AS OUR NAME SUGGESTS, WE ARE UNAPOLOGETICALLY PRO-CHOICE. WE BELIEVE THAT EVERYONE SHOULD HAVE THE FREEDOM TO DETERMINE THEIR OWN FUTURE, ON THEIR TERMS.

Our teams work across 37 countries and six continents, supporting over 80,000 women and girls to access reproductive healthcare — including abortion and contraception — every day.

With the help of our partners and donors around the world, we open doors, advocate for change, break down stigma, and go further than anyone else to make reproductive choice possible.

By supporting women and girls to make the choices that are right for them, we can make a huge impact within a generation — increasing gender equality, breaking cycles of poverty and contributing to several key sustainable development goals.

Our approach

From trekking through mountains to deliver medical abortion care in remote villages, to offering digital health solutions, meaning people can manage their healthcare at their fingertips, and training public sector providers, so that quality reproductive healthcare is available for the long-term, we do whatever it takes to make reproductive choice possible.

It only costs £6 for MSI to provide a woman with contraception for a year; an investment that can help transform her life.

[1] Based on cost per couple of years protection (CYPs) for our Outreach channel.
Every day in 2022, over 80,000 women and girls were able to make choices about their bodies and their lives because of the work of MSI teams.

That’s a figure I’m immensely proud of; all the more so when you think of the challenges 2022 presented. From the devastating rollback of reproductive rights in the US and the global reverberations, to severe funding cuts and global economic uncertainty, MSI teams had to rally, focus, and innovate.

In partnership with governments, civil society, and grassroots organisations, our local MSI teams supported more women and girls with their reproductive health than in any other year in our history, with 21.1 million clients receiving care. We estimate that our work prevented 14.6 million unintended pregnancies and 7.2 million unsafe abortions, saving the lives of 42,600 women.

But these numbers are only part of the picture. 2022 saw us take great strides in our support for governments to strengthen their capacity to deliver reproductive health services, with partnerships in 24 countries. It saw us continue to challenge the rules, with MSI advocacy contributing to 13 changes in policy, law, regulation, and financing. And it saw us build our commercial approaches with growth in our service income, including through our clinic and social marketing networks across Africa and Asia.

I am delighted that all of this was delivered alongside progress in quality and equity. I’m particularly proud that our Manchester clinic in the UK became the first abortion clinic to receive an outstanding rating from the UK’s healthcare regulator, while our focus on marginalised communities means that our services continue to reach those most in need. Adolescents now represent 18.5% of all MSI clients, up from just 10% five years ago.

The rollback of this fundamental right is hard to believe and even harder to understand, but if the last year has taught us anything, it is that when we work together we can tackle great challenges. Despite our dismay for the US, 2022 has seen significant wins in reproductive rights around the world, with MSI contributing to 13 policy changes. It’s also been an incredible year for our teams. I am so proud of the progress we have made as an organisation and the results we have delivered.

And I am especially proud of the team members who have made it possible. I am humbled by their drive and commitment to our mission. The performance of our organisation depends entirely on their energy, innovation, and dedication. I thank our team and I thank all of you for your continued support of MSI. We are a partnership and partnerships are powerful. Working together, we can secure a better future for all.

Glenda Burkhart, Chair of the Board for Trustees up to 8th March 2023.

These achievements are testament to the strength and efficiency of our operating model: our unique social business approach, which is helping to secure the sustainability of our services; our locally led teams, who are dedicated to making choice possible in their communities; and our global partnership approach, through which we hold ourselves to the highest universal standards.

However, to stay on track to deliver our 2030 vision of a world where no abortion is unsafe and everyone has access to their preferred method of contraception, we will have to overcome some of the toughest conditions the sector has ever faced.

The impact of the global pandemic and the war in the Ukraine is weighing very heavily on traditional donor budgets and we are expecting to see further cuts in Official Development Assistance and other sources of aid, which could lead to us being forced to discontinue some vital services. Several of our country programmes are at risk of closure without vital donor support. So, a key priority for MSI will be to more rapidly diversify our funding base.

We know all too well that there remains a critical gap between supply and demand for contraceptive choice in most MSI countries and that the majority of women and girls seeking abortion services still face unacceptable barriers to access. The need is as great as ever.

