Donor Advisory Group Meeting Minutes

Tuesday, 17th February 2026

Participants List

Name	Title & Organization
1. Sally MacKay	Assistant Director, Health Policy Branch, Development Policy Division, **DFAT, Australia**
2. Lena Hothes	Chief, SRHR, Ministry of Foreign Affairs, **Denmark**
3. Lea Gernemann	Senior Policy Officer - Division for Social Protection, SRHR, **BMZ, Germany**
4. Leonie Armingeon	SRHR Advisor, **GIZ, Germany**
5. Anne Holmes	Policy Co-Lead, Global Health Team, Development Co-operation Directorate Department of Foreign Affairs, **Ireland**
6. Satomi Ichino	Assistant Director, Global Health Division, Ministry of Foreign Affairs, **Japan**
7. Lars Faber	Senior Policy Officer, Ministry of Foreign Affairs, **The Netherlands**
8. Noortje Verhart	Senior Policy Officer, Ministry of Foreign Affairs, **The Netherlands**
9. Juana Diesing	Senior Policy Officer, Multilateral, Partnerships & Humanitarian Team, Ministry of Foreign Affairs and Trade, **MFAT, New Zealand**
10. Kate El Fraser	Senior Health Consultant, Multilateral, Partnerships & Humanitarian Team, Ministry of Foreign Affairs and Trade, **MFAT, New Zealand**
11. Nina Strom	Senior SRHR Advisor, Health Department, **Norad, Norway**
12. Mandira Paul	Senior Programme Specialist in Health and SRHR, **Sida, Sweden**
13. Selina Baumberger	Programme Officer, Health, **SDC, Switzerland**
14. Katie Chapman	Senior Social Development Adviser, SRHR, Global Health Directorate Foreign Commonwealth and Development Office, **United Kingdom**
15. Alvaro Bermejo	Director General, **IPPF**
16. Mina Barling	Director, External Relations Division, **IPPF**
17. Riva Eskinazi	Director, Donor Relations, **IPPF**
18. Nardos Hagos	Africa Region - External Relations Director, **IPPF**

Agenda

I. **Welcome** (5 min) - *Lena Hothes, DAG Chair, Chief Advisor, SRHR, Office for Multilateral Cooperation and Policy, Danish MoFA*

II. **IPPF Fight Back Fund update & Implications of the America First Global Health Strategy and the expanded Global Gag Rule** (45 min)

- Director General's update on efforts made to date on **the Fight Back Fund** to accelerate the Federation's transformation, sustain gains and strengthen resilience in the current geopolitical landscape.
- Overview of the implications of the America First Global Health Strategy and GGR for IPPF - *presented by Nardos Hargos, Africa External Relations Director, IPPF*
- Q&A

III. **Organisational Updates since IPPF's Nov 2025 General Assembly** (20 min) - *Presented by Alvaro Bermejo, Director General*
- MTR and GA Statement with areas that will be accelerated in the remaining period of the Strategy 2028
- Update on transition plans for the new Director General
- Overview of the next Board meeting in March 2026
- 2026 Annual Consultative Donors Meeting

IV. **Farewell for our Director General Alvaro Bermejo** (20 min)
Moderated by Lena Hothes, DAG Chair
A moment for DAG members to celebrate Alvaro's leadership and to reflect on the transition ahead.

Meeting Minutes

I. Welcome

Lena Hothes (LH) and **Riva Eskinazi (RE), IPPF** opened the meeting, welcoming participants to the first Donor Advisory Group (DAG) meeting of 2026.

It was noted that this would be the last DAG meeting with **Alvaro Bermejo (AB)** as IPPF Director-General (DG), with **Maria Antonieta Alcalde Castro** commencing the role from **1st March 2026**.

II. IPPF Fight Back Fund update & Implications of the America First Global Health Strategy and the expanded Global Gag Rule

Director General's update on efforts made to date on the Fight Back Fund

AB thanked all participants for joining the meeting, noting that it was a pleasure to be with the group for what would be his final DAG meeting as IPPF DG.

