IPPF (2025)

At the 10th ILGA Asia Conference in Kathmandu, Nepal, IPPF ESEAOR and IPPF South Asia joined LGBTQI+ organisations, feminist movements, activists, and community leaders from across the region under the theme “Diversity Dynamics: Unifying for a Just, Inclusive, and Sustainable Asia” to engage with community organizations and support advocacy efforts centered on marginalized groups within the LGBTQI+ movement, including transgender people, intersex communities, lesbian, bisexual and queer women, and LGBTQI+ people who use drugs.

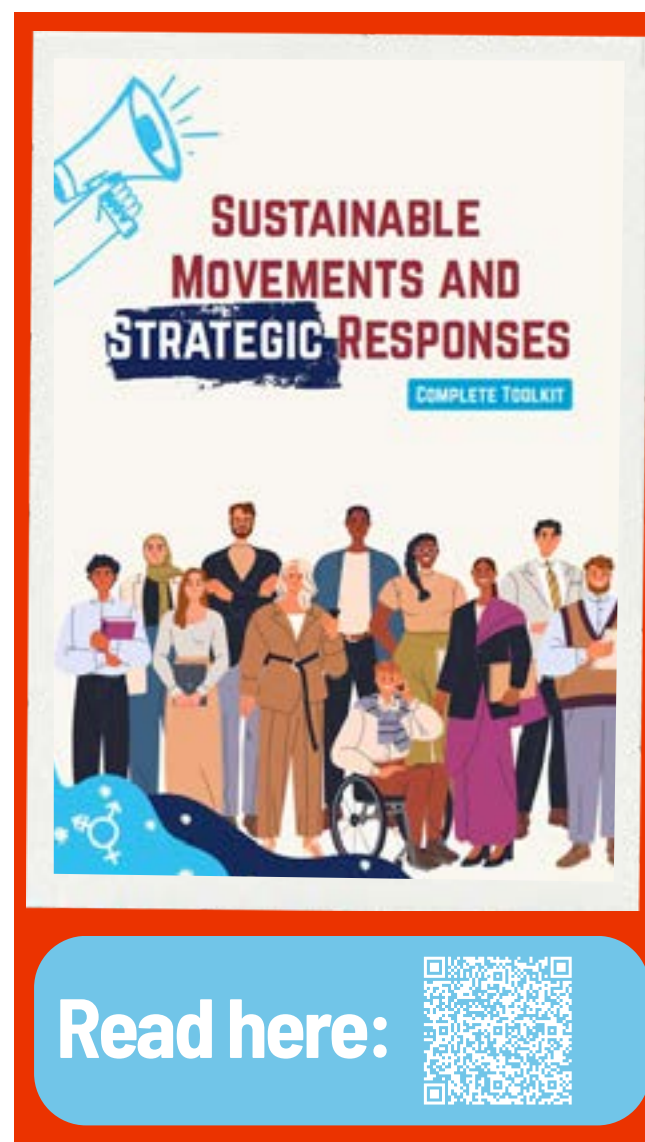
IPPF co-organised several side events and conference sessions ranging from intersex rights, harm reduction, climate justice to youth leadership and cross-movement solidarity. Working alongside community-led organisations and regional partners, we created spaces that centred the experiences of communities most impacted by stigma, exclusion, and anti-rights backlash. A key outcome of the conference was the collective unity statement, “We Cannot Be Silenced,” bringing together 16 LGBTQI+, feminist, and human rights organisations across Asia and globally to reaffirm shared commitments to bodily autonomy, democratic space, and gender justice.

Pathway 2: Build Strategic Partnerships


In 2025, ESEAOR continued to strengthen cross-movement solidarity and collaboration across SRHR, feminist and social justice movements. Grounded in the understanding that SRHR is interconnected with broader struggles for development justice, our work focused on building meaningful partnerships and collective action across issues such as militarisation, migration, displacement, climate injustice, and systemic inequality.

