2026 Annual Consultative Meeting with Donors and Partners
Dublin, Ireland

Donor Advisory Group Meeting Minutes

Tuesday, 16th June 2026 (14:00-16:00)
Conrad Hotel, Dublin

Participants List

Name	*Title & Organization*
1. Sally MacKay	Assistant Director, Health Policy Branch, Development Policy Division, ***DFAT, Australia***
2. Marjorie Cheron	Deputy Director, **Global Affairs Canada**
3. Lena Hothes	Chief, SRHR, Ministry of Foreign Affairs, ***Denmark***
4. Birte Frerick	Deputy Head of Division, Pandemic Prevention and SRHR, **BMZ**
5. Alina Noeth	Advisor-SRHR, **GIZ**
6. Anne Holmes	Policy Co-Lead, Global Health Team, Development Co-operation Directorate Department of Foreign Affairs, **Ireland**
7. Yuki Tanaka	First Secretary, Embassy of Japan in Ireland
8. Satomi Ichino	Assistant Director, Global Health Division, Ministry of Foreign Affairs, **Japan** (virtual)
9. Marjolein Sliep	Senior Policy Officer, Ministry of Foreign Affairs, **The Netherlands**
10. Camilla Salvesen Holst	Senior Advisor, Section for Gender Equality, **Norad, Norway**
11. Nina Strom	Senior SRHR Advisor, Section for Gender Equality, **Norad, Norway**
12. Mandira Paul	Senior Programme Specialist in Health and SRHR, ***Sida, Sweden***
13. Selina Baumberger	Senior Policy Advisor, Health, **SDC, Switzerland**
14. Jane Hobson	Senior SRHR Advisor, **FCDO, UK**
15. Maria Antonieta Alcalde	Director General, **IPPF**
16. Casper Erichsen	Director, Strategy and Planning, **IPPF**
17. Riva Eskinazi	Director, Donor Relations and Interim Director, External Relations Division, **IPPF**
18. Manuelle Hurwitz	Director, Development and Impact Division, IPPF
19. Stefanie Wallach	Director, Performance, Learning and Impact, **IPPF**

Agenda

- **14:15 – 14:20- Welcome** *by Lena Hothes, DAG Chair and Maria Antonieta Alcalde, Director General, IPPF*
- **14:20 – 15:10- Overview of Resource Allocation to MAs 2026-2028** *by Casper Erichsen, Director, Strategy & Planning, IPPF*
- **15:15 - 15:45 - IPPF Secretariat Accountability Mechanism (SAM) Implementation** *by Manuelle Hurwitz, Director, Member Association Development & Impact, IPPF and Stefanie Wallach, Director of Performance, Impact and Learning, IPPF*

- **15:45 - 16:10 - Measurement of Results for areas identified at the 2025 General Assembly that requires further acceleration in the Strategy 2028** *by Manuelle Hurwitz, Director, Member Association Development & Impact, IPPF and Stefanie Wallach, Director of Performance, Impact and Learning, IPPF*
- **16:10– 16:25 – AOB** *by Maria Antonieta Alcalde, Director General, IPPF*
    - **Governance:** Update on the upcoming Board Meeting (18-19 June)
    - **Strategy:** Update on the next Strategy planning process for 2029-2034
    - **Partnerships:** IPPF's involvement in Commission 2048
- **16:25-16:30 - Wrap Up & Next Steps** *by Lena Hothes, DAG Chair*

Please note that materials listed above will be shared on the DAG microsite here

Meeting Minutes

Welcome

Lena Hothes (LH) opened the Donor Advisory Group (DAG) meeting as Chair and welcomed participants.

The agenda was introduced, and request was noted for IPPF to provide input or clarification on several additional points under the AOB session, of relevance to the DAG:

- An update on developments in the African Union around charter on 'family values' and related policies.
- Information sharing from Member Associations (MAs) regarding the emergence of **U.S. *Promoting Human Flourishing in Foreign Assistance (PHFFA)*** agenda and America First country memoranda of understanding (MOUs).

Maria Antonieta Alcalde (MAAC), IPPF Director General thanked participants for attending, noting that this was her first Annual IPPF Donor and Collaborate Partners Meeting as Director General. She described the DAG as a trusted and constructive space, underscoring the intention for the forum to think collectively about how to strengthen the impact of IPPF's work. She concluded by reiterating appreciation to the DAG for their support to IPPF.

Overview of Resource Allocation to MAs 2026-2028

Casper Erichsen (CE), Director of Strategy & Planning, IPPF, provided an overview of IPPF's 2026 affiliate business planning process, through which MAs and Collaborative Partners (hereafter, MAs), together with the Secretariat, set out their expected income and expenditure to access both strategic and core funding.

CE briefly described IPPF's business planning system, noting that data is gathered through a bespoke online portal used by more than 100 MAs in four languages. MAs enter annual planning data during a six-week window from September to October, and the portal is also used for annual and semi-annual reporting. In addition to financial data, the process captures extensive narrative information on organisational opportunities, challenges, country context, and planned actions linked to IPPF's Strategy 2028.

