

BLOOMING WITH FREEDOM AND JOY

**ANNUAL
REPORT
2024**



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2024 was a year of deep reflection, learning, and growth. At Ipas Latin America and the Caribbean (Ipas LAC), we paused and reflected on the ground we have covered while staying rooted in the present and focused on the horizon: **the ongoing fight for sexual and reproductive health and rights (SRHR) in Latin America and the Caribbean.**

It was a year of tending to our garden—**learning from past experiences, building new partnerships, and nurturing seeds of growth into powerful actions and transformative outcomes.** This living document is our way of sharing all that is blooming with you.

Internally, Ipas LAC continued prioritizing learning and growth. **Through an organizational reflection process, we revisited and realigned our roles and goals with our Theory of Change.** This process allowed us to deepen strategic collaboration with key partners and strengthen our impact in the region.

Everything we planted and grew this year was rooted in hope and possibility. **Though there is still much work to be done to ensure universal access to SRHR, including safe abortion, throughout the region,** Ipas LAC is not alone. We are on this journey with all of you, and it is one built on mutual trust, shared purpose, and sustained partnership. Today, we take a deep breath and gather strength to continue the journey.

We work to engage and transform communities and societies so that all women and people who can become pregnant can fully exercise their SRHR and choose whether to have children and how many children to have free from coercion, violence, and abuse. We do this work so that SRHR are universally protected and guaranteed for everyone. We do this work in partnership with others to imagine possibilities and build a more just world.

This report tells the story of what we planted and grew in partnership with others—community members, activists, advocates, medical associations, health facilities and providers, and donors.

We invite you to witness everything we nurtured—blooming with freedom and joy.

With gratitude,
The Ipas LAC team

Fertile Ground

Ipas Latin America and the Caribbean (Ipas LAC) is a **regional organization and proud member that works across the Americas, Africa, and Asia. Our goal is clear: to ensure that all women and people who can become pregnant can make and act on reproductive choices freely and safely.**

Ipas LAC works in **Argentina, Colombia, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, and Nicaragua.** Across these countries, we work closely with civil society organizations, government institutions, and other strategic partners **to prevent unwanted pregnancies and guarantee access to contraception and safe, legal abortion.**

Our Mission

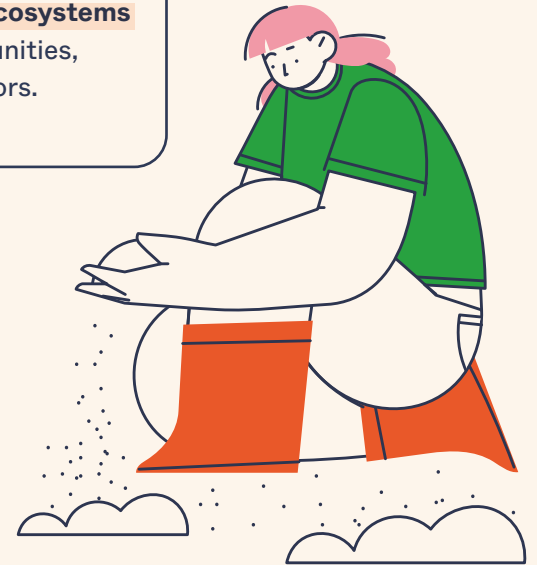
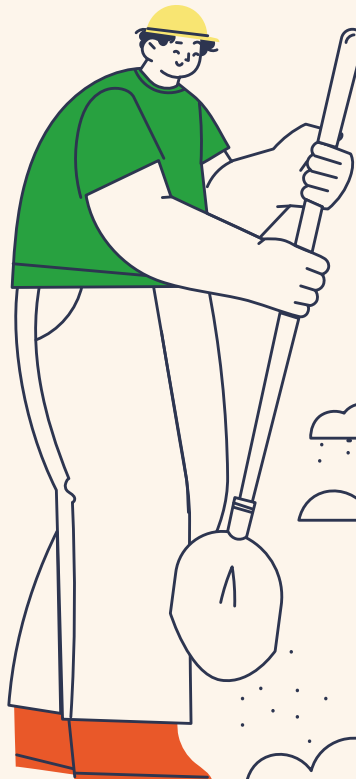
To build resilient abortion and contraceptive ecosystems through a holistic approach that engages communities, institutions, and decision-makers across all sectors.

Our Vision

A world where all people have **the right and the power to make decisions about their sexuality and reproductive health.**

Our Purpose

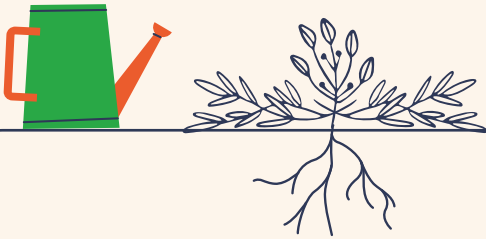
To transform the world so that all women and people who can become pregnant **can make reproductive choices freely and with joy.**



Solid Roots

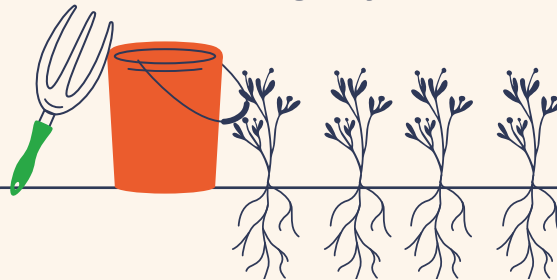
At Ipas LAC, we developed a theory of change (ToC) to guide us in planning our garden and sowing seeds of learning and growth. This comprehensive framework guides every decision and action, ensuring alignment with our own goals and maximizing our regional impact. Our strategic pillars, representing the roots from which we grow, are:

Improved Policies, Laws, and Financing



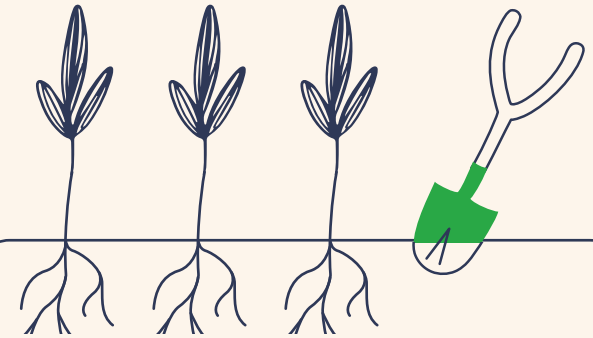
We work to ensure that decision-makers **develop, approve, and implement laws, public policies,** and budgets that guarantee access **to contraception and safe abortion** for all women and people who can become pregnant.

Improved Social Norms and Agency



We strive to ensure that all women and people who can become pregnant **access to information, resources, and social support, and opportunities that enable them to fully exercise their bodily autonomy and personal agency in making and acting on decisions about their sexuality and reproductive lives, free from stigma and discrimination.** This includes a special focus on individual and community access to safe abortion and contraceptive services to be able to choose whether to have children and how many children to have.

