

**Agenda Item: STRATEGY2028 RESEARCH PAPER – SUMMARY REPORT TO
IPPF BY UCT/ OXFORD CONSORTIUM**

Summary:

As part of the Strategy2028 design process, which is directed and overseen by the C-SIP, a number of research papers have been commissioned to help shape an evidence base for the strategic choices to come.

The attached paper has been written by the University of Cape Town and Oxford University, who have been commissioned jointly to write a paper about IPPFs Client 2030.

The purpose of the paper is to broaden our understanding of trends in the changing SRHR landscape by exploring the values, aspirations, desires and health needs of the so-called Gen Z and Gen Alpha, who currently comprise roughly 40% of the world's population (under 25 years of age). It is them who IPPF will mainly cater to in the coming decade. They will be our Client 2030.

Considering a broad range of data sources, UCT and Oxford have described a range of future clients who are representative of the diversity of IPPF's global presence. The research is ongoing. The executive summary is attached here to inspire and inform the joint C-SIP and Board of Trustees workshop.

Action Required:

- For discussion

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN 2030

Co-designing responsive,
effective and scalable SRHR
for 2023–2028

IPPF's 2023–2028 Future
Clients: from evidence into
action

Draft Report to IPPF by a
UCT/ Oxford consortium
August 2021



SUMMARY

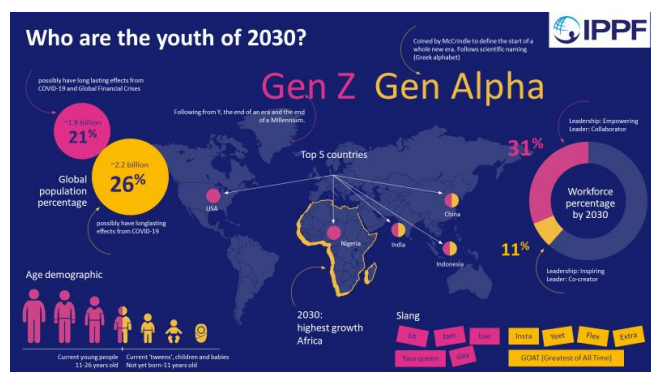
By 2030, the world will be home to over 1.3 billion 10- to 19-year-olds, over 80% of whom will live in sub-Saharan Africa (~45%) and Asia (~40%).¹ As today's children (Generation Alpha) enter their second decade of life and transition to young adulthood, they will face persistent social, economic and legal challenges, which may shape their current life experiences, and influence how they engage as future adults, parents and community members. One in four adolescent girls in sub-Saharan Africa and Asia will become pregnant before age 20, and more than half by age 24.² Furthermore, a quarter of adolescent girls will be married before the age of 18. Young women ages 15-24 in sub-Saharan Africa are also among the most vulnerable to HIV and represented 20% of all new infections in the region in 2017.³ Their parents – today's adolescents and young people, Millennials or Generation Z – will have grown in a fast-paced world characterised by significant leaps in access to technology and large global crises such as climate change, the COVID-19 pandemic, and increases in both access to resources and the visibility of social issues such as interpersonal violence.⁴ For both Gen Z and Gen Alpha, IPPF's Future Clients by 2030, **rights**, including sexual and reproductive health and rights (SRHR), are core to their sense of identity with strong and clear links to all life domains.⁵

In May 2021, the IPPF Strategy Research Team started a collaboration with a UCT/ Oxford research team to summarize our knowledge on Gen Z and Alpha by documenting trends in the changing SRHR landscape by exploring the values, aspirations and desires of the IPPF Clients in 2030 and beyond. It aims to address the following questions:

1. Who are IPPF's 2030 Clients? What does current data tell us about their lives and SRHR needs and wishes?
2. How are they engaging (or not) with SRHR products and services?
3. What does the evidence suggest are effective and scalable SRHR solutions?
4. Which interventions/ approaches are shock-adaptable, i.e., possible in response to shocks such as COVID-19, adverse weather events, conflicts, etc.?

This SUMMARY provides an overview of the work to date, and concludes with a summary of the final youth engagement steps in September-October 2021.

Overall approach: Our approach consisted of three main methodologies: (1) rapid rigorous reviews following an existing methodology; (2) emotive evidence through creative workshops, which resulted in the Portraits, and (3) engagement with IPPF youth network via the IPPF youth core team.



Trends and Issues: Overall Gen Z and Alpha's SRHR needs and wishes will continue to be diverse, not only in terms of gender identity and sexual orientation, but also in terms of family structure and non-health and life priorities. Inequalities, driven by rapid technological change, climate crisis, urbanization and migration, will shape local context-driven SRHR needs for future generations, and must inform our services for 2030 and beyond. Two-thirds of IPPF Clients 2030 will live in countries where inequalities have increased, with a growing proportion (25% in 2019-2020) of inequality increase attributed to global warming/ the climate crisis.

