MSI REPRODUCTIVE CHOICES

REPRODUCTIVE CHOICE FOR ALL

LEAVING NO ONE BEHIND IN REPRODUCTIVE HEALTHCARE 2021

REPRODUCTIVE CHOICE FOR ALL

WHAT IS NEEDED TO LEAVE NO ONE BEHIND

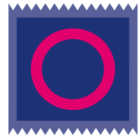
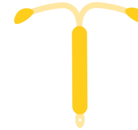
Access to reproductive choice can be life changing. It helps keep girls in school, supports women to work outside the home, and saves lives by preventing unsafe abortions and maternal deaths. But for many, reproductive choice – and the opportunities that choice brings – remains out of reach.

That's why, at the heart of our new strategy, MSI 2030, is our commitment to ensuring that no one, whoever they are or wherever they live, is left behind. Over the next 10 years, we commit to providing at least 120 million women and girls with high-quality sexual and reproductive healthcare services. We will scale up and tailor our programmes, strengthen partnerships and innovate to reach the communities who are currently excluded from their health systems.

Through MSI 2030, we will advocate to remove legal and policy barriers and learn from our partners, as well as our evidence and experience to date. We will take three main approaches:

1. **Meeting the immediate need for sexual and reproductive healthcare**, going the last mile to deliver services in underserved communities, including rural, poor communities, displaced communities and those affected by climate change, expanding access at scale.
2. **Delivering client-centred, de-stigmatising care to all**, learning from our adolescent strategy to reach more young people, while working at a facility, community and policy level to ensure all clients, including the most marginalised, can access high-quality, de-stigmatising reproductive healthcare.
3. **Evolving and expanding our public sector partnerships**, to transition from "gap-filling" towards sustainable national ownership of high-quality reproductive healthcare.

THE CHALLENGE

218 MILLION

women and girls in low- and middle-income countries have no access to modern contraception

Today, an estimated

96,000 WOMEN

will risk their lives to undergo an unsafe abortion

ACKNOWLEDGMENTS

We warmly thank our clients who so generously shared their experiences and opinions with us for our client exit interviews between 2016 and 2020, and the donors who made running these interviews possible. We particularly thank the UK's Foreign Commonwealth & Development Office (FCDO), whose support through the WISH (Women's Integrated Sexual Health) programme has been invaluable in shaping MSI's approach to leaving no one behind.

These testimonies and experiences help us to better advocate for access to reproductive healthcare, choices and rights that give us the autonomy over our bodies and our futures, that we all deserve.

There are significant challenges ahead. Over 218 million women and girls in low- and middle-income countries today have no access to modern contraception, with COVID-19 rolling back progress further. Today, an estimated 96,000 women will risk their lives to undergo an unsafe abortion.

OVER THE LAST DECADE, WE LEARNED HOW TO BETTER DELIVER ACCESS TO UNDERSERVED COMMUNITIES AT SCALE.

In 2020, on average, we delivered care to 35,000 clients every day. One in six of these clients were under 20 years old and our 2019 data showed that one in four live on under $1.90 per day. Over the next decade, we aim to work in partnership – with providers, community organisations, civil society organisations, and governments – to further expand reproductive healthcare and rights for the most marginalised. In this report, we share our lessons learned, alongside our plans for the future, as we work towards our vision of client-centred reproductive healthcare for all.

With the evidence and insights that we share in this report, including over 21,000 interviews with MSI clients in 2019, we will continue to refine our programming and expand safe pathways to care. By routinely gathering client feedback, we hear from clients directly about what they value in reproductive healthcare and how we can improve. We hope by sharing these learnings, we can inspire partners, from community-based organisations to governments, to work with us to close the gap.

A NOTE ON LANGUAGE

A key focus of the MSI2030 strategy is to 'leave no one behind'. This involves reaching **underserved people and communities,** by which we mean people who currently have inconsistent or no access to quality, comprehensive care.