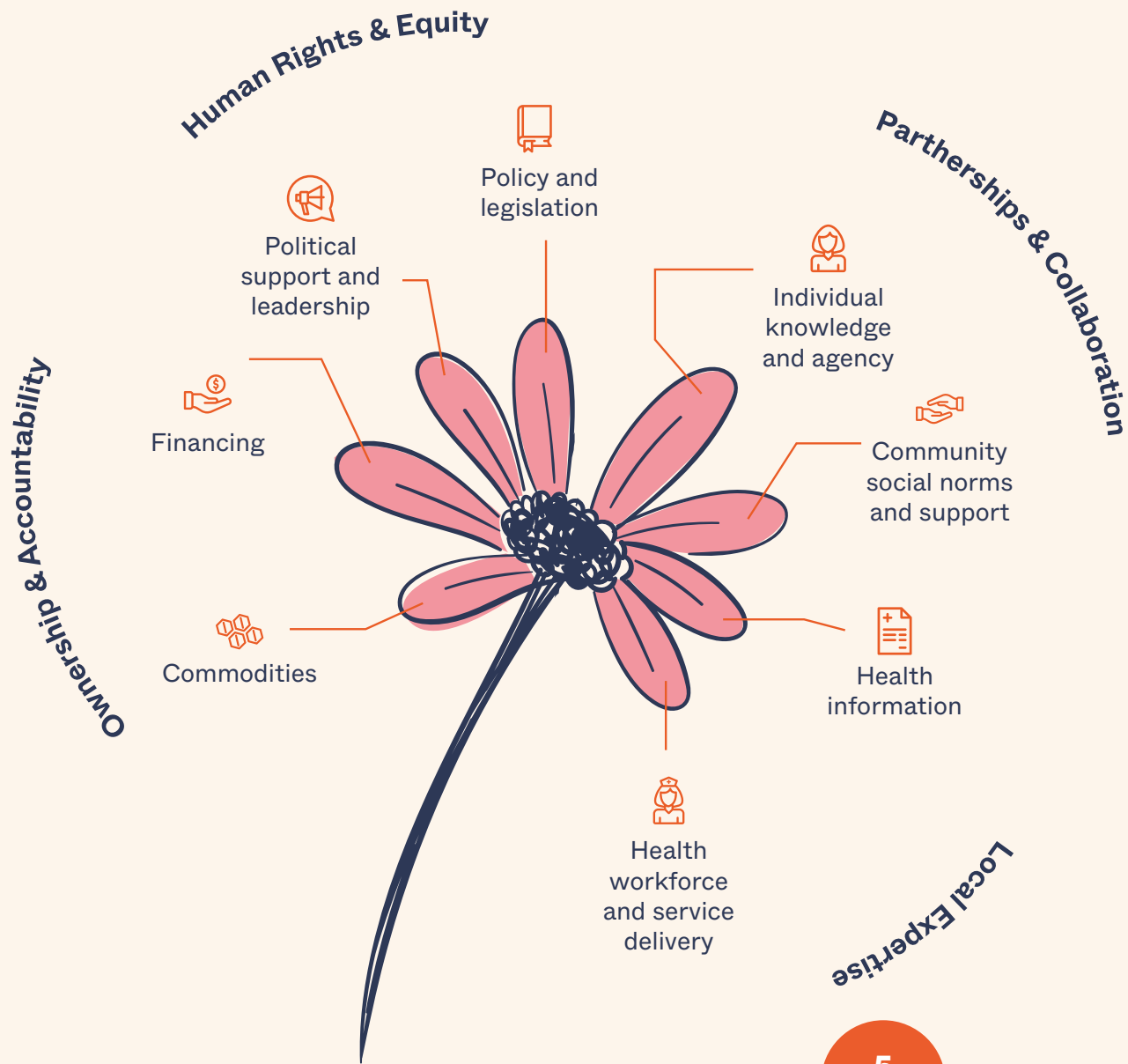
Improved Access, Availability, Quality, and Acceptability



We work to **strengthen pathways to healthcare, focusing on safe abortion and contraceptive services.** Our goal is to **guarantee reproductive autonomy and ensure that care is high-quality, acceptable, timely, and affordable.**

These roots grow deeper and stronger thanks to strategic partnerships with diverse actors that continue to nurture our work, helping it grow and thrive.

The Sustainable Abortion Ecosystem



What has flourished this year is grounded in our guiding framework: **the sustainable abortion ecosystem**. We define this ecosystem as a dynamic condition in which stakeholders and resilient local systems are accountable and actively committed to defending the right to abortion while being responsive to the abortion needs of all individuals.

At Ipas LAC, we understand abortion not as an isolated service, but as a part of a larger, sustainable ecosystem—one where diverse actors and institutions play critical roles in guaranteeing access to SRHR in support of reproductive justice for all.

To build a responsive, balanced, and sustainable abortion ecosystem, we share eight key programming components¹ that are represented by petals. Each petal represents a critical element that must be in place to ensure that women and people who can become pregnant can make informed, supported, safe, and timely decisions about abortion.

¹ For more information refer to [Toward a Sustainable Abortion Ecosystem: A framework for program design, action and evaluation](#)

Blooming Flowers



Individual knowledge and agency

This petal represents the foundation of reproductive autonomy: ensuring that all people have access to clear, accurate, and evidence-based information about their reproductive health—particularly regarding contraception and safe abortion. It is rooted in the belief that knowledge is power. By equipping individuals with the information, resources, and opportunities to understand their options, this component empowers them to make informed, confident, and autonomous decisions, free from stigma, misinformation, or coercion.

In 2024:

1. We launched the **“I Don’t Know Whether to Have an Abortion or Not”** public education campaign in partnership with the Sarape Group agency. Organizations representing 13 LAC countries supported outreach and engagement. Globally, it became the **longest active livestream on safe abortion, an unprecedented space where over 4,500 people from 49 countries tuned in virtually from the Ipas LAC website and social media channels. We registered 10,000 views**, demonstrating the widespread interest and need to talk about abortion without fear or stigma. To further expand access to reliable information, we created a website **“I Don’t Know Whether to Have an Abortion or Not”**, where we continue to answer questions and provide guidance. Some relevant data from this project include:
 - **400** questions answered during live campaign
 - **16** organizations participated as co-hosts
 - Nearly **200 organizations from 13 LAC countries** supported outreach and engagement
 - **14,863 visits from 8,452 unique users in 2024**

16
co-host
organizations

200
organizations
supported the
dissemination

49
countries

400
questions

10,000
views

More than
4,500
people were
connected

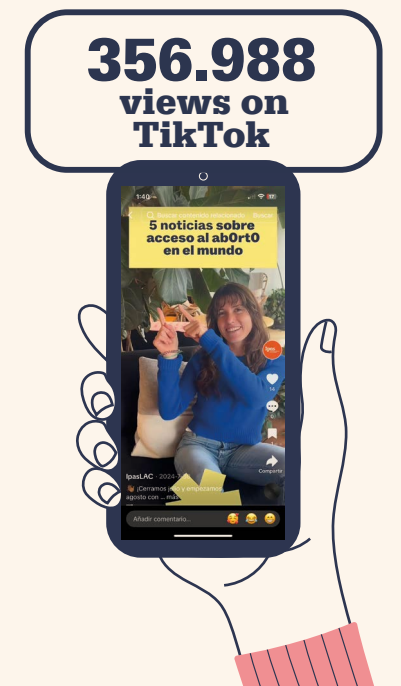
24
hours of
transmission



2. We updated content for the [“Safe Abortion with Misoprostol”](#) video hosted on the Ipas LAC YouTube channel. The content now reflects the latest clinical updates from the World Health Organization (WHO) published in 2022. To date, the video has garnered **over 156,804 views from 20 countries in the region. The first version of our self-management video has accumulated 6,215,822 views. Globally, it remains the second most-viewed video on abortion in Spanish.**



3. In Mexico, we **developed two new microsites²** with information on current legislation and how to access safe and legal abortion services in the states of Baja California Sur and Guerrero. We also continued promoting existing microsites previously developed for other states: **Baja California, Colima, Hidalgo, Oaxaca, Tlaxcala, and Veracruz.** Users continue to access these online platforms in search of credible, reliable information on abortion-related legislation and services. To date, we have registered 38,606 visits.
4. **We launched the Ipas LAC TikTok channel,** a new way to directly connect with thousands of people, especially young individuals, interested in SRHR issues. This initiative has had a significant impact: **we leverage the power of social media to provide clear, accessible information about safe abortion, debunk myths, answer common questions, and share the latest updates on reproductive rights.** Since its launch, **we have achieved 356,988 views,** demonstrating the platform’s enormous potential to expand access to information, empower individuals, and foster a change in how abortion is discussed in Latin America and the Caribbean. It’s an innovative way to reach these audiences!



