

2024 Annual Review

**CHOOSE HOPE**  
**CHOOSE OPPORTUNITY**  
**CHOOSE CHOICE**







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## Annual review

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# Why we need reproductive choice

**"I owe my economic independence, good mental health, secure housing, leadership position, and autonomy to live my life on my terms to my abortion at 21. I will forever fight for other women to have that same right."**

**Sarah, MSI donor**

Everyone deserves to have autonomy over their body, a healthy family and a hopeful future.

That's what MSI teams, working in some of the poorest, most remote or fragile humanitarian settings across the globe, are in pursuit of every day. We know that a simple and cost-effective reproductive health service – like a contraceptive method – can transform a woman's life in ways few other things could.

For her wellbeing, this choice gives her agency over her own future. For her health, it can give her the space she needs between pregnancies. For her family, it could give them the time to pursue economic opportunities that could break a generational cycle of poverty. For her community, it can boost the number of women who are able to take leadership roles. For society, the ripple effects of equality and prosperity are remarkable.

Depending on where a woman lives in the world, her government's public services might not support her reproductive health and choices. MSI is working closely with national health systems to change this. But right now, hundreds of millions of women and families are falling through the gaps. They don't have access. They don't have choices. They are being left behind.

As one of the most cost-effective, transformational aid interventions known to humankind, reproductive healthcare must be expanded and made available to everyone, everywhere. That's why MSI is doing everything we can to make this a reality – from delivering contraception and abortion care right now to meet demand, to working with health systems to ensure it is available for future generations.





# CHOOSE CHOICE

## Choice saves lives

In many countries, pregnancy complications and unsafe abortion are leading causes of death for women and adolescent girls. Abortion care and contraception are life-saving interventions, reducing maternal deaths and protecting women's health.



## Choice advances gender equality

In sub-Saharan Africa alone, four million teenage girls drop out of school each year due to pregnancy. The world is failing these girls. Access to contraception can increase girls' enrollment in higher education by 12%, and every year of school can increase their future earnings by 20%. With choice, women and girls can go further in school and participate more equally in social, economic and political spheres.



## Choice helps to break the cycle of poverty

For many families, the choice to delay or avoid pregnancy can be the difference between being trapped in poverty or having financial independence. Melinda Gates calls contraception "one of the greatest anti-poverty innovations the world has ever known"<sup>1</sup> because it allows women to choose their family size, supporting them to care for their existing children and re-enter work, altering the course of their future.



## Choice builds climate resilience

With increasing natural disasters, displacement and food shortages, women and girls in climate-affected communities have made it clear that they want reproductive choice. They need control over their bodies and pregnancy decisions. This allows communities to better adapt to these realities and to become more resilient as they navigate unthinkable challenges.

## Unlocking a better world

**Our teams, partners and supporters are empowering millions of women worldwide with contraception and abortion care – saving and changing lives, driving social and economic expansion, and advancing progress towards the United Nations' Sustainable Development Goals.**



# A message from our CEO and Chair

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

There is no doubt that this is a period of unprecedented upheaval in the international development sector. Powerful groups, governments and individuals are attempting to block access to reproductive healthcare and information, and the dismantling of USAID and cuts to other national aid budgets have left the global health and development sector reeling. The consequences for those living in poverty, and for women and girls in particular, are devastating.

Before these seismic funding changes came into play, MSI was celebrating another record year of impact in 2024 – having supported nearly 24 million people with reproductive choice. We were well prepared for another Trump presidency and the reimposition of the ‘global gag rule’ which restricts all US government funding to any foreign organization advocating for or providing abortion, no matter the source of funding. What we didn’t expect was the complete dissolution of USAID and all the health infrastructure that this has historically underpinned.

As shocking as this has been to all of us, MSI has, in a sense, been preparing for this too. We have long understood that focusing on measurable impact and value for money is an essential part of creating long-term solutions, and that it is imperative to diversify our funding and increase our own income to make services more sustainable. Our unique social business model ensures that our ability to provide services is not dependent on one income source, so we can try to keep our healthcare services available in times of uncertainty.

In 2024, this enabled us to deliver more services than ever before to hard-to-reach communities, including those living in poverty, people using contraception for the first time, and adolescents living rurally, who are often vulnerable to stigma and wish to avoid or delay a pregnancy. We believe that the freedom to choose when and if to have children is a basic human right, and that reproductive choice is a cornerstone of equality and economic empowerment. In the year ahead, despite increasing obstacles, we expect to be able to do even more.

MSI’s thousands of dedicated team members regularly travel long distances to remote locations, bringing reproductive choice to people with the highest need. We set and maintain standards in clinical quality and governance that ensure that women and girls are treated with dignity and have agency in their decisions. And we respect our supporters and donors by ensuring that best practices are rapidly shared across our country programs, to maintain high standards and to keep costs down. Our team members are from the communities they serve, providing local solutions, developed from client feedback – with the benefit of learning lessons and ideas from MSI colleagues across 36 countries who are providing these services millions of times every year.

The courage of our health workers, the resilience of the women and girls that we support, our deeply-rooted community programs and powerful partnerships – these things will hold strong despite the efforts of our opposition and the impact of short-sighted decisions to undermine reproductive health and rights.

Clearly, the future role of development organizations is uncertain. Recently announced aid cuts by the UK government are adding to the risk that decades of progress in the alleviation of poverty and curable diseases will be undone. With fewer resources for international development, it’s imperative that we focus on interventions that have deep and sustainable impact, so every dollar is working hard to better our world. It’s undoubtable that expanding access to women’s reproductive choices is one such solution, evidenced over decades of transformational change. Women must be able to have control over when and if they have children, so that their families can lead healthier and happier lives. Our commitment to ensuring everyone has the power to choose their own future, on their terms, has never felt more ambitious or been more crucial.

In 2025, we will be louder and bolder, giving voice to women’s stories and showcasing the benefits of investing in their lives and futures. It’s not only the right thing to do, it’s the smart thing. As the stories and evidence in the rest of this report show, reproductive choice saves lives, reduces poverty, strengthens families, builds economies, supports education and careers, and advances gender equality.

We are grateful to everyone who has stood alongside us or is joining our mission now to help fuel this powerful work in this critical moment. Now is the time. And we are ready.

“We believe that the **freedom to choose** when and if to have children is a basic human right, and that reproductive choice is a cornerstone of equality and economic empowerment.”



