

# Impact Report

2021



### Acknowledgement of Country

MSI Australia acknowledges the Traditional Owners and Custodians of the land on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging. We also acknowledge the enduring connection to their Traditional estates across Australia and to the ongoing passion, responsibility and commitment for their lands, waters, seas, flora and fauna as Traditional Owners and Custodians.



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## **Australian Purpose**

**Your choice, made easier**

## **Global Mission**

**Children by choice, not chance**

## **Global Vision**

**A world where every birth is wanted**

## Executive Summary

This year we continued to evolve our services in response to the coronavirus pandemic and shifting preferences of our clients.

We strive to be an inclusive culturally safe organisation, responding to the needs and wants of our clients and their communities, who we put at the centre of the way we work.

We released our inaugural Strategic Plan, which will be in place for the next three years and sets out our trajectory as the leading not-for-profit provider of sexual and reproductive health services.

It lays the groundwork for a new local approach to our mission, with an ambitious transformation agenda.

Marking our 20th year in Australia, it was timely that we reflected on our legacy and namesake. We began the process of changing our name to MSI Australia to move forward with greater awareness, respect and inclusivity.

We adjusted our day surgery network and evolved our models of care, increasing our telehealth offerings as part of this transformation agenda.

Our staff were resilient to changes and we are grateful to work with such compassionate people who work tirelessly to provide high quality care to each and every client.

We strengthened our community and government partnerships.

Sexual and health reproductive healthcare service provision is funded in an ad hoc manner and minimal sexual and reproductive health services are embedded in healthcare systems, particularly when it comes to abortion care.

We need to move toward equity and ensure everybody has the same access and support whether they can afford sexual and reproductive health services or not.



**Jamal Hakim**  
Managing Director



## Our Values

### Agency

safeguarding our independence, that of our clients and staff, so we can continue to enable and defend reproductive choice and rights.

### Courage

being able to summon the strength and determination to fight for sexual and reproductive rights, and to look after ourselves and each other, so we can last the distance.

### Integrity

pursuing our purpose without compromise and partnering with like-minded organisations to destigmatise our services, so everyone can have the right to choose.

### Quality

maintaining strong clinical and corporate governance structures, as well as robust and integrated processes and systems that empower staff at all levels to continuously deliver good outcomes for our clients.

### Safety

prioritising not only the physical wellbeing of our clients, but also creating safe spaces for our clients and colleagues that are free from judgement and discrimination.

## Who is MSI Australia?

### **Dedicated, independent, pro-choice**

We are an independent, non-profit organisation dedicated to ensuring sexual and reproductive health services are equally accessible to all people living in Australia. We are the only national accredited provider of abortion, contraception and vasectomy services, and the country's longest running provider of teleabortion.

Our holistic, client-centred approach empowers individuals to control their reproductive health safely, and with dignity, regardless of their circumstances. Through active partnerships with healthcare providers, researchers and communities, our models of care ensure the total wellbeing of our clients is supported at every stage.

## Improve our current services and cost structures

Objective: optimise service channels to deliver safe, non-judgemental and comprehensive services through a supported and easy to navigate client journey.

### Pricing changes

A new pricing framework was rolled out across the organisation, to position us for future growth, sustainability, and importantly, to better serve our clients. We had no significant price changes since 2014 and received feedback that it was confusing for staff and clients.

To address this, we implemented a more client-centred, simple, sustainable and uniform pricing structure that can be more readily reviewed and shared. As part of the pricing changes, we made the significant and welcome move to provide free contraception insertion at the time of surgical abortions.

