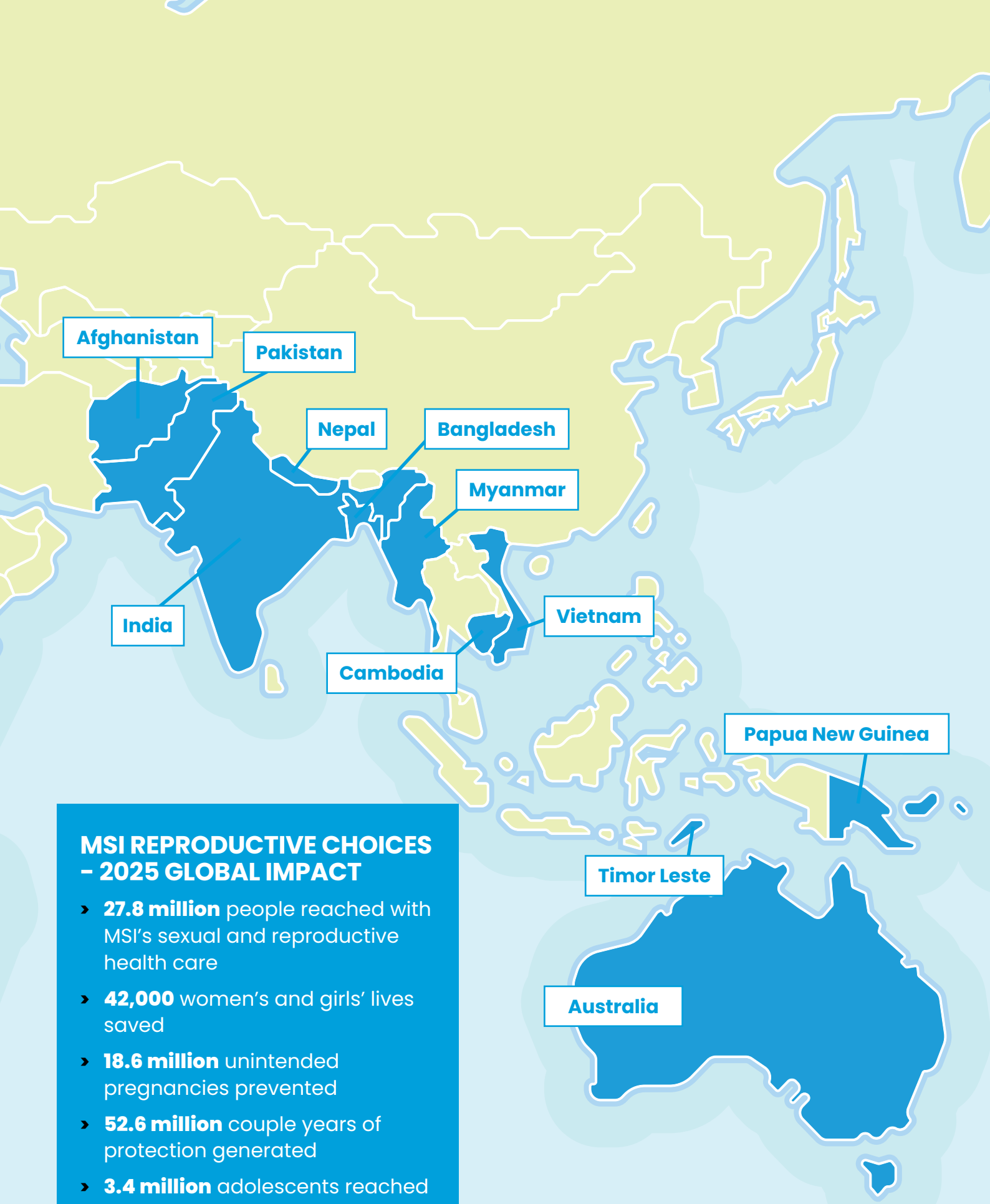
# CHOICE IN A CHANGING WORLD

2025

# ANNUAL REPORT

MSI ASIA PACIFIC
REPRODUCTIVE CHOICES




## MSI REPRODUCTIVE CHOICES – 2025 GLOBAL IMPACT

- **27.8 million** people reached with MSI's sexual and reproductive health care
- **42,000** women's and girls' lives saved
- **18.6 million** unintended pregnancies prevented
- **52.6 million** couple years of protection generated
- **3.4 million** adolescents reached
- **80%** of clients from marginalised or underserved communities
- **36** countries across **6** continents

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### Acknowledgement of Country

MSI Asia Pacific acknowledges the Traditional Custodians of Country throughout Australia and recognises their continuing connection to land, waters, sky and community. The Office stands on the traditional lands of the Wurundjeri Woi Wurrung people of the Kulin Nation.

We pay our respects to Wurundjeri Woi Wurrung Elders past and present. We recognise the deep knowledge and expertise of Aboriginal and Torres Strait Islander peoples in promoting health and community wellbeing – knowledge that informs our approach to culturally safe, equitable healthcare.

MSI Asia Pacific also recognises the diversity of Indigenous communities in whose lands and environments we work. We are committed to respectful and culturally safe care, and local leadership approaches that affirm Indigenous knowledge, sovereignty and self-determination.

# CHOICE IN A CHANGING WORLD

## To choose whether and when to have a child is to have power over your own life.

It changes what education you can pursue, what work you can do, what kind of parent you can be to the children you already have. It is, in the most practical sense, the choice that makes all other choices possible. Because when the world changes, choice must not.

Across many of the countries where we work, including Asia and the Pacific, that choice is still out of reach for millions of women and girls. The barriers are real and they are many – distance, poverty, stigma, language, violence, and laws that were not written with women's lives in mind.

And in 2025, those barriers grew harder to overcome. Global funding for reproductive health was cut. Rights that had taken decades to secure were challenged. A lack of leadership made this work more difficult than it had been in a generation.

MSI's teams kept going anyway. Because choice does not stop being necessary just because it is harder to deliver.

This Annual Report shows a snapshot of what they delivered – and what it made possible.