At MSI, we passionately believe that reproductive choice can change the world. For our clients, we’re not just providing access. The need is as great as ever.

We are so very grateful to our supporters and partners for coming on this journey with us — our work wouldn’t exist without you. And despite the obstacles we know are ahead, together we can help women and girls build the future they deserve.

Simon Cooke, CEO
## Who did we reach?

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.1M</td>
<td>Clients reached with sexual and reproductive healthcare last year</td>
</tr>
<tr>
<td>4.7M</td>
<td>Clients reached with safe abortion or post-abortion care</td>
</tr>
<tr>
<td>2M</td>
<td>Adolescents reached, more than double since the introduction of our adolescent strategy in 2017</td>
</tr>
<tr>
<td>33%</td>
<td>Of our clients were accessing contraception for the first time</td>
</tr>
<tr>
<td>5%</td>
<td>Of people served were living with a disability</td>
</tr>
</tbody>
</table>

## What was our impact?

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>High impact changes in policy, law, regulation, and financing</td>
</tr>
<tr>
<td>42,600</td>
<td>Women’s and girls’ lives saved</td>
</tr>
<tr>
<td>7.2M</td>
<td>Unsafe abortions averted</td>
</tr>
<tr>
<td>14.6M</td>
<td>Unintended pregnancies avoided</td>
</tr>
<tr>
<td>41.6M</td>
<td>Couple years of protection* CYPs in 2022, including 32 million contraceptive CYPs, a 7% growth on 2021</td>
</tr>
<tr>
<td>6.1M</td>
<td>People accessed reproductive healthcare from over 6,000 government facilities supported by MSI across 24 countries</td>
</tr>
<tr>
<td>6.1M</td>
<td>High impact changes in policy, law, regulation, and financing</td>
</tr>
<tr>
<td>2022</td>
<td>Clients reached with safe abortion or post-abortion care</td>
</tr>
</tbody>
</table>

## Why choice matters

- **Reproductive choice helps build a fairer future for all.**
  - Every year, up to four million girls are forced out of school in sub-Saharan Africa due to unintended pregnancy.
  - With choice, girls can remain in education. Each additional year of school can increase their earnings by up to 20%.
  - Choice supports economic empowerment. For example, studies have shown when women are denied abortion access, they are more likely to experience poverty, debt and eviction.

- **But millions of people are still denied choice:**
  - 257 million people want to use modern contraception but have no access.
  - Every year an estimated 35 million women and girls are forced to resort to an unsafe abortion. 9 million will face medical complications as a result of unsafe abortion and 22,800 will die.

*Couple years of protection (CYPs) is a measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period.
EIGHT STORIES ABOUT CHOICE

MSI is made up of nearly 9,000 dedicated professionals fighting for and delivering reproductive choice around the world, and we partner with thousands more individuals and organisations to make choice possible for our clients.

In the following stories, team members, partners and clients tell us about their own experiences of 2022 — from delivering women's healthcare during catastrophic flooding to helping young people access contraception for the first time.

PARTNERING WITH THE PUBLIC SECTOR TO UNLOCK REPRODUCTIVE CHOICE

In rural communities, opportunities to access reproductive healthcare can be few and far between. Where there are local public sector facilities, healthcare choices can be limited, with a lack of trained providers or products — but partnerships across the health system are changing this.

MSI Nigeria’s work has contributed to significant savings for the health system — saving an estimated £144 million in direct healthcare costs in 2022.

“In my community, there was a lot of stigma around contraception. Women and girls didn’t know where to access reproductive healthcare and didn’t know it was their right to do so. I would meet women facing an unintended pregnancy a couple of months after giving birth, as they just couldn’t access contraception.

If women visited our facility for family planning, we were only able to offer short-term methods of contraception, as that’s the training we’d received. So, in 2018, we started partnering with MSI Nigeria to change this. I was proud to be selected as the focal point, working with MSI to build our team’s capacity and train our midwives to provide a range of services — including long-acting forms of contraception.