In collaboration with Asia Safe Abortion Partnership (ASAP), we hosted a series of safe virtual spaces that brought together activists, abortion seekers, queer feminists, healthcare providers, and communities from across the region. These convenings created opportunities for knowledge exchange and building solidarity. Discussions focused on challenging extractive storytelling, centring lived realities from communities most impacted by conflict, climate crisis and systemic oppressions, and elevating queer feminist perspectives on abortion and reproductive justice.

In 2025, ESEAOR played a pivotal role in establishing the **Asia Pacific Regional Mechanism for Advancing the ICPD Agenda**, which brings together partners such as the Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APA), Asian-Pacific Resource & Research Centre for Women (ARROW), Development Alternatives with Women for a New Era (DAWN), FP2030 Asia-Pacific Hub, and MSI Reproductive Choices, in partnership with UNFPA Asia-Pacific, as a platform to coordinate efforts, share intelligence, and drive a common agenda for SRHR. The Mechanism collectively developed advocacy and engagement strategies to guide UNFPA country offices and national CSO partners, as well as a toolkit with strategic foresight elements to advance national policies and contribute to a stronger, more aligned regional voice that can effectively respond to emerging challenges, counter anti-rights movements, and accelerate progress.



Sustainable Movements and Strategic Responses
COMPLETE TOOLKIT

Read here: 

A New Alliance for Sexual and Reproductive Health and Rights in the Pacific

In November 2025, the ESEAOR Sub-Regional Office for the Pacific (SROP) and the Pacific Sexual and Gender Diversity Network (PSGDN) formalised a four-year partnership (2025-2029), aiming to strengthen access to equitable, affirming, and rights-based healthcare for LGBTQI+ communities.

The partnership seeks to bridge longstanding gaps between community-led advocacy and health service delivery by bringing together 10 Pacific MAs and 14 PSGDN national member organisations. The collaboration combines PSGDN's grassroots reach and trusted relationships with LGBTQI+ communities with IPPF's clinical expertise, advocacy platforms

and regional networks, creating new opportunities for coordinated action and collective impact.

Established at a critical moment for the region, as Pacific countries face rising HIV rates and persistent barriers to inclusive healthcare, the partnership also prioritises meaningful youth engagement, ensuring that young queer and gender-diverse Pacific people are actively shaping the decisions that affect their lives. More than a formal agreement, this partnership represents a commitment to breaking down silos, challenging exclusion, and centring the lived realities of LGBTQI+ Pacific communities.

From Silence to Solidarity

In early 2026, IPPF ESEAOR and SAR formally signed a three-year Memorandum of Understanding (MoU) with Intersex Asia to strengthen intersex-inclusive advocacy, programming, and healthcare across Asia and the Pacific, marking one of the first collaborations of its kind between regional SRHR organisations and an intersex-led network.

This landmark partnership established a cooperative framework to work on ending harmful practices such as intersex genital mutilation, strengthening legal and policy protections, and amplifying intersex voices through ethical and trauma-informed storytelling. The collaboration will also support community-led research, create safer spaces for intersex youth, and build the capacity of ESEAOR and SAR MA and intersex organisations to deliver inclusive, respectful, and responsive SRH care and psychosocial support.



Family Planning Organization of the Philippines (FPOP) staff prepare for a post-Typhoon Opong reproductive health medical mission at a damaged covered court in Masbate province, Philippines, on December 10, 2025. Philippines / Lisa Marie David / IPPF (2025)

Pathway 3: Innovate & Share Knowledge



Fertility and Ageing

As demographic shifts reshape societies across Asia and the Pacific, the need for inclusive, rights-based sexual and reproductive health and rights (SRHR) services across the life course is becoming increasingly urgent. By 2050, low- and middle-income countries are expected to host nearly 80% of the world's older population, with countries such as Thailand and Vietnam leading some of the fastest demographic shifts (UN Population Division, 2022). At the same time, many countries are facing declining fertility rates, changing family structures, and growing demand for healthcare systems that can respond to evolving needs at different stages of life.