AB reminded participants that, in response to current global developments, IPPF's Board of Trustees had established the **Fight Back Fund** with an initial allocation of **US$15 million** from IPPF's General Reserves. He explained that the fund had two primary objectives:
- To **safeguard critical sexual and reproductive health and rights (SRHR) services** and secure essential commodities, and
- to **support organisational resilience and long-term sustainability**, reinforcing the Federation's global response to increasing anti-rights threats.

AB noted that during IPPF's Annual Donors meeting in 2025, partners had been invited to match the Board's commitment to the fund. He expressed appreciation for the strong response from partners, reporting that IPPF had **not only met the US$15 million target but exceeded it - securing US$17 million toward the Fight Back Fund**.

He thanked donors and noted that this demonstrated significant commitment both to the fund and to IPPF's core income which came in at a record high in 2025, with accounts closing at approximately **US$161 million in total income.**

AB reflected on why such success had been achieved despite a difficult operating environment, observing that where many other organisations were facing collapse, closing down, or moving away from their mandates, IPPF remained stable, financially secure, politically independent and consistent in its Charter of Values and commitment to SRHR.

AB outlined how the Fight Back Fund was contributing to resilience and sustainability across the Federation:
- **PROTECT (Harm mitigation channel):** established to provide financial support to Member Associations (MAs) affected by funding cuts or facing service closures. Through this mechanism, **US$6.6 million** had already been disbursed in grants, with an additional **US$3 million** under approval. This support has enabled IPPF to assist MAs experiencing significant financial cuts or commodity stockouts.
- **RESPOND (HER Fund and Safe Passage):** Under this stream, additional resources have been allocated to expand the Humanitarian Emergency Response Fund (HER Fund) to support rapid response, lifesaving SRH care in humanitarian settings. The HER Fund enables MAs to access funds within 72

hours of a crisis occurring and often acts as a catalyst for immediate action while further humanitarian funding can be secured. **AB** stressed that HER Fund continues to grow, with 2025 seeing the largest disbursements to date – prompting a top-up through Fight Back. Under this stream, funding has also been allocated to the Safe Passage programme supporting the SRH needs of people on the move.

- **TRANSFORM:** This element of the Fund is structured around resilience, intelligence, and sustainability, and includes measures such as:
    - **A Transnational Resilience and Innovation Hub**: established to strengthen intelligence-led response capabilities and to counter anti-gender and anti-rights movements. The inaugural host of the hub is the **MA in North Macedonia, HERA**, which has experienced severe pressure from the anti-rights and anti-gender movements. The aim is to learn in real time what an intelligence-led response looks like in practice.
    - **Commercial Sustainability and Individual Giving:** Thanks to increased resources in the Fight Back Fund, the IPPF's Commercial Sustainability Initiative has expanded from **seven to 14 MAs**. The initiative focuses on strengthening business and management capabilities so that MAs can operate clinical services in a more commercial and sustainable manner. As part of the Sustainability initiative, IPPF will also support MAs with their individual giving programmes to help diversity their income sources. IPPF achieved record results through the Individual Giving Programme in 2025.

In reference to the America First Global Health Strategy, **AB** emphasised that the Fight Back Fund had been designed specifically for moments like the present one, with the goal of mitigating immediate shocks, safeguarding essential services, and strengthening IPPF's strategic capacity to respond to a changing geopolitical landscape.

Q&A

Nina Strøm (NS), Norad thanked **AB** for his presentation and highlighted the competitive, invitation-only call for proposals that Norad held in 2025, which IPPF was successful in securing funding. She underscored the strength of IPPF's application, despite the highly challenging political and funding environment.

AB thanked **NS** for her remarks and said he appreciated her sharing that feedback. He noted that this demonstrated the strength and capability of the team across the Federation. He reassured participants that the quality of IPPF's work would continue to remain high regardless of leadership transitions.

Lars Faber (LF), MoFA Netherlands congratulated **AB** on the IPPF's successes under the Fight Back Fund to date, noting the intelligence-led response pilot in North Macedonia in particular. He asked how IPPF was approaching learning from the pilot and how lessons would be shared more broadly. He noted that, as a donor providing direct funding to organisations in the Global South, MoFA frequently receives questions about how to respond to SRHR pushback. While acknowledging that the pilot was likely still in its early stages, he expressed enthusiasm and interest in learning more.