For the 2026 cycle, core funding allocations were calculated for **133 countries**, including contexts where IPPF is seeking to expand or replace a previous MA. Of these:

- **119** affiliates were eligible for core funding
- **114** submitted business plans for approval
- Of these **112 were approved with full funding**, while two received reduced funding due to strategic misalignment or quality issues to be addressed in the following year.

CE observed that this total was consistent with the previous planning cycle despite changes to the Federation's membership.

Key Trends (2023-2026):

- Most MA spending continues to fall under **Pillar one**, focused on service delivery, with a slight increase in spending over the period, from US 174.5M in 2023 to US 186.2M in 2026. **Pillar One** shows the highest number of projects, with around **68% of total expenditure concentrated in service delivery.**
- There was a notable increase in **Pillar Three** spending, which focuses on building strategic partnerships and connections with sister organisations and movements. The data suggests that Strategy2028's intended shift is beginning to materialise through greater investment in collaboration and national movement-building.
- At the regional level, the following trends were noted:
    - MAs in the **European Network** and **East and Southeast Asia and Oceania (ESEAOR)** regions allocate a third or more of their resources to advocacy, communications, and norm change under **Pillar Two**.
    - The **Americas and the Caribbean** region appeared to show a lower proportion of spending allocated to Pillar Two (under 5%), however that this is largely due to the size of Profamilia Colombia's budget, most of which is classified under **Pillar One**, skewing the regional picture.
    - Around a quarter of MA budgets in **ESEAOR** and the **Africa Region**, and 17% in South Asia, are allocated to Pillar Four, which focuses on strengthening the capacity of MAs and the Federation as a whole. While investment in organisational development may appear difficult to justify amid growing service demands, this category includes work on social enterprise and commercial care — crucial levers for income diversification in an increasingly volatile funding landscape. This direction was reaffirmed in the General Assembly statement unanimously endorsed by MAs in 2025, which called for greater efforts to diversify income in order to sustain service delivery for the most marginalised.
- In line with overall expenditure patterns, core funding remains concentrated within **Pillar One.** However, there was a visible shift in 2026 towards increased spending on advocacy, communications, and norm change. This reflects the wider geopolitical environment and a growing need for MAs to invest more in defending human rights and inclusive societies.
- Across the Federation, **social enterprise is currently the largest reported income source among grant-receiving MAs**, but this is heavily driven by Profamilia Colombia's sizeable social enterprise programme. When Colombia is excluded, social enterprise and product sales fall to second place, after non-IPPF international donor income.
- **Despite real progress on income diversification, traditional donor and partner funding remains indispensable.** It underpins the Federation's overall work and provides vital flexibility for MAs operating in politically or financially constrained contexts, particularly smaller MAs in island states and territories that struggle to attract other investment despite being essential to reaching the last mile.

Q&A Session

Q: Mandira Paul (MP), Sida, Sweden asked for further detail on the composition of MAs other income sources, particularly beyond IPPF funding.

A: CE clarified that, after social enterprise, the next largest income source is non-IPPF international donor funding accessed directly by MAs. Other income sources include IPPF unrestricted funding, local and national grants and donations, and IPPF restricted funding, including project-based support.

Q: Nina Strom (NS), Norad, Norway welcomed the increasing level of detail in annual financial presentations to the DAG and noted that it would be helpful to review the slides in full once circulated. She asked for clarification on the nature of core funding and its usage, noting that it she had previously understood it was primarily used as support for salaries and infrastructure, whereas the presentation suggested a more programmatic use.

A: CE explained that while core funding is often used for salaries, infrastructure, and other hard-to-fund operational costs, it is largely classified under Pillar One to support service delivery with the largest expenditure being on static clinics. He noted that additional analysis on how funding is spent across categories, including staffing, commodities, direct and indirect costs, is available and can be shared with the DAG upon request.

Manuelle Hurwitz (MH), Director, Member Association Development & Impact, IPPF added that how core funding is used varies significantly depending on the size and context of the MA. For smaller or more financially constrained organisations, core funding is essential to sustaining operations and filling critical gaps that restricted grants do not cover.

Q: Birte Frerick (BF), BMZ, Germany asked how the IPPF's three-year resource allocation cycle interacts with the annual business planning process, including what impact this has on planning, predictability, and future allocations to MAs. She also asked about why resources were redirected from the Harm Mitigation Fund into the Fight Back Fund, and what this meant in practice for the fund's implementation.

A: CE explained that MAs receive a three-year allocation to support forward planning, however, are still required to submit annual business plans given that contexts and needs can shift significantly from year to year. It was also noted that, while annual funding commitments to MAs are subject to available resources, IPPF has so far consistently met them in full, and in some cases superseded initial commitments.