² Microsites are small, independent websites that are separate from an organization’s main website.

5. We continue to leverage social media channels to disseminate credible and reliable information on how to access safe and legal abortion and contraceptive services across the region. Through Ipas Mexico's YouTube channel, **we recorded 1,363,154 views**, while on Facebook, **we reached 2,145,997 views** on the Ipas Mexico account and **457,485 views** on Ipas LAC's account. On Instagram, **we reached 276,729 users**, and on X³ (formerly Twitter), our Ipas Mexico and Ipas LAC accounts together **achieved 309,464 impressions**. On LinkedIn, **we registered 78,286 impressions**.

As part of our commitment to ensuring access to information access, **we responded to 891 inquiries** about abortion and contraception received through our social media channels.

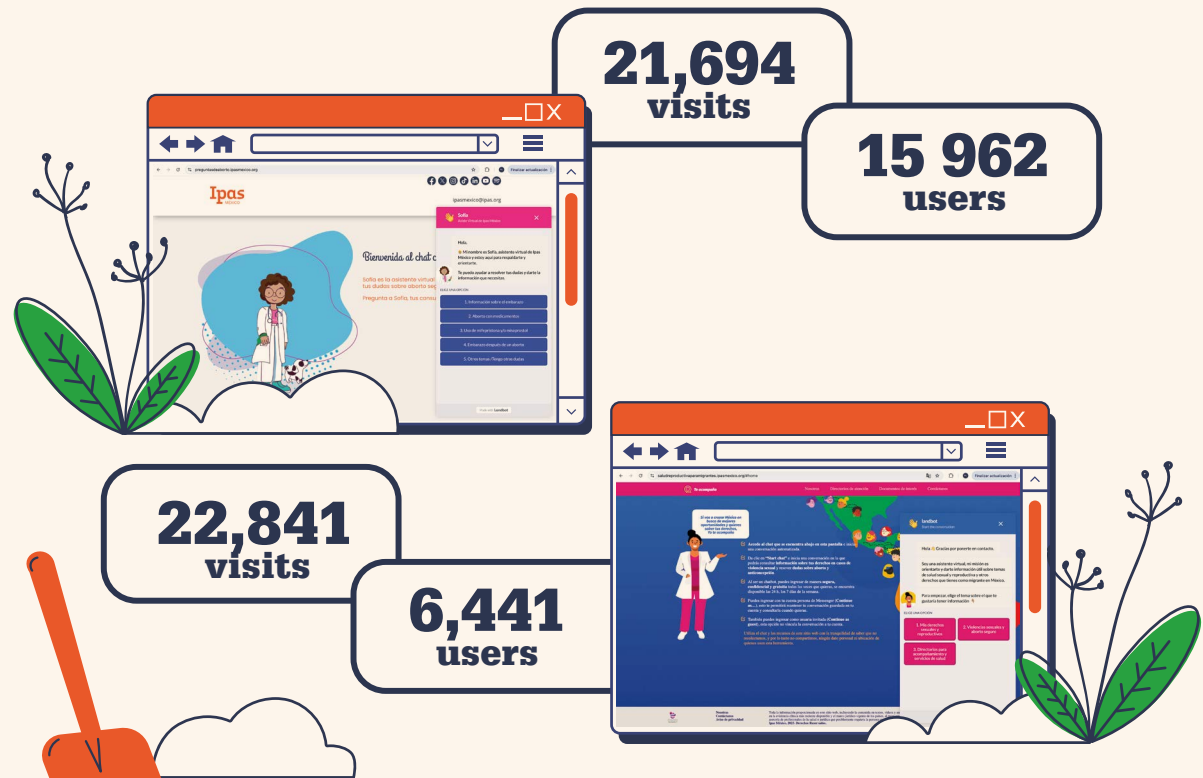
³ As of January 20, 2025, Ipas LAC is no longer participating on X (formerly Twitter). This decision reflects our commitment to social justice, democracy, and human rights—including the right to access unbiased information on sexual and reproductive health, and to live free from fanaticism, racism, and misogyny.



6. We continued promoting *Sofía*, a chatbot that provides information on safe abortion. We recorded **21,694 visits**, from **15,962 users**.

Most users accessed the chatbot from these countries: Argentina, Bolivia, Brazil, Colombia, Ecuador, the United States, Mexico, Peru, the Dominican Republic, and Venezuela. The most consulted topics were “abortion with medication” (**7,075 inquiries**), and “use of mifepristone and misoprostol” (**4,975 inquiries**).

7. *Te Acompaño*, the chatbot that provides tailored information on sexual violence and safe abortion for migrants, recorded **22,841 visits** from **6,441 users**. Users accessed the chatbot in **Argentina, Brazil, the United States, Guatemala, and Mexico**. The chatbot registered **7,772 initial consultations**. Of these, 5,715 conversations advanced at least two levels, with **69% of users reporting satisfaction** with the information provided by the tool.



348
publications
in the media



60
interviews

8. Ipas LAC's work was featured with **348 publications in local, national, and international media outlets**. Media outlets conducted **60 interviews** with Ipas LAC experts and referenced our work in major news articles, investigative pieces, and opinion columns on sexual and reproductive rights.