This includes people living in rural and remote areas, those in settings affected by conflict or climate change, or those who can only access low quality or limited care. With an explicit focus on these communities, we aim to go where we are most needed, with the ultimate aim of closing any gaps through community and health system strengthening.

Within these underserved communities, we will focus our efforts on reaching the **most marginalised and excluded**: those facing social, economic, or political barriers to care. This would include, for example, those living in extreme poverty, adolescents and girls, people living with disability, displaced people, LGBTQI+ people, Dalit women and sex workers, understanding that clients often face intersecting forms of marginalisation.

Our approach must start with identifying the unique needs of each individual or group, to then ensure our services are client-centred.

70% of MSI's mobile outreach clients in 2019 were living in poverty and 40% were living in extreme poverty

60% of MSI's mobile outreach clients had no alternative access to their chosen contraception

51% of mobile outreach clients were adopters, meaning they were taking up contraception for the first time or after a lapse in use

MEETING THE NEED FOR SEXUAL AND REPRODUCTIVE HEALTHCARE

LESSONS LEARNED ON DELIVERING ACCESS AT SCALE

Across the sub-Saharan Africa region, access to reproductive healthcare is unequal, with data showing that the poorest fifth of women are twice as likely to face an unmet need for contraception as the wealthiest fifth of women[1].

This impacts bodily autonomy and costs lives, leading to more unsafe abortions and more maternal deaths. In Nigeria, for example, the poorest fifth of women are 80% more likely to die from pregnancy-related causes than women in the wealthiest fifth[2].

This inequality is increasing, driven by the power relations that exist within families, communities, and wider societies, and a lack of political will to increase access in the poorest communities. This is despite the fact that expanding access to sexual and reproductive healthcare is one of the smartest, most cost-effective investments that governments and donors can make.

Reproductive choice supports girls to remain in education and women to contribute to the workforce, with the potential of driving a demographic dividend and economic growth, as well we progress towards key Sustainable Development Goals.

Data from MSI's mobile outreach teams illustrates that access can be delivered affordably at scale. It costs just £6 per year – or 2 pence / 3 cents per day – for MSI's outreach teams to protect a girl or young woman from an unintended pregnancy, many of whom live in underserved communities with no alternative access.

An estimated 70% of our mobile outreach clients in 2019 were living in poverty and 40% were living in extreme poverty. 60% had no alternative access to their chosen contraceptive method and 51% were adopters, meaning they were taking up contraception for the first time or after a lapse in use.

PRINCIPLES FOR LAST MILE DELIVERY

Through refining last mile services and learning what works – as well as what does not – we have identified four key focus areas for expanding access to hard-to-reach communities, particularly rural communities and people living in poverty:

Geographic coverage
Providers should operate at scale in rural areas. 85% of people experiencing multidimensional poverty live in rural areas, often underserved by the public sector.

Affordability
Services must be highly subsidised or provided for free.

Client-centred
Activities to build client awareness and shift social norms must be tailored for different audiences and localised.

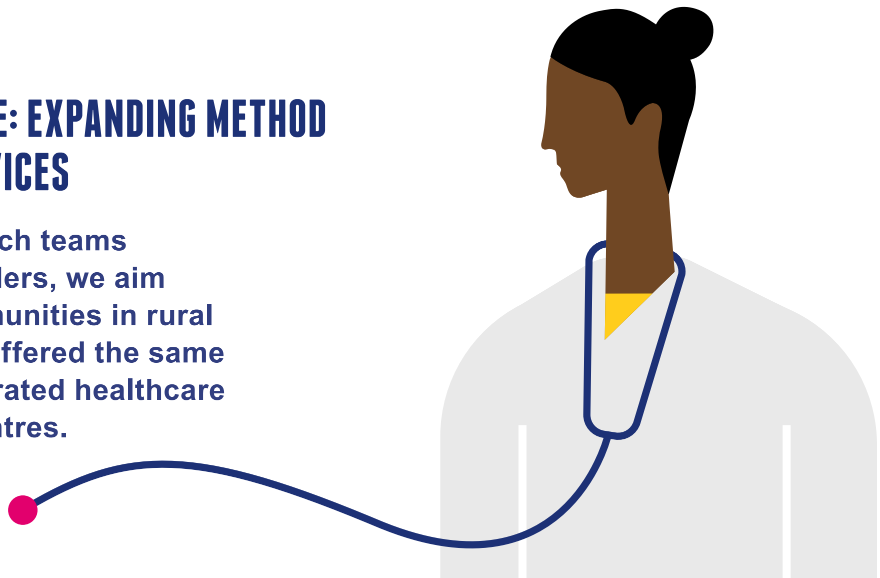
Integrated
Integrating reproductive healthcare with other services, such as immunisation, can build awareness and remove the need for rural clients to travel long distances to access care.

