



*Here's to*

# 50 YEARS OF COURAGE



# Frontline stories

**Bolivia**



Read how MSI Bolivia has been supporting indigenous communities, on page 24

**Sierra Leone**



MSI Sierra Leone has supported women through Ebola, war and more – read more on page 30

**Nepal**



When MSI's mission meets mountains – read more on page 28

**Pakistan**



Learn about the beginning of MSI's partner programme in Pakistan from the woman who started it all, on page 18

**Nigeria**



Discover the journey of an MSI outreach team in rural Nigeria, on page 22

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## Annual review

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# The power of reproductive choice

To choose whether and when to have a child can give you agency and power over your life. Such choices directly affect how healthy and happy you feel, what other opportunities you could take, whether you might seek higher education, what sort of work or career you might do, and whether you will be financially secure.

Sexual and reproductive health and rights should be a given. But that is not yet the reality for millions of women and girls around the world who are denied the chance to control their fertility and futures.

Many still don't have access to contraception or abortion care. Some live far away from health services. Some cannot afford these services or are scared to use them because of stigma and misconceptions. Some live under abortion bans and restrictions.

MSI is working to change this – with the help of our donors and partners worldwide. We know reproductive healthcare is a powerful catalyst: it saves lives, builds healthier communities, and supports women to pursue the future paths and goals they choose.

Thank you for joining us in pursuit of a world where every woman and girl can make her own decisions about her body, health and future.

The power of reproductive choice is undeniable – it changes the very foundation of people's lives and the futures they can build.

Over the past 50 years, we've seen a huge and growing demand for contraception and other reproductive health services as a result of an increasing number of women of reproductive age and their awareness of their choices. As the benefits of these choices become clearer, more women are demanding the healthcare they need to support their futures.

**MSI's donors, partners and frontline teams are doing everything possible to get these life-changing services to where they're needed most, so that no one is left behind.**



Individual agency

**Support a woman's agency, so she can pave her own way.**

In too many places, women have little control over if or when they become pregnant. Closely spaced, unplanned pregnancies can limit women's ability to recover from childbirth, to work, or to plan their futures.

Affordable, effective reproductive healthcare can help women have agency.



Girls' education

**Support a girl today, transform a community tomorrow.**

Millions of teenage girls are forced to drop out of school because of pregnancy.

Contraception helps girls avoid unintended pregnancies – so they can learn, gain skills and qualifications, and live the lives they choose.



### **When a woman can choose her family size, she can best support her children.**

When a woman is unable to choose if or when to have children, it can have huge financial ramifications – particularly for those living below the poverty line.

Reproductive healthcare supports people to choose their own family size, so they can best care for their children and gain greater financial security.



### **When crisis hits, reproductive care supports women’s dignity, control and resilience.**

Climate disasters and violent conflicts affect millions of people. When a woman has lost her home or livelihood, an unintended pregnancy is something she may want to avoid. Taking back some control with something as simple as contraception or abortion care can make a real difference – helping communities to adapt to their situation on their own terms.



### **Reproductive healthcare can save her life.**

Pregnancy complications and unsafe abortion are leading causes of death for women and adolescent girls.

If everyone had access to reproductive healthcare, maternal deaths would plummet – giving millions of women and girls their futures back.

**“ Reproductive choice allowed me to pursue the education and career I wanted. It meant I didn't have a child until I was safe and ready to do so. I want to help other people make their own reproductive choices whenever and however they want to.”**

Marley N, US, MSI donor

# Here's to 50 YEARS OF MSI

MSI Reproductive Choices began with a bold dream: everyone around the world should be able to have children by choice, not chance – with control over their life and future.

Today, we celebrate 50 years' worth of choices. These five decades have seen the best of humanity: donors investing in the lives of people they'll never meet; healthcare workers travelling into the farthest communities to offer family planning; reproductive rights activists changing laws and lives.

This anniversary isn't just about how far we've come – it's about the future we're building.

## Since 1976



**6**  
continents

**36**  
countries

**9,000+**  
team members

**500+**  
partners

**One**  
MSI

### THEN

In a small clinic in London, England, MSI Reproductive Choices began. During an era when 'contraception' and 'abortion' were rarely spoken aloud, our founders Tim Black, Jean Black and Phil Harvey were unafraid to challenge the silence. They championed the revolutionary impact of reproductive healthcare. From the start, they worked with people across the world to expand access to this lifesaving, life-changing healthcare.

### NOW

MSI is now a world-leading provider of reproductive healthcare with high-quality programmes in six continents. In 50 years, MSI has supported nearly 300 million people to make choices about their bodies and their futures.

MSI operates as a social business, combining commercial and non-profit approaches to maximise our impact. Around half of our income is generated through the sale of health products and services, while donor funded programmes ensure the most marginalised communities are reached. We go where we're most needed – this often means communities where government public services do not reach.

We also work closely with governments worldwide to support frontline public health providers, helping them deliver high-quality reproductive healthcare through their own national services.

And none of this would be possible without our unapologetic advocacy for reproductive rights, building the support and helping to secure the legal and policy changes necessary for this essential healthcare to reach everyone.

### ALWAYS

Reproductive choice isn't something you win once. It's something you fight for. And then protect.

With our donors and partners' support, we will continue to go further – reaching millions more people with choices that will transform lives, communities, and future generations. Our vision has been unwavering from the beginning, and we will stop at nothing until everyone has true choice.

Here's to the next 50 years.

**Our vision: No abortion will be unsafe and everyone who wants access to contraception will have it.**

# A message from our CEO and Chair

By Simon Cooke, CEO & Frank Braeken, Chair of the Board of Trustees.

As we celebrate 50 years of supporting the reproductive choices of women and girls worldwide, we're reminded that two opposing things can be true at once: 2025 was marked by the most challenging funding and political backdrop in our history and yet we delivered more reproductive health services, to more women, than ever before – reaching 27.8 million.

In this report, you'll read about the significant and damaging changes to the environment in which we work – from the impacts of the US administration's dismantling of USAID, to overall reductions in global health funding, and the expansion of the 'global gag rule' at the beginning of 2026 in a bid to further deny people the reproductive healthcare they need.

These decisions have been devastating to the people whose health and lives are on the line, and to all who are fighting to protect them. They've spurred MSI programmes and our global and local healthcare partners to adapt quickly and to work in solidarity.

Whilst we continue to grapple with this upheaval, MSI healthcare teams set out each day to meet the ongoing need for reproductive healthcare in 50,000 communities. They do it proudly and with excellence.

Funding cuts have forced some partners across the sector to dramatically curtail their operations and have heavily impacted those who rely on essential

services, like access to contraceptive choice, even as demand for reproductive healthcare among women and girls continues to rise. In 2025, our frontline teams worked exceptionally hard to fill these gaps and meet women's reproductive health needs, which ultimately enabled us to deliver more services and impact than in any year of our entire history. In this endeavour, we were supported by an incredible group of donors and partners.

Although 2025 has seen unprecedented upheaval in global health, the reality is that there was not a single year in the past 50 that has been easy. When our co-founders Tim Black, Jean Black and Phil Harvey set out to deliver reproductive healthcare across the world, they were met with resistance from day one. You'll read a story on page 18 from Mohsina Bilgrami, our dear friend and board member and a Pakistani pioneer for women's health, on how no one would rent her space or work with her when she started MSI's partner programme in Pakistan in the '90s.

You'll hear from another longstanding MSI team member, Anna Macauley, on page 30 about what it was like to deliver healthcare through civil war and the Ebola crisis in Sierra Leone.

Our 50 years have been full of challenges and external turmoil, but nothing has ever derailed us from our purpose.

Our frontline teams have continued to push the boundaries of what is possible with limited resources – not only expanding services to more women and

girls year after year but doing so in a way that puts client safety, choice and clinical quality at the heart of it all.