MH explained that the **Harm Mitigation Fund** was initially established as a rapid response to U.S. funding cuts in 2025, using IPPF reserves allocated by the Board, to enable MAs to sustain essential services and supplies. Following further discussion with the Board, this was broadened into the **Fight Back Fund**, in recognition that IPPF needed to go beyond simply protecting existing services and reserves and instead use this moment to transform the Federation and build stronger strategic partnerships to increase resilience. On that basis, the Fight Back Fund brings together three interconnected strands:

- **PROTECT** – Continuing the harm mitigation function, now fully integrated within the Fight Back Fund; to provide rapid, flexible support to MAs most affected by funding cuts so they can sustain essential services and supplies.
- **RESPOND** – Supporting targeted initiatives that enable MAs and the Federation to respond to emerging challenges, including work around humanitarian and HIV, where agility and speed are especially important.
- **TRANSFORM** – Investing in longer-term shifts that will strengthen IPPF's resilience, including enhanced data and evidence generation, commercial and social enterprise initiatives to diversify income, and the development of the intelligence-gathering hub to better anticipate and navigate political and funding risks.

Together, these three components mean the Fight Back Fund is not only cushioning the immediate impact of cuts, but also positioning the Federation to adapt, diversify and build the partnerships needed to withstand future shocks.

Q: Sally Mackay (SM), DFAT, Australia queried the relatively modest proportion of expenditure categorised under Pillar two, particularly when set against the central place that advocacy, norm change, and political strategy occupy in the Federation's discussions and priorities. She asked how to interpret this apparent mismatch, and whether the figures fully capture the breadth of IPPF's agenda-shifting work. She also queried whether expenditure at Secretariat level on Pillar two, or by non-grant-receiving members, might not be visible in the figures shown.

A: CE clarified that the data presented relates specifically to grant-receiving MAs and the way they report their business plans and expenditure. It does not include the costs of Secretariat-led advocacy, communications and norm-shifting work, nor the work of all MAs across the Federation. This means the picture is necessarily partial when looking at the totality of IPPF's efforts to shift norms and defend rights.

He added that structural change in investment patterns takes time to show up in financial data. The fact that the proportion of spending under the agenda shifting pillar has already increased by a few percentage points over the strategic period should be read as an early but meaningful signal of change, especially given the scale of the Federation and its historic orientation towards service delivery. He stressed that IPPF remains, by design, a service delivery Federation, and that MAs are rightly protective of investments that sustain care and access to services. Advocacy and communications activities often have a lower cost than clinical and service delivery work, even when the number of projects is comparable. This means that, while the share of total spend on agenda shifting may look modest, the number of projects and initiatives in this area is larger than the financial figures alone might suggest.

Q: SM suggested further analysis that brings together MA and Secretariat investments in agenda shifting work.

A: CE welcomed this suggestion, noting that this could be particularly valuable as IPPF begins to design its next global strategy.

Q: Yuki Tanaka (YT), Embassy of Japan in Ireland noted the importance of Stream One funding, particularly for low- and middle-income countries, and emphasised the value of detailed annual business planning and budgeting in ensuring transparent and accountable use of funds. It was also noted that efforts to diversify income sources are welcomed by Japan and considered important for strengthening IPPF's long-term financial resilience.

A: CE clarified that Stream One is reserved for OECD-DAC eligible countries, while a portion of core funding is also directed through Stream Two to pockets of high unmet need in upper-middle-income countries that are not eligible for these funds. It was noted that the data presented covered both streams. Grants to non OECD-DAC eligible countries are coming from IPPF's income from the individual giving programme.

Q: NS asked if the IPPF reserves used under the Harm Mitigation Fund have since been replenished, including through new donor contributions such as support to the Fight Back Fund?

A: MAAC confirmed that the reserves used to establish the Fight Back Fund have since been replenished, through a combination of new donor contributions and investment returns. IPPF has exceeded its initial matched-funding target of USD 15M, and securing an additional USD 17M in donor contributions to date. This has helped to restore reserve levels and is viewed as evidence that the decision to act quickly was both bold and effective.

It was agreed that participants may return with further questions once the slides and supporting financial information have been circulated.

IPPF Secretariat Accountability Mechanism (SAM) Implementation

MH gave a brief introduction to the Secretariat Accountability Mechanism (SAM), designed to strengthen mutual accountability between the Secretariat and MAs. Aligned with the Secretariat's three-year business planning cycle, it was first conducted in 2023 and developed jointly by a task force of Secretariat staff and MA representatives. It provides MAs with a structured opportunity to give feedback on how effectively the Secretariat is fulfilling its mandate to support them in delivering IPPF's strategic goals, thereby enhancing transparency and accountability across the Federation. Building on the 2023 baseline, the Secretariat carried out a second round of the survey beginning in late 2025, with some adjustments to the methodology.

As in the first round, the process included a fully anonymised online survey, to which **82 MAs responded**. This was followed by focus group discussions, introduced at the request of MAs, involving 32 participants, including young people.