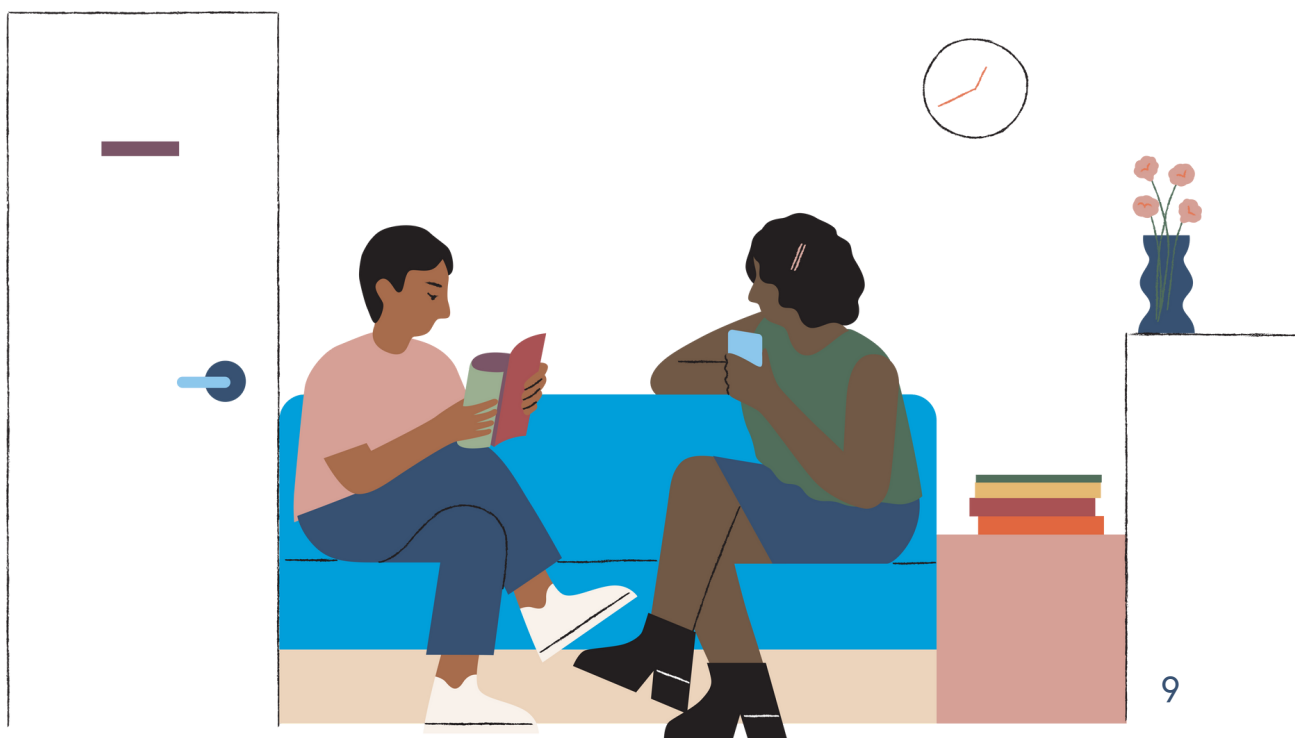


## The Choice Fund

The provision of quality healthcare comes at a cost. We know that not everyone is able to afford the essential health services that we provide. The 'Safe Abortion and Contraception Choice Fund' (the Choice Fund) is for women and pregnant people in Australia who are experiencing financial hardship and in addition to other healthcare barriers.

Donations provide:

- Abortion of choice for a woman or pregnant person experiencing financial hardship;
- Contraceptive of choice for a woman or pregnant person experiencing financial hardship;
- Pregnancy choices counselling for a woman or pregnant person needing to consider their options, including abortion, adoption, care, kinship care and parenting.



We use the limited funds in the Choice Fund to provide access and equity for the most vulnerable populations in Australia.

Of those who accessed the Choice Fund in 2021:

- The average gestation of a person seeking abortion care was 13 weeks
- 9% were people who had experienced sexual violence, compared to 3% the previous year.
- 32% had no access to Medicare, compared to 4% the previous year.
- 4% were under 18 years old, compared to 12% the previous year
- 44% held a Healthcare card, compared to 79% the previous year
- 88% were unable to access public services, compared to 89% the previous year.
- 77% were experiencing financial hardship, compared to 79% the previous year.
- 21% were living in coercive contexts including family and domestic violence, compared to 13% the previous year.
- 13% were Aboriginal and Torres Strait Islander people, compared to 6% the previous year.
- 23% were experiencing homelessness, compared to 6% the previous year.
- 4% were living with drug use, compared to 3% the previous year.

Every dollar donated to the Choice Fund goes directly towards providing healthcare to women or pregnant people who choose abortion or contraception services.