# A letter from our US President

By Amanda Seller, President, MSI United States

Earlier this year, on a chilly February day, I stood outside the US Capitol with a crowd of people protesting the Trump administration's dismantling of USAID.

For many of us living in DC, the disastrous end of US foreign aid is deeply personal. I spoke with people who saw firsthand, in their lives and careers, the good that we can do for the people we serve around the world—and the dire consequences when this funding is pulled away. Abruptly cutting off life-saving funds is painful, and staggeringly immoral.

But I'm proud to say that despite the news here in Washington, MSI Reproductive Choices is standing strong, thanks to the incredible generosity and commitment of our supporters in the United States and elsewhere. Women and girls are counting on us, and we will not let them down.

Our vision remains as bold today as it always has been: A world where no abortion is unsafe, and everyone who wants contraception can access it.

MSI Reproductive Choices fights for everyone to make their own decisions about their body, life and future. As a world-leading provider of contraception and abortion, we support tens of thousands of women and girls every day with their health and choices.

I've had the chance to meet some of our 9,000 team members, and their commitment to the women we serve is truly awe-inspiring. Rooted in their local communities across six continents, they scale mountains and cross rivers to bring reproductive healthcare to people in remote places who've never had access before. The result is transformative:

Opportunities unlocked for women and girls, who have the chance to choose the paths they want for themselves and their families.

My colleagues will tell you that it's not enough to provide care once: We must create long-term change to achieve our vision of a world where everyone has choice.

That's why we collaborate with governments and partners to build quality care in a way that's sustainable. We combine the best of the commercial and non-profit worlds as a 'social business', generating income to further expand our services and impact—and believe me when I say many of our team members would be right at home in a corporate boardroom! And we boldly advocate for reproductive rights at all levels of government, from personal connections to village leaders to speaking out in global forums.

MSI has supported over 200 million people, and I'm so proud that with our generous supporters standing with us, we will continue to go further. Together, we'll reach millions more each year with choices that transform lives, communities, and generations.

I hope you'll join me in looking back at all we accomplished last year, and realizing how many lives we have touched. But I also hope you'll join me in looking forward with courage. We are undaunted because you stand by our side.





# 2024 impact in numbers

Who did we reach?

23.8M

people accessed MSI sexual and reproductive healthcare

4.5M

people were supported with safe abortion or post-abortion care

2.5M

adolescents were reached at a critical juncture in their lives

1 in 3

of our clients were living in poverty

1 in 3

of our clients were accessing contraception for the first time

94,000

people supported with reproductive choice every working day

“If I had not come to this center and the nurses would not have treated me, I would have ended up dead. Sincerely I would have lost my life.”

Kadiatu, MSI client in Sierra Leone



## What was our impact?

38,800

women's and girls'  
lives saved

17.1M

unintended pregnancies  
prevented

8.8M

unsafe abortions  
prevented

6,400

government facilities supported  
by MSI across 22 countries

10

high-impact reproductive  
rights **policy wins**

46M

**couple years of protection (CYPs)**,  
including 37 million contraceptive CYPs

38.6 million women are currently using  
contraception provided by MSI or a public  
health facility we support.



# The impact of MSI's work will extend far beyond 2024; **the benefits of sexual and reproductive healthcare will ripple out for years, changing lives and generations.**

“When I needed an abortion, I was able to seek non-judgemental help, and I am forever grateful for that. My life is better off because of MSI and the right to decide what my body and mental health need.”

Jessica, MSI client and donor

“If such contraceptives were not available, we would not be able to take proper care of our children. We would have children year in and year out. Before I started using my contraceptive implant, things were rather difficult.”

Agnes, MSI Zimbabwe client



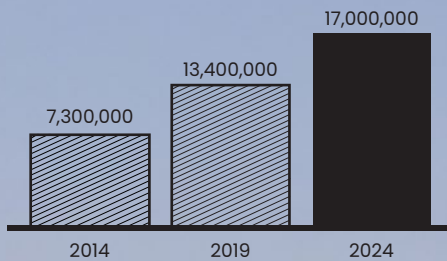


Here's a snapshot of our growing impact over the past decade:

# 142M

women and girls prevented an unintended pregnancy with MSI's support, changing the course of their lives.

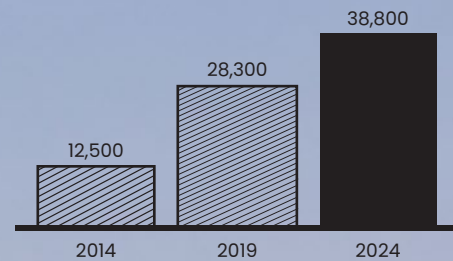
Unintended pregnancies prevented



# 300,000

women and girls' lives were saved. In the countries where we work, pregnancy-related deaths would be over 15% higher without MSI programs.

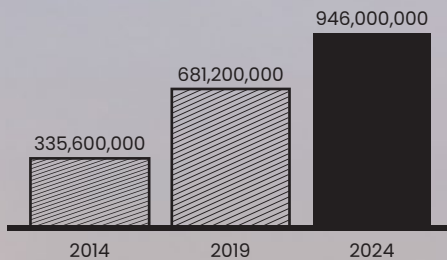
Maternal deaths averted each year



# £7.8B

in direct healthcare costs were saved. Investing in sexual and reproductive healthcare pays dividends.

Direct healthcare costs saved each year



# 12,800

government health workers have been trained by MSI to provide quality reproductive choices in their communities.





## Global voices

MSI is made up of around 9,000 people committed to expanding reproductive choice. We partner with thousands more individuals and organizations to support women and girls with the choices they need.

In the following stories, a handful of our healthcare providers, leaders, clients and partners bring our work to life with their reflections and experiences from 2024.



United States  
of America

## An American angle: **Reacting to the second Trump win and the impact of his policies on women everywhere**

“ In the days following the presidential election here in America, many people – my family and me included – felt a wave of fear for ourselves and the world. Electing Trump for a second time was a deliberate choice and I feel our story as a nation – or at least my understanding of it – has truly shifted. I know we must step up to meet this moment. Not to rebuild what was, but to do better in many ways.

We weren't the only country to vote last year. 14 countries where MSI works were part of the biggest election year in history. But the US election was unique in that its outcome would impact millions of people globally, given our country has historically been the world's largest donor of international aid assistance.