MH explained that an important methodological change in this round was that external reviewers were engaged to analyse the data and facilitate the focus groups, with no Secretariat staff present, and produced a consolidated global report plus regional analysis. The Senior Management Team and Directors

Leadership Team (DLT) have reviewed the findings and are finalising a management response, which will be shared with MAs to close the feedback loop. Agreed actions will be integrated into current and next-year workplans.

Findings from the 2025 SAM Process:

Stefanie Wallach (SW), Director of Performance, Impact and Learning, IPPF then presented overall findings from the second round of the SAM. She noted that, across all accountability areas and assessment criteria, MAs perceptions of how the Secretariat engages with them had improved between 2023 and 2025, which was taken as an encouraging sign of progress. While some areas, particularly external engagement and strategic partnerships, continued to score lower, these were also among the most improved since the previous round.

SW highlighted several cross-cutting themes emerging from the feedback. These included the value MAs place on peer learning and knowledge exchange; demand for more practical guidance and stronger access to technical focal points, particularly in areas such as DEI, resource mobilisation, alternative financing, advocacy and stakeholder engagement; and the need for Secretariat processes to be more responsive to country context, size and complexity. She also underlined feedback from young people, who welcomed existing participation mechanisms but called for clearer pathways to influence decision-making and more meaningful engagement.

SW explained that the formal management response will ensure that the Secretariat both responds seriously to MA feedback and makes realistic commitments. The response will be integrated into the final report and translated into workplans, KPIs and deliverables over the remainder of the current year, the following year, and the final phase of the strategy. She noted that the mechanism is increasingly becoming embedded as a shared accountability framework across the Secretariat.

In closing, **MH** added that the first accountability round in 2023 had taken place shortly after the Secretariat's realignment, which introduced new MA-facing roles, including dedicated focal points working with clusters of MAs. She noted that this has clearly strengthened communication and access, but that the feedback also shows a desire from MAs to engage beyond those focal points and have greater, more regular access to the wider technical expertise available across the unified Secretariat.

Q&A Session

Q: SM strongly underscored the importance of the SAM, recalling the period leading up to 2019 when the absence of a mechanism like this contributed to a sense of distance between the Secretariat and MAs, and to frustration among MAs who felt they lacked a meaningful voice and a way to flag issues. Drawing on Australia's experience of the early discussions that led to the design of the SAM, she stressed that the SAM is now central to the health of the Federation. She highlighted the importance of closing the feedback loop, clearly communicating back to MAs, and being seen to act on their input.

Q: Marjolein Sliep (MS), MoFA, Netherlands thanked IPPF and said the session had been very informative in understanding how the SAM works. She noted that MAs had expressed a desire to be more involved in strategy development and asked how this currently operates in practice and whether MAs are involved in the strategy design process already. She also asked for clarification on the SAM scoring system, including what constitutes the "top" Net Promoter Score.

A: MH confirmed that MAs were very actively involved in the development of the current global strategy and that IPPF would not have proceeded without their engagement and endorsement of Strategy2028 at General Assembly in Bogota. She explained that what MAs are now calling for is deeper involvement at every stage of the next strategy cycle, including leading key conversations themselves, and more structured opportunities to reflect on and influence the strategy's implementation. She shared that some of this action has already begun through thematic discussions linked to the Strategy 2028 mid-term review.

A: SW explained that the Net Promoter Score can range from –100 to +100. The 2023 round served as the baseline, and no explicit numeric target has yet been set. Instead, the focus has been on improving trends

over time, both globally and within each region. It was noted that all scores in the most recent round were in positive territory, which is seen as a good foundation. Regions are encouraged to track their own trajectories against their baseline rather than being compared to one another.

Q: Alina Noeth, GIZ, Germany asked whether there were notable regional differences in the findings, and if so, how these would be addressed.

A: MH confirmed that each Regional Office receives its own analysis and that there are indeed variations reflecting different contexts and priorities. For example, in some regions external engagement and partnerships feature more prominently, while in others capacity-building support is prioritised. Specific technical areas for capacity building also vary by region, with some topics (such as Digital Health Interventions) scoring consistently high across most regions, and others (such as abortion) scoring differently depending on context. This signals to the Secretariat and regional teams on how we can better respond to these contextual differences and adjust support to MAs accordingly.

Q: Marjorie Cheron (MC), GAC queried how frequently the SAM is conducted, along with the deadline for finalising the management response and planned timing for sharing it with MAs and the wider Federation.

A: SW confirmed that the SAM operates on a three-year cycle. The most recent round began in 2025, and the next round is expected to commence in 2028, providing sufficient time to implement and assess agreed actions in between.

She clarified that clarified that the management response is currently being finalised, following a review by the DLT and additional feedback to specific teams. The intention is to complete and approve the management response in July 2026, after which it will be disseminated across the Federation. Separate processes will be used to socialise the findings and commitments with the Secretariat and with MAs, reflecting their different roles and perspectives, and the consolidated report will include the full management response.