We received training on the insertion and removal of methods like IUDs and implants, using MSI’s job aids, counselling flipcharts and ‘Choice Kits’ to offer a full range of options. I now provide training, mentoring and supervision to my public sector colleagues, so that these skills are available for the long-term.

We let women and girls know that we’re here for them. Our facility has community champions who partner with local leaders to deliver community educational sessions, build awareness among men and women on the value of contraception, and go into local schools to reach young people.

I’ve seen a big change in our community since. Women are aware of their reproductive health and options, and we’ve seen cases of unintended pregnancy and unsafe abortion fall. Before, women in our community could not make choices about their bodies — those decisions were made by the men in their life and based on whether they had the money to travel for healthcare.

Now, women and girls have the information and power to decide if or when to become pregnant and have the support of their partners. They can remain in school, or support their existing kids to stay in education, some go into work or start their own business — they can achieve what they hope for.

By offering quality healthcare and choices, I know that the services we are providing are changing lives and they’re saving lives too.”

IN THEIR OWN WORDS

PARTNERING ACROSS 6,000 PUBLIC HEALTH CLINICS GLOBALLY

Over the last decade, MSI Nigeria has collaborated with the government to support and strengthen the health system. We’ve supported one in 10 public sector facilities in Nigeria, across 36 of 36 states.

In 2022, MSI partners with governments in 24 countries to strengthen reproductive healthcare and support over 6 million clients to access high-quality care.

2,700 NIGERIAN PUBLIC FACILITIES

In 2022, MSI Nigeria partnered with the government to support 2.5 million clients across 2,700 public sector facilities to access reproductive healthcare.

We strengthened the skills of health providers, put clients and evidence at the heart of decision-making, and built strong supply chains.

In Nigeria, MSI partners with the government at a local, state, and national level. Together, we advocate for the right policies for reproductive healthcare, ensure facilities have the correct supplies, deliver provider training and quality checks to offer contraceptive choice, and build community awareness about the options available.

One of the public sector providers supported through the partnership is Zainab, a midwife at a Primary Health Care Centre in Wunti Dada, north-east Nigeria. Zainab shares her experience.

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In their own words — “By offering quality healthcare and choices, I know that the services we are providing are changing lives and they’re saving lives too.”
WHEN ABORTION RIGHTS ARE UNDER ATTACK, WE FEEL IT AROUND THE WORLD

In June 2022, the US Supreme Court removed the right to abortion, unravelling decades of progress for women. This has only strengthened our resolve to advocate for and provide abortion unapologetically — it is essential healthcare and a human right.

Dr Susana, pictured on the right, is MSI Mexico’s medical quality supervisor. She travels across the country to train abortion providers. She shares her reaction to the US Roe v Wade decision and why she’s proud to provide safe abortion.

“When I heard the decision that American women’s right to abortion, which they’d had for 50 years, had been stripped from them, I was shocked. I know the feeling of not having the right to abortion and fighting for it, but I can hardly imagine having the right and then having it taken away. The frustration of that must be unbearable. I can’t understand how America is going backwards while its neighbours here in Latin America are moving forward.

MSI Mexico’s nine clinics open our blue doors to everyone who needs to access safe abortion care, and that includes Americans travelling across the border. We opened a clinic in Tijuana right across the border in 2022, and we’re soon opening another bordering America’s southern states.

While laws differ across our states here in Mexico, our own Supreme Court ruled to decriminalise abortion in 2021. I know that the anti-choice movement has felt validated by what’s happening in the US, but from my perspective they’re fighting a losing battle. Progress is winning, and most countries across the world are expanding abortion rights and access. I’ve seen this progress first-hand.

Studying in a religious, all-girls school, I was taught that women should only aspire to cooking and being wives. And when I shook that ideology off and started studying medicine, I encountered ethics classes teaching me that abortion was a sin.

But when my good friend needed an abortion, I didn’t hesitate to support her — and I realised the dangers that arise when women don’t have access to safe care. We went to a dark, dirty clinic behind a convenience store, where she didn’t receive any pain relief. All I could think was: how can I change this?

I’m so proud now to work for MSI, training abortion providers. I’m a master trainer which means I teach people who themselves become trainers, helping us to cascade information and skills at scale. I’m glad that no one who visits MSI is getting the experience my friend had — they get options, counselling, safe and quality care, and we support them to choose the life they want. Every person I teach means another safe provider in the world.