That's why, with the US administration set on dismantling aid, everything just got harder. In a move that we expected, Trump's 'global gag rule' immediately slashed funding for any foreign organization that provides or advocates for abortion. This insidious policy, first launched by Ronald Reagan and reinstated by every Republican president since, tries to force organizations to end any abortion-related work by threatening to discontinue their funding. In practice, it also reduces women's access to contraception and other essential healthcare. MSI has never signed the gag rule. This time we lost \$14 million in US funding, but providing and advocating for abortion unapologetically is something we'll never stop. It's in MSI's DNA, and why I was so proud to join this team last year.

**500+ partnerships help us to expand services, strengthen health systems, advocate for change, share expertise and deliver impact – from grassroots to global.**





Beth Schlachter is MSI's Senior Director of US External Relations and has worked in the reproductive rights sector for 20 years. She explains her reaction to a second Trump presidency and why his foreign aid agenda presents the biggest challenge she's seen yet:

We knew Trump wanted to change the US approach to development and humanitarian assistance, but few imagined the chaos of those first few months and how far beyond the global gag rule he would go. The programs of more than 10,000 organizations across over 120 countries were shut down overnight, abruptly ending life-saving care with no attempt to mitigate harm. People with deep technical expertise are out of jobs, important relationships that support health systems have been upended and much of the global health landscape has been gutted.

Meanwhile, anti-choice groups have been invigorated, and they're actively exporting advocacy playbooks and money overseas. They want control over women's bodies, and they won't stop.

Many people around the world left in the lurch by these shocking decisions are looking to organizations still operating – like MSI – to continue to deliver services by any means possible. We're at a precipice and it's essential that organizations like ours are speaking out and pushing back – especially with so many other organizations silenced or facing closure. In my decades working in global health, this is the biggest challenge I've seen yet.

But we are ready for this moment. MSI has the experience, data and expertise to continue pushing forward, and we're laser-focused on holding the line on reproductive rights. So that we can diminish the

influence of erratic US decisions in future, we're finding new ways to shift power and capacity to local groups and national governments wherever possible. We also advocate 'by doing': our teams continue to show up and provide care. We're opening our blue doors to anyone who needs our services. And we're gathering and using data and insights to show why this work is so important.

The solidarity we've seen across the global health sector is holding firm. There are many people, organizations and governments on the right side of history who believe in upholding healthcare, international aid, and the right of everyone to have agency over their own lives.

We can't sugarcoat what's happening, but we're not powerless – we just have to keep showing up. Moments like this bring us together and push us to be bolder. Braver.

Women and girls – people neither you nor I will ever meet – are counting on MSI for services that support their rights, their lives and futures, and I want to say to them: we won't go away just because it got harder. Nothing important is ever easy."

**We use our voice, reputation, and influence to fight for reproductive rights. MSI worked with partners to achieve 10 advocacy wins in 2024 across policy, law and finance. We've helped reform over 103 laws or policies since 2016 to improve access to contraception and abortion.**

**2024 was the biggest election year in history, with over 800 million women of reproductive age living in countries with elections. MSI is working closely with newly formed governments to safeguard women's health.**





Papua New Guinea

# A Pacific Islander's mission to **bring contraception to women who've never had it**



Norefa is a nurse in an outreach team based in the Morobe province of Papua New Guinea, traveling to remote areas to provide life-changing contraception. He describes what a month in his life looks like:

“ I'll tell you about a typical month for me. It starts by identifying a district to travel to and coordinating the places my team will visit. Each month we can visit 20 or more different communities – we're on the move constantly, day by day. We call the communities in advance to let them know when we'll be visiting them with our reproductive health services. It causes quite a stir to know we're coming!

So, now we have to travel there. That's the biggest challenge. Oftentimes there's no road access to reach the people who need us. Sometimes you'll find us pushing our vehicle through mud and rivers. Other times we'll leave the 4x4 at the road end, disembarking our equipment to trek into villages across mountainous terrain or wading through knee-deep water. We use boats and, on occasion, small planes. Landslides are frequent – we keep spades in our vehicles, using them and our hands to dig the rocks and blockages away so we can get through.

When we say outreach at MSI, we mean the most remote places you can imagine. Often no health facilities, no health staff in sight. Or if there is a health facility nearby, women can be scared to use the services there for fear of stigma, or the staff can lack the skills or equipment to provide family planning. I see

rural communities at all angles – their joys and struggles. Many of the families have five or six children that they can't afford to feed because they face many pregnancies, and some mothers suffer pregnancy complications like losing blood, hemorrhaging, and can go into shock and die.

The communities tell us, 'You come here to solve our problems,' or 'You are the only ones who come here,' and 'Thank you for this service.' They say they can now space their children, have breaks. Community members take us in, prepare our meals, treat us as their family (of course there are no hotels in these remote places)! We enjoy meeting all these people who receive us with their hearts. We don't forget these families.

For four years now with MSI, I have been proud to provide contraception. I have seen changes in these communities – people understanding the benefits of our services, children who have grown healthy and well. That's what we are doing: creating healthy families. We are saving mothers from burying their children, and children from burying their mothers.

We provide all types of contraception and counseling on options. Our clients listen and decide what method will be suitable for them,

and we respect their choice. We often support women but sometimes men decide to come. I remember one man who came forward and said, 'I want to receive any family planning for a man.' He explained his wife had been through many complications birthing 11 children and he didn't want any more burden on her. He had heard about us coming to a neighboring village and walked two nights and three days to receive our services. He opted for a vasectomy and received it gratefully, telling us how it will help his family.

My team are on the road for about three out of every four weeks, away from our homes and families. There are four of us, three healthcare workers and a driver. We're close friends as we spend most of our time together so have inevitably built strong bonds. We can lean on each other through thick and thin.

And at the end of each month, when all our community visits are done, we sit together and reflect on serving around 300 people with healthcare that will change their lives. We go through our successes and challenges, and plan how we will improve for the month ahead. And then we do it all over again... proudly."





Over in Central Asia, our Afghanistan team maintained operations despite increasing restrictions on women and NGOs. They **protected women's access to healthcare** through ongoing negotiations with provincial authorities and strong community engagement. We're proud to have provided internships to 60 young Afghan women in clinical and non-clinical roles with support from UN Women in 2024.

We estimate MSI's mobile outreach teams traveled over **6 million miles** in 2024 to reach the most remote communities with life-changing care.

Across the countries where we work, nearly **1 in 5 women** seeking contraception got it from MSI. Our reach is even greater in countries like Sierra Leone, Tanzania and Mongolia, where 3 out of 5 women sought contraception from MSI.