## Anonymised personal stories

"Aesha (she/her) is 27 years old, six weeks pregnancy gestation and wanted a medical abortion via telehealth with \$195 to contribute. Healthcare Card holder. \$206 gap. She's disabled with two children, receives child support and has \$25 per week after expenses. Conception partner was an ex-boyfriend. She contacted him for funds but he refused to contribute. She has a sister who contributed \$100, who lives interstate. She called relatives asking for funds however they were unsupportive of her choice."

"Bielle (she/her) is 31 years old, seven weeks pregnancy gestation and wanted a medical abortion in clinic, with \$370 to contribute. No Medicare card. \$530 gap. Living with her husband and two children. She is on a temporary visa and most friends live on the other side of town. Husband works three casual jobs, he is supportive of her choice. She requested a payment plan. They were behind on rent due to medical bills related to their oldest daughter. Payment plan did not start for three months."

"Celeen (she/her) is 21 years old, 19 weeks pregnancy gestation and wanted a surgical abortion and hormonal IUD, with \$400 to contribute. No Medicare card. \$3,450 gap. Pregnant following a violent relationship, is on a temporary visa and was couch surfing with friends. She did not realise she was pregnant until 16 weeks gestation due to a history of sexual violence and disassociation. The local sexual assault service crowdfunded the \$400 from donations, and acted as her support person through the procedure."

"Deme (they/them) is 35 years old, 21 weeks pregnancy gestation and wanted a surgical abortion with \$2,745 to contribute. Medicare Card holder. \$4,805 gap. Planned pregnancy conceived via IVF. Recent scan showed a fetal anomaly indicating high risk of stillbirth. Their partner has a part time job, and they are also a full time carer for an elderly relative. Their friends and chosen family had previously supported IVF costs and fundraised for this contribution."

## Diversity of our product and service offering

Objective: meet and exceed established standards ensuring health products and clinical services are managed responsibly, delivered safely and to a high quality.

MSI Australia provides the following services:

1. Medical abortion care in clinic
2. Medical abortion care via telehealth
3. Surgical abortion care up to 24 weeks pregnancy gestation, depending on clinic capacity and clinician availability
4. Various aspects of nurse care including blood tests, ultrasounds and safety planning
5. STI tests
6. Cervical screening
7. Pregnancy options counselling, including: abortion, adoption, care, kinship care and parenting
8. Contraceptive care, including Long Acting Reversible Contraception (LARC)
9. Contraceptive options counselling, including vasectomy counselling
10. Vasectomy care
11. Aftercare, including low-sensitivity urine pregnancy tests where relevant
12. Australian Choice Fund bursaries, philanthropic bursaries to subsidise part of or all of a contraception or abortion funding gap

In 2012, we invested our own funds to bring medical abortion to Australia, through non-profit pharmaceutical company MS Health. Today MS Health has four products and we work in partnership with them as a sister organisation.

## Vasectomy Expansion

We saw enormous progress in our Vasectomy Expansion project across the country. During 2021 we opened new Day Hospital vasectomy locations in Melbourne at Goonawarra Day Hospital, Chelsea Heights Day Surgery, North West Day Hospital in Ascot Vale and Westpoint Day Hospital at Werribee.

In Queensland we opened Townsville Day Surgery and in South Australia we opened Norwood Day Surgery. In NSW we opened Central Coast Day Hospital in Erina. As well as these we also opened new GP Clinic services at Adamstown in Newcastle and Boronia in Melbourne.



## Evolve our models of care and increase access through technology

Objective: enable the business to deliver services to our clients and colleagues in a timely, effective and efficient way.

### National support

The National Support Centre offers confidential pregnancy support, information and referral

**166,560**

calls answered

**30,274**

emails received and  
responded to

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**1 in 4**

were from existing  
or future clinical or  
counselling clients

**3 in 4**

were seeking health  
information or referral to  
another service provider

## Clinical care

We provide clinical care to thousands of people who reside in Australia each year.