And it’s not just access to abortion that I’ve seen change over time, it’s people’s attitudes too. When I first started, women were ashamed, secretive, and afraid. Now women are generally far more empowered and informed, confident about what their needs are. Of course, stigma still exists, but the more people talk about abortion the more we normalise it. For me, it’s about giving everyone the choice.

“MSI Mexico is just getting started — making plans to open more clinics and expanding our safe abortion care training. As for global reproductive rights, we’re on the right side of history, moving forward in solidarity, and with more resolve than ever.”
RECOGNISED FOR ‘OUTSTANDING’ ABORTION CARE

Everyone who has an abortion goes on their own personal journey, from learning about their options, to making their choice to access care. When a client enters through our blue doors, we’re committed to supporting them with the highest quality of abortion care, from the very first point of contact through to counselling and aftercare.

Sarah Strutz and Chris Bain tell us about their MSI clinic being the first in the United Kingdom to be rated ‘outstanding’ by the Care Quality Commission.

“It wasn’t that long ago that we’d arrive at work to anti-choice protestors shaming and intimidating us for providing abortion and our clients for seeking it. It was horrendous witnessing our clients endure this and was a huge relief when we successfully persuaded the local authority to introduce a ‘buffer zone’ around our clinic back in 2020 to keep the harassers away. Finally, the welcoming haven we’ve worked so hard to create once you pass through our door wasn’t marred by the cruel tactics of those outside.

We’ve known for a long time that the service we provide to every person who comes to us is outstanding — but in 2022 it was fantastic to get that recognition from the Care Quality Commission (CQC), England’s independent healthcare regulator. And we’re especially pleased to be the first ever abortion clinic in the UK with the outstanding rating.

The commission said our team members felt supported and valued, and therefore focused on clients’ needs. It praised our focus on supporting individual choices, how accessible we are, and our openness to feedback.

It highlighted our safeguarding and community engagement, like working with gender-based violence or mental health charities, and social services when needed.

Our amazing safeguarding nurse supports clients from their initial consultation through to their treatment, and beyond. Our work doesn’t stop with high quality abortion care — we actively continue protecting our clients’ wellbeing and human rights after they leave us.

But the most gratifying praise was for our team. The commission said our staff “treated patients with compassion”, taking “account of individual needs”. During just three months in 2022, we received 128 messages of thanks from clients, with comments including: “Staff are amazing at their job” and “I can’t think of anything that could have been done better”.

For us, there’s no better reward than hearing directly from a client that they felt truly supported.

“None of this is surprising to us. The dedication of our colleagues stands out every day.”

All MSI UK clinics are now rated good or outstanding. We’d be proud under any circumstances, but it feels remarkable as we’re operating against a tough backdrop.

There is unprecedented demand. In 2019, our Manchester clinic supported 8,000 clients; and in 2022 it was more than double that at 17,000. Not only that, but abortion providers are coping with a lack of funding and a turbulent economic context.

“But we’re finding innovative ways to use resources effectively, motivate team members, and consistently exceed expectations. If there’s one thing I know about our team, it’s that we all have an unwavering commitment to reproductive choice, and we’ll keep on working hard so that everyone who needs or wants an abortion is able to access the high-quality care they deserve.”
SUPPORTING GIRLS’ FUTURES WITH REPRODUCTIVE CHOICE

We’re supporting young people to have the power to decide if or when to become pregnant, remain in education and pursue their dreams.

In rural Uganda, accessing contraception can be challenging if you’re a young person. Adolescents don’t always know where to go for services, and healthcare workers aren’t always trained to provide them.

This is a global issue. From a lack of awareness among young people, to laws and policies that require parental consent, and scarce provider training, adolescents have poorer access to reproductive choice across the board. That’s why MSI has tailored strategies to remove the barriers that young people face — so they can make choices about their bodies and their futures, too.

MSI is partnering with the government of Uganda to build awareness of young people’s healthcare and rights, including via community awareness sessions in schools, while training public sector providers to offer a full range of contraceptive methods and adolescent-friendly care.