Community social norms and support

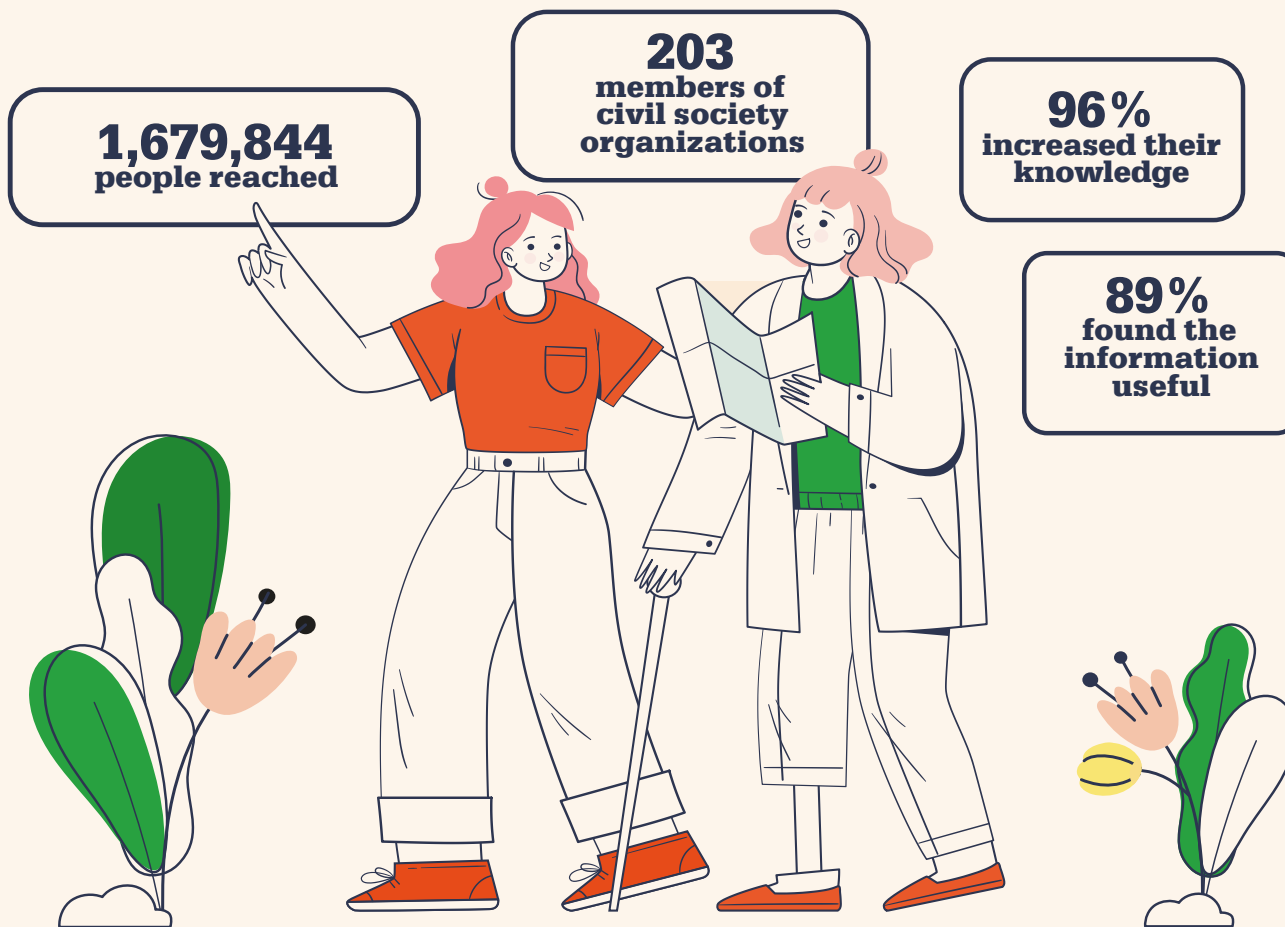
This petal reflects the importance of an enabling environment where social norms are free from stigma and discrimination related to abortion, and where individuals feel empowered to exercise their sexual and reproductive rights. In a truly sustainable ecosystem, communities actively uphold these rights. At Ipas LAC, we collaborate with civil society organizations to strengthen their capacity, hold duty-bearers accountable, and cultivate collective narratives that normalize care, dignity, and autonomy—replacing silence and shame with solidarity and support.

In 2024:



1. We co-hosted the 2nd Annual **Green Wave Gathering** in Mexico City. Over **140 activists, advocates, and experts** participated from Argentina, Brazil, Chile, Colombia, the United States, Mexico, and the Dominican Republic. Together with Women's Equality Center, Ipas United States (US), and the Guttmacher Institute, we facilitated strategic discussions on policy change and implementation, movement building, effective messaging, and other themes and strategies for countering the ant-rights and anti-gender movement.
2. As part of our community engagement model, we established partnerships with **44 organizations and 23 Abortion Accompaniment Self-Care Networks (ASCN)**⁴ to develop and implement community mobilization action plans for promoting SRHR. With accompaniment and funding from Ipas LAC, these organizations and networks carried out activities related to comprehensive sexuality education, modern contraceptive use, and violence prevention and response, youth engagement, adolescents, youth promoters, and teachers. These organizations and networks **reached 1,679,844 people** through events such as workshops, forums, fairs, and local campaigns across **9 countries**.

⁴ Abortion accompaniment networks are community-based collectives that provide emotional, informational, and logistical support to individuals seeking to self-manage their abortions—particularly in contexts where access to legal abortion is limited. Their work is grounded in principles of autonomy, care, and non-judgmental support, helping ensure that people can navigate their abortion process safely and with dignity.



3. In 2024, **we trained 203 members of civil society organizations** on key SRHR topics and relevant skills, including but not limited to: **Values Clarification for Action and Transformation (VCAT)**, **safe abortion and contraceptive services**, **public advocacy**, **public speaking**, **community assessment**, **user-centered design**, **monitoring and evaluation**, and **social media outreach and engagement**.
4. To help transform social norms and strengthen community support, **we developed tools** for the Community-Based Organizations (CBOs) we work with, enabling them to measure changes in community knowledge, attitudes, and behavioral intentions before and after their interventions. As part of this effort, we conducted a **pilot evaluation** to test how these tools could be used to capture post-intervention changes. In this initial pilot, **28 participants from across the region** took part—reflecting meaningful progress:
 - **96%** reported increased knowledge of comprehensive abortion care.
 - **89%** found the information useful for supporting individuals who decide to terminate a pregnancy.

5. Ipas LAC developed a toolkit to **reduce abortion-related stigma within ASCNs**, a key challenge that persists even in progressive, feminist spaces. To inform toolkit development, we conducted a diagnostic survey **with 87 members from ASCNs across Central America and Mexico to learn more about diverse factors that influence abortion-related stigma**. For example, we found that legal context and gestational age can influence the level of stigma expressed by some ASCN members toward the people they support or toward certain abortion scenarios. In response, we co-designed and validated a set of tools in collaboration with these networks. In Mexico, the validation process included an in-person workshop with participants from **six states**. This participatory approach not only strengthens the quality of abortion accompaniment, but also helps build safer, more resilient networks for women and others seeking abortion services. The toolkit will be implemented at the regional level in 2025.

6. With **Ipas LAC's support**, **regional ASCNs developed a self-care and collective care protocol**. The protocol provides concrete strategies and practices to assess the operating context, measuring burnout, and implementing interventions at individual and network levels. Its adaptable design can be implemented across diverse contexts, regardless of abortion restrictions and protections. The protocol was validated by **seven ASCNs from Central America and three from Mexico**.

7. We collaborated with Ipas US to strengthen ASCNs in response to restrictions on access to abortion in the United States. **We supported the training of new networks in several states and collaborated with cross-border networks in Mexico that provide information and manage resources to assist women and people who can become pregnant in migration situations,** promoting a collective and collaborative response to ensure access to safe services, regardless of borders.



8. In August, we co-hosted the Intermovement **Dialogues on Democracy: From Crisis to Action** with the Latin American Consortium against Unsafe Abortion (CLACAI in Spanish) in Lima, Peru. Around **100 participants representing organizations, networks, and movements across the LAC region** gathered to discuss the current state of democracy. We discussed relevant topics and themes such as economic inequality, environmental and climate justice, structural racism, violence and crime, the use of law as a tool to weaken democracies, and the impact of technology on political participation, especially among youth. This space allowed academics, journalists, and activists to exchange experiences, identify challenges, and reflect on strategies to strengthen democracy in the region. The systematization of these learnings will enable the replication and strengthening of collective practices that drive joint action.



In Ecuador, Ipas LAC supported the Justa Libertad movement and the *Contigo en Red* network in strengthening organizational strategies for facilitating access to safe abortion. Support included promoting public dialogue and conducting awareness-raising activities through diverse channels (e.g., academic, community, and media). Other activities included a webinar series, public speaking training for health professionals, and a VCAT workshop for CBOs.

We also **supported the first in-person gathering of *Contigo en Red*, organized by Las Comadres and Surkuna, where 56 health professionals and safe abortion companions explored strategies for effective referral pathways.** Additionally, we helped foster national dialogue on abortion through the development of webinars and an academic seminar featuring international experts, in the context of ongoing efforts to decriminalize abortion in the Ecuadorian Penal Code.



