

The Australian Choice Fund exists so access to safe abortion care is never compromised by postcode, income or circumstance.

The Choice Fund

The only National Safety Net to enable timely and compassionate abortion care.



A national responsibility

“A fragmented system leaves women to carry the cost.”

Australia has built parts of a reproductive healthcare system that many countries do not have. The Federal Government subsidises essential medicines through the Pharmaceutical Benefits Scheme—including MS-2 Step, the medical abortion medication. Medicare supports primary care. State Governments in Western Australia, the Australian Capital Territory, and Queensland commission services that extend public provision.

But these contributions sit within a fragmented system. Public provision varies dramatically by postcode. Gestational limits differ between hospitals. Medicare eligibility excludes many of the women who most urgently need care. Non-clinical costs – travel, accommodation, childcare, psychosocial support, all sit outside every existing funding framework. No single jurisdiction is accountable for ensuring a woman anywhere in Australia can reach the care she is legally entitled to.

Daily, our teams respond to the impacts of chronic, uneven funding, limited public provision, geographic exclusion, and the psychosocial complexity that compounds delay. We see women turned away from public hospitals for being over gestational limits, denied care because they lack Medicare eligibility, and unable to reach services the system does not fund them to travel to.

Where the system ends, the Choice Fund begins. MSI Australia works within and across this system. We deliver clinical services across five states and territories, manage the national supply of medical abortion medication, and connect women to care across jurisdictional boundaries that no state can cross alone. The Choice Fund exists because the system, as it stands, does not reach every woman. Since 2017, through philanthropic generosity, and MSI Australia’s own investment, **4,000 women and pregnant people** have received care through the Choice Fund that would not otherwise have been reachable.

This is a responsibility MSI Australia has chosen to carry. We continue to advocate for stronger, more equitable public investment because access to reproductive healthcare should not depend on which government is in power, which state a woman lives in, or whether philanthropy can fill the gap. Until that investment comes, the Choice Fund is how we make sure women are not left to carry the cost of a fragmented system.



Adurty Rao
National CEO, MSI Australia

Systems are failing women and pregnant people

Abortion has been decriminalised across Australia. **But decriminalisation is not the same as access.** Stigma keeps service hidden, funding uneven and pathways unclear – women and pregnant people pay the price when they need care the most.

At MSI Australia in 2025 **only**

13%

of the cost of services were **contributed to by Medicare.**



At MSI Australia in 2025

53%

of the costs for services **came out of the pockets of clients,** at one of the most vulnerable moments of their lives.

**Abortion care in Australia is critically underfunded.
The numbers tell the story.**

No one should be left behind

Public abortion care provision is inconsistent. In many regions, surgical abortion services are limited, waiting times are long, and referral pathways are unclear.

For people in rural and regional communities, accessing this care can mean travelling hundreds of kilometres, taking time off work, arranging childcare and covering accommodation costs.

In 2025, cost of living emerged as a significant reason for financial hardship, with people forced to choose between groceries, rent, childcare and an **essential medical procedure**.

These pressures delay decision making and where access is complicated, increases the likelihood people will continue pregnancies for which they are unprepared.

For those in unsafe relationships, delay is not inconvenience – it is danger. The risk of a serious and potentially fatal assault on pregnant women rises significantly.

National providers like MSI Australia play a critical role in bridging these gaps – connecting people to timely, safe care across state and territory borders where local systems fall short.

Our data tells us that people are most likely to experience lack of choice when they:

1

Experience financial hardship

2

Live in rural or remote areas

3

Have newly arrived in Australia and are navigating unfamiliar healthcare system

4

Experience family violence, domestic violence and reproductive coercion



Hannah's story

23, young mother, regional NSW

Hannah was raising two young children along with her partner when she discovered that she was pregnant. Hannah's family was already under financial stress, and she was the recipient of government family payments and tax benefits. She knew that self-funding a termination and any associated travel costs in accessing the procedure would be difficult. Hannah even considered accessing her superannuation early to pay for the costs. At over 11 weeks in gestation, Hannah also found herself being turned away from state services for being over their gestation limits. Hannah contacted MSI Australia and was referred to the Choice Fund and booked in for a Surgical Termination at MSI Canberra on the same day. Within 2 days, Hannah was assessed and approved for the Choice Fund.

Public hospital gestation limits left Hannah with nowhere to turn locally. No funding exists for abortion care travel costs, or other relevant non-healthcare costs such as childcare. Without the Choice Fund, early superannuation withdrawal was her only option.