### She stayed in school

When a girl can plan her future, she can protect it. In countries where teenage pregnancy ends education before it has begun – access to reproductive health information and contraception changes the entire trajectory of a young woman's life. A girl who stays in school does not just change her own future. She changes her family's.

### The choice to learn


## She came back

For many women, the decision to seek reproductive healthcare takes months – sometimes years. The fear of judgement, the stories heard from neighbours, the misconceptions passed down through families. When a woman finally walks through the door and finds a provider who listens without judgement, answers every question, and returns the decision entirely to her – she comes back. To herself. To her own future.

### The choice to return

## She asked the question

In too many communities, women do not ask about contraception, safe abortion or reproductive health – not because they do not need it, but because they have never been in a space where the question felt safe. MSI providers create that space. When a woman finally asks the question, she has been carrying for months, the answer she receives is given without judgement, in her own language, and entirely on her own terms.

### The choice to ask

## She held on

When conflict, climate disaster or displacement strips everything away, an unintended pregnancy can be the thing that makes recovery impossible. For women in crisis, access to contraception and safe abortion care is not a luxury. It is what allows a woman to hold her life together when the world around her is coming apart.

### The choice to hold on

> ***"Many of the girls can't attend school classes and many women lose their jobs. These things are difficult. I wish to have job security, safety and a better life. I want my children to be safe, and I would not like to have any more."***
>
> Hamdiya, 38-year-old mother of seven, MSI client

## None of this happens without you

*The women in these pages were reached because donors, governments and partners chose to invest in their futures. Because the Australian and New Zealand governments held their commitment when others stepped back. Because people who will never meet these women decided that their choices mattered.*

## MESSAGE FROM THE CEO

Grishma Bista
MSI Asia Pacific

I remember stepping into an MSI clinic in Melbourne for the first time. Sitting with my clinical colleagues and our providers, watching clients arrive, I was struck by something that should not have surprised me but did: the stories in that waiting room were no different from the stories I had witnessed in Dili, in Kathmandu, in Port Moresby. The same need for safety. The same need for dignity. The same quiet courage it takes to walk through that door.