**36,000**

services delivered

**10%**

of services provided  
without Medicare card

### Services provided include:

Surgical abortion, medical abortion, medical abortion by phone/mail (teleabortion), vasectomy, tubal ligation, contraception and sexually transmitted infection testing

**17%**

of abortion clients  
accessed LARC  
(long acting reversible  
contraception)

### LARC methods include:

Contraceptive injection, the contraceptive implant (or rod), the copper intrauterine device (IUD) and the hormonal intrauterine system (IUS)

## COVID-19 Impacts

The coronavirus pandemic continued to have an unprecedented impact on service delivery. We had to undertake a rationalisation of the clinic network to continue to provide high quality and safe sexual and reproductive health services.

We worked closely and collaboratively with clients, governments and stakeholders to find and create health pathways to make sure that clients were supported in continuing to be able to access care and advocated for better provision of surgical abortion services in public hospitals.

We developed simplified processes for referrals and smoother pathways to the public system and partners to support clients more effectively. We maintained a presence in each region, through partnerships with health regions and offering virtual services and compassionate care.

We remain committed to embedding sexual reproductive health care, and especially abortion and contraception care into universal health systems, not just band aid solutions, so that care is available to every person living in every region in Australia.



## Teleabortion demand skyrockets

Teleabortion provides a safe and private way to terminate a pregnancy with medication without having to visit one of our clinics or find a local prescriber. Instead, the appointments are done via telehealth and the medications is posted to clients.

During the second year of the coronavirus pandemic teleabortion services continued to build at a rapid pace, with clients choosing virtual appointments for privacy, convenience and ease.

In 2021, we saw another increase in telehealth services. Nationally there was a 10% increase in teleabortion services since 2020, a 74% increase since 2019 and a 201% increase since 2018. Without this service, the impact of the pandemic restrictions would have made access impossible in communities.



## Advocate for public policy change

Objective: be a trusted voice for sexual and reproductive healthcare and rights in Australia.

### 2021 engagement

Citations of MSI policy and academic publications	8
University or other academic partnerships	2
Speeches at Public Hearings	19
Open Letters, Statements or Co-Submissions in Solidarity with Partner Organisations	127
Policy Advice Provided to Local, State/Territory or Federal Government	3
Academic papers authored or co-authored by staff	29
Policy submissions, policy briefs or policy papers published	8

## Abortion law reform in South Australia

In March 2021, the South Australian Parliament passed the Termination of Pregnancy Bill (the Bill). It was a historic move – the Bill removed provisions from the criminal code which mean women and pregnant people can still be charged for obtaining an unlawful abortion.

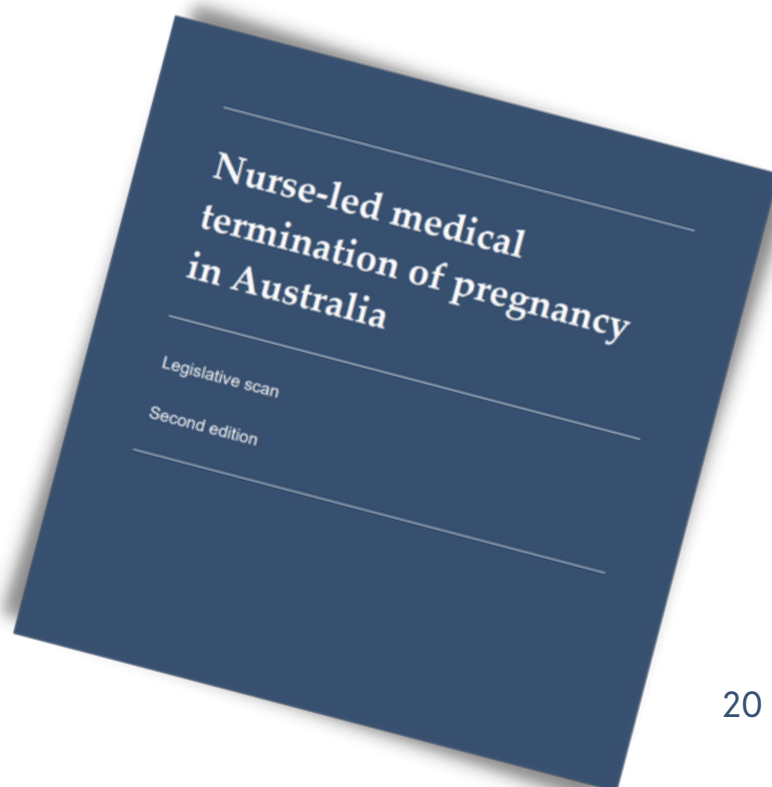
The Bill was passed with a number of amendments. Problematic amendments included the regulation of gender biased sex-selective abortion which risks amplifying racial profiling and discrimination in our healthcare system. While the amendments are not ideal; on merit, the Bill was a move in the right direction and we welcome the opportunity for increased access to abortion care.