[1] Analysis of the DHS datasets (2010 – 2018) available for the Sub-Saharan African countries that MSI works in, excluding South Africa

[2] Analysis of Nigeria 2018 DHS datasets

PROVIDING CHOICE AT SCALE: EXPANDING METHOD MIX AND INTEGRATING SERVICES

Through MSI's mobile outreach teams and community-based providers, we aim to ensure underserved communities in rural and peri-urban settings are offered the same choice of methods and integrated healthcare services as clients at our centres.



Complementing the health system by expanding choice of methods

Government sites and pharmacies often only provide short-term methods, so we have trained mobile outreach teams and community-based providers to offer a range of long-acting reversible contraceptives. This means clients are counselled on the full range of methods and can choose the right option for them.

To do so, we have tailored training to remove provider barriers. In Zambia, for example, we found that providers lacked confidence in inserting IUDs, and due to the group nature of clinical training, often felt unable to ask for further support. We introduced one-on-one supportive supervision and hired additional female providers and chaperones to ensure clients and providers felt comfortable with gynaecological examinations. This way, we upskilled providers to feel confident in IUD insertions, ensuring full choice of methods for clients.

Our client exit interviews found that globally, our mobile outreach clients were counselled on an average of five modern contraceptive methods. 81% of clients shared that they had a form of contraception in mind before arriving at the outreach site and were able to access that same method during their visit.

Ensuring quality access with integrated reproductive healthcare

Women living in rural communities can face long journeys to access healthcare. To remove this barrier and ensure clients can access multiple services at once, MSI's outreach teams and community-based providers are broadening their offering to cover other essential services, such as post-abortion care, cervical cancer screening, HIV / STI testing, and sexual and gender-based violence first-line care.

By integrating with national activities, such as post-natal care days or immunisation programmes, access can be expanded further, efficiently. In Zimbabwe, for example, by partnering with the national immunisation programme, MSI's WISH-funded outreach teams were able to continue to provide contraception throughout the COVID-19 pandemic.

81% **of clients shared that they had a form of contraception in mind before arriving at the outreach site and were able to access that same method during their visit**

LEAVING NO ONE BEHIND

DELIVERING CLIENT-CENTRED, DE-STIGMATISING CARE TO ALL

While delivering last mile services will help us to reach underserved communities where and when they need us, marginalised communities continue to face multiple and intersecting barriers to healthcare and rights.

Over the next decade, we will forge strong partnerships at a facility, community and policy level. From challenging policy and clinical restrictions that limit who can access reproductive healthcare, to training providers to deliver de-stigmatising care, we will ensure reproductive healthcare is accessible to all.

WHAT WE LEARNED FROM OUR ADOLESCENT STRATEGY ON REACHING MARGINALISED COMMUNITIES

Barriers to reproductive healthcare continue to hold young women and girls back, costing lives.

Research from Population Council across six sub-Saharan African countries found that nearly all adolescent girls who have ever been pregnant are no longer in school, while childbirth complications continue to be the leading cause of death for girls aged 15-19. In Niger, one in two girls will give birth before their 18th birthday, but only one in 100 will finish secondary school.

Young people often face the highest unmet need for contraception, so in 2017, we launched a tailored adolescent strategy expanding access to young women and girls.

