



# MSI 2030

**Your Body, Your Choice,  
Your Future**

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Our 2021 – 2030 Strategy

November 2020

## Our 2030 Vision

Our 2030 vision is bold: **By 2030, no abortion will be unsafe and everyone will have access to contraception.**

We know this can be achieved. However, there are still over 35 million unsafe abortions happening every year, and over 230 million women and girls want, but have little or no access to contraception. If left unchecked, this number will increase to over 300 million by 2030. We believe everyone, from whatever background, should be able to choose whether and when to have children, and that abortion should always be accessible, affordable and safe.

### Achievements under Scaling Up Excellence strategy 2016-2020

Over the past five years MSI has reached more women than ever before with life-changing services. By the end of 2019, we provided over 17.2 million safe abortion and post-abortion care services, and enabled an estimated 11 million additional women to access contraception.

We see over 28,000 clients daily across all country programmes, and over 32 million women and girls worldwide currently use a method of contraception provided by MSI.

**What we must keep doing:**

Millions of women and girls across the 37 countries where MSI operates are using a method of contraception supplied by us. Millions more have had a safe abortion provided, without judgement or stigma, where access to these services is often either restricted or of highly variable quality. Our primary focus is our client and her needs. We will never lose sight of Tim Black’s foundational insight, revolutionary at that time – that our services should put clients first, and that our providers are there to serve them. Tim knew that preventing an unintended pregnancy was a powerful way to support a woman to take better care of herself and her family, and to provide her with opportunities not just to survive but to thrive. It is a simple fact that whilst contraception and safe abortion provision are basic and essential health services, millions still have little or no access, and this most valuable of healthcare investments is still drastically underfunded.

Until all unmet demand is met, and everyone can access reproductive choice safely, our work is not done. Our services will be provided in the private sector for those that can afford to pay, but 80% of all our clients will be those from the poorest and most marginalised communities, who currently have no access to either public or private services.

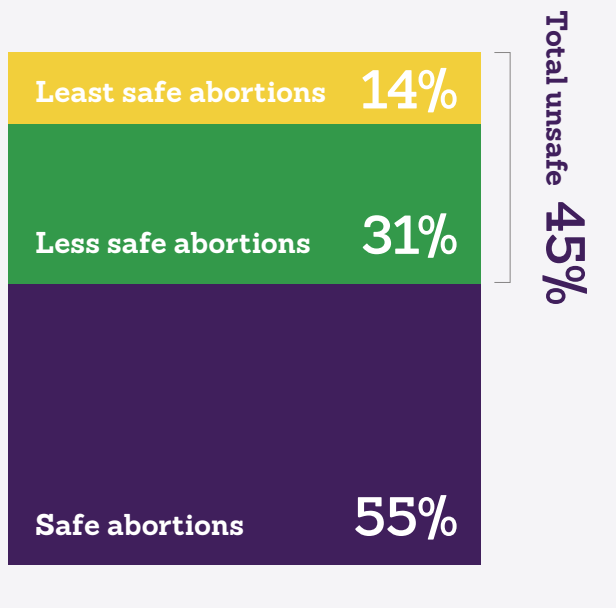
**What we must learn and do differently:**

The next decade presents the global community with daunting challenges in tackling inequality and poverty, political instability, a climate emergency and the impact and aftermath of a global pandemic. MSI must be lean, nimble, courageous and efficient: operating as a social business, having sufficient financial resilience to withstand shocks and funding shortfalls and, wherever possible, to be able to generate income from services provided from those who can afford to pay. To achieve our 2030 objectives, we will need to embrace partnerships, lead innovation in service delivery, and have the courage to create and capture opportunities for change, enabling every girl and woman to realise her right to choose.

We will continue to measure progress in terms of clients served, contraception and safe abortions delivered, service income generated and gaps closed. However, to these measures we will add a stronger emphasis on service delivery innovation, partnership, and improved quality measures including self-administered contraception and safe abortion, and metrics that focus on systemic change, rather than what MSI alone can deliver.

**Of the 73 million abortions that take place each year worldwide, an estimated 35 million are unsafe**

Source; Guttmacher/WHO, 2019



**By 2030, our aim is for every woman and girl to be only one contact away from a safe provider.**

Whether a woman or girl is living far from a health facility, or in the heart of a city, our aim is to connect her to a safe provider of services and guide her to find the right solution to meet her needs. Where possible, MSI will provide these services via our network of centres, outreach teams and community-based services. Where not, we will help her find a safe alternative. Meeting these needs requires funding; from national governments, donors and private investors, but also, in some cases, the client herself. Whatever her ability to pay, we believe there must be a solution available, and to fulfil our vision, we will need the resources and partnerships to make this happen.