Rachel, 18, accessed contraception at a government facility supported by MSI in Karago, Uganda. She shares why she chose to use contraception.

Accidental pregnancies can lead to school dropouts and family problems. I know a girl who had an early pregnancy and her family chased her! She dropped out of school and her boyfriend didn’t take any responsibility.

When the health team came to visit our school, and educated us on contraceptive options, I knew I wanted to access a service. I decided to use contraception because I have a boyfriend and I want to avoid pregnancy. I want to complete university, get a job and get married before children.

I chose the IUD — some of my friends were already using it and recommended it. Now I encourage my other friends to use contraception too.

“I’d like to thank the health workers for visiting our school, for educating us, and for always being there to help if we have questions. Contraception has helped me remain in school and prepare for a good future.”

In 2022, MSI supported nearly 2 million adolescents with their sexual and reproductive health and rights.

2 MILLION FUTURES
In 2022, MSI supported nearly 2 million adolescents with their sexual and reproductive health and rights.

SUPPORTING 400,000 TO STAY IN SCHOOL
Each year, more than four million teenage girls in sub-Saharan Africa are forced out of school due to unintended pregnancy. Across the MSI partnership, we estimate that 400,000 girls have been supported to continue their education in 2022. Data shows that each additional year of education increases a girl’s future earnings by 10%-25%.

REACHING ADOLESCENTS IN PARTNERSHIP
In Uganda last year, more than 100,000 adolescents received a service from a public sector facility that’s supported by MSI.

800,000 YOUNG PEOPLE
Through MSI’s partnerships with local governments, we supported six million clients in 2022 and almost 800,000 of these clients were young people.
PROTECTING WOMEN’S HEALTH DURING HUMANITARIAN AND CLIMATE CRISES

In times of crisis, the need for sexual and reproductive healthcare rises while access falls. MSI’s local teams work in crisis and emergency settings — from the floods of Pakistan to conflict-affected Myanmar — ensuring that women’s reproductive health services remain wherever possible.

Dr Tasneem Fatima is the director of health services for MSS, a Pakistani NGO supported by MSI. She shares her story from the frontlines of Pakistan’s flooding crisis.

For those not living through it, the situation here in Pakistan must be difficult to imagine. In the summer of 2022, more than a third of our country — an area larger than Britain — was submerged under flood water in a climate disaster. Over 1,700 have died. UN Secretary-General Antonio Guterres said he’d “never seen climate carnage” at this scale. I certainly haven’t.

Violent monsoon rains and water from melted glaciers swept away villages, affecting 33 million people. People have lost their homes, businesses, even their clothes — and certainly any conventional access to healthcare.

Amid all of this, our MSS team remained resilient, and I could not be prouder. We’re the main organisation here providing sexual and reproductive healthcare, supported by the global MSI partnership. Our unique offering to this emergency response has been our 15 mobile outreach clinics traveling into affected areas to reach people where they are.

Going to the frontlines has been difficult, both logistically and emotionally. Anyone travelling into the flood-affected areas is risking their life, myself included. Some of the people we’ve come across have told me: “You are the first people to come here and help us.” Almost all our providers are women — their bravery has been extraordinary.

We’ve travelled to over 1,600 emergency flood relief camps, serving over 185,000 people with sexual and reproductive healthcare like contraception, also pitching in to provide primary healthcare where possible (like treatment for skin infections and diarrhoea). We’ve been distributing menstrual health kits so women and girls can manage their own menstrual health — an essential part of their dignity.

The main challenge we’ve faced is making sure people have access to healthcare workers, facilities, and supplies. We’ve collaborated with the government and other NGOs to face the magnitude of this crisis together.

Displaced women are coming up to our vans seeking antenatal and postnatal care, emergency contraception, condoms, and clean birth delivery kits. I know of two women who have come to us in labour — our midwives brought them into our care, delivering their babies safely into the world in the back of a van.

In Pakistan, we are living through the stark reality of the climate crisis. We’re being told to expect more events like this, which is scary. We must prepare for the future. That means delivering climate-resilient reproductive health programmes and strengthening community health infrastructure. Women and girls should always have access to essential reproductive healthcare — both in normal times and during an unthinkable crisis like this.

