

# MSI's Advocacy Results in 2021

## Achieving 10 changes in policy, law, regulation or financing

2021 was a challenging year for our advocacy teams, with many covid-related restrictions still limiting meetings and participation in policy engagement.

Despite these challenges, our national advocacy teams, along with our partners, contributed to an impressive **10 changes in policy, law, regulation or financing**, which will directly increase access to services and information, supporting sexual and reproductive healthcare and rights. In addition, many significant milestones were achieved, laying the foundations for significant future policy changes.

### Our 2021 Advocacy Results included:

1. India Medical Termination of Pregnancy Act amended to increase access for unmarried women and survivors of rape in India.
2. In Ghana, clinical methods of family planning commodities and services approved for inclusion in the National Health Insurance Scheme, expanding access to long-acting contraception.
3. The Ugandan Parliament passed the National Health Insurance Act, which included family planning in the basic package.
4. Zambia Ministry of Health approved changes to the National Demographic Health System information to permit family planning data collection for adolescents under 15.
5. Sierra Leone Ministry of Education approved the inclusion of Comprehensive Sexuality Education in the National School Curriculum.

6. Ethiopia Ministry of Health revised the second trimester abortion training guidance to allow task sharing for health officers, nurses and midwives.

7. In Bangladesh, new guidance on anaesthetics for tubal ligation approved.

8. A public spaces protection order (known as a buffer zone) was renewed for MSI's clinic in Ealing, in the UK, protecting clients and providers from anti-choice harassment.

9. South Australia Termination of Pregnancy Act 2021 revised to decriminalise abortion.

10. Western Australia Public Health Access Amendment Act revised to permit abortion safe access zones, protecting clients and providers from harassment outside of clinics.

### MSI 2030 strategy goal: achieving two countries where govt/professional organisations have taken actions to operationalise task sharing

- Ongoing provider training for long-acting forms of contraception is part of the package of the approved National Health Insurance Scheme in Ghana
- A third of abortions in **Ethiopia** are currently in the second trimester, many of which are unsafe and contribute significantly to maternal mortality and morbidity. The approval of training manuals for health officers, midwives and nurses will significantly increase the pool of trained providers able to provide safe care, ensuring services are available in a wider range of facilities that are often closer to women.

## 2021 Milestones included:

**Burkina Faso:** Senior judiciary supported the development of a checklist to accelerate access to abortion services for survivors of rape and incest in Burkina Faso.

**Democratic Republic of Congo:** Governors of three regions and the Ministry of Health committed to supporting the dissemination and implementation of new less-restrictive abortion law.

**India:** Reimbursement rate for permanent methods of contraception increased by 30% in Bihar, Jharkhand, Rajasthan and Uttar Pradesh, removing a cost barrier for women.

**Niger:** The Ministry of Health requested the Ministry of Finance to double the family planning commodities budget.

**Senegal:** School inspectors in Saint Louis and Ziguinchor regions signed letters committing themselves to be SRHR champions.

**Ethiopia:** Medical abortion outside of facility settings is recommended in the recently drafted Reproductive Health Strategy, awaiting final approval.

**Ghana and the Sahel:** MSI team members from these country programmes completed a Training of Training for Provider Share Workshops, supporting wellbeing of reproductive healthcare providers.

*“Advocacy is an effective way to engage decision-makers in addressing unmet family planning needs and last-mile service delivery for the most disadvantaged groups.”*

*“Advocacy is essential for an environment favourable to service delivery.”*



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## MSI contribution to FP2030 commitments

2021 also marked a transition year, with many governments developing FP2030 commitments. MSI programmes engaged closely in this process, contributing to the development of impressive government commitments. In **Madagascar**, for example, the President committed to allocating 5% of their total health budget to family planning commodities and increasing contraceptive use (CPR) among married women to 60%.

In Niger, Mali and Senegal we facilitated workshops and capacity building sessions to empower and enable the participation of diverse civil society organisations, including youth-led groups, in the FP2030 process.



## Why do we advocate at MSI?

Providing services alone will not secure universal access to contraception or safe abortion. In every country where we operate, our services are still restricted by unnecessary legal, medical or regulatory restrictions and in many places, opposition to SRHR is growing in terms of funding, scale and sophistication.

**MSI Reproductive Choices thanks all our donors, particularly the Governments of Denmark, the Netherlands and the UK, and Advance Family Planning, who have made this work possible.**

## Where can I find more information?

To find out more about MSI's global advocacy work, please contact MSI's Global Head of Advocacy, Sarah Shaw: [sarah.shaw@msichoices.org](mailto:sarah.shaw@msichoices.org)