AB responded that the initiative was indeed in its early stages. He explained that the pilot had only recently been established, with necessary security clearances completed and secure IT infrastructure, including VPN systems, put in place.

He stated that, in response to concerns about ensuring broader learning, the MA in North Macedonia had invited the MA in Kenya to join the inner group of the pilot. The intention is for Kenya to potentially serve as the next hub as the model expands. He explained that this approach was deliberately built into the design to ensure that the initiative would not remain limited to the Balkans region and that learning could be transferred and scaled over time.

AB noted that there was no existing model to replicate, making this a pioneering effort. However, IPPF had engaged external partners experienced in this type of work to contribute to the initiative. He emphasised that the Federation would proceed carefully and thoughtfully as the pilot evolves. He also reassured participants that appropriate due diligence and safeguards had been implemented to avoid reputational or governance risks related to the hub's work.

Overview of the implications of the America First Global Health Strategy and GGR for IPPF

Nardos Hagos (NH), IPPF presented an overview of the U.S. *America First Global Health Strategy* and its implications for IPPF and its MAs.

The *America First Global Health Strategy* was introduced in September 2025. According to the U.S. government, the strategy was designed to address inefficiency, waste, and perceived dependency created by previous global health programs.

Among the central rationales of the strategy is geopolitical. The U.S. government has framed global health leadership as a strategic counterweight to China, particularly in Africa, which it describes as a continent of strategic importance to U.S. national interests. The strategy highlights issues such as **population growth, economic growth, Islamic extremism, and access to key minerals and rare earth elements** used in advanced military and commercial technologies. While economic and geopolitical interests are explicitly stated, the strategy also signals **a broader ideological agenda**. Importantly, the U.S.' strategic approach going forward will function as a vehicle for **exporting conservative values**, including Christian fundamentalism and regressive approaches to gender and reproductive rights, through foreign assistance mechanisms.

The three stated priorities of the strategy are:

1. Making America 'safer' through **pandemic surveillance and outbreak response**.
2. Making America more 'prosperous' by **promoting U.S. business interests** through foreign assistance.
3. Making America 'stronger' through **bilateral agreements** with selected "key countries."

The third pillar, centered on bilateral Memorandums of Understanding (MOUs), is particularly significant for IPPF and its MAs**.**

Memorandums of Understanding (MOUs) with African Governments

As of January 2026, the **U.S. government has signed 15 MOUs with African governments**. Negotiations reportedly began around the margins of the United Nations General Assembly and continued through November 2025. Representatives of the U.S. government visited 18 African countries to negotiate these agreements.

Although the MOUs focus on health, **Ministries of Health were often not included in negotiations**. Instead, discussions primarily involved Ministries of Foreign Affairs and Treasury offices. Civil society organisations (CSOs) became aware of the negotiations only after networks obtained draft templates and technical guidance documents.

Several major concerns identified in the MOU templates and guidance documents were outlined:

- Inclusion of **Helms Amendment language**, marking the first time it has appeared in bilateral agreements. *Note: The Helms Amendment prohibits organisations to use U.S. assistance to fund abortion 'as a family planning method or to coerce a person to have an abortion', however, in practice it is often applied as a blanket ban.*
- Requirements for recipient governments to **share health data** with the U.S. government, potentially for up to 25 years, despite MOUs typically lasting five years.
- Provisions for future policy and legislative adjustments at the request of the U.S. government under a **payment-by-results** model.
- A strong emphasis on **faith-based partnerships**.
- Significant **co-financing requirements** from domestic resources only, excluding multilateral or other donor financing.
- The expansion of the **Global Gag Rule**.
- Indications that agreements could facilitate **access to minerals and rare earth resources**.
- The distortion of U.S. human rights infrastructure and reporting **to surveil and track abortion, gender-affirming care, and diversity, equity, and inclusion (DEI) issues** at country-level - where

historically the focus had been on documenting human rights abuses including attacks on minorities, arbitrary arrests and state-sanctioned violence.