Health information

A flourishing sustainable abortion ecosystem relies on strong roots in data. This petal emphasizes the critical role of health information systems in identifying needs, designing evidence-based care models, and continuously improving the quality of abortion services. By collecting, analyzing, and using reliable data, we can ensure that services respond to real-world needs and drive progress toward more equitable, effective, and person-centered reproductive healthcare.

In 2024:



1. We conducted an analysis of perceived stigma among ASCNs in Central America and Mexico through an online survey and WhatsApp groups. **79 participants from Central America (total: 49) and 30 from Mexico (total: 30) completed the survey.** The most representative findings were:

- Sociodemographic differences in age among participants from Central America. Younger women are primarily the ones providing accompaniment.
- In both Central America and Mexico, stigma exists when accompanying abortions at advanced gestational stages.
- There is also stigma and fear when accompanying people living with disabilities, both visible and invisible.

With these survey findings, we aim to create tools that help reduce stigma among companions and emphasize the ongoing need for education and awareness about stigma-free and fear-free services.

16
Best Practice
Centers,
graduated

✓ Argentina
✓ Colombia
✓ Ecuador
✓ Mexico



2. As part of our Best Practice Centers strategy,⁵ we collaborate with health authorities in the analysis of service delivery to improve care quality, plan for resource needs, and define the human resources required to provide safe and legal abortion services more effectively. In 2024, **16 Best Practice Centers were successfully graduated across the region.**

⁵ These institutions offer professional training programs for hospitals and health centers to strengthen the comprehensive abortion care model. They play a key role in updating the knowledge and skills of healthcare professionals and multidisciplinary teams—including psychologists, nurses, midwives, and social workers—while ensuring respect for the rights and autonomy of women and people who can become pregnant. Their work aligns with national and international quality standards for healthcare services.



Health workforce and service delivery

A truly sustainable abortion ecosystem requires more than just services—it demands care that is accessible, rights-based, and rooted in compassion. This petal highlights the importance of having a well-trained, adequately resourced health workforce that follows evidence-based clinical guidelines and delivers carefree from stigma and discrimination. Safe abortion for all can only be a reality when governments ensure that health systems are equipped, empowered, and responsive to the experiences, priorities, and needs of the communities they serve.

In 2024:



1. Strengthening the capacity to provide abortion services is crucial to ensuring safe, evidence-based care that is free from stigma. To this end, we conducted more than **50 training sessions** in Argentina, Chile, Colombia, Ecuador, El Salvador, Guatemala, Honduras, and Mexico, reaching **1,965 participants**, **41%** of whom are direct abortion service providers. These sessions reinforced essential knowledge and practices to improve healthcare access and quality and access.
2. We published various scientific articles to strengthen the evidence base on safe abortion:
 - **Systematic literature review article**, published in *Reproductive Health*, aimed to evaluate the efficacy, safety, satisfaction, and acceptability of self-managed medical abortion and telemedicine-guided abortion, either as a standalone intervention or compared to standard or in-person care. [View article here.](#)

- **MIA users cohort article** by Profamilia, published in *Public Health in Practice*, aimed to characterize the users of the MIA program and assess the effectiveness of medical abortion through telemedicine in Colombia.

[View article here.](#)

- **MIA medical abortion cohort compared with in-person care at Profamilia:** aimed to compare both modalities of the medical abortion service at Profamilia for those requesting the service within 12 weeks of gestation in terms of efficacy and safety.

[View article here.](#)

- Ipas LAC's **collaboration in the book "Puedo ser parte del cambio: personal médico en la lucha por el aborto seguro en Latinoamérica"** with the article: "Clarification of Values. Alliances with Medical Societies to Promote Reproductive Health Based on Human Rights in Latin America."

[View article here.](#)



3. **4,952 new health professionals** enrolled in at least one course on the [Ipas LAC's virtual learning](#) platform for self-paced learning. Participants, primarily from **Argentina, Ecuador, El Salvador, and Mexico**, have multidisciplinary profiles and are involved in the continuum of SRHR care, including abortion services. **The online courses focus on key topics and themes for healthcare providers, including but not limited to clinical updates, medical supply chain, medical procedure records, and legal frameworks.**

4. **We hosted a technical exchange on safe abortion care for healthcare** providers from Argentina, Colombia, and Mexico. We also held a regional meeting that included participants from Bolivia, Ecuador, El Salvador, and Honduras. In Mexico, we offered two virtual sessions and an in-person training workshop for 31 health providers from over 20 states.

5. **We helped establish the first network of abortion service providers specialized in advanced gestational age.** We collaborated with CLACAI to in-person gatherings for knowledge exchange and best practices, resulting in the first publications on the topic: **Asistolía: Por una mejor calidad en la atención del aborto** and **Los tiempos del aborto: Términos y otros asuntos clave.** [Links to publications](#) and [here.](#)



6. We registered **16,382 visits** to [Ipas LAC's health providers' platform](#) from **2,892 users**, mostly from Costa Rica, Ecuador, the United States, Mexico, and Peru. Of these, **225** registered in the abortion service provider network, which, by the end of 2024, included more than **2,174 health professionals**. Information provided via the platform strengthens the provision of SRHR services, including safe abortion.
7. Regarding our technical and digital assistance for abortion-related tool development, we strengthened the ERA virtual assistant, created in collaboration with the Center for Studies of State and Society (CEDES). This chatbot provides reliable clinical and legal information on voluntary and legal abortion. **We worked on updating its content and presenting it at key events** to expand its use and reach among health professionals and decision-makers.

8. In Mendoza, Argentina, we partnered with CEDES to support the approval of a new decree that allows licensed obstetricians to prescribe mifepristone and misoprostol, essential medicines for abortion. **As a result, the essential medicines list for obstetricians was updated to include mifepristone and misoprostol, allowing abortion services at the primary care level in line with international standards.** The decree also authorizes the placement of intrauterine devices and subdermal implants and the request for complementary studies in sexual and reproductive health, ensuring more accessible and comprehensive care.

9. We developed the **Guía para la construcción de resiliencia para personas que acompañan y proveen servicios de aborto** (Resilience Guide for People Who Accompany and Provide Abortion Services) to support healthy coping strategies and skills in providing and accompanying safe abortion services in restrictive contexts. Ipas LAC conducted a pilot workshop for health providers and ASCNs from Mexico and Central America. Participants shared the challenges and barriers in providing and accompanying safe abortion services, and they practiced and evaluated the tools and activities proposed in the guide, which will serve as a resource for countries in the region and beyond through Ipas networks.



10. We collaborated on the **development of the four quick-reference booklets of the Protocol for Comprehensive Care for People with the Right to Voluntary and Legal Abortion** in Argentina.

11. We supported the University of El Salvador in **developing Module 13: “Sexual and Reproductive Health Counseling”** for the **Master’s in Education and Promotion in Sexual and Reproductive Health**. Additionally, an Ipas LAC expert provided support as a lecturer for this module.

12. We were part of the **Regional Meeting on Abortion and Disability**, organized by CLACAI and held in Lima, Peru, to address the experiences, priorities, and needs of people with disabilities seeking abortion services.



Commodities

No health system can provide safe abortion and contraception services without reliable access to essential medicines and supplies. This petal underscores the importance of ensuring that medication, equipment, and technologies are available where and when they are needed—and under the right conditions. A sustainable abortion ecosystem depends on resilient supply chains that guarantee consistent, quality access to these life-saving resources.