Our evolving social business model is future-proofing the quality and availability of reproductive healthcare for the next generation. We're expanding partnerships, services and products across the public and private sectors. In 2025, half of MSI's revenue was generated from the sale of products and services – making us more financially and operationally resilient in the face of challenges and uncertainties like those we've witnessed this past year. It also gives our donors the assurance that their investments are going to the communities most in need and that every donation has a transformative impact on people's lives.

While the environment in which we work continues to be complicated, our mission is simple: women must be able to control when and if they have children, so that they and their families can lead healthier and happier lives.

As for the next 50 years, we'll keep fighting the good fight, delivering contraceptive and abortion services that drive equality and economic empowerment, partnering across the health system to improve access, and measuring our impact so we can make sure we're being as effective as possible.

We're immensely grateful to everyone who has stood with us in our proud 50-year history and who will step up to stand with us for the next 50.



As for the next 50 years, we'll keep fighting the good fight, delivering contraceptive and abortion services that drive equality and economic empowerment."

# 2025 in numbers

27.8<sub>M</sub>

## Who did we reach?<sup>1</sup>

people accessed MSI sexual and reproductive healthcare

5.0<sub>M</sub>

people were supported with safe abortion or post-abortion care

3.4<sub>M</sub>

adolescents were reached at a critical juncture in their lives

80%

were from marginalised, underserved communities

1 in 3

were accessing contraception for the first time

40.4<sub>M</sub>

women are currently using contraception provided by MSI or a public health facility we support<sup>2</sup>

More than half of our clients didn't know of another option to access reproductive healthcare

**We supported 100,000 people with reproductive choice every working day.**

This impact will extend far beyond 2025, giving women and families greater agency and opening up opportunities for many years to come.

## What was our impact?

42,000

women's and girls' lives saved

18.6<sub>M</sub>

unintended pregnancies prevented

9.7<sub>M</sub>

unsafe abortions prevented

8,600

government facilities supported  
by MSI across 21 countries

16

reproductive rights policy wins

52.6<sub>M</sub>

couple years of protection (CYPs),  
including 42.7 million contraceptive CYPs<sup>3</sup>



1. All data insights in this brief are estimates, using MSI's peer-reviewed Impact 2 (version 6) tool.

2. The number of people 'currently using contraception' is based on contraceptive services we provided in 2025, combined with longer-term and permanent contraceptive methods provided in previous years.

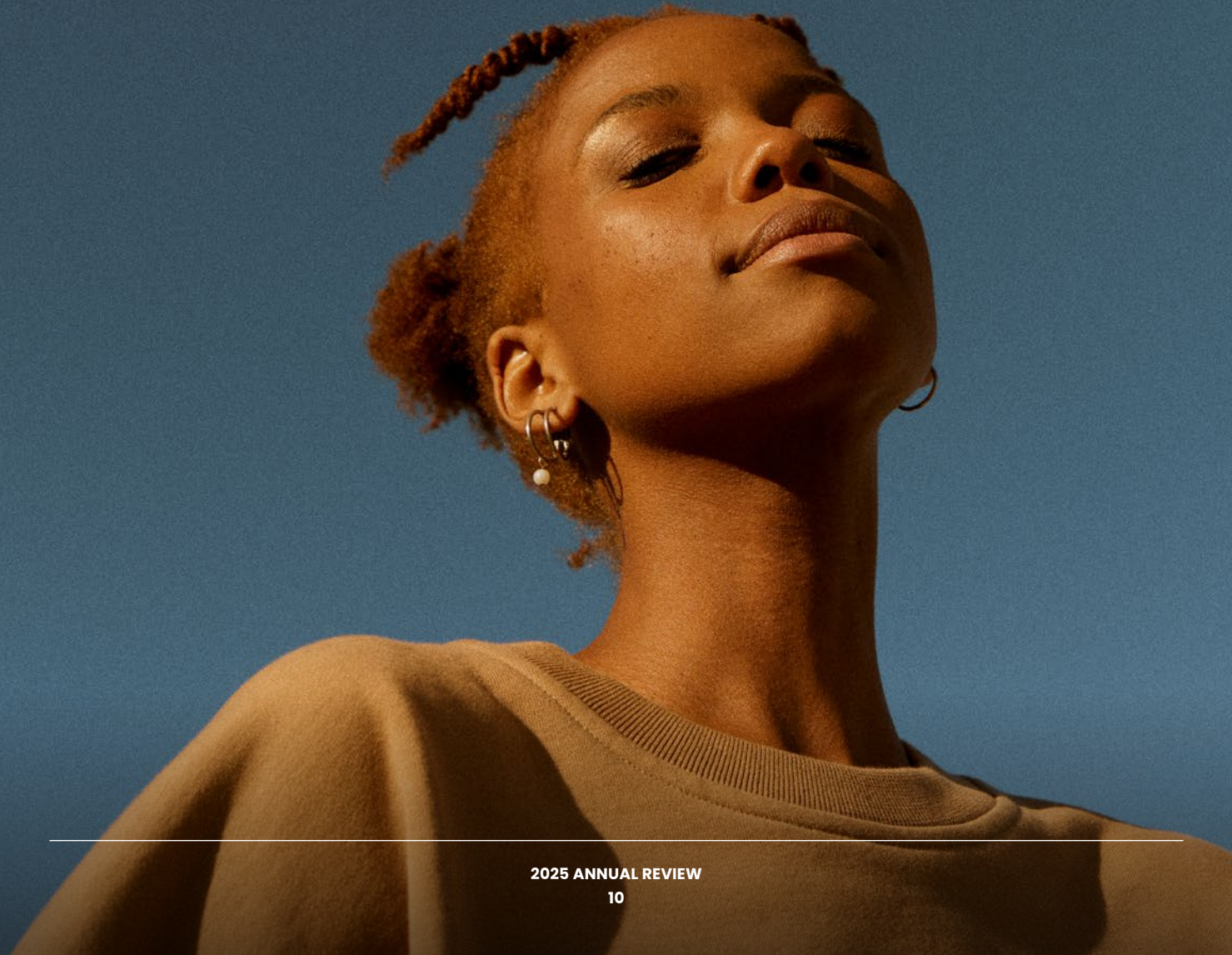
3. CYPs is a measure of protection from pregnancy for one year. CYP factors are calculated in line with the global definition as published by USAID 2022 (table 4).