**We reached 14 million people from underserved communities with reproductive healthcare in 2024.**





United Kingdom and Mexico

# Two abortion providers in conversation

With one in the UK and the other in Mexico, Kendall and Alfonso are worlds apart, but they share something important in common: they are both MSI abortion providers. They came together to discuss the joys and challenges of providing abortion and why they do it.



**Kendall**  
Nurse,  
United Kingdom



**Alfonso**  
Medical Director,  
Mexico

**K** I wouldn't say I've had a typical path to becoming an abortion provider... one thing you might be surprised to know is I worked for a decade in the arts and fashion world! But I was passionate about women's health and frustrated with experiencing inequality in the health system as a disabled woman. It was in 2019 that it hit me: I wanted to become a nurse. I've now worked at MSI for almost two years.

**A** It's nice to speak to someone newer to this career. Me, I've been working in healthcare in Mexico for more than 35 years – as an OBGYN and then in abortion care. I made the move to abortion care because I believe abortion is a human right. My three daughters, my wife, my mother, my grandmother, they are the reason I do this.

**K** Wow, you must have seen a lot of change in abortion services over the years.

**A** Oh yes, you wouldn't believe the changes I've witnessed. When Mexican states started decriminalizing abortion, we took the clients' hands in our own as we told them we are with you. Over time everything has become more regulated, more accessible, better for women. In Mexico, abortion has now been decriminalized by the Supreme Court and many states allow abortion on demand – I never thought I was going to see that in my lifetime. This change has come from the people, from the ground up.

**K** Things have improved massively in the UK too; I've seen this personally. When I was a university student, I had two abortions in a general hospital ward and felt really stigmatized by nurses who made assumptions about me. Now, I feel truly privileged to work for MSI and be part of an environment where people don't feel judged and where abortion is treated like the healthcare service it is.

**A** People ask why I do this work and it's simple: abortion is needed. Often clients come back to thank me, saying I saved their life. Yes, we change lives but we don't do it to feel better about ourselves. We do it because it's needed, it's healthcare, it's the way it should be. That's it.

**K** It's the most satisfying part of the day to get those pieces of feedback. I remember one woman who said I had managed to make her laugh during one of the hardest moments in her life, and how much she valued my support. And another who felt like she was the only one in the world to have an abortion. When she timidly asked me if I'd had one, I was able to honestly answer yes, and it helped her to not feel alone. On an average week, I support around 40 people with abortions and that's just me, one provider in one clinic in London. It's so much more normal and common than people think, we just don't talk about it enough.

MSI Mexico, which recently celebrated 25 years, has **expanded abortion care options for women in all 22 states** where abortion is decriminalized, through telemedicine, accompaniment network and midwives, as well as in clinics across seven of those states.

In 2024, MSI prevented **8.8 million** unsafe abortions. In the countries in which we work, pregnancy-related deaths would be over **15% higher** without MSI's programs.



**Our providers supported 4.5 million women with safe and high-quality abortions last year. In some countries, MSI provides more than 50% of all estimated safe abortions.**

**A** The stigma is the worst part. People discriminate against me and my family. My three grown daughters have all experienced hate and shameful behavior towards them because of my job. My youngest had to change the hospital she worked in because people were aggressive and violent towards her. People don't understand it. But my family are advocates for women's rights and we don't hide. We are fighters, we're proud.

**K** I'm so sorry your family has experienced that. I've heard of many abortion providers around the world who face danger and threats because of this work and it's not right. In the UK, we've had a turning point last year with 'safe access zones' around abortion clinics. It means anti-choice groups can no longer stand outside and harass our clients and staff. They could be arrested if they do. We used to see these people day in and day out handing out misinformation on leaflets, physically putting themselves in the way, following and photographing people.

**A** We have these anti-abortion people too, praying outside our clinics, intimidating clients. They do a long stint they call '40 days for life' every year.

**K** I hate thinking about how clients must feel coming face-to-face with them. Some of our clients have legitimate safety risks as asylum seekers or survivors of domestic violence, and they had these people photographing and harassing them. Thanks to the safe access zones, it feels much safer now. There's no other type of healthcare where this happens.

**A** These groups don't think about women. They don't think about the 12-year-old that I helped, who had been kidnapped, raped and became pregnant against her will – that I had to tell her a fairytale story to get her to relax when we administered anesthesia because she was just a small girl.

**K** It can be so hard when you're confronted with people experiencing such vulnerabilities and hardship. I've had people tell me things they've never told anyone because we create a safe space for them. But I'm proud to be able to help them – with our safeguarding approaches we get people the support they need.

**A** It's what you and I, and all our MSI colleagues have in common I think: providing the best possible care. We need to share our skills and care further. In the past two years I've trained more than 35 government health workers to provide quality abortion care, so services will cascade to many more women.

**K** It's true, expanding access to safe and equitable care is what will truly change things. I'm endlessly inspired by our MSI teams across the world. It's a pleasure to work alongside you, 5000 or so miles apart!

**MSI UK supported a record number of clients with abortion services across their clinic network in 2024, 12% more than the previous year. The teams across England have decreased wait times and deliver exceptional client-centered care, while meeting increasing demand. Their dedication has been recognized by the UK's Care Quality Commission who have rated all our centers 'good' or 'outstanding.'**





Africa

# Meet Carole and Lalaina, two visionary women leading MSI Africa



**Carole Sekimpi**  
Senior Director for Africa



**Lalaina Razafinirinasoa**  
Deputy Director for Africa

We sat down with our MSI Africa Director and Deputy Director to learn more about their backgrounds, inspirations, and shared vision for the future of reproductive choice across the African continent.

When Carole Sekimpi, a medical doctor from Uganda, had her fourth daughter she noticed something was different. The usual visitors didn't come around. The usual celebrations didn't happen. People were acting like something was wrong – because it was another girl. She knew that girls were thought of as a liability. You can't trust them or invest in them like you can with boys, her mother told her, because they can get pregnant. They'll drop out of school and fail to contribute economically to their families. This didn't sit right with Carole. Nine months into her new daughter's life, she saw an advert for a job at MSI and never looked back.