<sup>1</sup>Ganatra, B et al., Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model, The Lancet, 2017. Infographic accessible at: [Bit.ly/globalabortionsafety](https://bit.ly/globalabortionsafety)

# MSI 2030 Goals

In the countries in which we work, by 2030, we aim to;

01

Serve at least 120 million women and girls with voluntary high-quality SRH services, guaranteeing that 80% will be those with the greatest need.

02

Ensure 1 in 4 women have their demand met for contraception by MSI or an MSI-supported service in the countries where we work.

03

Support the elimination of unsafe abortion by ensuring 1 in 3 women who have an abortion will access it from a safe MSI or MSI-supported product or service, whilst enabling others to provide safer services.

04

100% of MSI country programmes will achieve “gold standard” in MSI’s three quality indices: Clinical Quality Score (CQS), MSI Abortion Quality Index (MSAQI), and Client-Centred Care (CCC) by 2025.

05

100% of the countries where we work will have improved access to SRHR by MSI actively influencing laws, policies and the enabling environment.

06

Build greater sustainability by generating at least 35% of all MSI programme revenue from product sales or service income.

# Six Pillars for Success

MSI 2030 is designed around three 'Access' pillars (the 'what') for sustainable service provision, and three 'Enabling' pillars ('the how') that ensure we have the funding, partnerships and organisational transformation necessary to deliver not only our goals, but to eliminate systemic gaps.





## ACCESS PILLAR 01

# Leave No One Behind

By 2030, we will have supported a game-changing shift in national ownership of SRHR whilst filling gaps in provision, to reach those who have no alternative access to care. We will place a strong focus on reaching adolescents, those living in extreme poverty and marginalised communities who have no effective access to public SRH services. These activities will be primarily donor-funded and will deliver excellent value for money, serving clients who would otherwise be left behind.

### The Challenge

By 2030, it is estimated that the 30 countries currently most off track in meeting the Sustainable Development Goals will be home to four-fifths of all people living in extreme poverty. Many of these people will be in countries where the public sector will remain their main provider of sexual and reproductive health services.

The gaps can be enormous, and the political will can be lacking to reach those with the greatest unmet demand for contraception and those at the greatest risk of unsafe abortion.

Over the last five years, MSI has more than doubled its adolescent reach, from 6% to 15% of all services provided. With younger populations expanding, especially in sub-Saharan Africa, we must raise our efforts to increase access to life-changing sexual and reproductive health services to adolescents, those living in extreme poverty and those in marginalised communities.



### Strategy 1: Increase access to the “last mile” beyond the reach of national healthcare systems.

We will reach marginalised communities in hard-to-reach areas via our high quality, client-centred outreach services, ensuring that the proportion of MSI clients served meets or exceeds the national poverty level. We will develop and diversify service delivery methods and partnerships to reach both urban and rural poor communities.

These services will be primarily donor-funded and will fill gaps where public services don't exist or are very poorly supported. We will cost-recover where possible. We will also increase access to safe abortion/post abortion care to the fullest extent of the law.

### Strategy 2: Establish public sector partnership models to transition towards national SRHR ownership.

Our “pathway to sustainability” starts with “gap-filling” service delivery and over time leads to direct capacity support, through to supervision support, finally to achieve full government ownership for long-term access to quality long-acting and permanent methods of contraception (LAPMs) and safe abortion/post-abortion care services.

### Strategy 3: Expand access to adolescent sexual and reproductive healthcare.

By 2030, adolescents will comprise 50% of Sub-Saharan Africa's population, yet this age have the lowest access to SRH information and services. We will continue to learn from our data and evidence and follow best practices in our adolescent ‘Success Models’. We will also test new services and products to expand our offering to ensure we meet the diverse needs of adolescents.

## Strategy 2: Pathway to Public Sector ownership

### System level approach

#### Repositioned donor funding

Agreements between donor, MoH and service organisations

#### Partnerships

Partnership with health financing organisations, global organisations and local groups for behavioural change

#### MSI added value

Performance, data and client insights driving advocacy, demand creation and service delivery

### Sustainability Pathway: transition to sustain access

### Client and provider

#### Filling gaps

Direct impact through service delivery

#### Direct capacity support

Quality assure and support facilities and providers

#### Supervision support

Quality assure supervision

#### Full government ownership

Potential MoH contracting to partners for quality or service delivery support



## ACCESS PILLAR 02

# Strengthen Private Sector Provision

By 2030, we will have significantly contributed to strengthening the private sector, ensuring choice of medical and surgical abortion is widely available. Our fee-paying centre and maternity network will be fully sustainable, operating as the quality “backbone” for diversified SRHR service delivery. Private sector providers will be connected through sustainable, collaborative and integrated women’s referral networks, ensuring that every woman and girl is only “one contact away” from quality, safe providers who meet her needs across her lifetime.