The Fertility and Ageing Learning Hub, a regional initiative co-led by the Planned Parenthood Association of Thailand (PPAT), Sexual and Reproductive Health Australia, the Family Planning Association of Hong Kong (FPAHK) and the ESEAOR secretariat continues to provide leadership in advancing an often-overlooked but increasingly critical area of SRHR: fertility and healthy ageing.

In 2025, the Hub organised a cross-regional experience-sharing workshop on menopause management and fertility care. Bringing together 15 Member Associations from East Asia, Southeast Asia, the Pacific, and South Asia, the workshop created a valuable space for peer learning, reflection, and collaboration. Beyond the workshop, the Fertility and Ageing Learning Hub continues to drive learning through an ongoing series of knowledge-sharing webinars to strengthen technical capacities in fertility care, healthy ageing, and integrated SRHR service delivery across the life course.

SWING is part of the Sex Worker Consortium Project of IPPF. SWING has been committed to demonstrating to society that sex workers are human beings with potential and abilities, but lack the opportunities to express their abilities and potential. In addition to sex workers, SWING also works with LGBTQ+ communities and other vulnerable populations.

Thailand / Hannah Maule-ffinch // IPPF (2025)



Advancing Sex Workers' Rights, Health, and Leadership

Through Global South Partnership

This year, an innovative consortium led by the Planned Parenthood Association of Thailand (PPAT) brought together sex worker-led networks and IPPF Member Associations to advance the rights, health, and dignity of sex workers worldwide. This new initiative combines community leadership, advocacy, and SRHR expertise to challenge stigma, violence, and criminalisation while improving access to healthcare and legal protection for sex workers.

The sex workers consortium enables south-to-south learning and capacity building between Asia and Latin America, with a focus on training and strengthening the leadership of sex worker organizations; expanding advocacy for legal reform and decriminalization, increasing public awareness and reducing stigma through campaigns and community engagement; improving access to SRHR services through mobile clinics, referrals, and healthcare provider training; launching research, monitoring, and evidence-based tools to guide programming.

In its first year, partners have strengthened engagement with governments and policymakers in countries such as Colombia, Indonesia, Sri Lanka, and the Philippines. Over 248 sex workers have been trained in leadership roles, 75 workshops and technical assistance sessions delivered, and 8 mobile SRHR clinics and 14 resource centers established. More than 1000 sex workers have accessed peer-led SRHR services with a very high level of satisfaction.

The consortium aims to continue building on these efforts to strengthen sex workers' rights, well-being, and access to justice globally in 2026.

Identifying Future Priorities to Improve Sexual and

Reproductive Health in Kiribati

Kiribati Family Health Association (KFHA) and Sexual Wellbeing Aotearoa, with support from New Zealand's MFAT Aid Programme, commissioned research to identify future priorities to inform decision-making and planning for FP and SRH initiatives in Kiribati, with a particular focus on the outer islands. The research highlights the importance of locally-led and culturally grounded approaches to SRH.

The findings also show that partnerships with churches, traditional leaders, and communities have strengthened access to family planning and SRH information. The report calls for increased investment in peer educators, local volunteers, and sustainable community-led services to ensure SRH care remains accessible, inclusive, and responsive to the realities of I-Kiribati communities.

PILLAR 4:

NURTURE THE FEDERATION



As we navigate an increasingly complex and rapidly changing world, we continue to invest in the systems, people, and values that underpin our work. We are building a more resilient, accountable, and sustainable Federation that is equipped to deliver on our mission. To Nurture our Federation, we follow three critical pathways: **Charting our identity, growing our Federation and walking the talk.**



General Assembly 2025 / Kicung Hartono / IPPF (2025)

Pathway 1: Chart our Identity



The unanimous adoption of the **IPPF Charter of Values** at the November 2025 General Assembly (GA 2025) in Bali was a defining moment for the Federation. Affirming the membership's shared principles, the Charter is a collective commitment to values-driven practice across programming, advocacy and governance. The path to adoption involved a vital consultative phase in which Member Associations (MAs) were invited to engage with, respond to, and shape the emerging Charter and Brand. ESEAOR MAs participated in all stages of the consultation. In 2025, they were part of the focus group and gave feedback in the indicative vote, with the Secretariat playing an active role in supporting them through this process, ensuring that MAs had the information, space, and accompaniment needed to engage meaningfully before the final vote in Bali.