In 2024:

1. We donated essential medicines and supplies (e.g, abortion medications, contraceptive supplies, medical instruments, and training models) to health facilities **in Argentina, Colombia, El Salvador, Honduras, and Mexico, to strengthen safe abortion service delivery in public health system.**
2. We developed a [misoprostol sales points map for 10 Mexican states](#) (Baja California, Mexico City, Chiapas, Chihuahua, Coahuila, Nuevo León, Oaxaca, Sonora, Tabasco, and Tamaulipas), providing credible and reliable information on how to access medications for a safe abortion. In 2024, the tool received **5,426 visits.**
3. We **supported the setup of dedicated spaces for abortion services in Mexico, and specifically for the provision of abortion care at advanced gestational stages in Buenos Aires, Argentina,** by providing equipment and supplies to help enable service delivery within health facilities.





Financing

This petal highlights a crucial aspect of the sustainable abortion ecosystem: the existence of mechanisms that ensure resilient, affordable, and equitable access within health systems. This includes processes such as needs assessment, cost calculation, fund allocation, and the procurement of supplies for abortion services—essential components for sustainable and inclusive care.

In 2024:

28 civil society organizations supported

7 abortion accompaniment networks supported



1. Ipas LAC **collaborated with health authorities to advocate for the prioritization of funds for reproductive health services.** Additionally, we participated in collective efforts with other civil society organizations to mobilize donor funding, ensuring the necessary resources to maintain accessible abortion services.
2. Ipas LAC supported **28 civil society organizations and 7 ASCNs** through strategic grantmaking, ensuring the sustainability and continuity of their work to advance sexual and reproductive health and rights (SRHR). **In addition to this financial support, we accompanied them in strengthening their skills to independently mobilize resources and access new funding opportunities.**



Political support and leadership

In a sustainable abortion ecosystem, governments prioritize SRHR, uphold human rights, and guarantee access to services. This petal underscores the importance of political leadership and advocacy at all levels—from government institutions to the health sector—alongside a strong and mobilized civil society committed to promoting and defending the rights of women and people with the capacity to gestate.

In 2024:



Beyond Borders Conference



1. We provided **technical assistance** in a strategic meeting between the **Comisión Nacional de Salud (Conasa)** and the **Desafío Foundation** in Ecuador, focusing on defining priority SRH issues within the Ecuadorian National Health System. This process was crucial for shaping the agenda of the new **Sexual and Reproductive Health Commission** within Conasa and strengthening political advocacy in the country.
2. We participated as **panelists in the Beyond Borders Conference** held in Washington, DC, which brought together over 120 participants, including 50 state legislators, reproductive rights advocates, and experts from various countries such as the United States, Kenya, Mexico, and India. This space helped strengthen strategic alliances and share key insights on global advancements and challenges in promoting SRHR.



3. During the **68th Session of the Commission on the Status of Women (CSW68)**, we participated in the **ACTUEMOS** program, a dialogue space with Latin American feminist organizations, and committed to continuing the fight against sexual and gender-based violence (SGBV). Our participation in this meeting helped strengthen our partnerships with key actors and institutions such as the **European Union and UN Women**, and reinforced advocacy strategies for frameworks that eradicate violence against women.

4. At **CSW68**, we also co-organized a parallel event in collaboration with the **Kaleidoscope Consortium**. This panel provided a platform for activists and philanthropists to exchange experiences and best practices, strengthening collective efforts toward reproductive justice, especially for marginalized groups like **LGBTIQ+ people, sex workers, and youth**.

5. We participated in the **57th session of the UN Commission on Population and Development**, celebrating the **30th anniversary of the Cairo Programme of Action**. During this event, we highlighted the importance of continuing the fight for the right to safe and legal abortion in the global context, particularly in the face of setbacks on SRHR in countries like the United States. This space was key for advancing social mobilization and synergy among actors in defending access to safe abortion.

6. In **Mexico**, we held a presentation for the **Mexican Institute of Social Security (IMSS)**, sharing our experiences in promoting SRHR, particularly focusing on the **“Yo decido” (I Decide)** campaign. This opportunity allowed us to interact with more than 50 operational, medical, and administrative staff members, contributing to their training on the importance of comprehensive reproductive health care and abortion decriminalization.

7. In Colombia, we collaborated with **Profamilia** to conduct **sustainable abortion ecosystem assessments** across seven regions. This joint effort resulted in the development of action plans to implement safe and legal abortion services, with the commitment of government institutions and civil society organizations.



Policy and legislation

Legal and policy frameworks that respect human rights are essential to guarantee access to safe and legal abortion. This petal highlights the importance of advancing, implementing, and upholding laws that protect the rights of women and all people with the capacity to conceive—ensuring that abortion is not only legally recognized, but meaningfully accessible.

In 2024:

On December 20, 2024, the **Inter-American Court of Human Rights** delivered a historic ruling in the case of **Beatriz vs. El Salvador**, recognizing the violation of Beatriz's rights by the State. In 2013, Beatriz, a young mother, faced a high-risk pregnancy due to her lupus condition and the fetus being anencephalic, a condition incompatible with life outside the womb. Despite medical recommendations indicating the necessity to terminate the pregnancy to protect her life, the State denied her access to a safe abortion due to the total abortion ban in place in the country.

The Court condemned El Salvador for violating multiple **rights, including the right to personal integrity, health, privacy, and judicial protection**. It also recognized the violations of Beatriz's family's rights. The Court ordered the Salvadoran State to adopt measures to ensure that medical personnel receive proper training and that clear protocols are established to provide legal certainty in cases where the health and life of the pregnant person are at risk. This ruling marks a significant milestone in the defense of reproductive rights in the region.



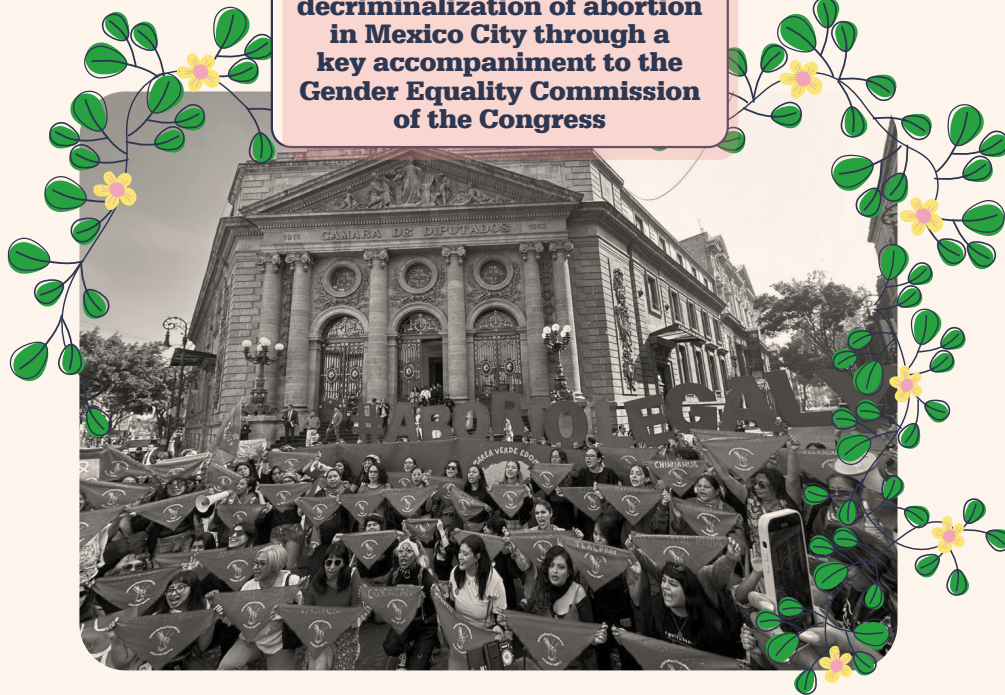
1. At **Ipas LAC**, we served as a **co-litigating organization** in the **Beatriz vs. El Salvador** case. We contributed our **clinical and legal expertise** to the design of the defense strategy, coordinating the **amicus curiae** strategy. This allowed for unprecedented participation from global, regional, and national experts and institutions, who contributed solid arguments in support of the defense of the right to access abortion. We also monitored the publications and strategies of the **opponents of the right to choose**, which enabled the regional feminist movement to act strategically by disseminating evidence-based information on the implications of criminalizing abortion. This intervention strengthened support for the cause and contributed to the **favorable outcome** of the case.