BEHIND EVERY REQUEST

The women and pregnant people who come to us have already been unable to access care anywhere else, by systems that couldn't see them, by costs they couldn't meet.

All names and photos have been changed to protect the identity of the persons.

Australia's only national abortion care safety net

The Choice Fund is not a grant program. It is a national, embedded safeguard *built into our clinical care*. Operating at scale and governed by rigour, the Choice Fund enables an integrated care response, in a way few models can replicate.

Four pillars underpin the Choice Fund:

1

National Reach

Operating across states and territories, the Choice Fund supports women and pregnant people regardless of postcode. It bridges geographic gaps to provide care for people in metropolitan, regional and remote communities.

2

Integrated Clinical and Psychosocial Care

Support needs are identified early and coordinated alongside clinical teams – not via referrals only. This enables care decisions to be made quickly, safely and with the individual's circumstances at the centre of thinking.

Our team of counsellors and case managers deliver trauma and violence-informed counselling, including pregnancy options counselling, and post-procedure support. This service is entirely unfunded by government.

\$0 in government funding received for this dedicated team that fills a gap no other funded service covers.

3

Safety & Governance

The Choice Fund is administered with patient safety and clinical integrity being the main priorities. Funding is transparently allocated and carefully reported. Every request for financial assistance is reviewed according to standardised eligibility criteria and a psychosocial needs assessment, overseen by a Manager and approved by a member of the Executive leadership group.

4

Independent & Reliable

The Choice Fund currently operates without government funding. MSI Australia and our donors carry this responsibility because the need is urgent and the Fund cannot wait. But a permanent national safety net for abortion access should not rest of philanthropy alone. We continue to advocate for sustainable co-investment from government because reliable access to legal healthcare is a shared responsibility, not a charitable one.



Georgia's story

28, international student, metro QLD

Georgia had only been in Australia for a few months and was studying full-time when they took a pregnancy test that turned out negative. Months later, Georgia's GP informed them that they were actually 17 weeks pregnant. At their current gestation, Georgia had few options available to access a Surgical Termination and had limited funds available to afford the cost of private care. They tried accessing Queensland services but were ineligible due to being unable to access Medicare. With no state services available, Georgia had no other choice but to look interstate for treatment. Georgia found MSI Westmead could offer appointments to clients over 16 weeks gestation, but they required financial support for the procedure and the travel costs. No other Queensland services could offer funding to Georgia given that the procedure now had to take place in New South Wales. Within 24 hours, Georgia was referred to and approved for the Choice Fund.

Medicare ineligibility locked them out of every Queensland public option. Interstate travel became the only path with no funding mechanism to support it.

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2025 Impact

"The way you cared for me with such respect and without judgement has left a lasting impact. I will always be grateful."

Rachel, MSI Client

4,000+ women and pregnant people have received care through the Choice Fund

since the Fund's establishment in 2017. Care they would not otherwise have been able to access.

\$5M+ committed by MSI Australia

to reduce financial barriers to reproductive healthcare since 2017.

38,000+ occasions of reproductive healthcare

service delivered by MSI Australia in 2025.

\$700K invested annually by MSI Australia

in counselling and case management with \$0 external funding.

500+ women assisted

through services provided by the Choice Fund in 2025.

Who the Choice Fund serves

Of the 500 people the Choice Fund supported in 2025:



100% had already been turned away from publicly funded services in their area before reaching us.

68% living on less than \$100 per fortnight after expenses.

38% experienced family, domestic, or sexual violence.

31% had a diagnosed mental health condition.

28% identified as a migrant or refugee, and/or without Medicare eligibility.

15% of all case management clients disclosed reproductive coercion.

Of those disclosures:

72% were being coerced to continue a pregnancy, and 28% were being coerced toward termination. The majority of reproductive coercion our clients experience is coercion away from care, not toward it. Our counselling team exists precisely to hold that space, ensuring every decision is genuinely the woman's own.

15% were experiencing homelessness or housing insecurity at the time they sought care.

13% identified as Aboriginal and/or Torres Strait Islander. A significant over-representation relative to the First Nations communities residing in NSW, where most Choice Fund approvals originated.

6% were under 18. Young people, often without financial independence, facing one of the most significant decisions of their lives.



These are not outliers. They are people the healthcare system was not built for.

The Choice Fund was.