2025 marked a significant milestone for IPPF with the development and launch of a refreshed federation-wide brand identity. A highlight of the process was the close collaboration between the Rebrand team and the General Assembly team to create a fully integrated identity at GA 2025, where the new brand was brought to life across all event touchpoints and experienced by member associations from every region. This made GA 2025 not only a governance milestone but a living expression of the new values-based identity. For ESEAOR, the rebrand offers an opportunity to strengthen alignment with Federation communications while amplifying the distinct voices and contexts of MAs working across vastly different political, cultural, and linguistic landscapes in the region.

Pathway 2: Grow our Federation



Opportunity Grants

In 2025, ESEAOR continued investing in locally led innovation and community-driven solutions through the Opportunity Grants initiative – a flexible funding mechanism designed to support Member Associations (MAs) in responding to emerging challenges, advancing advocacy, and strengthening inclusive sexual and reproductive health and rights (SRHR) programming across the region.

Approved by the ESEAOR Regional Director, six Grants of USD 30,000 each were awarded to MAs to advance initiatives responding to their local realities, with a common goal: advancing sexual and reproductive health and rights (SRHR) through people-powered solutions rooted in solidarity, dignity, and local leadership.

In Mongolia, the Mongolian Family Welfare Association partnered with the community-led organisation, Perfect Ladies, to strengthen inclusive SRH care access for female sex workers in Ulaanbaatar. Responding to stigma, legal risks, low condom use, and rising syphilis rates, the project expanded access to mental health support, gender-based violence support, menstrual health management and clinical referral. The initiative highlighted the importance of holistic and community-led models of care that centre lived experiences and build trust with marginalised communities.

In Indonesia, the Grant supported the meaningful participation of the Indonesian Planned Parenthood Association (IPPA) youth volunteers during the GA 2025 in Bali. Anchored in Pillar 4 “Nurture Our Federation”, the initiative enabled youth representatives from across Indonesia to participate in cross-cultural and intergenerational exchanges, showcase their local initiatives and strengthen solidarity across the Federation.

The Family Planning Organization of the Philippines (FPOP) implemented “Defending CSE, Bridging Generations” to address growing misinformation and opposition to comprehensive sexuality education (CSE). Youth leaders across 13 chapters led advocacy campaigns, and engaged parents, educators, and policymakers in intergenerational dialogue to strengthen community understanding and support to advance CSE.

In Hong Kong, the Family Planning Association of Hong Kong launched a cervical cancer prevention campaign in response to rising cancer rates and limited public investment in screening and HPV vaccination programmes. Combining public education, youth engagement, and community outreach, the initiative increased awareness of preventive healthcare among marginalised communities. Through digital platforms and community partnerships, the campaign also helped integrate public conversations on SRHR within wider health discussions.

Meanwhile in Lao PDR, “Voices for Inclusion, Diversity & Adolescents” (VIDA) focused on improving access to youth-friendly SRH information and services for adolescents, particularly LGBTQI+ youth. The project created stigma-free safe spaces for peer education, counselling, leadership development, and mental health support. By affirming diverse identities and centring young people’s voices, the project contributed to strengthening inclusive and rights-based approaches to adolescent SRH care.

In the Pacific, the Cook Islands Family Welfare Association advanced safe abortion advocacy through collective mobilisation, legal mapping, alliance-building, and youth advocacy aimed at shifting abortion from the Crimes Act into the Health Act. Building on recent progressive reforms, including the decriminalisation of homosexuality, the project created openings for broader legislative dialogue around access to safe and rights-based reproductive healthcare in the Pacific.