# 50 YEARS OF IMPACT

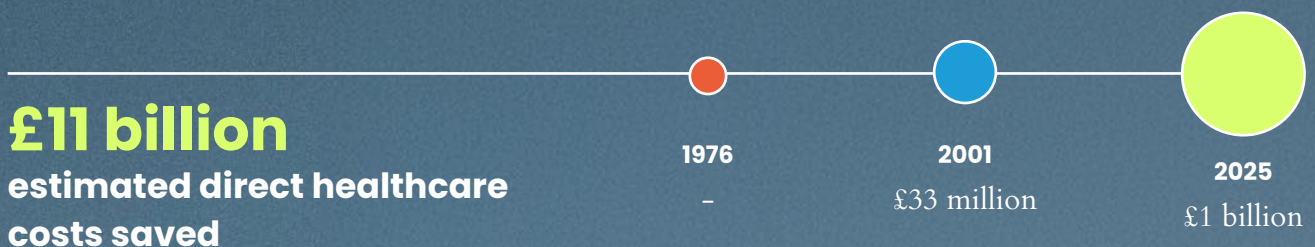
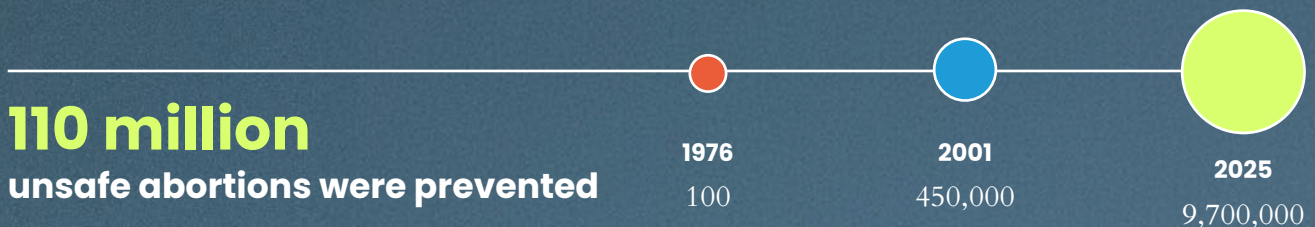
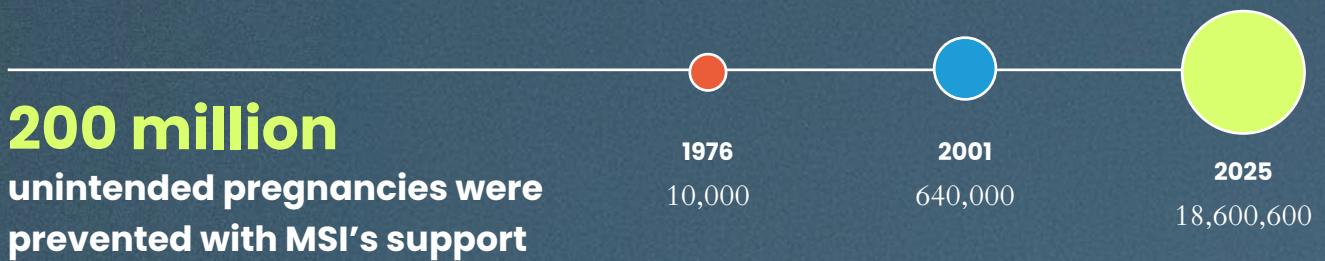
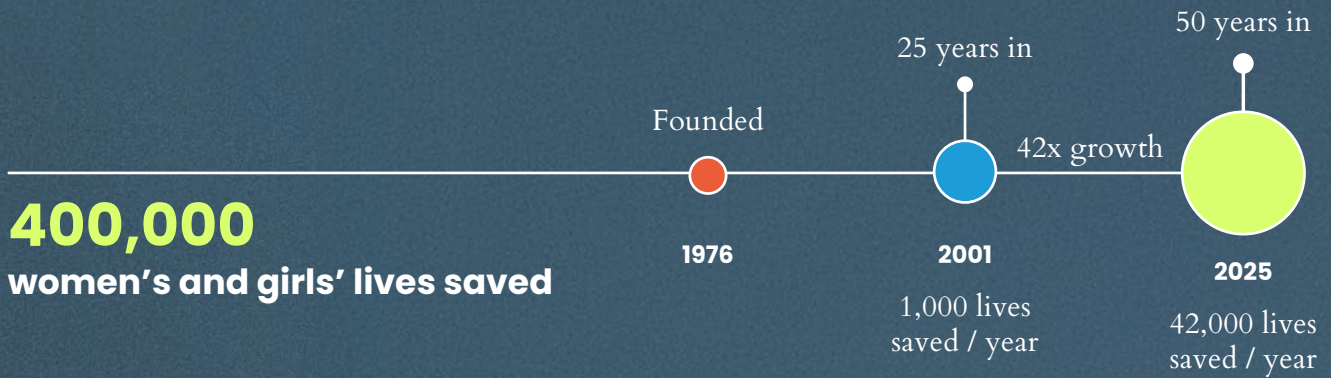
Since 1976, MSI has proudly supported nearly 300 million people to make their own reproductive choices. Over 50 years, that would be the equivalent of providing someone with life-changing reproductive healthcare every five seconds.



**Lives are being saved, communities are being supported, and populations are being empowered to thrive.”** Eric, MSI health provider in a mobile health team, Burkina Faso



The first 25 years built the foundation. The last 25 years changed everything – faster scale, deeper reach, more lives saved.



Reproductive healthcare is preventative 'up-stream' healthcare helping women avoid unintended pregnancy, pregnancy-related issues, and complications from unsafe abortions. It takes significant pressure off health systems and saves healthcare costs.

# What impact **means at MSI**

At MSI, impact is the driving force of every approach, every decision made, every resource allocated. We measure, track and adapt our programmes to deliver the greatest possible impact for women and girls.

## Going where needed

In 36 countries across six continents, we fill gaps in reproductive healthcare provision at a global scale. We reach the people most in need – including those who have never accessed family planning information or services before. Our operations are guided by geo-spatial mapping, local knowledge and partnerships, and guidance from governments and community leaders.

**60% of the people supported by MSI's mobile health teams have no other option for accessing contraception.**

## Decisions informed by data

Research and evidence team members worldwide collect data and undertake research to inform decisions and strategies. Real-time frontline insights are rapidly shared across six continents, allowing programmes to adapt quickly and maximise impact.

## Measurable results

Many people who donate to MSI want to bring about lasting change with a measurable return on investment for humanity and the world. They recognise that a simple and cost-effective reproductive health service can transform a woman's life and contribute to the global sustainable development goals and a more equitable world.

**“ I have chosen to invest in MSI for over a decade because their work creates immediate, tangible change for women and girls who need it most. Their data-driven approach makes it clear how my investment translates into real-world impact. Watching how rigorously they track outcomes and continuously refine their programmes gives me confidence that my support isn't just funding services – it's opening doors to futures filled with autonomy, dignity, and opportunity. That's the kind of change I want to champion.”**

Jocelyn B., San Francisco, MSI donor

**“This is not just about contraception; MSI helps save dreams, ambitions, and hope.”**

Tanya, MSI 'big sister'/peer educator, Democratic Republic of the Congo



Family planning is known as a ‘best-buy’ donor investment.  
**Every \$1** invested in contraception generates over \$120 in health  
and socio-economic gains.



# FRONTLINE STORIES

MSI is its people; our teams, partners, donors, and the millions of women and girls who rely on our services every year. Every one of them has a story.

In the following stories, we share real experiences from our healthcare providers, leaders, clients and partners. Some tell us about the challenges and inspiring moments of 2025. Others reflect on MSI's 50-year history.

All of them celebrate the courage and commitment to persevering for women and girls everywhere.



*Here's to...*

# RESILIENCE & PARTNERSHIP

## during unprecedented funding cuts

2025 started with a new US administration and the dissolution of USAID, with close to \$9 billion cut from global health and development.

We saw other governments reducing their international development budgets, with a 21% decrease in total global aid funding in a single year.

We commend those who have maintained political commitments to global reproductive rights and those who have stepped up their funding – for example, the governments of Norway and Denmark. These partnerships are critical at a time like this.

### JANUARY 2025

- US President Trump reinstated the anti-abortion global gag rule – MSI lost \$15 million of funding because we provide abortion. We launched an emergency fundraising campaign.
- The US administration ordered all US-funded global health and development programmes to stop work, impacting health services worldwide.

### FEBRUARY 2025

- USAID was dismantled: headquarters closed, financial systems taken down, and staff contracts terminated. Programmes ceased across 10,000+ organisations in over 120 countries.
- The UK government announced significant funding reductions in global aid for the next three years.

### MARCH 2025

- MSI worked closely with partners and governments to adapt to this unprecedented situation. We found ways to innovate and fill healthcare gaps where possible, with the support of our donors. This work continues.

### JULY 2025

- The US administration confirmed a plan to destroy \$10m of contraceptive supplies, destined for women in low-income countries. MSI offered to distribute them; we were denied.

### JANUARY 2026

- The US administration expanded the scope of the global gag rule to further restrict abortion, as well as LGBTQI+ rights, and diversity, equity and inclusion initiatives worldwide.
- MSI continues to raise awareness on the impacts of these decisions on global reproductive healthcare and people's lives.