Q: Jane Hobson (JH), FCDO asked whether the findings could be related to the proportion of IPPF funding received by different MAs, and whether any patterns emerge when looking at engagement in the SAM and perceptions of the Secretariat alongside levels of financial support.

A:**MH** noted that participation in the latest SAM round was higher among MAs in Europe (many of which are non-grant-receiving) than in the first round, suggesting that they see value in the exercise beyond funding relationships. She added that this may also reflect IPPF's visible commitment to following up on feedback from the first SAM through a formal management response and concrete actions.

SW added that the survey is fully anonymous following feedback from MAs requesting this during the first round. As such, it is not possible to correlate individual responses with whether a specific MA receives funding from IPPF. The only breakdown available is by region, not by funding status of individual MAs.

Measurement of Results for areas identified at the 2025 General Assembly that require further acceleration in the Strategy 2028

MH explained that, as part of the strategy review leading up to the General Assembly in Bali in November 2025, IPPF convened a series of webinars and in-person discussions to gather MA reflections. These exchanges culminated in roundtable conversations at the Assembly, where MAs identified priority areas for further exploration, expansion and strengthening over the remaining strategy period.

The outcomes are captured in the "Declaration of the Delegates to the IPPF General Assembly 2025 in Bali," which sets out nine priority areas aligned within the four strategic pillars of Strategy 2028:

- Under **Pillar One** on people-centred care, MAs called for 1continued strengthening of humanitarian work, with a particular focus on migrants and refugees along the entire journey, including in host countries, and for closer engagement with MAs in those contexts. They also highlighted digital health as a key priority, including the ethical and "do no harm" use of AI in service provision.

- For **Pillar Two** on shifting norms, MAs asked the Secretariat to prioritise simple, relatable narratives over technical jargon, so that messaging can be easily understood and adapted by communities and policymakers. They also called for stronger focus on positive masculinity, positioning IPPF as an inclusive space for men and boys and offering an alternative to toxic online "manosphere" narratives, alongside more systematic intelligence-gathering and analysis to better counter opposition. MAs also called upon IPPF to 6) place stronger emphasis on youth leadership, by recruiting and retaining more young people within the Federation.
- Under **Pillar Three** on strategic partnerships, delegates emphasised the need to deepen and broaden alliances with partner and sister organisations.
- For **Pillar Four** on nurturing the Federation, they stressed securing new revenue streams, supporting innovation and financial resilience, and diversifying access to commodities, including exploring insourcing options within social marketing programmes rather than relying solely on outsourcing.

SW stressed the importance of aligning IPPF's results framework with the priorities set out in the General Assembly declaration and, looking ahead, with the next strategy period. She noted that it is critical to measure what has been collectively agreed matters most to the Federation, so that IPPF can demonstrate progress and remain accountable to communities and to the commitments made.

She explained that to do this, the Secretariat has consulted teams working across the priority areas to review where existing indicators already capture these priorities and where measurement needs to be strengthened or adjusted. In some cases, this will involve refining indicators; in others, introducing new metrics. Throughout this process, the team has been mindful of the reporting burden on MAs and on the Secretariat, aiming to focus only on what is most important and to do so in a pragmatic way that avoids unnecessary additional reporting.

SW added that she will work closely with the global and regional teams to roll out and socialise any updated measures. By the end of 2028, IPPF will be able to clearly show what has been achieved across the nine priority areas, where progress has been strongest, and where further work is still needed.

Q&A Session

Q: BF thanked IPPF and noted how valuable it was to see learning from the ground being incorporated into the results framework and data capture. She highlighted digital health and AI as particularly important areas, especially in the context of the U.S. retreat, and stressed the need to position IPPF and MAs to make full use of available tools to continue contributing to evidence space. She then referred to the point made in pre-meeting reading materials that partnership work is currently captured within existing indicators and that developing a more extensive framework would require additional resources, and asked what level or type of resourcing would be needed, given that partnerships are themselves crucial for stabilising funding and it is challenging to wait for new resources in order to build them.

A: SW responded that there are already several areas in which IPPF's existing measurement can better capture partnership work. For example, Indicator 8 in the Results Framework focuses on how IPPF engages with and supports social movements and activists, which inherently involves partnerships at country and regional levels. Meanwhile, Indicator 9, which tracks communications and campaign work, already records where IPPF is partnering with organisations both within and beyond the SRHR sector. This creates an opportunity to go deeper into the data, including in countries where partnership activity is particularly strong. The intention is that, as research and qualitative work around these indicators are further developed, the partnership dimension will be made more explicit and systematically documented.

At the same time, she noted that IPPF knows it needs to develop a clearer partnership framework for the Federation as a whole, given the breadth of existing collaborations. Understanding where and how we are working together with other organisations and national government, which forms of collaboration are most effective, and how to build on these relationships is critical. The areas identified by the MAs at the General

Assembly simply reinforces the need not to work in silos but to treat partnership as a core, measurable part of IPPF's work.