Nearly one in five Gen Z identify as LGBTQIA+ in 2020, the highest ever proportion globally, with four in five young people exploring their sexuality and gender identity. These proportions are expected to grow in some contexts. Despite these trends, key SRHR issues that will affect large numbers (millions) of adolescents and

¹ United Nations, Department of Economic and Social Affairs, Population Division (2015). Population 2030: Demographic challenges and opportunities for sustainable development planning (ST/ESA/SER.A/389).

² UNFPA. 2013. Motherhood in Childhood.

³ UNAIDS. 2019. Global AIDS Update.

⁴ The Atlantic. Oh No, They've Come Up With Another Generation Label. February 21, 2020

<https://www.theatlantic.com/family/archive/2020/02/generation-after-gen-z-named-alpha/606862/>

⁵ Ipsos, 2021. LGBT+ Pride 2021 Global Survey. [online] Ipsos, p.4. Available at:

https://www.ipsos.com/sites/default/files/ct/news/documents/20216/LGBT%20Pride%202021%20Global%20Survey%20Report_3.pdf [Accessed 18 June 2021].

young people in 2030 will include child, early and forced marriage, early and unintended motherhood, unmet contraception needs and HIV infections. These SRH issues will be coupled with growing rates of exposure to violence (self-directed, inter-personal and collective) which will affect children and young people in unstable homes, women in conflict/ humanitarian settings, child/ early/ forced marriage and minorities (ethnic, sexual, political, etc.).

Beyond SRHR: Clients 2030 will be activists with a digital way of life, looking to be co-creators of the products and services that they use. They expect multi-modal learning and services, with education and employment closely linked as goals. Some of these needs, wishes and aspirations are captured in a series titled: Emotive Evidence Portraits, which will be converted into visual tools, in collaboration with Portland Communications:

1. Sesi, 16, Mohale's Hoek, rural Lesotho
2. Nixon, 20, South Kivu, DRC
3. Eden, 18, Cairo, Egypt
4. Alexis, 15, Edmonton, Canada
5. Alina, 20, Kiev, Ukraine
6. Habiba, 17, near Chittagong, Bangladesh
7. Charlie, 23, Shropshire, England
8. Aishwarya, 22, Mazar-e Sharif, Afghanistan
9. Keagan, 17, Cape Town, South Africa
10. Rodrigo, 19, São Paulo, Brazil
11. Nalini, 19, Mumbai, India



The COVID-19 pandemic has exacerbated many of the underlying factors that increase the risk of adolescent pregnancy and parenthood, as well as those that contribute to poor sexual health and HIV outcomes, particularly among young people. While the impact of COVID-19 on population health in low- and middle-income country settings has been inconsistently measured, the long-term economic, social, and political impacts of the global pandemic are likely to be tremendous. One year into the pandemic, UNFPA estimated that at least 12 million women globally had experienced contraceptive interruptions, leading to 1.4 million unintended pregnancies. In addition, the disruption in services, linked to national lockdowns and economic instability, is estimated to increase child marriages by 13 million over the next decade, with associated risks of early pregnancy and violence against girls.⁶ The effect of COVID-19 on new HIV infections is also likely to persist: services such as clinic-based HIV testing, counselling, and treatment, and adherence support for individuals living with HIV, have been interrupted or temporarily paused as country-wide lockdowns and health system reallocations have aimed to control the spread of COVID.⁷ Adolescents are more likely to bear the brunt of these shifts in care provision, and as a population that is not considered 'at risk' for COVID-19, they may be neglected altogether.

Climate deterioration, socio-legal and political restrictions, coupled with growing inequalities even in stable societies, are all placing additional stress on adolescents as we go into 2030. How do we promote health amidst these competing and growing challenges? In the wake of the social, economic and political shifts due to the COVID-19 pandemic, we need to re-envision service delivery and access for now and for the future – for Gen Z and Gen Alpha, and their children. We also need to understand how to reach adolescents and young people rapidly, and at scale, to safeguard their health and wellbeing, and promote good health, physical, emotional, cognitive, sexual and reproductive. This means that we need to design service delivery platforms that are entirely COVID-adaptable: able to work flexibly and safely, through movement restrictions and recurring lockdowns. These changes need to be adaptable to COVID but also other shocks, which requires a closer understanding of how to tailor approaches, reach those who are most in need of health information, services, empowering approaches to adolescent and youth SRHR, as well as older generations who will continue to require comprehensive SRHR.

Promising practices and models: Despite the above, experience in providing SRH products, services and rights-based advocacy can inform future planning. Models that are based on promotive peer relationships, self-care

⁶ UNFPA. 2020. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage.

UNFPA. 2021. Impact of COVID-19 on Family Planning: What we know one year into the pandemic.