In Madagascar, at just 9 years old, Lalaina Razafinirinasoa was entrusted with her family's finances and paperwork. Her parents' aversion to admin created space for an organized and managerial-mannered girl to step in. It was unusual for any girl or woman to be dealing with such matters in their male-dominated society, but as her life went on, she continued to challenge gender norms. She won educational scholarships and worked in sales, finance and marketing before making her way into a role at MSI – a move she describes as the best decision of her life.

When asked what they love most about MSI, Carole doesn't hesitate. "Numbers," she quips, going on to describe MSI's unparalleled data and evidence-based thinking. Lalaina sits back in her chair, thoughtful. "MSI is not afraid to stand for what it believes in," she says.

They both possess a demonstrable strength of character and ability to communicate, while each bringing their own skillsets that create a nice balance. Carole's medical background, her strategy and business acumen, her task and project-oriented nature, and her ability to captivate a room as a true MSI ambassador make her well-equipped to be at the helm of MSI Africa. Her role focuses on commercial programs and the marketing of MSI healthcare products, driving performance and profit to expand our impact at scale.

Lalaina, who oversees donor-funded programs to deliver services to rural communities, is reflective and perceptive about people and approaches. Carole says of her deputy: "She is thoughtful and knows how to navigate nuances and difficult situations. And her Francophone background helps connect our leadership with our Francophone regions." Together, they have a clear vision for the future of MSI and for the women of Africa.

"I would like to continue building on our model of strong local leadership with lots of room for adaptation – each country delivering MSI's mission of expanding reproductive choice in their own way," Carole explains. "I'm excited about growing impact, about governments taking more ownership and counting on MSI as a partner, and I strongly believe we are building sustainable services."

Across the 17 African countries where our programs are based, **25% of the demand for contraception is met by MSI**. The Democratic Republic of Congo is the fastest growing program in the number of services being delivered, with a 17x growth in CYPs delivered since 2019.

Lalaina adds: “We need to accelerate our advocacy to break down the restrictions women face to accessing contraception and abortion. When women have the right to access reproductive healthcare and they can truly access services, that’s when we have done our job.”

The two women reflect on the birds-eye view of the African continent they have at this level of leadership. They speak to the hurdles of diminishing funding while navigating intense inflation, devaluation of currencies, geopolitical instabilities, and governments deprioritizing reproductive health. The operating challenges are profound, but the opportunities and momentum to drive progress are also abundant.

With 300 million people aged between 15 and 24, Africa’s younger generations are demanding this change. “There’s something about society that is undermining the futures of girls,” Carole remarks. “Many

people live beyond the health system, but there is a way we can reach them. We need to be strategic, engage new funders and partners, deploy resources efficiently, and just keep pushing forward – put on our gloves so to speak, and work hard.”

On what drives her, Lalaina speaks with fervor about helping people who cannot afford or access services. “I have family members still living in remote villages who are victims of this inequity. This is my way to contribute.”

Helping them overcome the stress and pressures they face as leaders is their shared desire for equity. Fairness for women and girls. “Nothing beats the smile of a young woman visiting one of our clinics who now feels she has a chance in life,” says Carole, smiling herself.



MSI’s Sierra Leone, Democratic Republic of Congo and Niger programs have standout adolescent-friendly initiatives. In Sierra Leone for example, their annual ‘back to school’ campaign – educating young people on reproductive health information and services as they return to school in October – has seen a huge rise in young people accessing services.

**32% of Sierra Leone’s clients last year were adolescents.**

As a social business, we generate around **half of our income** by selling health products and services. Surplus income and our committed donors fuel our programs to reach marginalized and remote communities with no alternative access to care.

In 2024, nearly one in five clients served by MSI was under 20 years old, and we supported **600,000 adolescents to continue their education**. Our ability to reach adolescents with services means in some countries we’re reaching 3x the national benchmarks.





Ghana

# The life-changing work of a public sector midwife trained by MSI

Jennifer is a senior staff midwife in the Ghana Health Service. Trained by MSI on providing quality abortion care and contraceptive choice through the public health system, she proudly supports women and girls in her community.

“At our small local facility, I start my work as a midwife at 8am. Antenatal care, postnatal care, birth delivery... anything to do with midwifery, we are good to go. Now I provide comprehensive abortion care as well.

It's a noble profession. But when it has to do with abortion, there's this stigma attached. People ask why a midwife should provide abortion. Some see abortion as a sin because of their religion or beliefs. Previously we even had staff at this public health facility that would turn abortion clients away saying, 'We don't do that here. This is an abomination.' People in our community were reluctant to come to

our facility for safe services because of these staff members' views.

Then we had training organized by MSI. One part was a Values Clarification and Attitude Training called VCAT, which was helpful because we had staff coming for the training who held misconceptions and had not clarified their values.

We talked through examples, like if a girl gets pregnant and resorts to an unsafe abortion. We wouldn't want that. We don't want people to be dying, people to be doing their own abortions when they can come to us for comprehensive care, for safe care. After my training with MSI, I started talking about abortion during home visits and

girls were confiding in me. I told one of my supervisors that the values training should be given to all health workers.

We also learned comprehensive abortion care, both surgical and medical, through MSI's training. We learned to provide counseling, understand the level of gestation, know the complications, and provide services. We can now explain this all to people beforehand, and they can make a choice.

I think pregnancy should be a choice. Maybe you're not aware of contraception, or there's been a mistake. You are a student who wants to pursue your education, or you're married

The number of abortion and post-abortion care services accessed by marginalized communities under our 'leave no one behind' strategy has grown 5x since 2019.

70% of this growth is due to our partnership with the public sector to expand quality care.





**We partner with the public sector to expand access to contraception and abortion. The number of government health facilities supported by MSI has increased by 60% in the last five years to 6,400.**

but want to continue working at your job. Then you are pregnant. I should be there for you. I will counsel you. I will provide the service, then you move on in life.

I remember one girl... she was pregnant and came in with her stepmother. She couldn't speak up. So we asked the stepmother to excuse us so that we could talk to the girl alone, and we found out she was raped. Her stepmother said she has to give birth, but the girl doesn't want to. She wants to go to school. If we help her, at the end of the day she'll go back to school and pursue her dreams. So of course we supported her with the abortion she wanted, and when I saw her

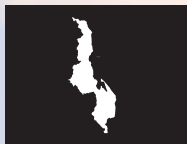
again two months later, she was wearing her school uniform – I was so happy.

A lot of girls talk to me about their health. They call me. Sometimes we talk about their menstrual cycle, their reproductive health, contraception. I tell them, when they are ready, they can come to me anytime. If they know people who didn't intend to get pregnant and pregnancy comes, they can bring them to me, and I will help them. Whatever, wherever, I can deliver. I am always proud to be an abortion provider."