Since 2017, we have reached over four million adolescents with services, scaling up investment in three key areas:

1. Building an enabling environment at a policy and community level for equal access
2. Increasing awareness of services and their potential benefits through community engagement
3. Adapting services to ensure facilities and providers are equipped to deliver inclusive care

We learned that simple solutions are often the most effective – building safe, discreet pathways to increase adolescent awareness and referrals, while partnering to achieve longer term goals, with policy change and community support. With this approach, we now aim to expand access to marginalised communities, such as those living in extreme poverty, people living with disabilities, sex workers, and women living with HIV.

We also recognise that every client is individual, facing unique and intersecting forms of marginalisation. That's why, at the core of our leave no one behind approach is our commitment to client-centred care. We will develop an environment that supports all clients to access high quality, de-stigmatising sexual and reproductive healthcare.

> **“Every girl has her life to live and we are choosing to take our destiny in our hands. My mother dropped out of school at age 19 and my two aunties did the same. The one thing that was common between them was unplanned pregnancy. My ambition is to finish secondary school, gain admission to university and achieve my dream of becoming a lawyer. But I have to protect myself to see my dream come true.”**
>
> Blessing, MSI Nigeria client, Edo state

TRANSFORMING ACCESS: REMOVING BARRIERS FOR MARGINALISED COMMUNITIES

Reproductive healthcare continues to be over-medicalised and over-regulated. Our role as a service provider is to normalise these lifesaving services, advocating for change, while collaborating with governments to remove needless restrictions that cost lives.

Through our partnerships with government and civil society, we have supported 53 policy, law, regulation, and financing changes between 2016-2020.

These included improvements to young people's eligibility for contraception, safe abortion, and post-abortion care in Zimbabwe's Second National Adolescent SRH Strategy and the inclusion of adolescent sexual and reproductive health and rights in Mali's 2020-2024 strategic reproductive health plan.

> **RESEARCH ACROSS SIX SUB-SAHARAN AFRICAN COUNTRIES FOUND THAT NEARLY ALL ADOLESCENT GIRLS WHO HAVE EVER BEEN PREGNANT ARE NO LONGER IN SCHOOL**

From Zambia and Burkina Faso, where we have used localised data and role play to engage men and community leaders and facilitate joint decision-making between couples, to Sierra Leone where we have allied with disability organisations to develop awareness messaging.

MSI's community engagement work has contributed to shifting social and gender norms, facilitating greater community support for reproductive healthcare and promoting women's roles in decision-making.

> **"When MSI came to my community, they wanted to see the community leader. I made myself available and they cleared every misconception I had on family planning."**

Chief Dayo Olatunji, Chief of Lajoke community, Ondo State, Nigeria

1 IN 2 VS 1 IN 100

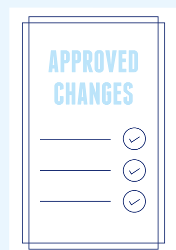
In Niger, one in two girls will give birth before their 18th birthday, but only one in 100 will finish secondary school

GIRLS AGED 15-19

Childbirth complications are the leading cause of death for girls aged 15-19

4M ADOLESCENTS

Since launching our adolescent strategy in 2017, we have reached over four million adolescents with reproductive healthcare services



53 CHANGES

Between 2016-2020, MSI supported 53 policy, legal, regulatory and financial changes

COMMUNITY-LED HEALTHCARE: BUILDING AWARENESS OF REPRODUCTIVE HEALTH AND RIGHTS

Partnering with community hubs and advocates to increase awareness

To build safe referral pathways for marginalised communities, particularly in stigmatised environments, we partner with local advocates and community hubs to build community awareness and help tailor services.

Often the first point of contact for clients, community-based mobilisers (CBMs) are local advocates for reproductive healthcare, who help to build awareness of contraception and support clients with advice and referrals.

WISH is the UK FCDO's flagship women's healthcare programme, delivering reproductive healthcare services across 27 countries in West and Central Africa and Asia. Through WISH, we have partnered with disability-inclusion organisations to train mobilisers with lived experience of marginalisation.