# Four MSI team members share what was lost and what the future may hold:



## **SARAH SHAW,**

MSI'S GLOBAL ASSOCIATE DIRECTOR OF ADVOCACY

“We are working within such an imbalanced global health system that a handful of politicians can abruptly cut off billions of dollars of health funding – shuttering organisations, gutting health systems of essential staff and devastating communities – with no warning or accountability. To watch this unfold in 2025 was a nightmare.

The healthcare gaps are vast, and millions of people in the countries where MSI works are paying the price of these decisions. Some are being turned away from healthcare; some are dying.

I've been working with advocates worldwide to respond. It's been good to see some African governments increasing health budgets, urgently restructuring and trying to build capacity.

We've also been educating and rallying behind the scenes to prepare for a new era of US international aid.

The US is introducing 'compacts' – bilateral health funding agreements between the US and other

countries – that, judging by the few that we have seen, no longer fund reproductive healthcare or contraception. So we're in close contact with governments to protect these essential services going forward.

But the attacks on reproductive rights keep on coming. Almost one year to the day of the US administration reinstating the 'global gag rule', they expanded it massively in January 2026. With another set of restrictions on aid, they intend to impose the US administration's anti-choice and anti-gender ideology on more organisations as well as governments.

They keep throwing curveballs, shocking the world with their decisions, but I am reminded when I look around at my friends and colleagues that no part of this fight for reproductive rights has ever come easy. We'll always be here to fight back, to keep shaping the future we want. We won't be silenced by their policies, they can count on that.”



**Women having control over their reproductive health gives them freedom, and I'm really scared about how these rights are being eroded. I'm so glad organisations like MSI exist.”**

Claire F, UK, MSI donor



**DR ABEBE SHIBRU,**  
MSI ETHIOPIA COUNTRY DIRECTOR

“If someone told me what 2025 would be like, I wouldn’t have believed it. I watched on as US multi-billionaire Elon Musk *'fed USAID into the woodchipper'* and my first thoughts went to the women in Afar, Amhara, Oromia and Tigray. Women who have been affected by ongoing conflict in Ethiopia, enduring war, violence, and the loss of their homes. MSI used USAID funding to reach them with reproductive healthcare – an important piece of their dignity and control. Cut off without warning, many of these services had to end.

We’re doing everything we can to help Ethiopians and try to fill the gaps with the help of our donors and partners. This has hit us hard, but we are still standing strong.”



**DR WALTER OBITA,**  
MSI KENYA COUNTRY DIRECTOR

“Across the public health sector in Kenya, workers have been terminated, services reduced, and supplies going out of stock. The supplies issue is a big one – USAID used to procure and distribute contraception, and now they aren’t, so stocks are diminishing.

Perhaps you heard about the US’s \$10 million worth of contraceptives stranded in Belgium. Originally bought by USAID for distribution internationally, Kenya was earmarked to receive some. Instead, the US administration ordered for them to be destroyed and while people fight over it, they are still to my knowledge sitting in a warehouse on the brink of expiring.

People need these contraceptives and are struggling to get them. We’ve been working closely with our local partners to find ways to protect supply chains and services.”



**PESTER SIRAHA,**  
COUNTRY DIRECTOR OF MSI’S ZIMBABWE PROGRAMME,  
POPULATION SERVICES ZIMBABWE

“In January 2025, a \$9 million five-year programme that was helping us reach remote communities with life-changing contraceptive care was withdrawn. The speed at which this happened meant that we could not give our communities and clients any warning. Vehicles were confiscated. Staff contracts ended. Services stopped. Many people have felt betrayed by the programme ending and have been left without the care they need.

The heartening piece of all of this is the support we’ve seen from private donors who have stepped in. They helped fund MSI’s training of 150 public health providers, all of whom will go on to deliver care and reproductive choice in their communities. The decisions of a few won’t break us – a lot of people still care about women’s choices and lives.”

**In the wake of USAID being dismantled, 24 MSI country programmes reported a significant impact on their national health system and access to healthcare.**

**MSI’s programmes in Zimbabwe, Ethiopia and Uganda were among those most affected by USAID cuts, with funding gaps continuing into 2026.**

**In 41 countries around the world, impacts across health systems are expected to result in 100 million contraception users losing access by 2030.**



*Here's to...*

# TRAILBLAZING IN PAKISTAN FOR WOMEN AND GIRLS

## **DR MOHSINA BILGRAMI – PAKISTAN**

Dr Mohsina Bilgrami shares what it was like establishing a reproductive health programme that has supported millions of Pakistani women and girls.

When the first MSI Reproductive Choices clinic opened in London in 1976, Mohsina Bilgrami was 5,000 miles away, studying towards a medical degree in Pakistan. Unaware that this fledgling organisation would soon alter the course of her life and career.

It was in 1991 that Mohsina, now an accomplished doctor, met MSI's founder Tim Black. He didn't need to convince her of the importance of reproductive healthcare – her experiences providing community healthcare had made that abundantly clear.

**“I realised what a big issue it was that women were having children that they didn't want. When women asked me how they could have fewer children, I couldn't answer. I didn't know.”**

Her medical schooling hadn't covered family planning, so she sought out to learn this herself. The knowledge she gained became life-changing for her and her clients – suddenly she could offer answers, solutions, contraceptive methods. But this work was stifled by stigma. Many people didn't accept it, and women and girls were suffering and even dying.

“A mother brought her teenage daughter into my clinic, complaining of a stomach tumour. But the girl didn't have cancer, she was pregnant. There was not a single thing I could do except refer them to a local hospital. But I could see the terror in both of their eyes. Six weeks later, the mother was in my waiting room again. I asked about her daughter, not expecting her outpouring of grief. She told me her husband and sons had found out she was pregnant and killed her.”

The thought of this girl deeply affects Mohsina to this day. Why had she paid this price for a pregnancy she never intended? Mohsina decided she would do everything in her power to change this brutal reality for women and girls. Her part in this, she decided, was ensuring women and girls were in control of when they got pregnant.

When Tim Black first talked to Mohsina about her setting up a reproductive health programme in Pakistan, supported by MSI, it was music to her ears.

“I got started right away. Tim was always available for guidance, but I had no office, no clinic, no staff, no ‘this is how you set up a programme from scratch’ guidebook. I taught myself how to use a computer, and began working from my spare room. It was a little daunting, but mostly exciting! A UK guidebook wouldn't have helped me much anyway. I was in Pakistan – this was an entirely different cultural reality, so I had to trust my instincts, my experiences and what I had learned in the field as a doctor. We had to find our own way to provide these services.”

The problem was that reproductive healthcare was not something that was valued, respected or understood in Pakistan. Mohsina was denied rental spaces because no one wanted to rent to a family planning organisation. And she found it hard to recruit people into this field. But she persevered and steadily built a team.

“Now, MSI has the best clinical quality standards in the world; there's support, structure, and best practices shared across countries. But back then, we were developing everything ourselves! There was so much innovation... manuals, systems, HR standards, quality standards. We were learning and fine-tuning approaches in real time. Oh, it was gratifying! We didn't know how to write funding proposals but we did it anyway, not with pages of data, but with our hearts.”



Tim Black, and another foundational MSI team member Dr Tim Rutter, visited Mohsina throughout this time to provide mentorship – but more importantly, they enlivened her courage. She recalls how she was pushed to do things in her own way, and how she believed wholeheartedly in MSI’s big, unapologetic vision to bring reproductive choices to remote areas across the whole world.

Mohsina’s passion carried her through extreme situations. She was held at gunpoint not once but three times during her work and managed to calmly negotiate her way to safety. “Being a doctor helped me in these situations, as people do tend to respect doctors and I was able to make sure they didn’t harm anyone around,” she said.