## Our teams rose to prevail

The same commitment from our providers – to listen without judgement, to deliver with skill, to meet every person exactly where they are. For me, that consistency is at the heart of everything MSI stands for – and it is what I am most proud of. In 2025, powerful forces did their best to make that consistency harder to maintain. And yet, our teams rose to prevail.

2025 was my first year as CEO – and one of the most consequential years for sexual and reproductive health and rights in a generation. Funding was cut. Governments retreated. Anti-rights organisers moved to dismantle decades of progress, not incrementally but wholesale. My response was to become bolder.

To say plainly, in every room I entered: MSI Asia Pacific exists to ensure every person can make decisions about their own body and their own future. That includes safe abortion services. Not as provocation. As fact.

Because reproductive choice is not a political position. It is what allows a woman to stay in school, hold a job, care for the family she already has. It is the difference between a life she has chosen and one that was chosen for her.

Across the Asia Pacific, we were fortunate. The Australian Government, through Department of Foreign Affairs and Trade (DFAT), held its commitment. New Zealand's Ministry of Foreign Affairs and Trade (MFAT) held firm. Our public donors rallied. At a moment when the global funding architecture for reproductive health was fracturing, Australia's continued investment did not just sustain our programs – it showed what it looks like to lead when others step back. That investment reached women and girls across Papua New Guinea, Timor-Leste, Cambodia, Myanmar and beyond – women who had little else to rely on – and gave them something no data point can fully capture: a choice about their own lives.

## Who is not in the room?

My instinct as a leader – in this organisation, in this sector, at this moment – is always to ask: who is not in the room? The people already convinced are not where the work is. The conversations worth having are with those being pulled toward uncertainty, toward silence, toward abandoning rights they have not fully examined. That is where the future of this work is won or lost – not in rooms full of people who already agree.

To our donors, our partners, to Australian and New Zealand Governments, and to every person working in our program countries in conditions most people will never see: Thank you. The road ahead is long and it is hard. You know that better than anyone. But long roads have never stopped MSI – and we will keep moving, for every woman and girl who needs us to.

## MESSAGE FROM THE BOARD CHAIR

Narelle Magee
MSI Asia Pacific

I have been connected to MSI for nearly twenty years – as a volunteer, as a staff member and then Board member, and in 2025, for the first time, as Board Chair. When that opportunity arose, I did not hesitate. I have believed in MSI's mission for a long time – but it was deepened by the years I spent working in Tanzania, where I saw MSI providers spend three weeks out of every month away from their families, travelling across remote terrain to reach women in communities where no other healthcare existed. I was in awe then. I remain in awe today.

## Waiting is not an option

What MSI does is extraordinary. It reaches women where they live. They do not have to come to us. For millions of women across Asia and the Pacific, waiting for healthcare is not an option. So we go to them – across eleven countries in our region and globally, in the most remote places on earth – because that is what the mission demands. 2025 was a year of transition and strength for MSI Asia Pacific. We welcomed new staff and a renewed Board, including Sid Naing, who brings more than a decade of experience as MSI's Country Director in Myanmar. That experience strengthens our governance profoundly.

Under Grishma Bista's leadership in her first year as CEO, the organisation moved forward with confidence: clear about its purpose, deeply committed to the women and girls it serves.

We are focused. We are disciplined. We are unapologetic in our mission. The Board stands behind it.