Zainab from Sierra Leone is an MSI community-based mobiliser trained via WISH. As a woman with a disability, she is committed to building awareness of inclusive reproductive healthcare services in her community, challenging harmful social norms. Zainab shared:

> **"People with disabilities in my community now have the confidence to inquire and I can talk to them about our services."**

In 2019, 32% of mobile outreach clients and 28% of clients who accessed services via our community-based providers reported that CBMs were their most important source of information when deciding to come to MSI. 44% of outreach clients and 41% of community-based provider clients reported contact with a mobiliser before their visit.

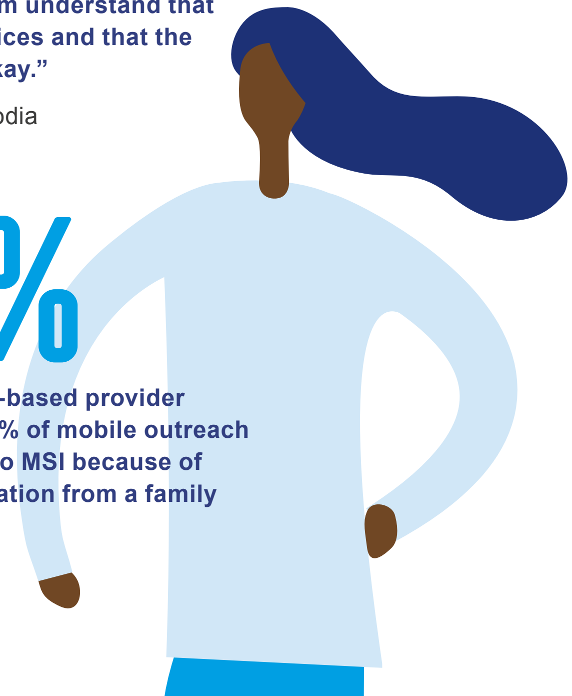
Community hubs, such as youth groups, schools and universities, and community centres, can also provide a safe route for marginalised clients to access inclusive care. In Senegal, for example, our community-based providers partnered with local schools to build awareness of adolescent-friendly contraceptive services, in partnership with the Ministry of Education.

Building safe pathways to care through word of mouth

With prevailing stigma around reproductive healthcare, a recommendation from a friend or family member can be key to finding a safe service, particularly for safe abortion and post-abortion care where personal referrals can drive women to unsafe providers.

In 2019, we found that 33% of clients who sought services with one of MSI's community-based providers did so because of a recommendation from a family member or friend, as did 18% of outreach clients. As we found in our 2018 survey of over 1,900 safe abortion clients, by delivering de-stigmatising, client-centred care, we can increase the likelihood of clients sharing their experiences with their friends and family, building awareness of the safe services available and their benefits.

> **"People don't really talk about abortion here. I think it's important to share my story because it will help other women who are in the same situation. It will help them understand that they have choices and that the choices are okay."**
>
> Johana, Cambodia



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32% OF MOBILE OUTREACH CLIENTS

and 28% of community-based provider clients reported that community-based mobilisers were their most important source of information

44% OF MOBILE OUTREACH CLIENTS

and 41% of community-based provider clients were in contact with a mobiliser before their visit

DELIVERING CLIENT-CENTRED CARE TO ALL: SERVICE ADAPTATIONS

Supporting providers to deliver empathetic, de-stigmatising care to all

Prevailing stigma around who should access sexual and reproductive healthcare continues to exclude certain people or groups, for example, adolescents, unmarried women, sex workers or women with disabilities.

To tackle this, MSI invests in support and training for our providers, including, Providers Share Workshops and Values Clarification and Attitudes Transformation training.

The aim of these training sessions is to support providers in delivering de-stigmatising, empathetic support to all regardless of background or reasons for seeking care.