Travelling to remote areas as a woman also presented unique challenges. Once, she had to ask for a bed at a local government rest house – reserved for men – as there was no other accommodation. Luckily no visitors were there so they let her stay... until 4am when government officials were on their way, meaning Mohsina was unceremoniously tossed out.

Over decades, undeterred, Mohsina’s team grew MSI’s partner programme in Pakistan to cover most of the country. They’ve supported millions of women and girls with their reproductive health – transforming lives with the power of choice.

She went on to serve as a regional director for west Asia; her calm, resourceful nature helping her to oversee countries experiencing major conflict like Afghanistan. Mohsina retired in 2020, but to this day she remains a global board member. MSI will always be woven into her life and legacy; she proudly notes that if she had another life to live, she would do it all over again.

**“After 30 years working for MSI, what comes most clearly to mind is the relief women felt when we offered them contraception. Many were desperate, and we gave them a clean, sympathetic environment, and let them make choices for themselves. This was rare. This was important. It still is.”**



**In 2025, MSI’s partner programme in Pakistan achieved remarkable gains through their ‘Suraj Network’ – which engages private sector midwives to strengthen clinical quality, secure new funding streams, and accelerate access to quality family planning across Pakistan.**

**With this momentum, the network is expected to grow from 316 in 2025 to more than 1,000 female private providers by the end of 2026.**

**By the end of 2025, 9.3 million people across Asia were using a contraceptive method provided by MSI or a facility supported by MSI.**

“ Many girls can’t attend school classes and many women lose their jobs. These things are difficult. I wish to have job security, safety and a better life. I want my children to be safe and I would not like to have any more.”

Hamdiya, 38-year-old mother of seven and MSI Afghanistan client



“ My dream is to be a mother who can provide a home of my own and give my children a good life. This three-year contraception gives me enough time to save money, which is much better for me.”

Ei Ei, MSI client living in a rural village in Myanmar



*Here's to...*

# GOING THE DISTANCE

## **IFEOMA ONYEKACHI – NIGERIA**

MSI Nigeria nurse Ifeoma ‘Ify’ Onyekachi leads an outreach team that travels into remote communities to support people with contraception. Here’s a day in her life:

7:03am. The unforgiving sun is already blazing. Nurse Ify in blue scrubs, her hair tied back, is packing equipment into a white Toyota 4x4, making sure her team has everything they need before they set out.

And the journey begins.

Over time, the busy streets become increasingly empty, the smooth terrain surrenders to rust-red muddy ground. Electricity lines came to an end a while back. Manoeuvring around large potholes, the car is jolting and everyone inside it is being tossed around.

"I don't like my job – I love it. The hardest part is the difficult journeys... crossing rivers, passing through harsh landscapes. Sometimes the car gets stuck in deep mud and we have to dig it out. But once you get there and see smiles on faces, you forget about it."

Two hours after setting off, they arrive at a community. Tucked into surrounding farmland, you'd never have known it existed. Brightly patterned clothing and headscarves are worn by community members who chant and drum to welcome the MSI team, an excitable energy rising among the crowd.

Interested faces stare as Ify greets them warmly and reaffirms why MSI is here today: to provide contraception for anyone who wants it.

The building where they're setting up is a public health facility that doesn't have the staff or supplies to provide contraceptive options in this area.

"The local government are in full support of what we do. We're reaching those rural places that, if we didn't, would not have any reproductive health services. There's no public infrastructure to make that possible right now."

Having now set up for the day ahead, Ify finishes a group health talk and a few people ask questions. Everyone has been listening intently, disrupted only by nearby goats bleating and birds chirping in the surrounding forest.

The MSI team starts to welcome people inside for private appointments, so clients can choose a method of contraception that suits them.

Nurse Ify's first client of the day is Adadechei: a 19-year-old who heard about MSI's services from village announcements. She dropped out of secondary school to raise her young son. She is here today because she wants to make it back to school and on to university. She wants to show there's still life after giving birth. After discussing her options with Ify, she opts for her first contraceptive implant and leaves with a huge smile, her future wider than before.

Then Ify meets Glory, a 32-year-old mother of nine who wants a break from giving birth. Glory says she's seen many people that contraception has favoured, and that's why she has come here today. She wants more time to make money and to care for her children.

Ify delivers contraceptive counselling and services with the finesse and quality required of her,

and a kindness that is innate. As the day wears on, her team works seamlessly to register clients on the system, support people with services and make sure everyone is heard and respected.

At the end of the day they come together to pack everything up and Ify finds an opportunity to dance with some community members.

**"People say are you not tired at the end of the day? Nah, the more you dance, the more energy you have!"**

Ify doesn't have to wonder if her hard work is changing lives. She finds the effects of her work all around her. In the teenager who walks past her in school uniform, holding textbooks and laughing with her friends. In the woman who she sees has opened a stall at the local market, pocketing the profits to support her family.

Her team departs, beginning the long drive back. They leave knowing that their work today has sparked a rippling effect of change and hope for many families. And they'll do it all again tomorrow.



**Across the 17 African countries in which we work, 29% of the demand for contraception is met by MSI.**

**In Nigeria alone, MSI's rural mobile health teams supported 730,000 people in 2025, across 8,600 communities. More than half didn't know of another option to access their reproductive health service.**

**MSI Nigeria also works in partnership with the government to improve reproductive healthcare in the public sector. In the public facilities receiving MSI's support, the number of women accessing family planning has tripled since the start of our partnership. And with more contraceptive options now available, more than half of these clients are choosing long-acting methods.**

*Here's to...*

# EDUCATING YOUNG PEOPLE & INDIGENOUS COMMUNITIES



## ANDREA TECEROS HANS – BOLIVIA

Andrea Teceros Hans was born and raised in La Paz, Bolivia. Decades of local feminist activism led her to MSI Bolivia, where she now works with indigenous communities and young people. In her own words:

When I was younger, I was bursting with questions. I wanted to know about my body, and why girls were treated differently from boys, but no one ever told me the truth. When I asked my parents how babies were made, I was told that a man put an egg in a woman when they kissed. Not only did that lead me to believe that women laid eggs like chickens, but I cried every day for a month after my first kiss because I thought I might be pregnant.

As I became an adult, I found myself gravitating towards the feminist movement. I found friendship with other women and girls who, like me, had been hurt or disregarded in some way,

and wanted to fight for a better future. Ten years ago I started a grassroots organisation, 'Women in Resistance', that discussed topics that few people in Bolivia dared to – bodily autonomy, abortion, sex, pleasure, gendered violence, justice for women.

I wanted to be the adult I never had when I was growing up. To help young people understand the world, their bodies and choices... to stop them from being isolated and confused like I once was. So, while I was running the grassroots organisation, I trained to become an educator in comprehensive sexuality education.

When I came to MSI four years ago, I became a bridge between

local feminist networks in Bolivia and larger NGOs. My role spans research, advocacy and sex education and I find it cannot be neatly described. It's a bit like how life can't be compartmentalised: we are whole beings, facing complex intersecting challenges.

Nothing exemplifies this more than my recent experience supporting an indigenous community in the Amazon.

This community was forced inland because of environmental destruction purporting to be "progress". The river – their life source – had become increasingly contaminated from mining and mercury. They had no money and very little education, and their children were dying young.



**MSI programmes in Bolivia and Mexico supported 113,000 women and girls with reproductive healthcare in 2025.**

**We're committed to reaching young people with comprehensive sexuality education and the sexual health services they need to protect themselves and choose their own futures. In 2025, we reached 3.4 million adolescents and supported 620,000 girls to remain in school. The number of adolescents we're reaching has grown fourfold since we launched a bespoke adolescent strategy in 2017. Now adolescents make up 20% of our clients.**

A local NGO contacted us to see if we could help this community with family planning. We sprang into action with the help of the local hospital. Upon meeting and working with them, we began to understand their reality. It was important for them to know about their reproductive health – but their needs were greater. The women confided in us that they were using old cloths to manage their menstruation and frequently got infections. They struggled for food and clean water.