### The Challenge

Over the next decade, it is highly likely there will be an overall funding gap for SRHR services.

The private health sector is growing and is crucial if universal health coverage is to become a reality. Today, half of Africa’s health expenditure is estimated to come from out-of-pocket payments. While this will remain high in the countries we work in, government health spending will also gradually increase.

As out-of-pocket and government health spending grows, we must ensure affordable and high quality service provision grows with it.

A well-functioning private sector meeting high standards of quality care is essential for encouraging women to seek safe providers and accelerate the move away from unsafe or less safe providers.





### Strategy 1: Diversify services for sustainable MSI centres.

Our self-sustaining centres will be 'centres of excellence' for affordable, quality services, offering a full range of women's health services from "menstruation to menopause" for fee-paying/insurance clients. All MSI centres will cover all direct and support office costs for the channel and will form the "backbone" to a referral network and training hub to build SRHR competency. Linkages will be made with other groups and partners to ensure we can refer women who are survivors of sexual and gender-based violence.

### Strategy 2: Expand MSI maternity services.

Where possible, we will expand high quality client-centred safe motherhood maternity services across our MSI country programmes. By supporting centres to remain open and to diversify services offered, this will protect access to safe surgical abortion and post-abortion care, at a time when broad access to medical abortion risks a reduction in surgical abortion skills and access.

### Strategy 3: Create a client-rated private sector network.

Our bold ambition is to expand SRHR access by linking all licensed private providers in a country into an integrated network so every woman and girl is only one contact away from a safe provider. Harnessing the power of digital mobile technology, our contact centre, and new collaborative partnerships, we will enable women and girls to rate their experiences in the network. Providers will be motivated to build their public rating by paying for training and support to improve their standards of care, to attract more clients away from less safe or less client-centred providers. It will ultimately be a sustainable, self-financing model driven by client experience.

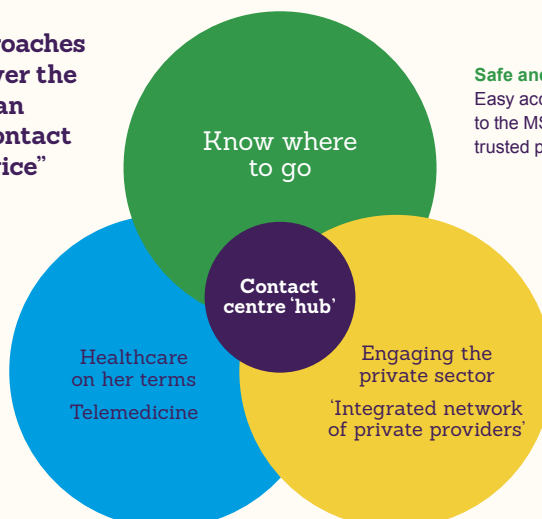
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**A combination of approaches will be needed to deliver the vision of “Every woman is no more than one contact away from a safe service”**

**Telemedicine for convenient SRHR consultations**  
Ensuring women access the advice and products they need



**Safe and quality assured**  
Easy access and referrals to the MSI network and trusted partner sites

**Accessible, sustainable and accountable private provider network**  
Women rate their provider. Public ratings improve standards. Includes MSI clinics and other private clinics



## ACCESS PILLAR 03

# Client- powered SRHR

By 2030, women and girls will never feel alone in making their reproductive choices. We will provide contraceptives and medical abortion/post-abortion care products via social marketing, making essential products available where women need them. This expansion in sustainable safe access will be accompanied by MSI follow-up/referral support through our contact centre and other digital technologies ensuring all social marketing provision is “gold-standard” for quality.

### The Challenge

Pharmacists are often the first point of healthcare access for many people. Social marketing of medical abortion has dramatically improved access to safe abortion/post-abortion care, has reduced costs for the end-user and has brought safe abortion/post-abortion care to more locations. Unfortunately, there are still counterfeits and poor-quality products on the market.