As we found when delivering cervical cancer screening and preventative therapy to sex workers and women living in slums in Dhaka, Bangladesh, reproductive healthcare must include counselling that is tailored to the client's lifestyle and the unique challenges they face. Certain pathways will need to be entirely bespoke to be inclusive, such as those we have developed for trans men seeking safe abortion care in our UK and Australia programmes. Meanwhile, other pathway adaptations may benefit a range of marginalised groups, for example, separate waiting rooms or queue prioritisation cards.

By ensuring services are empowering and client-centred, providers can help strengthen client agency, particularly for marginalised clients who face systemic barriers to reproductive healthcare and rights.

67%

of our mobile outreach clients have access to a mobile phone.

In 2020, we interacted with clients 2.4 million times via our contact centres.

18%

of incoming calls from adolescents

45%

of whom were referred for services.

Inclusive by design – working with marginalised groups to tailor programming

Our client exit interview data indicates that clients from marginalised backgrounds (for example, those living in poverty, adolescents, those living with disability) are just as likely to receive quality care in our outreach services. However, the data also showed that clients in these groups value additional information and space to ask questions during counselling, showing the importance of involving marginalised voices when developing counselling approaches and materials.

Through WISH, MSI Sierra Leone has worked with Leonard Cheshire and the Sierra Leone Union on Disability Issues (SLUDI) to conduct workshops with representatives of disabled peoples' groups, to understand what disability inclusion means to them and design inclusive programming together. By taking a "nothing about us without us" approach, we can meaningfully involve marginalised communities in the development of programmes tailored to their needs.

Ensuring access for marginalised clients with contact centres

Over the past five years, mobile ownership has dramatically increased in the countries that MSI works in. According to our 2019 client exit interviews, 67% of our mobile outreach clients and 77% of community-based provider clients have access to a mobile phone, providing an opportunity to strengthen our continuum of care for clients before, during and after care.

MSI'S NETWORK OF 28 CONTACT CENTRES PROVIDE FREE INFORMATION AND ADVICE VIA THE PHONE, SOCIAL MEDIA AND WHATSAPP, REFERRING CLIENTS TO INCLUSIVE SERVICES.

Our data shows that contact centres are particularly important for marginalised women and girls, who may otherwise feel unable to seek advice due to stigma. In 2020, we interacted with clients over 2.4 million times via messages and calls with our contact centres. 18% of global incoming calls were from adolescents, 45% of whom were referred for services, equating to nearly 100,000 adolescents accessing safe care.

SUSTAINABLE SERVICES

WORKING TOWARDS NATIONAL OWNERSHIP OF SEXUAL AND REPRODUCTIVE HEALTHCARE

As health systems struggle with the impact of COVID-19, and gaps persist in skills, commodities and coverage, MSI's teams will continue to meet immediate healthcare needs. Through MSI2030, we will focus on closing gaps once and for all, partnering with the public sector to build capacity and embed quality assurance mechanisms, working towards national ownership of comprehensive sexual and reproductive healthcare.

CASE STUDY – ETHIOPIA

SUPPORTING THE ETHIOPIAN GOVERNMENT TO DELIVER REPRODUCTIVE CHOICE

In Ethiopia, 82% of family planning services are delivered through the public health sector, but due to commodity shortages, financing challenges and a lack of provider training, providers were often unable to offer a full choice of methods. To change this, MSI Ethiopia partnered with EngenderHealth and Ethiopia's Federal Ministry of Health to deliver the Family Planning by Choice (FPbC) project, funded by the UK's FCDO, to improve the quality, equity and financing of contraception and comprehensive abortion care in Ethiopia.

By building public sector provider capacity, improving facility readiness and working with the government to revise national level policy documents, the project developed 11 Centres of Excellence. These act as training hubs for government providers, who then cascaded the training through the health system.

Through this model, training on delivering client-centred sexual and reproductive healthcare services has been cascaded to 13,000 providers to date, supporting sustainable access to a full range of contraceptive methods across Ethiopia.