We contacted another organisation who could support them with food. I worked with my colleagues to

design a specific programme on menstrual health to bring them the information they'd never had about their bodies, their cycles, family planning, and their right to autonomy, and then we created kits to share with them, with reusable pads and menstrual underwear. When we evaluated the programme, the women told us they were eager to keep learning. I'll never forget one of them saying that when it came to the world of sex and health, she felt like a crawling toddler, just now learning to walk.

This indigenous community is bearing the consequences of

mining, mercury poisoning, poverty, an unrelenting climate crisis. I know their overlapping hardships cannot be easily fixed. But if you had seen the looks on the women's faces when we told them about their reproductive choices, gave them their menstrual health kits, and connected them to contraceptive care, you would understand why this work fills my heart.

**We've helped them gain knowledge, which gives them some power to change their reality. These are tools in their toolkit that they can use to build resilience as a community.**



Life is complicated, but this is simple: a woman with a choice is one with hope in her step. Anytime I can help a girl or woman understand her body so she can get back some control, I feel like I'm helping to change the world.

*Here's to...*

# 20 YEARS OF ABORTION ACCESS



**DR WASIHUN  
ALEMAYEHU  
– ETHIOPIA**

2025 marked 20 years since Ethiopia liberalised abortion. Dr Wasihun Alemayehu has provided abortion throughout these two decades in cities, remote villages and public hospitals. Now working as MSI Ethiopia's clinical quality director, he recounts the incredible changes he's seen.

It was the early 2000s and I was in medical school in Ethiopia. Abortion wasn't yet legal. I remember there were hospital wards – septic wards they called them – dedicated to helping women and girls who'd had unsafe abortions.

There were lots of untrained people who would promise to end people's pregnancies, but they just wanted to make money. They'd insert objects like wood or metal sticks into wombs causing severe infections, uterus damage, organ failure. Countless women and girls died. It became our normal.



I especially remember Fridays. Whoever was on duty on Fridays would always have a sleepless night and deal with tragic, complicated cases, because that's when the students came. High school students thought they would end their pregnancy on a Friday, heal up over the weekend and by Monday they'd be ready to go back to school. Many never saw their families again, let alone the classroom.

I never set out to work in the field of reproductive health. But when I was sent to a rural community as a young graduate from medical training, all I could see was women suffering. And so I knew where I was needed – and I joined obstetrics and gynaecology with my whole heart, to be part of the solution.

Thankfully in 2005, a year after I graduated, a new law was introduced which allowed safe abortion services. The government had finally responded to the public health crisis.

**Miracles didn't happen overnight. There was a lot of work that went into its implementation, including changing the attitudes of healthcare providers and educating people of their right to have an abortion.**

But 20 years on from that law reform, the changes I've witnessed have been nothing short of phenomenal. If you go into an Ethiopian hospital now, you won't find 'septic wards' anymore – they're no longer needed.

Maternal deaths have reduced by 70%. I've witnessed so many young women joining college and having better opportunities in life.

It was only when I joined MSI that I learned that there are campaigns and groups trying to ban abortion in this country again. They're attempting to devalue the changes our country has seen, saying the law to liberalise abortion was imposed on us, that it's wrong. What nonsense. The law passed after lots of campaigning from Ethiopian civil society. It was based on objective data and a goal to prevent unnecessary deaths – and it's been a massive success. Even if you forget about the data, there are people like me who have witnessed the progress right before my eyes. These anti-abortion groups are simply denying reality. To drag us back to where we were twenty years ago is unjustifiable.

I have worked in cities, in remote villages, in public hospitals, in private practice, and now with MSI – I've seen all types of women and situations.

My work gives me a sense of shouldering the responsibility and the burden that women face. When someone comes to me for an abortion, it's not always easy for them – they're dealing with something unplanned, perhaps they've experienced sexual violence or struggled with their decision.

Their choice and whatever is going on for them should be understood and respected. Politics, systems and their community aren't always supportive. But I can be.

**Reproductive healthcare is lifesaving. We estimate that MSI programmes have reduced pregnancy-related deaths by 20% in the countries in which we work.**

**We are committed to providing safe and high-quality abortion care. MSI teams supported 5 million people with abortion or post-abortion care in 2025.**





*Here's to...*

# **NO MOUNTAIN BEING TOO HIGH**

## **TIKA – NEPAL**

One step at a time, Tika, an experienced nurse and MSI Lady, climbs mountains in the Nepal's Sindhuli District to reach communities nestled among peaks and hilltops. Tika supports the women here, who have no other access to sexual health and family planning services. This is what happens when MSI's mission meets mountains.

Each morning, Tika dons a heavy backpack that carries up to 60L and holds all her essential supplies – she used to find this quite tough but has become used to it. On foot, she travels from one mountain village to another with a clear purpose in mind: to support women with family planning and reproductive care.

Tika: “I go door to door, and people also call to book a service. MSI organises informational sessions about all the available options because there are many misconceptions. Some believe using family planning

prevents future pregnancies permanently, or that abortion is a sin. We counsel these communities and help them understand the facts and their rights. Then I let women choose what's right for them and provide free services.

If I didn't travel here, the women would have to go three hours or more to access care, often not finding what they want when they arrive. I've seen many local women who couldn't get the services they were looking for and had to return home disappointed.”

In the cold, fresh mountain air, Tika keeps busy, serving around 20 women each day with a range of healthcare options. The demand for her services is high.

27-year-old Srijana thanks her lucky stars that she crossed paths with Tika. Already a mother of two, Srijana doesn't want any more children. She has endured two difficult caesarean births and her health was waning. She's also set on making sure her two children have opportunities in education and life, and she feels that would be difficult if she had to spread her family's limited resources further.

When she fell pregnant for a third time, she didn't know what to do.

She wanted an abortion. But a traumatic incident in her past gave her pause: her aunt had an unsafe abortion and on the way to the hospital she had died. Srijana was terrified the same would happen to her.

Srijana: "I taught at a school nearby. One of the other teachers told me about Tika ma'am from MSI who provides safe services locally. I went to her and she treated me very kindly.

When I had the abortion, Tika stayed awake all night, checking on me. She helped me properly and I did not even have to spend a single rupee.

Now, I am still teaching at a school, and my focus is my children. To see them happy, healthy, and educated – that is my dream. My abortion allowed me to continue working and taking care of my children.

I feel like I have a new life. Tika saved me. I'm truly grateful."

During the rainy season Tika walks for hours or days to reach some places. Determined not to let anyone miss out on these services.

They say the best view comes after the hardest climb. Tika's view might be the best one of all: she sees women whose lives continue on, who are happy, relieved, and in control.

"I feel very proud and grateful to be able to provide lifesaving services free of charge," she says humbly.

**MSI Ladies are local nurses and midwives who are trained and supported by MSI to provide contraceptive and abortion services and information to women in their own homes and communities. Nearly 1,000 MSI Ladies travel on foot, by 4x4, and in boats to rural and poor communities where the need is greatest. In 2025, MSI Ladies supported 1.2 million women and girls globally.**

**Trusted within their communities, MSI Ladies are particularly effective at reaching young and unmarried women and girls who might not feel confident in using traditional clinics. 28% of MSI Ladies' clients globally are adolescents. When compared to the national benchmark for reaching adolescents of 10%, and MSI's own ambitious target of 20% adolescent clients, it's clear that MSI Ladies are supporting the girls that other approaches and systems are missing.**



Srijana, 27-year-old mother of two and MSI Nepal client



Tika, MSI Lady in Nepal



*Here's to...*

# SUPPORTING WOMEN THROUGH EBOLA, WAR AND MORE

## ANNA MACAULEY – SIERRA LEONE



Anna Macauley has worked for MSI Sierra Leone since 2000. The team has endured many challenges, going from strength to strength to become the nation's leading reproductive healthcare organisation – a safe, reliable place for women to find support in Sierra Leone.