The 15 signed agreements collectively require approximately **$6.6 billion in domestic co-financing** from recipient governments over five years. Uncertainty regarding how governments will raise these funds and the potential budgetary trade-offs, particularly for SRHR, were raised noting its lack of prioritisation within the agreements.

NH noted that there has been **sustained pressure from the U.S. Congress for the Administration to place the MoUs on the public record**, however, these agreements remain veiled in secrecy and are largely inaccessible to the public and CSO networks**.** IPPF's access to the documents so far been limited to leaks and informal networks with recipient governments also not publicly shared the agreements.

NH shared that IPPF networks were able to access two MOUs signed by **Kenya and Mozambique**. The following takeaways were noted:

- **Helms Amendment language** was included in both MOUs, likely to be consistent across all signed agreements
- Language requiring **domestic resource mobilization and prohibiting additional financing** from other donors or multilateral institutions remains intact in both agreements. This means that recipient governments are expected to finance their share of the commitments exclusively through domestic resources.
- Each country is also required to establish **a joint steering committee** responsible for overseeing implementation and monitoring of the MOU. However, membership of these steering committees must be jointly **agreed upon by the recipient government and the U.S. government**. This limits governments' discretion in determining stakeholder participation.
- In the case of **Kenya,** the MOU does not explicitly define the duration of **data-sharing commitments**. Instead, it indicates that the specifics will be agreed upon in a separate agreement, which will need to be located and reviewed independently.
- The MOU with Kenya also includes **additional language specifying that implementing partners operating outside of the government-to-government mechanism will be phased out**. Notably, faith-based partnerships are explicitly exempted from this restriction. This provision is indicative of a broader ideological orientation within the agreements, suggesting that actors who do not align with the U.S.-promoted values risk exclusion from implementation structures.

These provisions demonstrate how the agreements may function not only as financial arrangements but also as mechanisms influencing **which actors are permitted to operate** within national health systems.

<u>Promoting Human Flourishing in Foreign Assistance Package</u>

The U.S. has recently introduced the **Promoting Human Flourishing in Foreign Assistance (PHFFA) Package**, comprising three rules, which establish the framework guiding U.S. engagement in foreign assistance and international cooperation. The package represents an **unprecedented expansion of the Mexico City Policy**, commonly known as the **Global Gag Rule (GGR),** now covering issues related to **gender identity, and diversity, equity, and inclusion** alongside abortion.

The package applies to nearly **all non-military foreign assistance**, including humanitarian aid, and covers all implementing entities: f**oreign NGOs, U.S. NGOs, international organisations (IOs), and foreign governments or parastatals**. Notably, this is the first time that IOs, such as UN agencies, and foreign governments are explicitly included within the framework and language of the Mexico City Policy/ GGR.

In addition to restrictions on safe abortion care, the provisions state that foreign governments receiving funding may be required to agree that, during the period of the award, they will not use foreign assistance funds to promote what is described as **"discriminatory gender ideology"** or to engage in **"unlawful DEI-related discrimination."** This language introduces substantial ambiguity. It is not clear who determines what is considered "unlawful" and under which legal framework such determinations would be made.

The agreements do not clearly specify whether this refers to U.S. law, the domestic law of the recipient country, or another standard.

This also raises concerns about how these provisions may affect **existing protections for women, girls, LGBTIQ+ individuals, and other minority groups**. It is unclear how the language aligns with the MOUs that have been signed, as well as with the existing laws and policies already in place within recipient countries. There is also uncertainty about how more conservative governments on the continent may **interpret or potentially over-implement these provisions** to align with the U.S. government's position. Likewise, there are questions about the **extent to which sovereign governments will have space to push back** against or interpret these conditions in accordance with their own legal frameworks.