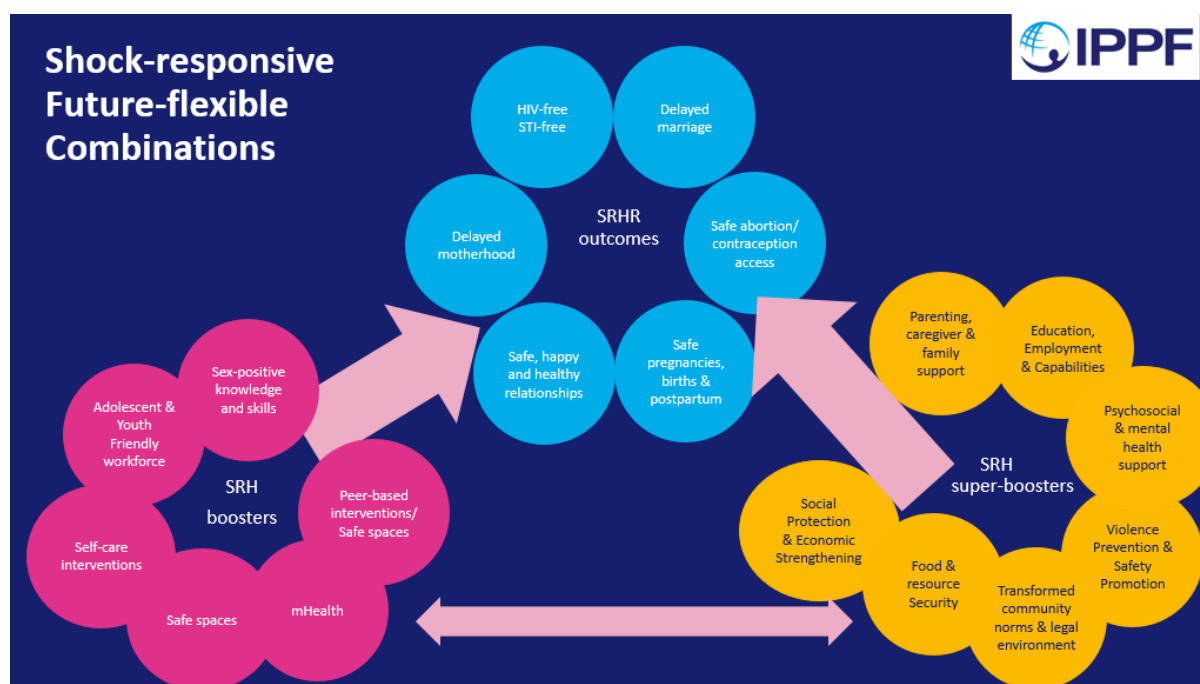
⁷ Waterfield KC, Shah GH, Etheredge GD, Ikhile O. Consequences of COVID-19 crisis for persons with HIV: the impact of social determinants of health. BMC Public Health. 2021;21(1):1–7

SRHR Approaches/Interventions for Clients 2030

- 
1. Self-care approaches/ interventions
 - Self-testing for HIV, STIs, and HPV
 - Self-treatment and medication; such as self-managed abortion, self-injectable contraceptives.
 - Self-care interventions during antenatal and intrapartum care
- 
2. mHealth/remote interventions-also a means to facilitate self-care approaches
 - Interactive digital interventions (IDIs) for sexual health
 - Number of studies in sub-Saharan Africa using mHealth interventions
 - *Mobile for Reproductive Health (m4RH) mHealth intervention in Tanzania*
 - *Mobile Health-Supported HIV Self-Testing Strategy Among Urban Refugee and Displaced Youth in Kampala, Uganda*
- 
3. Peer-based interventions
 - HIV support, CSE and SRH information, reducing rapid repeat pregnancies
- 
4. Integrated services
 - Safe spaces (for example) or adolescent & youth friendly health services (AYFHS)
 - Synergies among HIV/SRH, HIV/HPV care and prevention, integrating psychosocial skills to change behaviours across multiple spaces e.g. CSE, family planning access across multiple touch points

interventions and cultural and norms-based transformation will be critical to ensuring that the young people of 2030+ feel seen and served by healthcare systems and the societies they are a part of.

As IPPF develops their 2023-2028 Strategy, one of the most important questions is how to take SRHR beyond facilities and health products/ services/systems with a promotive and transformative lens in mind. Shock-responsive, future-flexible combinations of approaches may be needed, as shown in the visual below:



Internal IPPF feedback: Initial findings summarised in slides [here](#), were shared with Regional Youth Leads, AU team and the Director General's Leadership Team on August 31, 2021. Their feedback is being incorporated into the final report which will be circulated during the week of September 6th, 2021.

Youth Engagement with IPPF's youth core team (led by Anita Nyanjong and Angela Tatu) will consist of a series of internal IPPF workshops to review the evidence-informed portraits.