**Across 22 countries, 12,800 government health workers have been trained by MSI to provide quality reproductive choices in their communities. Last year, these local public providers supported 8.2 million people with reproductive choice.**

**In the spirit of feminist aid and human rights protection, Global Affairs Canada is funding MSI's health system strengthening partnership work in Ghana. By training more healthcare workers like Jennifer, and strengthening facilities and supply chains, MSI and our donors are building sustainable access to reproductive choice, ensuring it's available through national health systems for generations to come.**

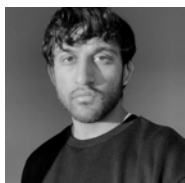




Zambia and Malawi

# Reflections on **climate and choice**

A funding partner, an MSI Zambia team member, and a community member in Malawi each share perspectives on how the climate crisis intersects with reproductive health.



**Sarmad Ahmed** is a gender equality adviser for the Norwegian government and works closely with MSI. He shares

**why funding reproductive healthcare programs is a key strategy for building climate resilience:**

“ In 2024, my visit to Nepal was just weeks after they’d experienced the most severe flooding in decades. I met community members and MSI staff like Tushar, the Country Director, who talked to me about their experiences and the impact on their communities. We visited a village in a mountainous region whose nearest health clinic was shockingly far away. Fortunately, it was able to be reached by MSI – many other places couldn’t be due to landslides and road damage. It was viscerally apparent to me how fragile infrastructures like the health system can be when confronted with climate disasters.

This experience made me reflect on the need for health programs to have the tools and ability to quickly adapt services and respond. It’s not always business as

usual. As a funding partner, we make it a priority to build in flexibility to respond to climate shocks as the world becomes more unpredictable. It’s also valuable for us to partner with organizations like MSI who are well-established in the countries we’re supporting – as they already work in and are part of these communities.

To leave women without essential reproductive health services while they navigate a climate disaster is deplorable, and we can’t let it happen. More flexible core funding means that organizations like MSI can adapt to ensure the continuation of services, so that women’s reproductive rights are not sidelined.

I see sexual and reproductive healthcare as a fundamental first step in climate adaptation. We know that climate change exacerbates gender inequalities as women and girls are first to lose access to resources, education, and autonomy in times of crisis. When a woman has agency over her body, that translates to making decisions about other parts of her life and contributing to community leadership – it’s these basic needs and rights that are the foundation of building a truly resilient community.”



**4.6 million vulnerable people** were supported by MSI in countries affected by climate disasters and humanitarian crises in 2024. 3% of clients reported to us that they were displaced.





**Anne is a 34-year-old mother of four living in Nkadana Village, Malawi. Her community was hit by the longest-lasting tropical**

**cyclone recorded in the southern hemisphere, which severely affected public health services.**

“Contraception is important for developing our home. Because of contraception, I have cultivated our land, I have constructed this house, we have

bought cattle, we have enough food. I feel that my children and I are benefiting a lot. The five years during which we used contraception allowed us to pay for the children's school fees without any difficulty. I have been able to take good care of my children.

When the cyclone came around, I was due for another visit to access contraception, but I failed to access it – the bridge was impassable due to the floods. I gave birth to another child. We didn't plan for this.”



**As MSI Zambia's Programs and Partnerships Officer, Namakando Simamuna sees firsthand the impacts of climate**

**on women and girls.**

“I was at COP29 climate talks in 2024. I was there to put women at the center, to implore global leaders to understand that we need to prioritize women's health and reproductive choices as part of the climate crisis response.

I told the people around me how drought is a national disaster here in Zambia. It's affecting nearly 10 million people, causing widespread hunger and disrupting power supplies.

A local school principal told me that the drought affecting local farming families is causing girls as young as 13 to have sex with men to secure enough food to live. Last year, 11 girls at this school became pregnant.

Some of them use harmful substances to try to end their pregnancies on their own. This happens in the school toilets.

What scares me is that at COP29 climate talks, I barely heard a word about women's and girls' health. The impact of climate change is being felt across my community and my country. It's rippling across Africa and the world, manifesting in ways that deny women and girls the futures they deserve.

MSI data indicates that 14 million women might lose access to contraception in the next decade due to climate change. The climate is destroying the future of a generation of young women who have done nothing to cause this global emergency, and we have to do something about it.

I'm proud that MSI and our partners are standing up to protect reproductive choice for women and girls on the frontline of the climate crisis. We have a huge mission in front of us.”

MSI research indicates that 14 million women are at risk of losing access to contraception due to **climate-related displacement** in this decade. This could lead to an additional 6.2 million unintended pregnancies, 2.1 million unsafe abortions and 5,800 maternal deaths. MSI teams are doing everything they can to reverse this trend and protect women's health in climate-affected communities.





Global

Every day we manage **10,000 interactions** across 34 contact centers in 73 languages to ensure safe services are just one conversation away. In 2024, that equated to 4.23 million interactions on the phone or messaging channels.

In 2024, MSI launched the Vagina Privacy Network: a new type of 'VPN' offering a step-by-step guide to stay anonymous online while accessing information about your reproductive choices. It was developed in partnership with communications agency Weber Shandwick who offered pro bono support to bring this project to life. In just a few months, it received more than **231 million impressions** online, global media coverage and industry awards, helping us to spread the word and support people's digital safety.

# Digital healthcare in a modern world

Whitney Chinogwenya, an MSI Marketing Manager based in South Africa, sees the issues and successes of digital healthcare and privacy play out online every day – she shares her take.



“ AI, chatbots, digital footprints: it’s enough to make you feel like we’re living in the future. Working in online marketing for MSI it’s fair to say I spend a lot of my life in the ‘digital world.’ I can confirm it’s not the future – the expansion of digital healthcare is happening right now and quickly. There are now more mobile phones<sup>2</sup> in the world than people, and almost 70%<sup>3</sup> of the world’s population are using the internet.

MSI has been investing in our digital future for years already, building an online network of care with our 34 contact centers around the world, websites, social media accounts, digital data systems, online marketing, healthcare apps, the list goes on. But we’re not the only ones taking advantage: anti-choice groups are using digital platforms to spread disinformation with impunity, abusing reproductive healthcare providers and manipulating people.