Family Planning Organization of the Philippines (FPOP) staff joined fellow advocates and allies on the streets of Manila to defend the Prevention of Adolescent Pregnancy Bill and the implementation of Comprehensive Sexuality Education (CSE).
Philippines / FPOP / (2025)

Collectively, the 2025 Opportunity Grants demonstrate the power of flexible and strategic funding to catalyse locally driven change. From youth-led advocacy and inclusive healthcare to community mobilisation and policy reform, these initiatives show how MAs are responding boldly to the realities facing their communities.

At a time of growing opposition to SRHR and increasing pressure on civil society, these grants are more than small-scale investments—they are expressions of trust in local leadership, solidarity across the Federation, and confidence in the transformative power of communities leading their own change.

Investment Vouchers

In 2025, ESEAOR continued to strengthen Member Associations (MAs), youth networks, and regional collaboration through the Investment Voucher Fund. This flexible support mechanism provides targeted assistance for technical consultancies, training, conferences, learning visits, and organisational development, designed to respond directly to the evolving needs of the MAs in the region.

This year's utilisation reflected the diversity of needs across the region, alongside the Federation's growing focus on resilience, peer learning, innovation, and solidarity.

Several MAs used the Fund to support participation in international and regional learning spaces. Sexual and Reproductive Health Australia (formerly known as Family Planning Alliance Australia) participated in the World Association for Sexual Health (WASH) Conference held in June as part of global engagement and technical exchange on sexual and reproductive health and rights (SRHR). The Family Planning Association of Hong Kong undertook a learning visit to China. The Mongolian Family Welfare Association visited the China Family Planning Association headquarters in Beijing to deepen institutional learning and cross-MA partnerships.

The Planned Parenthood Association of Thailand (PPAT) used its allocation to support their in-country accreditation review and ASAP Academy activities, contributing to staff development and organisational strengthening.

Across the Pacific, MAs focused on institutional resilience-building and sustainability. Papua New Guinea Family Health Association (PNGFHA) invested in organisational and human resource development. The Samoa Family Health Association (SFHA) conducted a scoping study of the SRHR needs of ageing populations, reflecting broader demographic transitions across the region.

The Solomon Islands Planned Parenthood Association (SIPPA) accessed legal support to strengthen institutional governance and compliance systems, while the Tonga Family Health Association (TFHA) reviewed and updated organisational policies to improve institutional governance standards and accountability. In Vanuatu, the Fund supported the post-earthquake assessment of the Vanuatu Family Health Association (VFHA) buildings in Port Vila.

Beyond MAs, the ESEAOR Secretariat used the fund strategically to convene regional learning spaces to address emerging priorities in the SRHR movement. This included the Clinical Management of Menopause and Fertility Care Workshop held in Bangkok from 21 to 25 July, with participation from 12 MAs. The workshop responded to recommendations from the Fertility and Ageing workshop held in November 2024, as many MAs expressed a strong need to expand their services to address the evolving needs of the populations they serve, particularly the realities of ageing societies.

The Secretariat also convened a Communications and Narratives Workshop in Bangkok last December, focused on strengthening strategic communications, storytelling, and narrative change in an increasingly hostile environment for SRHR and gender equality. The Fund also supported the in-country Accreditation Review of the Indonesian Planned Parenthood Association (IPPA) in September.

Investment vouchers also supported youth mentorship initiatives to nurture emerging young leaders. In October, a Youth Media Training Workshop equipped youth leaders with skills in digital storytelling, advocacy, and communications. By invitation, youth representatives from Mongolia and Solomon Islands led discussions on youth and adolescent sexual and reproductive health in the Youth Panel at the Western Pacific Preconception Care Conference, convened by Monash University in November 2025.