Q: JH said they were very impressed by how responsive IPPF has been to feedback from MAs and how this is being embedded into the Results Framework and wider accountability mechanisms. She referred to measurement related to countering opposition, acknowledging that this is inherently difficult to quantify and that the shared materials note the need for further development in this area. She asked for a brief indication of current thinking on how IPPF will approach this.

A: SW noted that this is an evolving area of work. She explained that the team leading the Transnational Resilience and Innovation Hub work are developing a specific monitoring, evaluation and learning framework and set of indicators on countering opposition. This will serve as an initial pilot to test what kinds of measures are most meaningful and feasible, and to understand what works and what does not, before considering how to embed this more systematically across the Results Framework.

She added that, as part of IPPF's global data collection, MAs are now being asked to share more information on the types of opposition they face, including the situations they encounter and how they are being threatened or harassed. This data collection has begun, and there is clear scope to build on it in future analysis and reporting.

MH added that some indicators will be relatively straightforward to collect consistently across the Federation, while others will require more in-depth qualitative review with smaller samples. She noted that certain dimensions of this work will be very difficult, if not impossible, to capture in a fully aggregated way.

AOB

U.S. Promoting Human Flourishing in Foreign Assistance (PHFFA) agenda and country memoranda of understanding (MOUs)

SM and **LH** returned to an earlier discussion among the DAG on of U.S. PHFFA agenda and the America First MoUs, noting that several countries have now signed these agreements. They observed that, while donors receive strong general briefings on these developments, IPPF MAs often hold more granular, country-specific information on how the policy is being implemented and the challenges it poses at national and local levels. They referred to insights shared in New York by some MAs on the national processes and difficulties encountered and asked whether it would be possible for the group to receive more of this information from MAs, either in written form or through an online briefing.

Riva Eskinazi (RE) Director, Donor Relations and Interim Director, External Relations Division, IPPF confirmed that IPPF is actively collecting such information, with the Africa Regional Office in particular engaging regularly with MAs to understand developments and plan joint responses. IPPF proposed to:

- Share a written update with the group in the interim, drawing on information from MAs, especially in Africa but also in Asia and Latin America, where similar MoUs and policies are being monitored.
- Organise, for a future meeting (noting that the next is scheduled for September), a dedicated session bringing together selected MAs and regional external relations colleagues to discuss experiences and implications in more depth.

LH noted that relevant information should not be limited only to contexts where MoUs have been signed, since the broader PHFFA agenda is having wider effects on MA–to-government dialogue and SRHR space more generally.

SM noted that there are two distinct, but complementary evidence needs related to the PHFFA and MoUs:

1. **Granular, country-level information** from IPPF MA's that demonstrate what the policy looks like in practice for providers and communities.
2. **Macro-level analysis** to situate these developments within broader health financing and systems trends. Existing public datasets (such as those produced by KFF) focus largely on absolute funding

amounts, however, deeper insight is needed for donors and policymakers to understand what these figures represent as a share of total health expenditure, how this share has evolved over time, and the extent to which budgets are effectively earmarked for a narrow set of priorities, potentially at the expense of SRH and broader health needs.

SM noted that Australia's preliminary analysis in a small number of countries suggested that, in some cases, up to 80% of available external health funds were concentrated on the three diseases prioritised by the U.S., raising significant questions about knock-on effects for SRHR. A deeper assessment would need to consider not only the immediate impact on SRHR funding, but also where any replacement resources are coming from (for example, reallocations within the health budget, shifts within the wider national budget, or new borrowing) and the broader implications for health system resilience.

SM suggested that there may be a role for IPPF, potentially in collaboration with partners, to take this work forward: pairing the qualitative, ground-level evidence emerging from MAs on attestations and operational impacts with a more systematic fiscal and policy analysis. She emphasised that governments and donors are asking these questions with growing urgency, but that few actors currently have the capacity to compile and interpret the necessary data. Capturing this moment of heightened interest to develop a clearer, evidence-based picture of the implications of the PHFFA agenda was noted as critical to informing high-level decision-making.

JH added that there are two related but distinct issues at play: the MoUs and the broader PHFFA agenda, and that it is important to keep the distinction in mind. Both are beginning to shape how policies are interpreted and implemented, but in slightly different ways, and MAs are well placed to help donors and partners understand how this is playing out in practice.

Several participants noted that, at present, there is still very little clarity on what these developments will mean in concrete terms, which makes it difficult to explain the real-world implications to colleagues at headquarters who are not closely following the policy. They stressed the value of having tangible, country-level examples that illustrate how the policy and MoUs are affecting programmes, providers and communities, rather than relying solely on abstract or hypothetical scenarios. **They asked whether IPPF and MAs could share such information, even informally, as it emerges.**

Participants also underlined the importance of capturing insights from the wider civil society coalitions in which IPPF and MAs are active, including sub-grantees and non-IPPF partners. These perspectives are crucial for understanding self-censorship, chilling effects and system-wide "contamination" that may extend far beyond a single project or direct grantee. Donors suggested that IPPF could, where possible, collate emerging examples from MAs and their civil society allies, including through coordination with other funders such as AmplifyChange, to help build a clearer picture of how these dynamics are unfolding on the ground.