Implications for IPPF and it's MAs

NH then turned to how these policies are impacting IPPF and it's MAs, outlining the following challenges:

- **Limited transparency and restricted access to MOU details:** As the MOUs are agreed bilaterally, with negotiations conducted directly between the U.S. government and individual recipient governments, it has been extremely difficult to access information or to facilitate collaboration across countries. This fragmentation of civil society appears deliberate, with CSOs now struggling to coordinate a unified response given that the challenges in each country are distinct and highly complex.
- **Civil Society Fragmentation: NH** noted that both recipient governments and the U.S. government are closely monitoring developments in country, creating reluctance among civil society actors to share information, even when they can obtain it. **NH** described a clear sense of being watched, which has generated hesitation and fear among organisations to work together and share intelligence.
- **Public narratives:** Both the U.S. government and recipient governments have shaped the public narrative around the MOUs very carefully. The agreements are being framed as **anti-colonial initiatives** that strengthen governments directly. In this framing, CSOs are portrayed as disgruntled actors who are upset about being excluded. **NH** stated that this narrative has been damaging and requires civil society to reconsider how it communicates the harmful implications of the agreements.
- **Strategic Planning:** With the introduction of the new **Global Development Review**, **NH** explained that forecasting how governments will respond to the MOUs, particularly in relation to access to healthcare for minority groups, has become even more difficult. The uncertainty at national level makes strategic planning highly challenging.

Despite these obstacles, several actions taken by MAs and partners were highlighted:

- There has been significant **coalition building** at national level to develop collective responses. This approach not only strengthens advocacy efforts but also provides solidarity and safety in numbers for organisations operating in sensitive political environments.
- Networks in-country are developing **contextualized strategies** tailored to their specific political environment. This has been particularly evident in Kenya and Rwanda and is beginning to emerge in Mozambique. These strategies bring together CSOs, journalists, cooperative partner missions, and Ministries of Health, which were notably excluded from the original negotiation processes.
- In several countries, **legal support** has been mobilized to analyse the MOUs and any available templates. This includes reviewing whether due process was followed, whether data protection laws are being respected, the budgetary implications for recipient governments and their co-financing obligations, and the potential impact of U.S. business interests on national economic interests. Legal experts are also examining the broader legislative implications of these agreements within each country.
- Communication has become a central focus. Civil society actors are carefully considering who the most credible and effective messenger should be when discussing the challenges associated with these MOUs.

- For example, in Kenya, it has been the Consumer Federation of Kenya that has taken pursued legal action rather than CSOs, as civil society has faced significant demonization through social media and public statements. **NH** noted that understanding national sentiment is critical, with public opinion being shaped in part by messaging from the U.S. government. Organisations must navigate this carefully when engaging in advocacy.

Next steps:

NH said that looking ahead, there are many unknowns. The path forward will depend heavily on country context and the strength of national institutions. The following recommendations were made:

- **CSOs and likeminded partners must build alliances within government**: Many actors were excluded from the drafting of these agreements, and it is essential to help government officials understand their long-term implications.
- **Engaging parliamentary groups:** Questions must be raised about whether due process was followed and what these agreements mean in the context of upcoming elections in many countries.
- **Legal avenues at the national level:** additional legal support is needed to interpret and respond to both the MOUs and the broader policy framework.
- **Communication and advocacy**: There must be greater awareness among diverse groups about what these agreements mean, as well as efforts to protect the reputation of CSOs at the national level.
- **Evidence and documentation:** We must understand and document the impact of these agreements on national budgets, service delivery, policy and legislative changes, and potential human rights violations. This will require partnerships with organisations that have specialized expertise. It will also require building impact beyond national borders through country-to-country exchanges, regional coordination, and engagement with cooperative partners.
- **Other regions, including Latin America and Asia, must begin preparing for similar MOUs, as the U.S. government has indicated plans to expand these agreements to as many as 71 countries.**

Q&A

Q: Lena Hothes (LH), MFA Denmark thanked **NH** for the comprehensive presentation. She noted that while the overview was extremely helpful, the substance of the developments was deeply concerning. She reflected that even though IPPF has secured funding and established the Fight Back Fund, broader concerns remain regarding the overall ecosystem and "supply chain" of health service delivery at country level. She questioned what the MOUs would mean in practice for other partners operating in countries such as Kenya, including UNFPA-supported health programmes and other bilateral and multilateral actors. She expressed concern about the potential conditions that may be imposed on other partners and on IPPF's work in-country.