The remaining Youth Investment Voucher funding supported Youth SRHR Network in East Asia, Southeast Asia, and the Pacific (YSNAP), strengthening regional youth network organising and youth-led SRHR advocacy. The 2025 Investment Voucher Fund utilisation highlights several important trends across the Federation. MAs are increasingly prioritising institutional strengthening - investing in governance, human resources, strategic planning, and organisational systems - to remain resilient in uncertain times. There is a strong demand for peer learning and South-South collaboration, with MAs actively learning from one another across the region. Meanwhile, the Federation continues to invest in youth leadership and emerging thematic areas such as fertility transitions, fertility and ageing and communications.

Governance and Accreditation

In 2025, governance efforts saw two MAs successfully complete accreditation, with four others currently undergoing the process. ESEAOR expanded our network with the addition of one new Collaborative Partner in Myanmar, while our scoping efforts in Cambodia are ongoing.

Family Planning Alliance Australia (FPAA) officially rebranded as Sexual and Reproductive Health Australia (SRHA) in August 2025. A longstanding coalition representing the key sexual and reproductive health FPAs across Australia's eight states and territories, the name more accurately signifies its role as the national leading organisation promoting SRHR for all.

The Family Planning Organization of the Philippines (FPOP), with support from IPPF, is undergoing a governance reform process aimed at strengthening organisational effectiveness, accountability, and long-term sustainability. A key reform is the transition from a decentralised governance model to a single national Board of Trustees, replacing the existing Chapter Boards. FPOP is now preparing for implementation, with the new governance structure expected to be formally adopted at its General Assembly in August 2026.



Family Planning Association of Hong Kong's Executive Director, Dr Mona Lam and youth representative, Tracy Wong visiting the exhibition booths during the IPPF General Assembly 2025.
2025 General Assembly / Kicung Hartono/ IPPF/ 2025

Pathway 3: Walk the Talk

General Assembly 2025

IPPF held its **2025 General Assembly** from 18–20 November in Bali, Indonesia, under the theme *Lead with Love, Care with Courage*. Hosted by the Indonesian Planned Parenthood Association (IPPA), this key governance and decision making convening brought together the global Federation –delegates from all six regions alongside youth networks, governing bodies, and Secretariat colleagues – marking the first General Assembly since the launch of Strategy 2028.

Over three days, 290 delegates from 111 Member Associations reflected on progress, confronted persistent challenges, and took stock of a rapidly shifting global context for sexual and reproductive health and rights. Participants included Presidents and representatives of MAs, Executive Directors, and 86 youth delegates, members of the Board of Trustees and Nomination and Governance Committee. The active engagement of youth delegates demonstrated IPPF's continued commitment to intergenerational leadership and ensuring that young people remain at the center of SRHR advocacy and decision-making.

Against a backdrop of rising anti-rights movements, climate impacts, conflict, shrinking civic space, and growing threats to bodily autonomy, the Assembly created an important space for solidarity, accountability, and collective action. Delegates advanced a mid-term review of Strategy 2028, unanimously adopted our first ever [Charter of Values](#), and strengthened governance structures to ensure the Federation remains accountable, transparent, and fit for purpose.

In a moment defined by global uncertainty, the Assembly reaffirmed a shared commitment: to remain united, responsive, and grounded in communities as IPPF continues working to advance rights, choice, and bodily autonomy for all.

Safeguarding

In 2025, ESEAOR strengthened its commitment to safeguarding by continuing to build safer, more accountable, and more inclusive environments across the Federation. Grounded in a zero-tolerance approach to abuse, exploitation, harassment, and victimisation, safeguarding remained central to our work. We are fully committed to building a safe, fulfilling and empowering environment for all staff, volunteers and partners, and we remain accountable to the people we serve.

Throughout the year, safeguarding efforts reached more than 140 staff and volunteers across MAs in Malaysia, the Philippines, Vanuatu, and Lao PDR through dedicated safeguarding training and capacity-strengthening initiatives. These trainings helped deepen understanding of safeguarding principles, strengthen incident prevention and response mechanisms, and foster cultures of care, accountability, and shared responsibility within organisations and communities.