I remember my first client well. Even though it was 26 years ago! She was called Fatou, and was overwhelmed with her six children, and desperately thin, living in a rural, unfinished house. I talked to her about family planning; well, she'd never heard about such a thing in her whole life.

She decided to try a contraceptive implant. When I met her again months later – looking so healthy and happy I might add – she and

her husband went around the village shouting, 'Our nurse has come!' so more people could benefit from this magic. She became a local advocate for using family planning.

Back then, Sierra Leone was known as the deadliest place in the world to get pregnant. I'm 62 now so yes, I remember it well. We didn't have enough reproductive health or maternal health services or midwives, or any real medical support for births. Most women would deliver babies at

home with unskilled attendants. As a pregnant woman, you'd feel lucky if both yourself and your baby survived the birth.

We've been through a lot in this country. When I joined MSI, we were right at the end of a decade-long civil war and we were one of the only places where women could get reproductive healthcare. Women would whisper to each other about our services and line up down the street for them.

**In 2025, almost 6 million vulnerable or displaced people were supported by MSI in nine countries affected by ongoing conflict and humanitarian crises.**

**In 2000 in Sierra Leone, 1 in 11 women risked dying from a pregnancy-related cause (the world's third highest risk). Today, that risk is 1 in 74 (20th-highest). This dramatic improvement over the past two decades is a result of increased access to contraception and a stronger health system supporting safe motherhood.**

**In 2025, 14,700 government health workers across 21 countries were supported by MSI to provide quality reproductive choices in their communities, so they have the skills to provide these services locally for years to come. The number of public health facilities supported by MSI has increased by over 70% in the last five years.**

**By the end of 2025, it is estimated that more than 50% of the total demand for contraception in Sierra Leone was met by MSI-supported services.**



When Ebola struck us in 2015, it felt like its own war. People were dying and scared. We thought we were going to shut down, but we carefully considered the information we had, put safety measures in place, and decided we could remain open. We trained staff on preventing contact, invested in infection prevention gear, employed extra people.

It was not easy. Imagine you have your own family to protect, yet you're travelling to areas that are loaded with Ebola cases. We started small with precaution, and kept building up from there, over time feeling safer and more confident. And we never had a single team member infected! In fact, the government even asked us to support public health teams with our protocols and training.

It meant that when COVID-19 hit, it was not as much of a shock. We put barriers and safety measures in place, and we carried on. Because women and girls need us in these times of hardship – we can't sit comfortably while they suffer silently. We refuse to.

**If I think about why we've been able to persevere through these big hurdles, I'd say it's our people. MSI attracts tenacity in human form. We have positive, flexible attitudes, are willing to work under strain, to embrace whatever change comes – because underneath it all, we care about the women of Sierra Leone. That includes our donors, whose support continues and flexes with us. People have kept our programme going.**

Our systems and approaches have changed too – but the right people with the right ideas are the true backbone of these evolutions.

I've seen our programme grow from one mobile health team and two clinics to become the biggest reproductive health organisation in Sierra Leone with a presence felt in all districts and throughout

the public health system too. We are doing a whole lot. We have increased our services to focus on everything a woman needs across her reproductive life.

MSI Sierra Leone is known around here as 'de mammy fo welbodi', the mother of health. Isn't that beautiful? To me, it means people feel looked after by us, that we're reliably there for them. For decades we've been here, supporting women and girls in our communities, and they recognise that.

Nowadays my role is training government health workers. My most recent 'client' is a public health worker who I trained in reproductive care, and helped set up family planning systems and services at her facility. Now she's a family planning mentor in her district, sharing her knowledge with others. It reminds me of my first client Fatou who went on to inspire others too.

That's how this works. What I sow today, will be carried on by others. This impact ripples out forever.

*Here's to...*

# WOMEN CREATING THEIR OWN HEALTHY FAMILIES AND FUTURES

In 2025, MSI Tanzania adapted their approaches across vast terrains and more than 120 tribes to support 2 million women and girls. Three of these women opened up about why they came to MSI for support.



People access MSI's services for all sorts of reasons – students, new mothers or women starting out their careers. Of our global clients in 2025, 50% were able to continue to work because of MSI's support.

In 2025, across the countries in which we work, 1 in 5 women seeking contraception got it from MSI or a facility we support (20 years ago, this was 1 in 50).

In Tanzania, 2 in 3 women we reached with our mobile contraceptive services in 2025 knew of no other option for these services – without MSI's intervention, they would have gone without. Our Tanzania programme is facing reduced funding, and women and girls living in rural, marginalised communities in this country urgently need donors to step up and protect their access to reproductive healthcare and choices.



## MAYASA

An ambitious university student in Zanzibar, 19-year-old Mayasa, stepped into one of MSI Tanzania's clinics after being referred by a community health worker. She wasn't sure what to expect, but her desire to continue studying propelled her forward.

"When I arrived at MSI, the nurses welcomed me warmly, treating me with respect. I told them I was not ready to get pregnant because I am still a student, and because our religion does not allow pregnancy before marriage. They gave me the information and services I needed.

**Now I feel confident that I will not get pregnant while I'm still studying.** I can focus on my education and achieve my goals without fear of pregnancy. My dream is to become a schoolteacher.

I want my friends to feel the same confidence – I tell them that they have choices, and MSI can help them too."



## GRACE

Grace and her husband are a partnership, making the big life calls together. Now at 35 and with five children, they've decided that their family is complete.

"People in my area say contraception can cause infertility but I'm living proof that that's not true. I have five children and have been using contraception for years. They all have three years between them because I've been able to space them. Contraception has helped me grow all my children to be healthy and well.

Me and my husband have been visiting MSI Tanzania since we got married. **Today, I have come to take up a permanent method because I don't need any more children. We are happy.**"



## NAYFAT

Local fruit seller Nayfat began using contraception as a newlywed when she was 23. No fussing about – she knew what she wanted and that was to manage her family size on her own timeline. Today, she is a proud mother of a ten-year-old and two-year-old.

**"Selling fruit is how I support my family, and family planning gave me the time and freedom to grow my business. When you can plan your children, you can plan your life and your income.**

Getting the contraceptive implant gave me peace of mind. Without contraception, many women would struggle to support their families. These services help us build better lives."

# Why we need **bold, committed people to step forward**

This is a critical moment for people to step forward and protect sexual and reproductive health and rights.

In communities worldwide, international aid cuts have led to chaos and confusion, public health workers fired, healthcare supplies running out.

As a result of the £9 billion worth of aid withdrawn by the US government alone, it's estimated that up to 100 million people who use contraception could lose their access by 2030. That means millions more unintended pregnancies, unsafe abortions, and lives lost. Immediate, life-threatening gaps remain.

MSI country programmes have been experiencing a rising opposition to our work. The anti-choice movement is gaining traction and funding, working to remove abortion rights and access to reproductive healthcare.

We must unite and protect choice at this time. Donor funding is helping us to sustain services, counter rising opposition, and ensure women and girls retain access to essential healthcare. In a moment of global uncertainty, committed donors must step forward for women and girls, and for reproductive choice.

**“There's nothing more important than access to safe contraception for women and girls, and men too. We must fight to defend our rights when it comes to protecting our own bodies.”** Grace H, UK, MSI donor



## The issue

# 257M

**people want to use contraception but have no access**

## MSI response

With donor funding, MSI can further expand access to contraception at scale, reaching people with no other way to access it, across six continents.

We are working with governments and local partners to fill current healthcare gaps, so people don't lose the family planning options they rely on.