2. Additionally, we provided technical assistance to the Ministry of Health of Mexico to development the **Comprehensive Sexual and Reproductive Health Care Model for Adolescents**. Our **technical, clinical, and legal feedback** resulted in a high-quality document grounded in evidence and aligned with human rights standards. Ipas LAC supported the Ministry of Health in nationwide dissemination to public health facilities and uptake among health staff and providers working in adolescent health services.
3. Ipas LAC contributed to the development of the **General Guidelines for Safe Abortion Services in Oaxaca, Mexico**, by providing **clinical and legal feedback** to state health authorities. Our input helped strengthen the **guidelines and align them with reproductive rights standards**. These guidelines are now being disseminated across reproductive health services throughout the state.
4. We provided technical and legal input on the development of the **State Program for Safe Abortion** in Guerrero. This ensured a framework grounded in **sexual and reproductive rights and updated clinical recommendations**. The program was officially published in the **Official Government Gazette** and presented to decision-makers.

5. We participated in the update of **NOM-005 on contraception and the national Midwifery Standards** by providing technical input and expert review to ensure alignment with WHO guidelines and international standards on person-centered abortion care. **Our contributions helped strengthen the quality, relevance, and rights-based approach of both regulatory frameworks.**
6. We provided support for the development and update of national and regional protocols, including the **Post-Abortion Care Protocol in Honduras**, the **Comprehensive Abortion Care Manual in Guatemala**, and the **Voluntary Abortion Regulations in Chile**, ensuring they were evidence-based and clinically updated.
7. We provided technical review of the **draft law on the decriminalization of abortion** in Costa Rica, which supported its advancement in the legislative process.

We contributed to the progress towards the total decriminalization of abortion in Mexico City through a key accompaniment to the Gender Equality Commission of the Congress



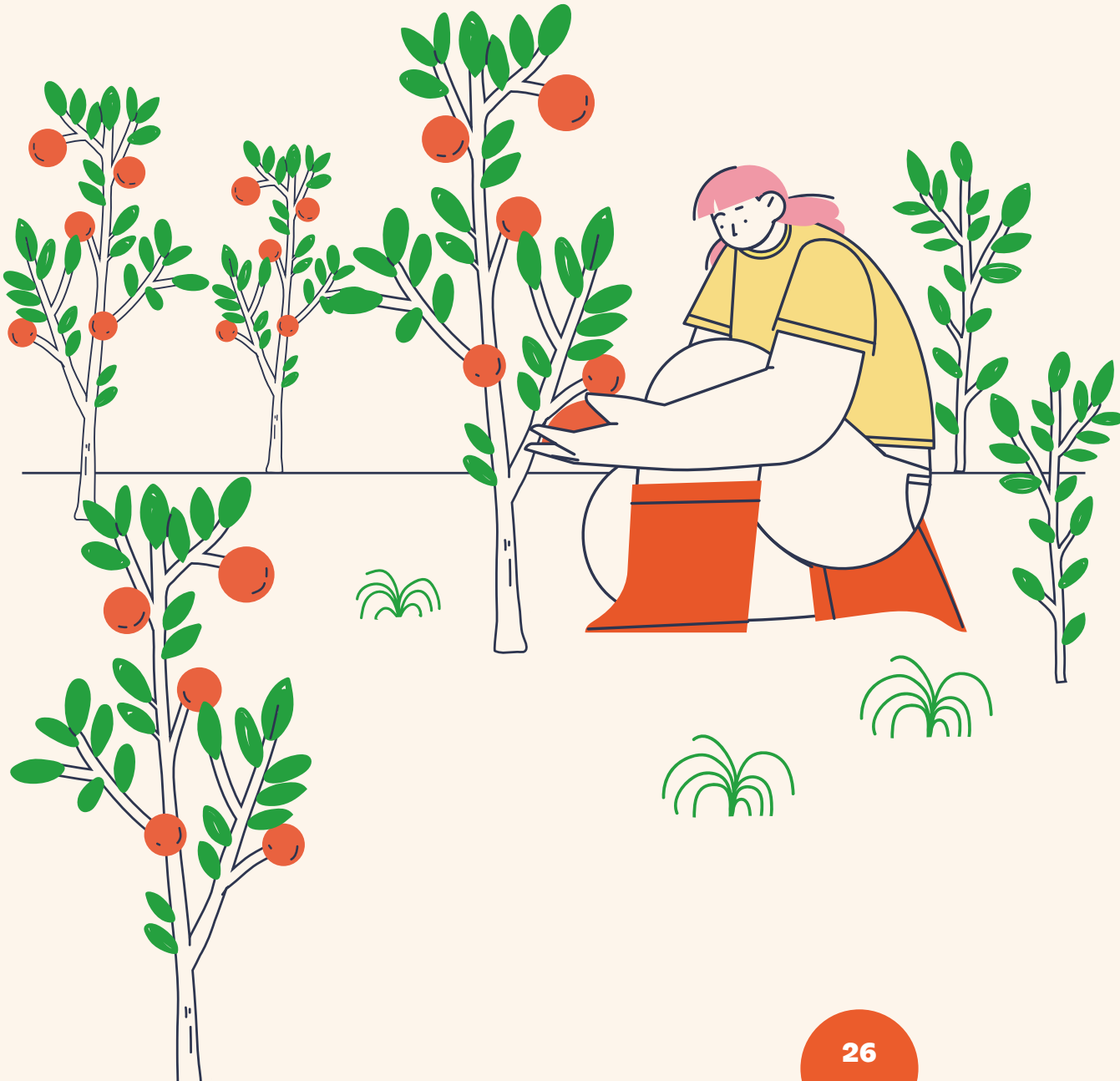
8. In collaboration with the **Center for Reproductive Rights** and other partner organizations, we filed a **request for advisory opinion** to the **Inter-American Court of Human Rights**, advocating for the recognition of care as a human right and its link to **reproductive autonomy**. This effort promotes gender equality and calls for states to protect the right to care.
9. Through collaborative work with partner organizations, we contributed to the **initiative on abortion timing**, addressing normative frameworks, care methods, and the regulation of **abortion in later stages of pregnancy**. We also co-authored the document **Against the Setting of Abortion Deadlines**, arguing how such restrictions violate **fundamental human rights**.

10. In collaboration with regional allies, we submitted **Shadow Letters** highlighting the reproductive rights situation in **Ecuador, El Salvador, Honduras, and Mexico**. These letters provided crucial information on **public health** and **human rights standards**, strengthening the **state examination and compliance processes**.

11. We played a key role in advancing the **decriminalization of abortion** in Mexico City, supporting the **Gender Equality Commission of Congress**, which issued a historic favorable ruling for a decriminalization initiative. We presented the proposal and provided written support, collaborating with other civil society organizations.