MAAC noted that IPPF is receiving two main types of information related to the America first/PHFFA agenda and its implications. First, there are clear, concrete developments, such as new documents being signed or specific policies being amended or removed. Second, there are "warning signs" and indirect signals, for example references to equality being removed from Global Fund documents, or Ministries of Health closing webpages or making similar changes which, while not formal policy shifts, indicate a move in a more restrictive direction.

MAAC confirmed that both types of information can be shared and that IPPF will continue collecting and consolidating this evidence, including the possibility of producing a periodic written update and then feeding through additional examples on a more regular basis.

MH said that some impacts may be harder to detect from within global mechanisms alone and noted that donors are often well placed to raise questions with multilateral partners such as UNFPA and the Global Fund about how these dynamics are affecting procurement, budgets and programme design. She emphasised that this information is also highly relevant for IPPF's work and that it would be valuable if donors could share back what they learn, creating a two-way information flow. In parallel, IPPF and other

CSOs can continue to document what is happening on the ground, including "chilling effects" on civil society, changes in communication and transparency, and concrete examples such as central stores deciding to stop stocking contraceptives alongside other medical products. For a fuller picture of budget flows and funding sources, she underlined that insights from multiple actors – including donors, multilaterals and civil society – will be essential.

SM added that it will also be important for IPPF to help donors identify early "red flags" related to the global health reforms agenda. She noted that country missions may have limited understanding of the specific risks these reforms may pose for SRHR, as discussions remain at a very macro level – focused on whether reforms will proceed, their overall scale, the process and governance arrangements, rather than the downstream implications. She stressed that this creates a risk that concerns about SRHR are seen as something to worry about "later," rather than an area requiring close monitoring now. Given IPPF's strong convening power in Geneva and the interest in hearing from the Federation there, she encouraged IPPF to share emerging concerns as soon as there is something substantive to flag, so that delegations can engage earlier and more effectively on potential risks.

MAAC agreed with the points raised and noted the challenge of tracking multiple major, overlapping processes simultaneously, including global health reform, humanitarian "reset," the potential merger of UNFPA-UN Women, UNAIDs sunsetting and broader UN development reforms, alongside the PHFFA agenda, and other policies. She stressed that these processes are moving quickly and can be difficult to follow in a coordinated way. She noted the value of convening a small group of like-minded civil society organisations and donor partners to map where each process currently stands and identify key connections and entry points. In relation to global health architecture reform specifically, she noted that the World Health Assembly decision now requires WHO to hold monthly briefings with Member States, and that IPPF and partners has requested a similar engagement mechanism for civil society, although this has not yet been established.

MAAC explained that IPPF's Geneva office is exploring ways to meet with likeminded Member States in advance of these WHO briefings, so that civil society and governments can come into the discussions with a degree of shared analysis and strategy, rather than simply receiving information. She underlined that a first step is achieving greater clarity across the different processes, but that there is also a need to step back and articulate a proactive vision for where SRHR and gender equality should sit within an evolving multilateral landscape. She confirmed that IPPF is actively working on this and hopes to come back to the group soon with clearer proposals and more regular information, building on the opportunities created by the new monthly WHO–Member State meetings and related conversations.

Governance – upcoming Board of Trustees (BoT) meeting (17-18 June)

- **MAAC** noted that the BoT will meet on 17-18 June, with an agenda broadly aligned to the discussions held with the DAG, including presentation of the latest SAM results and related follow-up.
- IPPF is entering a period of leadership transition, with three vacancies on the BoT and 13 vacancies across Board committees. Global executive recruitment firm, Perret Laver, has been engaged to support the process.
- DAG members were invited to share suggestions for strong potential candidates for the BoT and committees, particularly individuals who could bring relevant expertise and strategic oversight. Interested partners may also be contacted by the search firm, with their permission. MAAC underlined that filling these roles is critical to the long-term health and effective governance of the Federation.

Strategy – next strategy planning process (2029–2034)

- **MAAC** explained that the BoT meeting will also formally launch the planning process for the next strategic period (2029–2034), with an initial session led by **CE** on the scope and approach.