Access still needs expanding. Many clients (and providers) are unclear about the legal status and regulations limit availability. Women will go to unsafe providers (and often pay much more) as an attempt to avoid being stigmatised or because they are unsure of the regulations. They also need to know where to go for aftercare or for contraception.

Through this pillar, MSI can help put control into the hands of women and girls and simultaneously raise standards for the sector.



**Strategy 1: Double SRHR impact through social marketing sales.**

MSI will strengthen its own product sales offering in focus country programmes with an explicit focus on expanding product distribution, client care quality and creating sustainable programmes using commercial sales, marketing and supply best practices.

**Strategy 2: Remove registration and access barriers.**

We will focus our regulatory teams to remove barriers to access and ensure faster registration of medical abortion, post-abortion care and self-administered contraception products.

**Strategy 3: Harness digital technology to expand access.**

Enhance and develop our contact centre and telemedicine technology to provide remote access to medical consultation and assistance, improving client experience, safety, and health outcomes.

**MSI Abortion Quality Index (MSAQI): raising standards in all channels**

This ground-breaking approach will be applied to all MSI channels, to provide a measure of safety and quality at the programme level. The aim is to improve quality within MSI programmes, and eventually, to influence the sector towards better measures of safety and impact for safe abortion/post abortion care. Gold standard is a score between seven and nine.



**The AQI measures three indicators for each type of SA/PAC:**

Surgical Service Delivery	Provider	Service quality	Continuum of care
Medical Service Delivery	Product	Service quality	Continuum of care
Medical Social Marketing Sales	Product	Information	Continuum of care



## ENABLING PILLAR 01

# Funding the Mission

By 2030, SRHR services will be funded, sustainable and available in the long term so that no woman who has accessed contraception, safe abortion, or post-abortion care is ever denied it again.

MSI will secure funding sources to close service delivery gaps and invest in improving the MSI infrastructure to support innovation and future sustainability. Whilst maintaining our traditional funding base, we will expand fundraising to a broader base of private foundations and individuals. We will also increase programme service income with stronger surplus to be generated from commercial activities.

### The Challenge

Many of MSI's countries have, or are moving to, "middle income" status. In many cases, when middle income status is achieved, funding reduces or stops. But national governments may not take over the funding responsibilities, particularly for family planning and safe abortion. We will have to work harder to show the health and economic benefit of funding SRHR services. For example, UNFPA currently provides significant contraceptive supplies as in-kind donations to a range of countries, but in the long term national governments will have a greater role to play in the procurement of contraceptives.

Generating our own diversified sources of funding, positioning our work into broader contexts, and being properly prepared to deliver services in the future will be key to future service provision.



### Strategy 1: Diversify our funding base to amplify our impact.

We will seek out and expand partnerships with those who share our vision and goals. We will advocate for the inclusion of SRHR into investments where women are most often disadvantaged: in education; in employment; and national responses to humanitarian situations; and for the impacts of climate change. We will actively seek out funding opportunities across other sectors, because we believe that by aligning with others' missions, we can amplify our impact. We will switch focus from fund-securing to fundraising, across a much broader and more diverse network.

### Strategy 2: Increase programme service income.

We will continue to generate our own funds as a social business to enable us to reinvest in expanding access to SRHR for women and girls. Where possible, we will partner with national governments to encourage access and/or contract our services.

### Strategy 3: Steward our finances and provide value for money.

We will make every penny count and continue to steward and control our finances so that we remain resilient and able to withstand financial downturns. We will continue to use sound business management techniques and tools to ensure funds are applied effectively in support of the mission, thereby providing high value for money. We will channel efficiency savings into front line service delivery in our country programmes.

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#### SPOTLIGHT

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**I need to empower women. That's what drives me. I personally believe that if we empower a woman or a girl, then you've empowered a home, you've empowered a country and you've empowered the world at large.**

—  
Damaless, nurse in Zambia

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## ENABLING PILLAR 02

# Partnerships and Advocacy

By 2030, MSI will have an outstanding reputation for being an influential and trusted partner to any individual, business, government or organisation that shares our vision and complements our mission. We will share our quality measures, insights, models and learnings openly, working with and learning from grassroots, local, national and global partners to shape SRHR policy and remove barriers to access.

### The Challenge

Providing services alone will not secure universal access to contraception or safe abortion.

In every country where we operate, our services are still restricted by unnecessary legal, medical or regulatory restrictions.

In some places, opposition to SRHR is growing in terms of funding, scale and sophistication.

We need to proactively engage externally and share our data and evidence to both ensure we have strong allies and to improve the enabling environment to secure the fulfillment of SRHR service delivery.