Amy's story

**17, Aboriginal young person,
metro NSW**

Amy worked two part time jobs while studying and was living between multiple homes. At the time Amy found out she was pregnant, she was paying her own living expenses. Amy decided to have a Medical Termination and contacted her local publicly funded service but was turned away due to a lack of appointment availability. Amy was given a list of publicly funded clinics to contact, but when she called none of them actually offered publicly funded Medical Termination services. Amy could not afford the costs and was unable to ask her family for assistance given they would not support her decision. Amy contacted MSI Australia and was able to access an appointment within a week. She was referred for the Choice Fund and was assessed and approved for financial support within 2 days.

Publicly funded options for Medical Termination were offered but not delivered. A lack of appointment availability at a local service left a 17-year-old with no option and no family, financial or other support to fall back on.

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Medicine access as mission

Safe abortion care is not just a clinical event. It is a chain of people, systems, and resources that must hold together- especially for the women most at risk of falling through.

As Australia's only not-for-profit provider that also manages the supply of abortion medicine, surplus earnings are reinvested into our mission, care services, medicines and the Choice Fund. There are no shareholders. Every dollar works to expand and protect access to reproductive healthcare.

Australia's medical abortion medication, is not simply dispensed. Through our nationally coordinated model, it is delivered within an integrated pathway of care that connects clinicians, nurses, counsellors, and pharmacists. Clinical governance, healthcare professional education, psychosocial support, and follow-up are built into the model from the outset.

For women in regional and remote communities, this matters most. Telehealth eliminates the need for long-distance travel to unfamiliar locations thereby reducing delay, cost, and the additional distress of navigating care far from home.

This is what health equity looks like in practice: a single mission holding together every part of the system, so that safe abortion care is available to every woman and pregnant person in Australia - regardless of where they live, what they earn, or what system failed them before they found us.

**60,000 units
of Australia's
medical
abortion
medication**

dispensed nationally in 2025.

**14,000+
healthcare
professionals
supported**

through MSI's specialised
prescribing and dispensing
training network.

**5,000+ women
supported**

to have medical abortions
via MSI Australia's telehealth
service in 2025.

Our commitment going forward

Access to abortion care in Australia remains inconsistent.

While legality is established, the realities of access are complex, shaped by geography, funding cycles, workforce distribution, cost pressures and changing socio-political attitudes. The demand for coordinated, timely care is growing and the infrastructure to meet it must be protected.

MSI Australia will strengthen the Choice Fund and its wrap around services with a focus on five priorities:

1 Reach

Ensuring people across metropolitan, regional, rural and remote communities are seen via telehealth, medical clinics, and are supported to access surgical care regardless of postcode.

2 Sustainability

Actively building philanthropic partnerships committed to reproductive justice.

3 Governance

Rigorous clinical, ethical and operational oversight to ensure safe, consistent and accountable delivery.

4 Research

Ethical research, for community benefit, and informed by client experience.

5 Relationships

Working alongside consumers, providers, government and peak bodies to advance abortion and contraception care across Australia.



Renee's story

33, survivor of family and domestic violence, regional NSW

Renee arrived in Australia in 2020 and was living in regional NSW when she fled a violent relationship. Renee sought out the support of family and domestic violence services and was assisted to apply for an Apprehended Violence Order (AVO). Renee had been unable to work during the relationship. She was reliant upon family to assist with living expenses when she discovered she had fallen pregnant as a result of reproductive coercion and abuse. With her family and domestic violence service unable to offer funding for a termination, Renee tried to access the public health system. As she was ineligible for Medicare, Renee was turned away. When Renee contacted MSI Australia, she was able to be booked in for a Surgical Termination and speak to a nurse on the same day. Renee was referred to a Case Manager and was approved for Choice Fund within 24 hours.

A survivor of reproductive coercion and abuse was turned away from the public health system because she lacked Medicare eligibility. Family and domestic violence services had no mandate or funding to cover termination costs. The system offered her an AVO, but not the healthcare she needed.

BEHIND EVERY REQUEST

The women and pregnant people who come to us have already been failed by everywhere else they turned - they turn to us to enable access.

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Acknowledgement of Country

MSI Australia acknowledges the Traditional Custodians of the land on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present. 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 Custodians.

We recognise that access to culturally safe, respectful healthcare is essential, and that improving equity in reproductive health access for Aboriginal and Torres Strait Islander peoples remains an ongoing priority within our national work.