“I remain deeply concerned for the health of the estimated 650,000 pregnant women in these flood-affected areas. The maternal mortality rate here is already incredibly high, and while there’s no reporting yet on how this disaster has affected maternal deaths, I’m certain it won’t be positive news.”
MAKING REPRODUCTIVE CHOICE POSSIBLE FOR THE LONG TERM IN AFRICA

To achieve our ambitious 2030 vision that everyone who wants contraception has it and that no abortion will be unsafe, we’re leaving no stone unturned. It will take partnership, strategic decisions, and significant investment. And to ensure choice is available for the long term, that means building our social business income alongside critical donor funding.

Banchiamlack Dessalegn, MSI’s Africa Director, shares her take on why MSI’s locally-led, social business model will help deliver for women sustainably into the future.

I lead a 4,500 strong team here in Africa delivering quality reproductive healthcare to millions across our continent. And I tell them, it’s simple: we’re here to deliver for our women. To help them make informed decisions about their bodies and futures on their own terms.

Working at MSI, I’m proud to see fellow African leaders heading up our country programmes, many women at the helm, and innovative, long-term thinking to meet our bold vision; it excites and motivates me. Delivering reproductive healthcare to 14.4 million people across Africa in a single year is incredible — and to be frank, it takes investment and a savvy social business model. When I say to people that MSI is a social business, I’m sometimes met with confusion. What does that actually mean? It means we’re not your traditional non-profit. Our centres and maternity hospitals offer a range of reproductive healthcare services, and clients who can afford to pay for services, or who are part of health insurance schemes, cover the costs of their care. That way, donor funding and other income can be channeled into expanding reproductive choice further, reaching the most marginalised communities who are currently without access to these life-saving services. That means we can make sure no one is left behind.

It’s not the only way we’re making sure services are available for the long term. Our local teams are partnering with governments to strengthen national health systems (our teams in Nigeria and Uganda for example have built exceptional partnerships). We’re securing health insurance coverage for contraception to make access more affordable (I’m proud of the team in Ghana for contributing to this advocacy win recently). And we’re expanding points of care to make it as easy as possible for women and girls to access the services they want and need (in Ethiopia we successfully advocated for medical abortion pills to be available in pharmacies).

“We’ll continue to find ways to protect and expand access in partnership. I’ve never been more certain that with contraception and safe abortion care, we’re helping create the future leaders of Africa; a new generation of women and girls with the power of choice.”

As a social business, we’re aiming for our centres and maternity hospitals to be 100% financially self-sufficient by 2023. In 2022, 88% of our operating costs in our centres and maternity hospitals were covered by income from health insurance schemes or direct payments from clients. This has increased from 77% in 2021.

14.4 MILLION SUPPORTED BY MSI AFRICA
In 2022, we supported the reproductive choices of 14.4 million people across Africa

MATERNITY HOSPITALS
12 of 31 MSI maternity hospitals are financially self-sufficient. This means donor income can be used for last-mile services, reaching those who face the most barriers to healthcare.

STRIVING FOR SUSTAINABILITY
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EXPANDING CLINIC SERVICES
In many countries, we’re expanding our clinic services to cover all areas of women’s health, from menstruation to menopause, and everything in between.

ADVOCATING FOR HEALTH INSURANCE CONTRACTS
We advocate for health insurance contracts with governments and insurance companies so that cost doesn’t prevent people from accessing the reproductive healthcare they want and need. In 2022, MSI had 124 health financing contracts across seven countries.
ADVOCATING FOR CHOICE AROUND THE WORLD

In every country where we work, reproductive healthcare is unnecessarily restricted. The anti-choice movement is growing in funding, scale, and sophistication. Undeterred, we partner across the globe to advocate for all women and girls to have reproductive choice.

Debanjana Choudhuri is the Director of Programmes & Partnerships for MSI’s programme Foundation for Reproductive Health Services (FRHS) India. She tells us about a campaign that is changing reproductive rights in India.

When the lawyers in the room heard the verdict, they sent me a WhatsApp message straight away. Years of advocacy had culminated in this moment on 29 September 2022 — India’s Supreme Court declared that all women, married or not, have the right to safe, legal abortion.