Since 2012, MSI has worked directly with the public sector to train over

10,000 PROVIDERS

Across

5,500 PUBLIC SECTOR FACILITIES

Through these facilities, we have partnered with the public sector to serve over

12.6M CLIENTS

and in 2019, 68% of these clients had no alternative access to their chosen contraceptive method.

SUSTAINABLE ACCESS

MSI's public sector strengthening (PSS) work focuses on building public sector provision by tailoring programmes to governmental needs and requests. This varies from hands-on training, quality assurance, and supportive supervision programmes with government providers, to more indirect organisational support, such as training-of-trainers or logistical management of quality assurance.

Regardless of the model, our aim is to close skills and coverage gaps in public sector provision, building sustainable access to a full range of contraceptive methods, as well as safe abortion and post-abortion care.

TRANSITION PLANS FOR THE FUTURE

Where strong existing public sector provision exists, we will begin transitioning MSI operations to national ownership. Over the next decade, we will invest alongside governments to embed the systems, skills, and quality assurance processes needed to facilitate this shift of ownership at scale, building the confidence and political will to ensure stigmatised reproductive healthcare services are not excluded from the package.

Where health systems are struggling to handle the fall out of the pandemic, newer public sector support programmes will run in parallel with MSI's outreach and community-based provision, allowing MSI to protect immediate access to reproductive healthcare, while strengthening capacity in public health systems.

At every step, we will be led by our government partners on where and how we can best support them. Once public sector capacity to provide long-acting reversible contraception, safe abortion and post-abortion care has increased, the need for MSI's outreach services or community-based providers will decrease.

PARTNERING ACROSS THE HEALTH SYSTEM

This transition will require partnership beyond MSI and the public sector. Governments must commit to reproductive healthcare commodities in national budgets and supply chain partnerships are needed to ensure those commodities are secured. Plus, as long as stigma and needless restrictions around reproductive healthcare persist, civil society organisations will be pivotal in shifting attitudes at a community and policy-level.

However, with time, partnership, and joint investment, we hope that national ownership of comprehensive sexual and reproductive healthcare can be achieved.

MSI'S PATHWAY TO QUALITY PUBLIC SECTOR PROVISION AND OWNERSHIP OF REPRODUCTIVE HEALTHCARE

Our pathway for ensuring access to nationally-led services involves creating an enabling environment, while upskilling public providers.

This involves three key phases:

1 MSI service delivery plus public provider coaching

Working at government-selected outreach sites and healthcare facilities, our MSI providers combine direct service delivery with on-the-job coaching of government health care providers, ensuring a full choice of methods for all clients.

2 Public sector provision with MSI support

Public sector providers begin to deliver services directly, with ongoing training, supportive supervision and quality assurance provided by MSI.

3 Indirect public sector support

MSI works with governments to establish quality assurance structures, so that public sector providers can deliver services directly, under clinical supervision and quality assurance from government. Through this final phase, we aim to ultimately hand over service provision and quality assurance activity to government, leading to national ownership.

PATHWAY CASE STUDY – SIERRA LEONE

SUPPORTING THE GOVERNMENT OF SIERRA LEONE TO DELIVER QUALITY REPRODUCTIVE HEALTHCARE

In 2018, the Sierra Leonean government was looking to improve its reproductive, maternal, newborn, child and adolescent health services. To support, MSI's programme in Sierra Leone (MSSL) partnered with seven other NGOs to form the FCDO-funded Saving Lives 2 consortium. This provided a selection of mobile outreach teams, clinical trainers and supervisors to support 90 public sector facilities in delivering high quality, sustainable services.

The programme was co-created with government and involved working with the interreligious council to ensure support at both a national and community level.

In mid-2020, as the clinical quality and community awareness of facilities improved, MSSL began phasing out the support they provided in half of the facilities, with the Ministry of Health taking over responsibility for quality assurance and supportive supervision in those top-performing facilities. This allowed MSSL to pivot support to new facilities, increasing reach and access, whilst moving one step closer to national ownership of high-quality reproductive healthcare services.