## Nurse-led care

We published a second edition of the policy paper called 'Nurse-led medical abortion in Australia', in partnership with the University of Queensland, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and SPHERE, with advisory from Professor Heather Douglas at the University of Melbourne.

The paper provides an overview of medical abortion related legislation in relation to nurse practitioner and nurse prescription of medical abortion medication. Nurse Practitioners work independently and in advanced and extended clinical roles but are underutilised within the health sector. They are well positioned to reduce the care burden of doctors and increase access and equity to communities.

Attitudes are shifting towards nurse leadership in abortion care in Australia. Legislative and policy barriers remain a hurdle in moving from fragmented to comprehensive care. We know that nurses have the skills, knowledge and potential in extending scope of abortion care, particularly in supporting trauma informed care pathways.



## Safe access zones in Western Australia

In August 2021, the Western Australian Government legislated safe access zones to protect patients and staff accessing sexual and reproductive health services. The passage of Public Health Amendment (Safe Access Zones) Bill 2021 means women and pregnant people in every state and territory are now protected against intimidation and harassment when accessing abortion services. Each year picketers spent approximately 2,295 hours outside our Midland Clinic in WA, undermining community trust, feelings of safety, breaching privacy.

It is crucial that when people access healthcare they not only feel safe but that their privacy is respected and protected. Safe access zones now prevent picketing within 150 metres of abortion care clinics and apply 24 hours a day, seven days a week. Picketers persist, but are located further down the road and are far removed from our clients, their support people and staff.



## Religious Discrimination Bill

We called for caution on the Religious Discrimination Bill (2021). The Right to Health enshrines access to healthcare free from discrimination, including religious discrimination. Addressing all aspects of discrimination is critical for universal health access and international health equity.

All people have the right to religion and belief. Approximately 2 in 5 of our clients identify as religious, and our staff have a diversity of religious and spiritual beliefs. In Australia there is a range of federal anti-discrimination legislation, which is mirrored by a patchwork of state and territory laws. This can be difficult to navigate and creates complications for patients who need to fly between jurisdictions to access healthcare. We recommended that federal discrimination legislation be consolidated into a single Act.

A consolidated Federal Anti-Discrimination Act could include religious and other belief as a prohibited ground of discrimination and could contain a mechanism which allows courts to fairly balance competing rights to non-discrimination. Patients need access to clear and harmonised anti-discrimination laws in order to be able to identify and report discrimination.

## Increasing access through health literacy

Objective: be a trusted voice for sexual and reproductive healthcare and rights in Australia.

### 2021 engagement

Social Medium	Reach
Facebook	440,291 people
Twitter	557,300 people
Instagram	59,472 people
Medium Blog	2,622 people
Total	1,059,685 people

## Social media approach

### Connect our services to awareness days

Rather than just promote our clinical services, we connect our services to key sexual and reproductive health awareness days.

### Strive for inclusivity

It is fundamental that we are inclusive of the intersecting identities of our clients to make their choices easier.

### Promote vasectomy services and beyond

In our sector, there is less content on vasectomies and sexual health literacy related to this procedure. This means we can bridge this gap to ensure everyone's needs are included.





## Key initiatives

### National Forum on Reshaping Abortion Care in Australia

We successfully held our virtual National Forum on Reshaping Abortion Care in Australia event in November with over 100 attendees.

### 12 days of Contraception

For 12 days leading up to Christmas we promoted a different type of contraception from our website [contraception.org.au](https://contraception.org.au).

### Intersex Awareness Day

We live tweeted events for Intersex Awareness Day to raise the profile of this important sexual health issue.

### Movember

We highlighted our Managing Director and his important relationship with this men's health awareness day.

### World Vasectomy Day

We shared vasectomy health literacy information and collaborated with World Vasectomy Day organisers to promote our services.