For me, nothing could be better than this. I’m a mother of a 9-year-old girl and I advocate for her reproductive rights so she will never be denied the healthcare she needs to thrive. I’m proud to work for MSI in India and to help organise a successful pro-choice advocacy campaign.

It’s called the Pratigya Campaign — a 127 member-strong coalition that advocates for safe and legal access to abortion in India. Our members include feminist, youth, and grassroots organisations like Lok Sahayata Society and The YP Foundation, alongside global support from the likes of Plan International, IPPF, and of course MSI. It’s so powerful to have all these voices under one umbrella.

For ten years we have built a strong alliance, supported abortion providers, changed the legal landscape, and worked with media to remove abortion stigma in reporting. It’s a democratic coalition with no real hierarchy at all, we all contribute our own expertise and support.

MSI brings experience as a global advocate for and provider of safe abortion, known to ‘walk the talk’. MSI recognises that it’s the locals who are the experts; we’re the ones leading this change and fighting for our rights — so MSI resources and trains us and puts the support of the whole global organisation behind us. The participatory approach that says ‘let’s learn together’ is the beauty of MSI.

Back to the big win last year! It started when a law was tabled in 2020 to undergo a review: the 50-year-old Medical Termination of Pregnancy Act, written from a colonial perspective and not at all women-centric. This was an opportunity like no other, so we rallied: we developed 10 recommendations for amendments and reached out to policymakers. We had champions from grassroots and youth groups speaking out in the media about why abortion is a right. Our voices were unified, and we spoke up loudly and bravely.

The judges agreed with five of our recommendations including that unmarried women should have access to abortion, and that only one provider should sign off on a procedure rather than two. It’s still not perfect, but it was a watershed moment. After the media buzz died down, I took a moment to celebrate with everyone who had worked so hard for this. But there’s always that voice in the back of my mind reminding me that hard-won rights can be taken away, and that laws need to translate into behaviour.

So, we continue onwards to sustain this movement in India, tackling the challenges of shrinking donor funding and a sophisticated opposition.

“Advocacy takes time, but luckily there are many determined people and organisations here and across the globe, willing to put in that time.”
THE POWER OF TECH AND TELEMEDICINE: EXPANDING ACCESS IN A DIGITAL FUTURE

Women and girls have more agency over their reproductive healthcare thanks to MSI’s digital and technology strategy. We’re investing in global contact centres, the expansion of telemedicine, and digital information and services.

Afua Krah-Kessie works at MSI’s contact centre in Ghana, fielding calls and giving clients information. She shares how digital tech is expanding access to reproductive healthcare.

“When I pick up the phone, I don’t know who I’m going to get on the other end of the line. Last week I spoke to a 20-year-old who just found out she was pregnant; she was shy to talk about it and crying a lot, completely at a loss for what to do and scared of what her parents would think. I told her she’d called the right place and talked her through all her options. By the end, she was calm and knew what she wanted to do. She said: I’m so glad I talked to you. This never gets old — being able to reassure people in these moments.

MSI has 33 contact centres around the world, and for the past five years I’ve worked in the Ghana contact centre, receiving and making calls, and helping our Ghanaian clients with their questions, bookings, what they can expect when they visit our centres, and referring them for telemedicine.

It’s free to call us because we believe everyone has a right to accurate information and safe services. When someone contacts us, we provide non-judgemental information, explain their reproductive health options, and let them know where to access safe services. This helps our clients more confidently access and choose the services right for them.

In many of the countries in which we work, people can also use WhatsApp and Facebook to message us — some people prefer to contact us this way, and for others, the discretion is crucial.

Recent tech improvements have enhanced our clients’ experiences. While we used to collect people’s details from scratch every time we talked with them, now our systems are all connected so we know who we’re talking to and when they’ve received our services or called before.

By investing in digital, we’re working towards a world where no one will be more than one contact or one hour away from a safe service. We’re busy mapping all local reproductive health services so we can direct people to their most convenient quality provider; whether that’s MSI or not.