In 2024, we partnered with the Center for Countering Digital Hate (CCDH) to expose some of this anti-choice activity in a new report. Several of our country programs documented how some social media companies are profiting from anti-abortion ads, while suppressing accurate information from reputable sources like MSI.

These often religion-linked groups advertise ‘pregnancy crisis centers’ online, promising support for women with pregnancy concerns who will turn up to find they’re being dissuaded from abortion. Google now labels ‘provides abortion’ or ‘does not provide abortion’ on these ads to provide clarity, but only in countries in the Global North. In South Africa where I live, women are still being manipulated by these fake clinic ads that put them at serious risk, while Google does next to nothing about it. MSI and CCDH’s report and media splash this year put pressure on these companies, calling for change.

Meanwhile, digital footprints are also a cause for concern. With new and evolving abortion bans including in the US and others across the world, it can be difficult to navigate the internet safely when searching for our reproductive options. There are many reasons why people want to keep their online searches private, like avoiding anti-choice websites that gather their data or keeping search histories from abusive partners.

I was exhilarated when MSI launched a new type of ‘VPN’ this year – the Vagina Privacy Network – to support anyone looking to educate themselves about their digital privacy rights and how to stay anonymous online. We didn’t know how it was going to be received, but were so pleased to see it was featured across global news and I was especially proud when it was shared by grassroots groups across the US who saw it as crucial in the fight for our reproductive rights.

I believe digital is the next frontier for the battle for reproductive rights, as our opposition are increasingly pushing their tactics online. But it’s also a frontier for progress and presents us with immense opportunity. Information is power, and in the face of growing attacks on our rights and freedoms, accurate online information is a lifeline for those seeking care and facts about their reproductive options.

At MSI, we’re pushing to be louder, bolder, smarter than those fighting against the right to choose. We’re using our tools and expertise to build digital spaces where women can make the choices that are right for them, with genuine information they can trust. It makes me excited for what’s on the horizon.”

**Across digital channels, we’re reaching people with accurate information on their reproductive health options and raising awareness of the importance of reproductive choice. Last year our global websites were visited 4.3 million times and our global social media channels received 6.37 million impressions.**

[2] [www.weforum.org/stories/2023/04/charted-there-are-more-phones-than-people-in-the-world/](https://www.weforum.org/stories/2023/04/charted-there-are-more-phones-than-people-in-the-world/)

[3] [datareportal.com/global-digital-overview](https://datareportal.com/global-digital-overview)



# The power of **your support**

This moment is critical. The US government – the largest funder of global aid – has now stepped away from their commitment to global health and development. This is no longer about filling gaps; it's a complete reset of the future of international development. Right now, health systems are at breaking point, human rights are being rolled back, and life-saving health programs have ground to a halt. The world's poorest people and communities are paying the price, from women on the frontline of climate devastation in Senegal to survivors of gender-based violence in Afghanistan.

Those of us who believe in a woman's right to choose and in building a fairer, healthier world need to step forward as leaders at this crucial precipice.

MSI is showing up in solidarity and with solutions. We know that sexual and reproductive healthcare is a bedrock of a sustainable, gender-equal, healthy and stable future – one where every woman's life is defined by choice and dignity. And with our established, high-quality programs across the globe, we can deliver it.

To unite and fight for choice at this critical time, we invite you to protect women's access to healthcare and transform lives with a donation or by partnering with us.

**Your investment in sexual and reproductive health is a vital force for social change. Together we can improve the health of women, families and communities by reaching millions more women and girls with the power of choice.**

“

I chose to use contraception to be able to manage my children, their education and their health. To be able to have more time for self-care. A young woman has dreams and wishes. She cannot only give birth.”

Ferhana, MSI Afghanistan client

# \$6.50

can provide someone with their choice of contraception **for an entire year.**  
At scale, the impact is transformational.





## The fight ahead...

# 257M

people want to use contraception but have no access

With teams embedded in their local communities, we are expanding access to contraception at scale across six continents, reaching rural and marginalized communities with no other way to access it.

# 40%

of women live in countries where abortion is banned or restricted, and hundreds of millions of dollars from the US and Europe are being spent to promote anti-choice and anti-gender agendas across the world

We work with grassroots, local, national and global partners to change laws and policies, advancing sexual and reproductive health and rights. Using our connections, data, insights and expertise, we are strengthening the pro-choice movement and holding the line against the opposition.

# 35M

women and girls will resort to an unsafe abortion this year

MSI unapologetically provides safe and quality abortion care. Since 2000, our teams have supported over 57 million women with abortion or post-abortion care, and we'll keep expanding access to comprehensive abortion care until everyone has the healthcare they need.





# Financial summary



## Consolidated statement of financial activities (incorporating the income and expenditure account) for the year ended 31 December 2024

|  | Unrestricted funds<br>\$'000 | Restricted funds<br>\$'000 | Total 2024<br>\$'000 | Total 2023<br>\$'000 |
|--|------------------------------|----------------------------|----------------------|----------------------|
| <b>Income from</b>                       |                              |                            |                      |                      |
| Donations and legacies                   | 8,559                        | -                          | <b>8,559</b>         | 109,542              |
| Charitable activities                    | 224,659                      | 139,480                    | <b>364,139</b>       | 396,407              |
| Investments                              | 11,240                       | -                          | <b>11,240</b>        | 6,528                |
| Other income                             | 3,638                        | -                          | <b>3,638</b>         | 2,184                |
| <b>Total income</b>                      | <b>248,097</b>               | <b>139,480</b>             | <b>387,577</b>       | <b>514,661</b>       |
| <b>Expenditure on</b>                    |                              |                            |                      |                      |
| Raising funds                            | (5,837)                      | -                          | <b>(5,837)</b>       | (2,565)              |
| Charitable activities                    | (223,979)                    | (139,480)                  | <b>(363,460)</b>     | (387,247)            |
| <b>Total expenditure</b>                 | <b>(229,817)</b>             | <b>(139,480)</b>           | <b>(369,297)</b>     | <b>(389,812)</b>     |
| Realised exchange gains / (losses)       | (290)                        | -                          | <b>(290)</b>         | (166)                |
| Net gains / (losses) on investments      | 1,977                        | -                          | <b>1,977</b>         | 1,990                |
| <b>Net income</b>                        | <b>19,967</b>                | <b>-</b>                   | <b>19,967</b>        | <b>126,673</b>       |
| Transfers between funds                  | 1,181                        | (1,181)                    | -                    | -                    |
| <b>Other recognized gains / (losses)</b> |                              |                            |                      |                      |
| Loss on revaluation of fixed assets      | -                            | -                          | -                    | -                    |
| Unrealised exchange gains / (losses)     | (7,402)                      | -                          | <b>(7,402)</b>       | (8,876)              |
| <b>Net movement in funds</b>             | <b>13,745</b>                | <b>(1,181)</b>             | <b>12,565</b>        | <b>117,797</b>       |
| Fund balances brought forward            | 250,715                      | 56,759                     | <b>307,474</b>       | 187,216              |
| <b>Fund balances carried forward</b>     | <b>264,461</b>               | <b>55,578</b>              | <b>320,039</b>       | <b>305,013</b>       |

All amounts relate to continuing activities. All gains and losses recognized in the year are included in the Statement of Financial Activities.