Q: Lea Gernemann (LG), BMZ thanked **NH** for the detailed overview and noted that many partners are still trying to develop a fuller understanding of what the compacts will mean in practice and how implementation will vary across countries.

She asked whether IPPF plans to systematically track MA experiences with compact implementation in order to build a clearer picture of developments on the ground. She noted that such tracking would be helpful for partners seeking to understand real-time impacts**. LG** also asked whether partner countries might seek waivers under the expanded GGR framework and whether IPPF anticipates that the health compacts will directly affect MAs work. Finally, she inquired whether IPPF is undertaking scenario planning to prepare for potential impacts.

Q: Anne Holmes (AH), Ireland thanked **NH** for what she described as an excellent, though sobering, overview of the strategies and implications. She noted that her team is closely monitoring both the "America First" policy framework and the expanded package of rules.

She highlighted the particularly strong emphasis on physical and financial separation within the expanded GGR framework, observing that this could have significant practical consequences. She also underscored the heightened focus on monitoring and compliance within the new rulings, noting that the language appears to

encourage over-compliance to avoid risk. In her view, this may significantly reduce the flexibility that some actors previously assumed they might have.

AH further noted concerns about what she described as "aid-for-data" strategies. She highlighted provisions requiring the purchase of U.S.-sourced or U.S. government-owned ICT platforms, suggesting that this goes beyond data-sharing arrangements and has broader implications. Turning to IPPF specifically, she asked how MAs are planning for the likely increase in demand for services resulting from the strict enforcement of physical and financial separation. She suggested that there may be increased referrals, including informal or covert referrals, and asked about IPPF's capacity and contingency planning to cope with a potential surge in demand.

Q: Noortje Verhart (NV), MoFA, Netherlands thanked **NH** for the overview and acknowledged the difficulty of fully grasping the implications of the developments. She echoed **LG's** question about whether IPPF is systematically tracking developments at country level through MAs. She also suggested that monitoring should include impacts on UN agencies, given that the policy changes affect not only governments but also multilateral actors.

She further asked how collective responses could be strengthened, including the potential role of the European Union. She inquired whether the EU is already playing a role in-country, whether opportunities for engagement are being missed, and how this dimension could be incorporated into the broader analysis.

Q: **NS** thanked **NH** and noted that while SRHR-focused colleagues are familiar with the GGR, many actors working under the additional rulings have been taken by surprise, despite earlier policy signals. She observed that embassies are also struggling to navigate the changing landscape and to engage effectively with ministries and national counterparts. She emphasised the need for coordinated involvement and asked whether IPPF RO's have communication channels with broader EU structures. She also referenced previous liaison engagement and inquired whether similar coordination mechanisms are currently in place.

A: Mina Barling (MB), IPPF thanked the group and provided additional context on the tracking MA experiences with the health compacts. She noted tat two surveys on the impact of U.S. policies had been conducted in 2025, and shared with the DAG, and that data collection is ongoing. She confirmed that updates and findings would continue to be shared as they become available.

MB highlighted two additional points:

1. **Expanded Policy Areas**: For many organisations, the policies reflect a "rinse and repeat" pattern, but certain areas, particularly the gender ideology provisions, are new and pose unique challenges. She emphasized that these issues are especially relevant in the context of the Global Fund and raised the importance of pursuing back-channel advocacy with key interlocutors in countries where these discussions are ongoing.
2. **Strategic Long-Term Engagement:** There is need to move beyond cyclical expressions of concern and engage in longer-term strategic discussions with U.S. allies and Democratic policymakers. She noted that with the inclusion of Helms-related provisions in the MOUs, the challenge is no longer solely a "Republican dilemma," as both political parties have historically shaped these policies. She suggested that sustained advocacy could reduce the need for repeated interventions during each election cycle.

She further observed that recent appropriations legislation has centralized fiscal oversight and responsibility within the U.S. State Department and Congress, highlighting the importance of understanding the structural and strategic context alongside the GGR and MOUs.