## Embed anti-discrimination practice and cultural safety

Objective: optimise service channels to deliver safe, non-judgemental and comprehensive services through a supported and easy to navigate client journey.

We continually work toward embedding anti-discrimination practices and cultural safety throughout the organisation.

Marking our 20th year in Australia, it was timely to reflect on our legacy and namesake and turn our attention to setting up for the future. Within the release of our inaugural Strategic Plan, we clearly stated our intention to change our name from Marie Stopes Australia to MSI Australia.

This is an important step for us operationally as while we have been in this country for over 20 years, the reality is that our achievements have been built on continuing occupation, dispossession and exclusion.

It is time to move away from the association to Marie Stopes. Marie Stopes did influence global changes to perceptions of relationships, pleasure, contraceptives and preventative healthcare.

With her influence she also carried a number of problematic values related to gender, race, class and ability. Her values and practice displayed what we would consider to be both structural and interpersonal reproductive coercion.

It is important for us in Australia to acknowledge that Aboriginal and Torres Strait Islander health post colonisation has been interwoven with discriminatory practices including genocide, eugenics and reproductive coercion.

Through our Strategic Plan, we committed to further embed cultural safety as one of the pillars in the way we provide services and care, as well as taking stronger reconciliation action. In honour of this commitment, we committed to change our name to ensure we move forward with greater awareness, respect and inclusivity.

## Who are our clients?

All clients who access our services are offered an interpreter service if English is not their primary or preferred language

- Top 10 languages other than English spoken by clients: Mandarin, Hindi, Vietnamese, Punjabi, Arabic, Nepali, Spanish, Korean, Cantonese and Thai
- 4,857 interpreter services were provided to clients, including AUSLAN. This is a 32% increase from 2020.

Aboriginal and Torres Strait Islander clients

- 3% of clients are Aboriginal and/or Torres Strait Islander people.
- Of those clients, 86% are Aboriginal, 9% are Torres Strait Islander, and 5% are Aboriginal and Torres Strait Islander.
- Most (99%) of Aboriginal and Torres Strait Islander clients are women.

Clients access our services throughout their lives

- 30 years: the average age of our clients
- 14 years: the age of our youngest client
- 71 years: the age of our oldest client.

# Public reporting of Clinical Outcomes

In 2021, 93% of our clients reported a high to very high satisfaction rate with the service they received. Our 2021 complication rates remained low.

Medical termination of pregnancy	2019	2020	2021	Benchmark rate*
Incomplete abortion	3.78%	4.95%	4.27%	1.1-4.2%
Continuing pregnancy	0.47%	0.53%	0.46%	0.5-0.7%
Infection	0.31%	0.27%	0.24%	0.2-1.0%
Surgical termination of pregnancy	2019	2020	2021	Benchmark rate*
Incomplete abortion	0.88%	0.89%	0.61%	0.3-2%
Continuing pregnancy	0.06%	0.04%	0.02%	<0.2%
Cervical injury	0.02%	0.02%	0.06%	<1%
Perforation of uterus	0.07%	0.04%	0.03%	0.1-0.4%
Infection	0.24%	0.17%	0.10%	0.1-2%
Vasectomy	2019	2020	2021	Benchmark rate*
Failed vasectomy	0.07%	0.00%	0.18%	<1%
Haematoma	0.07%	0.15%	0.04%	1-2%
Infection	0.04%	0.00%	0.18%	1-2%
Anaesthesia	2019	2020	2021	Benchmark rate*
Total complication rate	0.20%	0.16%	0.13%	–

Collective complication rate	2019	2020	2021	Benchmark rate*
Total complication rate	2.98%	3.87%	3.09%	–

\*We participate in the Australian Council of Healthcare Standards (ACHS) Clinical Indicator program where three outcomes are compared with peer-like health services. All serious adverse events are reviewed through the National Medical Advisory Committee.

## Further information and feedback

If you would like to know more about the work that we do at MSI Australia you can follow us on social media or get in touch via the following channels

Twitter: [@MSI\\_Australia](#)

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Facebook: [@AustraliaMSI](#)

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Instagram: [MSIAustralia\\_](#)

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LinkedIn: [MSI-Australia](#)

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Website: [msiaustralia.org.au](http://msiaustralia.org.au)

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