MSI uses the exemption conferred by section 408 of the Companies Act in not preparing a separate Income and Expenditure Account for the Company only. The net income for the Company for the year to 31 December 2024 was \$5.6 million (2023: net income \$117.6 million).

## MSI Group Balance Sheet as at 31 December 2024

|   | Group          |                |
|---|----------------|----------------|
|   | 2024 \$'000    | 2023 \$'000    |
| <b>Fixed assets</b>                                 |                |                |
| Intangible assets                                   | 5,639          | 5,824          |
| Tangible assets                                     | 36,739         | 33,451         |
| Investments   | 24,336         | 21,761         |
| <b>Total fixed assets</b>                           | <b>66,714</b>  | <b>61,037</b>  |
| <b>Current assets</b>                               |                |                |
| Stock   | 24,501         | 27,328         |
| Receivables   | 66,741         | 80,020         |
| Short-term deposits                                 | 191,707        | 182,902        |
| Cash at bank and in hand                            | 97,483         | 85,745         |
| <b>Total current assets</b>                         | <b>380,432</b> | <b>375,995</b> |
| Payables: amounts falling due within one year       | (115,993)      | (120,449)      |
| <b>Net current assets</b>                           | <b>264,439</b> | <b>255,547</b> |
| <b>Total assets less current liabilities</b>        | <b>331,153</b> | <b>316,583</b> |
| Provisions  | (10,975)       | (11,725)       |
| Loans: amounts falling due after more than one year | (139)          | (355)          |
| Exchange differences on translation to USD*         | -              | 510            |
| <b>Net assets</b>                                   | <b>320,039</b> | <b>305,013</b> |
| <b>The funds of the charity:</b>                    |                |                |
| <b>Unrestricted income funds</b>                    |                |                |
| General funds                                       | 85,617         | 74,240         |
| Designated funds – fixed asset reserve              | 23,875         | 22,928         |
| Designated funds – program reserve                  | 62,144         | 49,629         |
| Designated funds – legacy reserve                   | 92,824         | 101,496        |
| <b>Total unrestricted income funds</b>              | <b>264,461</b> | <b>248,293</b> |
| <b>Restricted income funds</b>                      | <b>55,578</b>  | <b>56,210</b>  |
| Exchange differences on translation to USD*         | -              | 510            |
| <b>Total charity funds</b>                          | <b>320,039</b> | <b>305,013</b> |

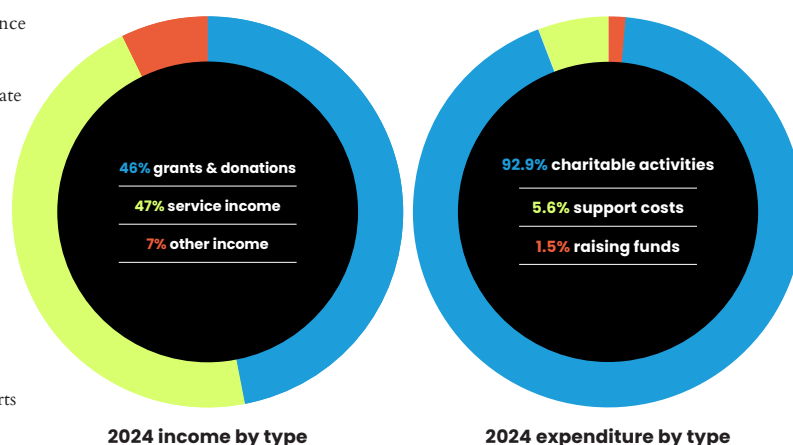
The figures presented in the Statement of Financial Activities (SOFA) and Balance Sheet are based on the MSI Reproductive Choices 2024 Annual Report and Financial Statements, which were prepared in GBP and externally audited. For illustrative purposes only, the 2024 figures have been translated into USD at a rate of 1 GBP = 1.25 USD (2023: 1.24). They have not been audited in USD and should not be relied upon for financial or investment decisions.

\*Exchange movements on translation to USD arise as a result of the translation from GBP to USD, and is a presentational adjustment to ensure consistency between the SOFA and Balance Sheet.

The Company balance sheet can be viewed in the 2024 MSI Reproductive Choices Annual Report and Financial Statements.

For more information on MSI United States' financial activities, see [msiunitedstates.org/financials/](https://msiunitedstates.org/financials/)

MSI United States is a 501(c)(3) organization (Tax ID: 54-1901882) that supports MSI Reproductive Choices, an international non-profit formerly known as Marie Stopes International.









# CHOOSE CHOICE: a manifesto

Your body.  
Your education.  
Your career.  
Your future.

You should decide what you do with them.

And yet, for millions of women worldwide, that choice is impossible.

Because they cannot access the contraception they want,  
or the safe abortions they need.

Paying with their potential, and even their lives.

Reproductive choice, and the freedom it affords,  
is a fundamental human right.

And that is why we fight for it.

Through our clinics, services, and our partnerships, we make choice possible.

We believe that a world in which every woman can choose when and if she has children,  
is a fairer, safer and more sustainable one.

We open doors.

We break down stigma.

And we go further than anyone else to make sure everyone who needs us  
can decide their own future, on their own terms.

Until every girl is respected.  
Until every woman is empowered.  
Until every pregnancy is wanted.  
Until no-one is left behind.





[msiunitedstates.org/  
donate](https://msiunitedstates.org/donate)

## How can you help?

### Donate

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

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

### Join the conversation

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

### Stay in the know

Subscribe to receive the latest news and campaigns on global reproductive health and rights straight to your inbox:  
[msiunitedstates.org](https://msiunitedstates.org)