A: NH thanked participants for their questions and feedback and offered to continue in-depth discussions via email. She provided updates on several key points raised during the Q&A:

- **Tracking MA Experiences:** regular conversations are ongoing with MAs. Current work is focused on coalition-building, gathering information, and engaging with governments, laying the foundation for long-term tracking and analysis of MA experiences with the MOUs.
- **Data Exchange and Performance Incentives:** Aid-for-data provisions were highlighted as a major concern. Additionally, MOUs include clauses on performance incentives, which are not clearly defined

but could lead to over-compliance by recipient governments. The need for all partners to examine these provisions closely was emphasised.

- **Service Demand and Sustainability**: An expected increase in demand for services and the likelihood of more covert service provision was acknowledged. **NH** stressed the importance of the sustainability initiatives discussed earlier in the meeting, ensuring that MAs have sufficient resources to continue providing services amid increasingly complex supply chains and limited commodity access.
- **Collective Response and Cooperation Partners: NH** encouraged cooperation partners to engage with recipient governments to convey the disruptive nature of the MOUs and the "America First" provisions. She highlighted the 90-day inception phase following MOU signing as a critical window to influence implementation plans and secure additional funding. She emphasized the need to create safe spaces for civil society to share information, collaborate, and analyse implications for SRHR investments and outcomes.
- **NH** noted that IPPF maintains a maintains a presence at the African Union and is actively sharing information. She offered support for briefings to teams or missions seeking to build understanding of the MOUs' impacts. She suggested that a separate discussion be facilitated regarding UN engagement, with IPPF's UN Liaison Offices.

A: AB added that IPPF will continue to monitor the impact of health compacts on MAs and will report these findings at future DAG meetings. He emphasized the importance of recognizing that a significant proportion of healthcare in Africa is paid out-of-pocket or delivered through private sector and NGO facilities, which must be considered when assessing the compacts' impact.

III. Organizational Updates since IPPF's Nov 2025 General Assembly

AB provided an update on the Federation's ongoing work and strategic priorities since the General Assembly (GA) held in November 2025.

1. Midterm Review of Strategy 2028

AB summarized the outcomes of the midterm review (MTR) conducted in the lead-up to the GA. The review, led primarily by MAs, was an honest reflection of IPPF's progress under Strategy 2028, identifying gaps, and setting priorities for acceleration across all four strategic pillars.

The MTR concluded that the strategy remains highly relevant in the current context but also highlighted the need for added emphasis in some areas without which we risk falling short of our ambitions. As a result, the following key areas for acceleration were agreed by the GA:

- **Pillar 1: Person-Centered Care**
  - Improvement is needed in humanitarian response, with a particular emphasis on people on the move, including refugees and displaced populations both in transit and receiving countries.
  - Greater focus on digital health interventions is required to strengthen connections across diverse and challenging contexts.
- **Pillar 2: Advancing the Sexuality Agenda**
  - While achievements such as the Charter of Values were recognized, there is a need to refine messaging and public engagement to reach broader audiences beyond technical framings.
- **Pillar 3: Solidarity for Change**
  - The Federation must expand and diversify alliances to better reach marginalized and criminalized communities disproportionately affected by anti-rights policies.
- **Pillar 4: Nurture the Federation:**
  - MAs will need to adopt a commercial mindset to secure new revenue streams, innovate, and strengthen financial resilience. This work is already being carried out by the Commercial Sustainability team and will be scaled up.

The GA's conclusions were incorporated into a strategic addendum, and the Board has requested updates to the results framework and indicators to track progress in these acceleration areas.

2. Leadership and Board Transitions

AB highlighted three ongoing transitions:

1. **IPPF Director-General: Maria Antonieta Alcalde Castro (MAAC)** will succeed **AB** on 1 March 2026 ad IPPF DG. Since October, **MAAC** and **AB** have been working together through an extensive transition process, which will culminate next week with her coming to London for an in-person handover.
2. **Regional Director for Africa: Claudia Shilumani (CS)** will succeed Marie-Evelyne Petrus Barry as IPPF Africa Regional Director on 23 February 2026 after a two-week transition period. **CS** brings extensive SRHR and public health experience, including senior roles at WHO AFRO, Africa CDC, UNFPA, and the Global Fund.
3. **Board Chair:** Kate Gilmore will step down as Board Chair in May 2026, and the Board has nominated Jon Lomoy, former Director General of NORAD, to succeed her on an interim basis. A phased transition is planned over 12–18 months.