# 40%

**of women live in countries where abortion is banned or restricted. And anti-choice and anti-gender groups are promoting their ideology worldwide**

Your support can help us to change laws and policies, advancing sexual and reproductive health and rights.

Using our connections, data, insights and expertise, MSI is working with grassroots, local, national and global partners to progress the pro-choice movement, boldly calling out injustices, and putting forward solutions.

# 34M

**women and girls resort to an unsafe abortion each year**

Your support can expand access to abortion so that everyone has the choice they deserve.

MSI unapologetically provides safe and quality abortion. Since 2000, our teams have supported over 62 million women with abortion or post-abortion care.



# Your support: Invest in a lifetime

**You can change the life of a woman** in Afghanistan whose access to healthcare has been cut off – with an MSI nurse who can discreetly visit her home with family planning options.

**You can change the life of a woman** who has fled from the war in northern Ethiopia and wants to avoid pregnancy – with a compassionate MSI provider who can visit her refugee camp with information and options.

**You can change the life of a university student** in India who dreams of owning a business one day and doesn't want to get pregnant – with a call centre agent who can connect her to a nearby MSI clinic.

**You can save the life of a teenage girl** in Zambia who is scared, and considering high-risk ways to end her pregnancy – with an MSI school educator who can refer her to safe abortion care.

**You can save the life of a mother** of five whose health is suffering from difficult births in quick succession – with an MSI mobile health team who can visit her rural village with modern contraceptive choices.



**When women and girls can access contraception, they have power."**

Samira, MSI client in Tanzania

**Invest in her reproductive choices, and you invest in her lifetime.**

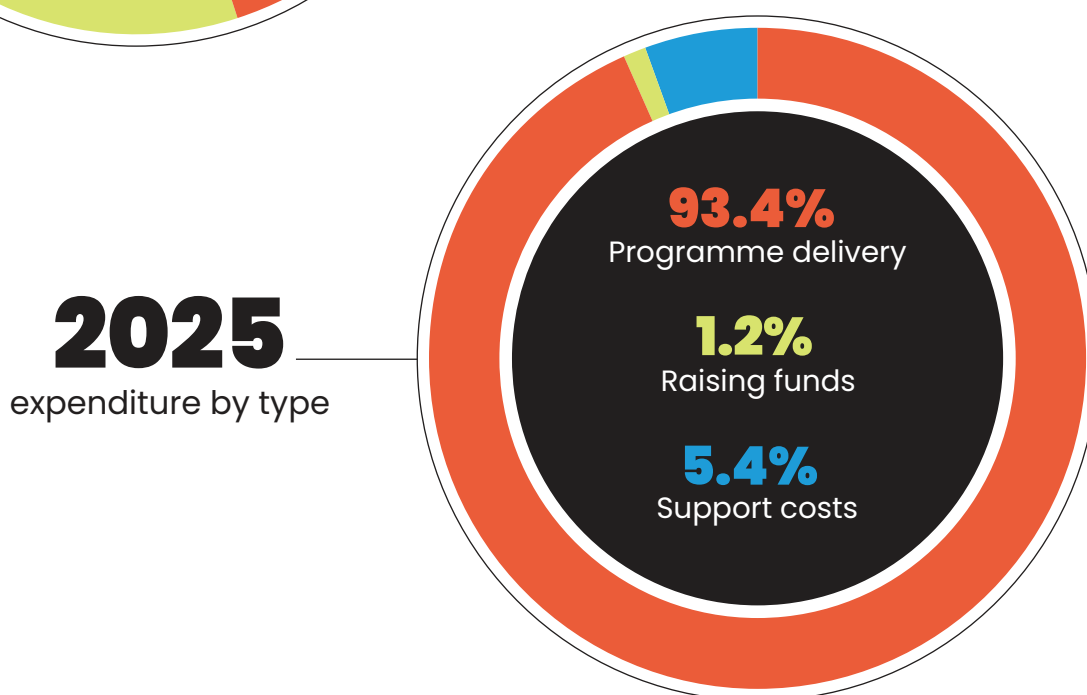
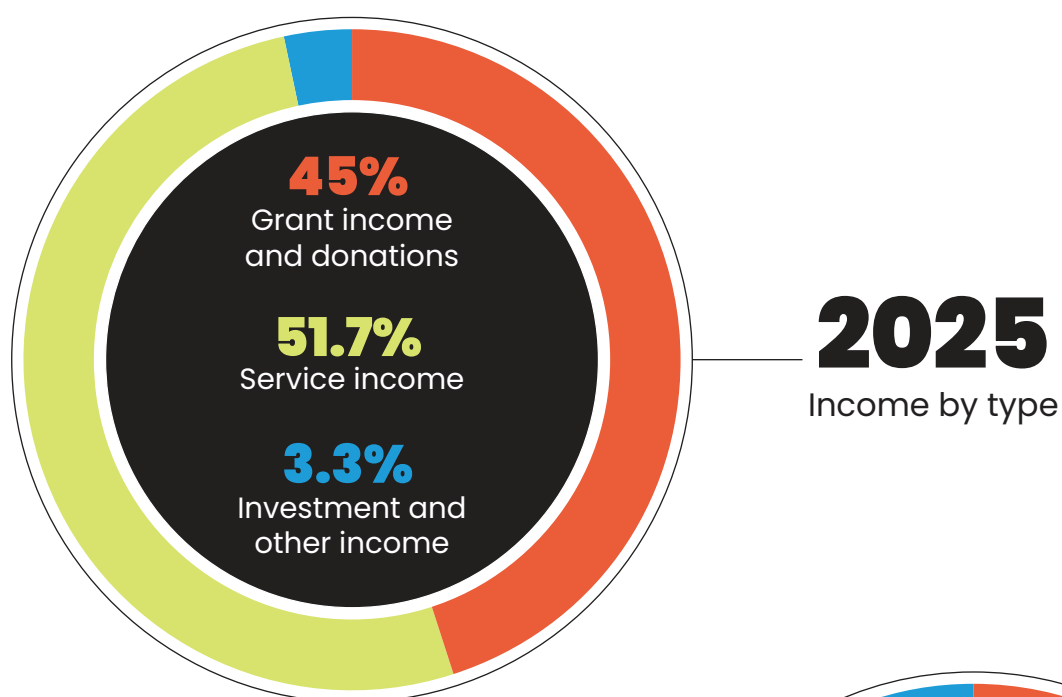
**£4**

**can provide someone with their choice of contraception for an entire year.**

**At scale, this is:**

**Cost-effective.  
Transformational.  
Human impact.**

# Financial summary



**Total income:**  
£330.1M

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**All grants, donations, legacies:**

£148.5M

Donations and legacies:

£8.8M

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Grants from trusts and foundations:

£86.4M

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Grants from governments:

£53.3M

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**MSI service income  
and sales of products:**

£170.7M

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**Investments and other income:**

£10.9M

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**In 2025, we spent:**

£319.1M

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**in programme delivery**

£298M

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**in support costs**

£17.3M

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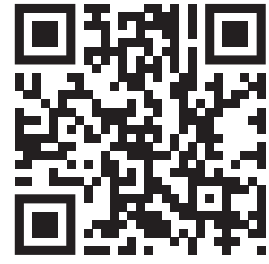
**fundraising activities**

£3.9M

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Learn about the  
impact of choice



[msichoices.org/impact](https://msichoices.org/impact)

# How can you help?

## Donate

Support the reproductive choices of women and girls worldwide:  
[msichoices.org/donate](https://msichoices.org/donate)

Make a lasting gift to help women around the world to have choice for years to come with a legacy gift:  
[partnerships@msichoices.org](mailto:partnerships@msichoices.org)

## Join the conversation

-  [@msichoices](https://www.instagram.com/msichoices)
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-  [MSI Reproductive Choices](https://www.linkedin.com/company/MSIReproductiveChoices)
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