In 2025, we convened three Safeguarding Community of Practice (SGCoP) meetings, bringing together 18 safeguarding representatives from 15 MAs across the region. These spaces enabled peer learning, collaboration, and collective problem-solving on safeguarding challenges and emerging risks. Through open dialogue and shared experiences, participants exchanged tools, resources, and good practices while identifying concrete follow-up actions to strengthen safeguarding systems within their local contexts.

IPPF also updated and relaunched its mandatory secretariat-wide annual safeguarding refresher course in October 2025 to reflect evolving safeguarding needs and emerging best practices across the humanitarian and development sectors. The updated course reinforces the Federation's commitment to continuous learning and strengthening accountability at all levels.

Feby, an Outreach Worker, partners with the Indonesian Planned Parenthood Association (IPPA) to educate the local transgender community in Surabaya about risks of HIV, support behaviour change, encourage HIV testing, and facilitate access to sexual and reproductive health (SRH) care.
Indonesia / Ulet Ifansasti / IPPF (2025)

IPPF ESEAOR's Results Framework 2023-28

Pillar 1 Center Care on People					
	MAs reporting	2025 results	2024 result	2023 result	
1	Proportion of [service providing] MAs/CPs providing 8 IPES-plus AND meeting quality standards	22	5%	5%	Data not available
2	Number of clients served by type of services and model of care				
	Total clients	23	3,957,752	4,154,537	4,478,208
	<i>of which:</i>				
	Aged 10-19	18	169,609	189,236	135,766
	Aged 10-24	23	1,474,237	1,651,736	1,682,013
	Poor and marginalised	23	2,617,471	2,813,049	3,008,053
	Female	23	2,784,964	2,945,645	3,273,785
	Served in humanitarian contexts	4	37,387	32,954	22,321
3	Number of services provided by type of services and model of care				
	Total services	23	12,383,300	13,440,153	16,995,457
	<i>of which:</i>				
	Aged 10-24	23	6,369,072	5,715,159	6,330,450
	Self-care	5	432	2,090	6
	Digital health interventions (DHI)	5	13,802	4,058	16,615
4	Aggregated proportion of MAs'/CPs' contribution to the national SRH services provided in their countries				
	Proportion of contraception provided by IPPF MAs*	-	This indicator is not reported annually. Full results reported in IPPF's Annual Performance Report (APR).		
	Proportion of abortion services provided by IPPF MAs**	-	This indicator is not reported annually. Full results reported in IPPF's Annual Performance Report (APR).		
Pillar 2 Move the Sexuality Agenda					
	MAs reporting	2025 results	2024 result	2023 result	
5	Number of successful policy initiatives and legislative changes in support or defence of SRHR	6	17	3	8
6	Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve.	-	This is a research study indicator. Full results reported in IPPF's APR.		
7	Quality, reach and impact of CSE, youth-centred care, and progress in youth engagement in the Federation.	-	This is a research study indicator. Full results reported in IPPF's APR.		

Pillar 3 Solidarity for Change					
	MAs reporting	2025 results	2024 result	2023 result	
8	IPPF's contribution in supporting social movements and defending activists	-	This is a research study indicator. Full results reported in IPPF's APR.		
9	Number of intra- and inter-sector campaigns delivered by the federation in support or defence of SRHR, through a diversity and decolonization lens.	6	21	10	2
10	Proportion of research and evidence initiatives generated by MA-led centres of learning that are from the global south.	-	This is a global indicator. Full results reported in IPPF's APR.		
Pillar 4 Nurture our Federation					
	MAs reporting	2025 results	2024 result	2023 result	
11	Proportion MAs/CPs receiving less than 50% of their income from one single donor	19	21%	26%	-
12	Overall Secretariat Efficiency Score	-	This is a global indicator. Full results reported in IPPF's APR.		

Please note that some figures may differ from those reported in the 2023-24 ESEAOR Annual Report due to the inclusion of updated and complete data received after publication.

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*These roles cover both ESEAOR and the South Asia Regional Office (SARO).

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