And for abortion services, telemedicine is revolutionising how we deliver care. In some of the countries where we work, including here in Ghana, medical abortion pills are enabling women to have abortions safely at home. When a client chooses this method, we coordinate the delivery of the medication, and then we’re here on the phone to talk them through the abortion process and offer aftercare support.

I remember when we helped someone living with a disability to access abortion services through telemedicine; they really feared being stigmatised and were able to access this safe service in the way that best suited them. Some women call back lots of times for advice and support as they’re going through the process — it’s a privilege to be alongside women during their personal journey.

Digital advancement is helping smooth processes and expand access to make reproductive choice easier for everyone. But we’re still real people offering real support. My favourite part of my job is showing people that they’re not alone, that they’re in safe hands. Telling them: we are here for you.

In 2022, our global contact centre agents had almost 3 million interactions with clients via phone calls and social media messages.

REACHING ADOLESCENTS

Around 10% of our conversations over the phone are with adolescents. Social messaging via WhatsApp, Facebook, and other platforms are also a popular way for young people to reach us for advice and information.

GHANA’S CONTACT CENTRE

interacted with clients 217,000 times last year — that’s increased from 199,000 in 2021

TELEMEDICINE

Telemedicine is an essential tool to expand and ensure access to critical services like early medical abortion. In 2022, MSI Ghana served an average of 112 women each month with medical abortion telemedicine services, reaching a higher proportion of students and young professionals.

DIGITAL ACCESS

In 2022, we developed two new strategic partnerships to expand access via digital technology.
FINANCIAL REPORT

Consolidated statement of financial activities (incorporating the income and expenditure account) for the year ended 31 December 2022

<table>
<thead>
<tr>
<th>Income from</th>
<th>Total 2022 £’000</th>
<th>Total 2021 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>9,735</td>
<td>10,778</td>
</tr>
<tr>
<td>Charitable activities</td>
<td>308,799</td>
<td>271,377</td>
</tr>
<tr>
<td>Investments</td>
<td>1,811</td>
<td>733</td>
</tr>
<tr>
<td>Other income</td>
<td>2,159</td>
<td>7,741</td>
</tr>
<tr>
<td>Total income</td>
<td>322,504</td>
<td>290,629</td>
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</table>

<table>
<thead>
<tr>
<th>Expenditure on</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Raising funds</td>
<td>(1,415)</td>
<td>(1,020)</td>
</tr>
<tr>
<td>Charitable activities</td>
<td>(300,660)</td>
<td>(281,666)</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>(302,075)</td>
<td>(282,686)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net gains / (losses) on investments</th>
<th>Total 2022 £’000</th>
<th>Total 2021 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1,504)</td>
<td>1,826</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Net income</th>
<th>Total 2022 £’000</th>
<th>Total 2021 £’000</th>
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<tbody>
<tr>
<td>18,925</td>
<td>9,769</td>
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<table>
<thead>
<tr>
<th>Transfers between funds</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>–</td>
<td>–</td>
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</table>

<table>
<thead>
<tr>
<th>Other recognised gains / (losses)</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Loss on revaluation of fixed assets</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Unrealised exchange gains / (losses)</td>
<td>1,716</td>
<td>(1,271)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net movement in funds</th>
<th>Total 2022 £’000</th>
<th>Total 2021 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,641</td>
<td>8,498</td>
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<table>
<thead>
<tr>
<th>Fund balances brought forward</th>
<th>Total 2022 £’000</th>
<th>Total 2021 £’000</th>
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<tbody>
<tr>
<td>130,087</td>
<td>121,589</td>
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</table>

<table>
<thead>
<tr>
<th>Fund balances carried forward</th>
<th>Total 2022 £’000</th>
<th>Total 2021 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>150,728</td>
<td>130,087</td>
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</tbody>
</table>

All amounts relate to continuing activities. All gains and losses recognised in the year are included in the Consolidated Statement of Financial Activities. There is no material difference between the net income for the year and net movement in funds stated above and their historical cost equivalents.

Trustees’ Report

The Board of Trustees presents its report and an extract of the audited consolidated financial statements for the year ended 31 December 2022 under the Charities Act 2011 and the Companies Act 2006, incorporating the Directors’ Report.