- While the current strategy runs until the end of 2028 and remains in full implementation for the next two years, the BoT discussion will focus on the scale of the upcoming strategy design process, the degree of external engagement required, and the guiding principles for the new strategy.
- The process will start in earnest in 2027, and will be firmly MA-centred, with MAs in the driving seat of design and consultation.
- **CE** added that, IPPF greatly values the DAG's understanding of the wider context, as was the case in developing the current strategy. Their input on course-corrections, priorities and emerging risks remains invaluable and will continue to shape the research and analysis IPPF undertakes to shape the next strategy, in response the world in which the Federation is operating.
- **LH** suggested including a more in-depth discussion on the strategy design process in the next DAG meeting agenda

Partnerships: IPPF's involvement in Commission 2048

- **MAAC** briefed the DAG on IPPF's involvement in Commission 2048, an initiative currently being jointly led together with IPPF, Amnesty International and ILGA World, which was launched at Women Deliver, held in April 2026 in Melbourne, Australia.
- The initiative will establish seven to eight thematic commissions looking at the future of human rights across different domains (e.g. digital and technology, global human rights architecture, climate and environment, and the rights and health of historically marginalised groups).
- IPPF will be responsible for the health and human rights commission, chaired by MAAC, including identifying high-level leaders for this strand and convening experts to draft a "white paper" that sets out a forward-looking vision for this thematic area.
- Each commission will develop a white paper through expert input and multi-level consultation (grassroots, national, regional and global). In IPPF's case, the Federation's structure will be used to facilitate discussions with MAs and communities in different countries and regions.
- The eight white papers will feed into a global "People's Assembly" in 2028, intended as a broad convening to debate and agree a shared vision for the evolution of human rights between 2028 and 2048, with a particular focus on reshaping global human rights architecture rather than only reacting to current threats.
- Commission 2048 builds in part on lessons from the previous Kalavai initiative, which sought to bring movements together around a joint agenda but became over-burdened by expectations that it would also mobilise funding. In contrast, Commission 2048 is explicitly framed as an agenda-setting initiative rather than a resource-mobilisation mechanism, in order allow both agenda-setting and fundraising efforts to flourish separately.
- The DAG will be circulated the concept document presented in Melbourne and will be kept informed as commissions are populated, white papers are developed, and consultation processes are rolled out.

LH noted limited time to discuss the additional point flagged by the DAG concerning forthcoming African Union discussions on a charter on family values and related policy initiatives. It was agreed that this issue should be revisited at a future DAG meeting, once there is clearer understanding of the process and the most appropriate avenues for engagement.

MAAC shared that, as part of its wider monitoring of anti-rights and opposition activity, IPPF is tracking the work of Family Watch International, including the establishment of an office in Ethiopia and repeated attempts to obtain observer status at the African Union. Although their initial request was denied, they are reapplying and are also seeking to leverage their role in promoting the charter in Ghana to elevate similar proposals to the African Union Summit, where more than 50 Heads of State are expected to be present.

LH proposed holding a dedicated session within a future DAG meeting to look at these developments in more depth.

Anne Holmes (AH), Irish Aid, noted that a clear framework distinguishing between the America First Global Health policy, the PHFFA agenda, the Geneva Consensus Declaration and the Charter on Family Values

would be helpful. Such a framework should differentiate these instruments while also recognising their interconnections and cumulative effects.

AH stressed the need for MAs to continue tracking and documenting the impacts of these policies and initiatives at country level, including how they intersect with SRHR and broader health agendas. At the same time, a note of caution was raised regarding work on "families" as a policy frame. She underlined that IPPF and partners are pro-family, and that advocacy should be careful not to appear "anti-family" in ways that could be misrepresented by opposition actors. It was suggested that future discussion could explore proactive messaging that affirms diverse, rights-based understandings of family while challenging restrictive, exclusionary interpretations.

Closing remarks and next steps

In closing**, LH** noted that minutes would capture agreed action points from the meeting, with several items to be followed up as information becomes available and others to be taken forward at the next meeting in September.

LH thanked all participants for their contributions, questions and thoughtful reflections, and expressed appreciation to IPPF colleagues for their presentations.

The meeting was closed.

Action Items

Action	Responsible
IPPF to share the business planning presentation with DAG members **[shared]**	CE, RE
IPPF to provide, on request, more detailed breakdowns of: **[shared]** - Other income sources for MAs (non-IPPF international donors, IPPF unrestricted, local/national grants, IPPF restricted funding), and - How expenditure is distributed across cost categories (e.g. static clinics, direct/indirect costs, staff, commodities).	CE, RE
IPPF to share the finalised SAM report and management response with DAG members when ready.	SW/MH, RE
IPPF to prepare and circulate a written update to DAG members on the U.S. PHFFA policy and America First MoUs before the next meeting, covering experiences from Africa, Asia and Latin America.	IPPF
IPPF to develop a framework that clearly distinguishes but links the America First Global Health policy, PHFFA, Geneva Consensus Declaration and Charter on Family Values for the DAGs reference	IPPF
DAG invited to share strong potential candidates for the IPPF BoT and external committees; with consent, IPPF to share their details with the headhunters	DAG
Areas to be taken up during the September 2026 DAG meeting agenda: - A dedicated session on the on the U.S. PHFFA agenda and America First MoUs, bringing MAs and regional external relations staff to discuss impacts and responses. - An update on discussions at the African Union around the family values charter, and interference from anti-rights actors - Discussion on establishing a dedicated space for like-minded governments and civil society to jointly analyse and strategise ahead of WHO–Member State meetings - Update on next strategy design and consultation process	IPPF/RE