3. Upcoming Board of Trustees meeting in March 2026

AB provided an overview of upcoming governance and planning activities. He noted that the next Board meeting is scheduled for mid-March and will be **MAAC's** first Board meeting. Key agenda items will include:

- Oversight of **MAAC's** first 100-day work plans and the transition process.
- Review and monitoring of the Fight Back Fund, with careful attention from the Board.
- Presentation from the Resource Allocation Sustainability Technical Committee (RASTC), which will propose a three-year work plan. This plan focuses on:
    - Adjusting IPPF's governance and resource allocation strategies in response to a declining ODA environment.
    - Exploring options for the Secretariat, currently reliant on 95% grants, to diversify funding through social impact investment, loans to MAs, and development of individual giving frameworks that maintain equity and inclusivity for all MAs globally.

4. 2026 Annual Consultative Donors Meeting

AB also reminded attendees of the Save the Date for **IPPF's Annual Consultative Meeting with Donors and Partners**, scheduled for **14-16 June 2026 in Dublin, Ireland**. **AB** announced that the meeting will be co-hosted by the Government of Ireland, highlighting its significance for celebrating achievements, fostering donor engagement, and discussing the Federation's next steps.

Q&A

LH acknowledged the upcoming leadership transitions within IPPF and expressed regret at seeing Kate Gilmore depart, while welcoming the incoming leaders and emphasizing the importance of continued cooperation with them. She highlighted key points regarding IPPF's strategic acceleration, particularly the focus on alternative and innovative financing. She noted the relevance of these efforts in the context of the "America First" MOUs, especially regarding domestic resource mobilization. **LH** raised concerns about the potential earmarking of resources, for example, for malaria programs, and questioned the availability of broader funding for other critical priorities. She suggested that these financing discussions could be a useful topic for the donor meeting scheduled for the summer, to explore possibilities across different countries and contexts.

LH also observed that declining ODA is a growing concern in many countries, influenced by shifting global priorities such as increased defence spending. She referenced ongoing debates in Danish media about potential reductions in development cooperation budgets, noting that similar discussions may be occurring across other European countries and in Canada. She welcomed further discussion on this at a future DAG meeting.

IV. Farewell for our Director General Alvaro Bermejo

The session celebrated **AB's** remarkable accomplishments over his eight-year tenure as IPPF DG. Donors highlighted his collaborative, principled, and visionary leadership and reflected on his role in strengthening IPPF, navigating reforms, ensuring stable support for MAs, and fostering trust and resilience within the Federation.

The discussion also emphasised the strong foundation he leaves for incoming leadership, and other new leaders within the Board and ROs, while participants expressed their gratitude and best wishes for his next chapter.

AB reflected on his tenure and the revitalization of the DAG and IPPF over the past eight years. Key points raised included:

- Thanked the DAG members and partners for their political support, activism, and commitment, which allowed IPPF to implement reforms effectively even under constrained budgets.
- Highlighted that funding to MAs has remained stable or slightly increased year-on-year since IPPF's reform, crediting this to donors' and partners' advocacy and protection of IPPF's mission.
- Emphasized the importance of trust and continuity in challenging times, affirming that IPPF is now a resilient, mission-focused organisation capable of navigating crises.
- Expressed gratitude for the DAG's collective efforts in enabling IPPF's impact and encouraged members to continue supporting and engaging with IPPF, noting that the Federation belongs to all its stakeholders.

5. Closing remarks

LH formally closed the DAG session as chair, thanking all participants and noting that an introductory call with incoming DG will be scheduled within the next 5–6 weeks, in early April.

Action Items

- **RE** to schedule next DAG call for April 2026, during which we will welcome Maria Antonieta Alcalde Castro and IPPF's new DG.
- **RE** to include agenda item in next DAG meeting to discuss further updates on America First Global Health Strategy rollout, the expanded GGR and implications for IPPF MAs, and donor partners.