### Strategy 1: Strengthen local partnerships and local connections.

We will work with global, national groups and local grass roots communities to deliver services, create demand and influence change. We will have diverse, locally connected advisory groups/boards to provide strong, local influencing relationships.

### Strategy 2: Partner proactively to influence the enabling environment.

We will bring the voice and solutions of the client and provider into policy discussions to develop more effective national and regional government relations and to encourage and enable others to support complementary service delivery. We will create strong partnerships to accelerate legislative and policy change to increase access to SRHR. We will help to advance the argument for inclusion of SRHR services in any health funding mechanism, whether donor, third party, private or public.

### Strategy 3: Invest and share our data, insight & models.

We will champion use of routine data and data analytics for improved decision making to drive quality improvements. There will be greater sharing of evidence and insights across MSI and beyond to improve programme design adoption of best practice in SRHR delivery.

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We will share our quality measures, insights, models and learnings openly, working with and learning from grassroots, local, national and global partners to shape SRHR policy and remove barriers to access.

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#### SPOTLIGHT

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I joined MSI in India because I wanted to educate women about their reproductive rights, including abortion. In the past ten years, I have seen more awareness. And while abortion is still taboo, the perception is changing.

As long as I am able, I will continue to educate women on these issues.

—  
Sajjan, counsellor in India

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## ENABLING PILLAR 03

# Transformational Organisation

By 2030, MSI will have shifted its centre of gravity towards the countries where we operate, thereby creating transformational change for both the clients we serve and the team members who power us. Taking advantage of digital technologies, we will become a more agile, empowered organisation, with an emphasis on people skill development, ensuring everyone has an equal opportunity to thrive.

### The Challenge

Through the next decade the changes and challenges we will face will be tougher: funding; inequality, poverty, political instability, and the climate emergency to name a few of the known ones, let alone the unknown tests to come. To rise to these and other challenges we will equip ourselves with skilled team members that also have a social business and client care mindset so we can respond and adapt quickly.

We will use the advantages that technological advances will afford us. For example, listening and responding to clients in real time will be a transformative change to programming; as will adapting for gender equality, resilience and climate change.

And we must measure ourselves in innovative ways that drive real progress at a macro level, not just on short-term growth versus our internal benchmarks.





**Strategy 1: Invest in our people.**

We will build upon and strengthen our unique “One MSI” culture. We will continue to attract, retain and grow talent, opening-up career pathways for people in the countries and regions in which we operate. For our sustainability and commercial platforms, including maternity provision, we will seek to rapidly develop and expand our commercial competency including the hiring of experienced personnel who will bring new needed skills.

**Strategy 2: Embed client centred accountability.**

We will listen, design with, and be fully responsive to our clients and providers, advancing our efforts to deliver world-class client-centred care. We will develop revolutionary real-time client feedback mechanisms supported by people who value client insights and feedback, who are not afraid to change and learn as they go, experimenting with what works best for clients and providers. Our already high clinical quality service provision will be augmented by new clinical quality composite metrics. A new client centred-care metric will hold us to account not just by what we deliver, but how we deliver it.

**Strategy 3: Make diversity and gender equality key to “One MSI.”**

We commit ourselves to diversity and gender equity, acknowledging the benefits that diversity brings for a truly global organisation. We will ensure all staff are representative of, and sensitive to, all the communities we serve, and we will place a particular emphasis on female leadership development.

**Strategy 4: Be digitally equipped and enabled.**

Data and systems will be made more adaptable for a digital future, enabling us to be faster, more responsive, and speed up decision-making, with the aim of efficiency savings to be released for client-facing country programming.

Key financial back office processes, service data collection, geo-mapping of service sites, performance reporting, clinical, audit and supply chain systems will be enhanced so we become less manual and more automated, enabling us to be more effective in our work. We will build a strong and flexible data “backbone” so we can capture and use the right data in the right way.

**Strategy 5: Ensure commodities and products are always available.**

Our supply chain processes and competency will be strengthened to deliver quality product, on time to the last mile.

**Strategy 6: Commit to “leave no footprint”.**

In response to the climate emergency, we will nurture a culture and mindset of environmental sustainability. We will design and deliver programmes to support climate adaptation.

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**We commit ourselves to diversity and gender equity, acknowledging the benefits that diversity brings for a truly global organisation.**

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**We will use our voice,  
our reputation and  
influence to ensure  
everyone has the right  
to determine their  
own future.**



**YOUR BODY,  
YOUR CHOICE,  
YOUR FUTURE.**

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