SUSTAINABLE SERVICES: FUNDING REPRODUCTIVE HEALTHCARE FOR THE FUTURE

As we look ahead to transitioning services from donor-funded delivery to public sector ownership, national investment in reproductive healthcare will be crucial.

To facilitate this, MSI continues to advocate for the inclusion of contraception, safe abortion, and post-abortion care in the basic health service packages and systems of public health insurance, enabling women to access services without financial barriers.

In Nepal, for example, the government has now included safe abortion care in the Basic Health Services Package, making abortion free of charge at public health facilities. Since the reforms, Nepal has seen a rise in the use of government facilities for abortion care and improved abortion safety.

EXPANDING ACCESS TO SAFE SEXUAL AND REPRODUCTIVE HEALTHCARE CAN RESULT IN SUBSTANTIAL SAVINGS FOR HEALTH SYSTEMS.

Recent estimates show that the average cost of providing a safe abortion in a low and middle-income country is six times lower than the cost of providing post-abortion care following an unsafe abortion. Meanwhile, the Guttmacher Institute found that for each additional dollar spent on contraceptive services, $2.20 would be saved in pregnancy-related care costs. For adolescents, every additional dollar invested would save $3.70, demonstrating the importance of maintaining the focus on the most marginalised.

1/6 OF THE PRICE

The cost of providing a safe abortion is one sixth of the price of providing post-abortion care after an unsafe abortion

$2.20 SAVED

For each additional dollar spent on contraception, the health system is saved $2.20 in pregnancy-related care costs

$3.70 SAVED

For adolescents, every additional dollar spent on contraception saves $3.70

JOIN US IN MAKING REPRODUCTIVE CHOICE FOR ALL A REALITY

By 2030, we aim to support a game-changing shift towards increased national ownership of sexual and reproductive healthcare. This will be a long and gradual journey, but one where we will work closely with our government partners every step of the way.

We know that increased national ownership of reproductive healthcare will build more sustainable access, providing the most coverage for underserved communities.

However, as we increasingly hand over responsibility for service delivery to government, rights-based advocacy, community engagement and accountability for shifting social norms and increasing access for marginalised communities will remain crucial.

HOW TO PARTNER WITH US TO LEAVE NO ONE BEHIND

To partner with MSI to make reproductive choice a reality for all, contact our Partnerships & Philanthropy team via Partnerships&Philanthropy@msichoices.org.

To speak about the evidence and impact shared in this report, reach out to MSI's Evidence & Impact team via evidence@msichoices.org.

To find out more about MSI's services and the countries we work in, visit www.msichoices.org and subscribe to our Spotlight newsletter to receive new evidence and insights straight to your inbox.

PARTNERSHIP WILL BE VITAL: FROM GRASSROOTS WOMEN'S ORGANISATIONS AND COMMUNITY-BASED ADVOCATES, TO NATIONAL NGOS, ADVOCACY PARTNERS, FUNDERS AND GOVERNMENTS, WE WILL WORK TOGETHER TO CONTINUE DISMANTLING BARRIERS FOR THE MOST MARGINALISED, TAILORING PROGRAMMES, AND BUILDING SAFE PATHWAYS TO CARE.

Only by working together, with the expertise and connections of partners, can we ensure that no one is left behind.

Please join us in making reproductive choice a reality for all.

BY 2030, WE AIM TO MAKE REPRODUCTIVE CHOICE A REALITY FOR ALL

NO ABORTION WILL BE UNSAFE AND EVERYONE WHO WANTS ACCESS TO CONTRACEPTION WILL HAVE IT

JOIN US IN MAKING CHOICE POSSIBLE

MSI Reproductive Choices is one of the world's leading providers of contraception and safe abortion care. Working across 37 countries, we support women and girls to determine the path their life takes.

It only costs £6 per year – or 2 pence / 3 cents per day – for MSI to protect a girl or young woman from an unintended pregnancy. This reproductive choice keeps girls in school, supports women to lead, and helps to build more equal and sustainable communities. Join us in making choice possible.

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YOUR BODY,
YOUR CHOICE,
YOUR FUTURE.