12. We provided technical opinions on clinical and legal aspects for updating the **NOM 020-SSA-2025**, which recognizes **midwifery-led safe abortion care** as part of **comprehensive reproductive health services**. This is the first time in Mexico that the norm recognizes **safe abortion provided by midwives**, contributing to a more inclusive approach to reproductive health.

Healthy Fruits



As we partner with diverse actors and institutions and tend to our collective garden—represented by the sustainable abortion ecosystem—**these flowers transform into fruits that sustain health and well-being.**

Here, **we share individual testimonies** that speak to the fruits of our **collective efforts.**



“

The training we received on public speaking and advocacy regarding the right to decide helped us strengthen both institutional and personal knowledge and weaknesses. Additionally, it allowed us to address these issues with the populations we work with.”

Member, Integral Development
of Women and Families Unit,
Honduras

“

We want to thank Ipas and the interdisciplinary team that accompanied us. For the Regional Hospital of Orinoquia, this support is very important, as well as the work done by the professionals from Ipas Latin America. The first training was conducted with the entire staff of gynecologists, doctors, nurses, and technicians regarding the use of the AMEU. They provided us with four new units, which are very important for us, as we only had outdated equipment that we hadn’t been able to renew. Additionally, we did legal work, raising awareness among all medical personnel regarding voluntary abortion. With the support, we’ve been able to clarify many doubts and update our care protocol. Many thanks to all of you.”

Health professional,
Regional Hospital in Orinoquia,
Colombia

“

Although we are organized, we are migrant women, and it’s complicated to create an NGO, come together, and organize. We can’t do that. Moreover, we don’t have experience in project development. Ipas LAC already has vast experience in accompaniment and care for women. Their support is essential for us. It is our only support; we don’t have anything else.”

Member, Network of Nicaraguan Exiles



“

For Ipas LAC, the goal has always been clear: to transform the world so that women and people who can become pregnant can make reproductive decisions freely and enjoyably. From the beginning of our journey, it has been recognized that we have never been alone, and for this reason, the focus has always been on our staff, creating ideal organizational and work conditions so they can unleash their full potential. And with pride, we see we are on the right track, as in our latest organizational climate survey, 86% of our colleagues agreed they would recommend Ipas LAC as a good place to work. Together, we’re moving forward!”

Interim Co-Executive Director of Ipas LAC

Annual Harvest

Each seed we planted blossomed into **concrete actions and strengthened partnerships**. In this year's 2024 harvest, we share the fruits of our collective work—figures that **reflect not only the impact of our strategies, but also the shared commitment to advancing SRHR across the region.**

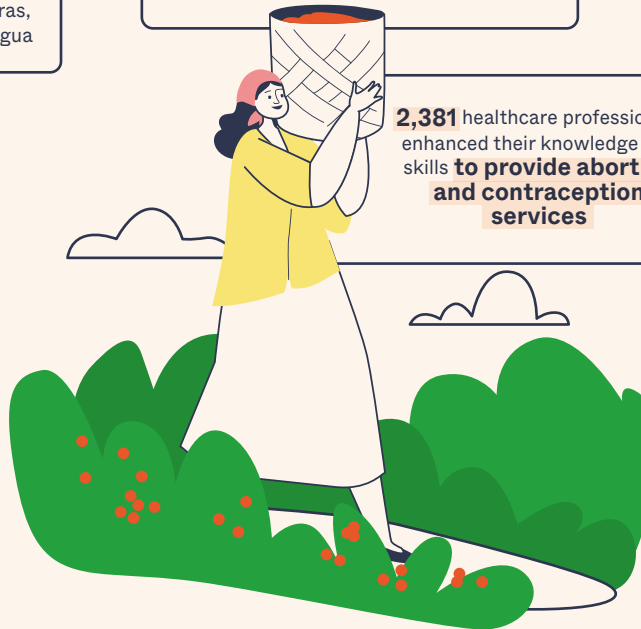
111,555 women and people who can become pregnant gained **access to safe abortion services provided by health services** (health units) supported by Ipas LAC in **8 countries** in the region (Argentina, Colombia, Chile, Ecuador, El Salvador, Guatemala, Honduras, Mexico)



215,983 women and people who can become pregnant gained **access to contraceptive methods** in Argentina, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, and Nicaragua

57 health units (hospitals and health centers) **received direct support from Ipas LAC** in Argentina, Colombia, Ecuador, El Salvador, Guatemala, Honduras, and Mexico

2,381 healthcare professionals enhanced their knowledge and skills **to provide abortion and contraception services**



18,611 women and people who can become pregnant **received support from 15 networks** in Argentina, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Mexico, and Nicaragua



44 civil society organizations and 23 networks supported by Ipas LAC

1,679,844 individuals reached with **reproductive health information** through **civil society organizations and accompaniment networks**

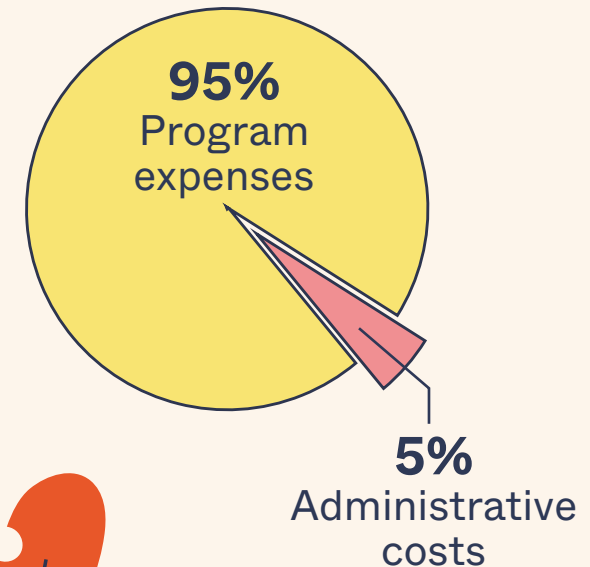


341 participants from allied organizations **strengthened in reproductive health, abortion, and contraception by Ipas LAC** (Chile, Ecuador, El Salvador, Guatemala, Mexico, and Nicaragua)



Irrigation Channels: Our Finances

Water is essential for life and growth. Irrigation channels move water from one place to another, ensuring that this essential resource can sustain life and ecosystems. In the same way, our funding is an essential resource that nourishes every activity, project, partnership, and initiative. **At Ipas LAC, we remain good stewards of this essential resource and committed to financial management that is responsible, transparent, and ethical.** We comply with all legal, administrative, and ethical requirements to **ensure that every resource entrusted to us is used strategically, efficiently, and with impact.** This steady flow of support allows us to keep cultivating a future where **everyone can fully exercise their SRHR.**



Essential Nutrients



We are deeply grateful to our donors, whose continued trust and support have been essential in transforming the lives of women and people who can become pregnant across Latin America and the Caribbean. **Their contributions nourish our work and allow it to grow stronger every year.**

To diverse **partners** that accompany us on this journey—we thank you. **Your vision, dedication, and commitment inspire and motivate us daily.**

To the Ipas LAC team, **to those who have been part of the organization over the years and to those who continue to contribute to this great team today.** Thank you for your strength, perseverance and passion.



A special thank-you to **María Antonieta Alcalde Castro**, who served as Executive Director of Ipas LAC from 2019 to November 2024. **Her leadership contributed significantly to establishing and nurturing strategic partnerships and expanding regional impact.**

On behalf of Ipas LAC, we renew our commitment—**with enduring hope, with shared purpose, and with deep gratitude.**



We continue to blossom with freedom and joy!



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