MSI Asia Pacific enters this next period with a solid foundation, strengthened by the continued support of the Australian and New Zealand governments. It is not just funding. It is leadership at a time when it is urgently needed. Embedding sexual and reproductive health in Australia's international development policy has allowed MSI Asia Pacific and its partners to stand firm and hold the line. We acknowledge and thank both governments.

## Investment needs to continue

We are also seeing our growing community of Australian donors step forward as others step back – investing not only in programs but in people's futures. Reproductive choice generates extraordinary returns – for women, for families, for the long-term prosperity of every country we work in. That investment case has never been stronger. We need that investment to continue.

The Board's governance responsibility is to ensure MSI Asia Pacific has the strategic clarity, financial resilience, and leadership capability to deliver on its commitments – now and in the years ahead. I am confident it does.

Finally: MSI Asia Pacific exists because of Julie Mundy. It was Julie who persuaded MSI's founders in London that Australia should be part of this partnership. Without her, we would not be here. After decades of service – as founding CEO, as Board Member, and as Board Chair – she has stepped down. Her legacy – and our gratitude – is in every page of this report.

To our donors, partners, governments, Board and teams: thank you for your trust. Keep investing. We will not stop – regardless of what surrounds us.

# WHO WE ARE

## OUR MISSION

To provide the reproductive choices people need to determine their own futures, by fighting to ensure everyone can access contraception and abortion.

## OUR VISION

By 2030, no abortion will be unsafe and everyone who wants access to contraception will have it.

## OUR VALUES

Mission-driven
Accountable • Resilient
Client-centred
Courageous • Inclusive

MSI Asia Pacific is part of the MSI Reproductive Choices global partnership – a network of 9,000 staff across 36 countries and six continents, united by a single purpose: every woman and girl deserves the power to choose if, when and how she has children. Reproductive choice is not a privilege. It is a right – and for millions of women and girls across Asia and the Pacific, it remains out of reach.

Based in Melbourne, we advance MSI's vision and mission in Australia and the Asia Pacific. We manage high-quality projects across eight countries, lead advocacy and policy engagement, and work in partnership with the Australian and New Zealand Governments and individual supporters to expand reproductive choice across the region. MSI operates as a social business – combining the discipline of commercial thinking with the purpose of a rights-based mission. We go where the need is greatest, work within health systems to build lasting change, and remain unapologetic in our commitment to reproductive choice for every woman and girl, everywhere.

## How we deliver

- MSI LADIES
  Local nurses and midwives trained and supported by MSI to deliver family planning, contraceptive and reproductive health services directly in homes and communities – reaching women who cannot access clinics.
- OUTREACH TEAMS
  Mobile teams travelling to remote communities – including areas where no healthcare services exist with the full range of family planning services.
- CENTRES
  Clinics offering comprehensive sexual and reproductive healthcare, including contraception, safe abortion, post-abortion care and broader women's health services.*
- PUBLIC SECTOR STRENGTHENING
  Training and supporting government health providers to deliver quality sexual and reproductive healthcare independently within national health systems.
- DIGITAL HEALTH
  Contact centres, telemedicine and digital platforms connecting clients with information, counselling and referrals – expanding access beyond geographic barriers.

*In line with a country's law.

# OUR STORIES

## NEPAL: NO MOUNTAIN IS TOO HIGH

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

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

*Tika: "I go door to door, and people also call to book a service. MSI organises informational sessions about all the available options because there are many misconceptions. Some believe using family planning prevents future pregnancies permanently, or that abortion is a sin. We counsel these communities and help them understand the facts and their rights. Then I let women choose what's right for them and provide free services. If I didn't travel here, the women would have to go three hours or more to access care, often not finding what they want when they arrive. I've seen many local women who couldn't get the services they were looking for and had to return home disappointed."*

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

27–year–old Srijana thanks her lucky stars that she crossed paths with Tika. Already a mother of two, Srijana doesn't want any more children. She has endured two difficult caesarean births and her health was deteriorating.

She's also set on making sure her two children have opportunities in education and life, and she feels that would be difficult if she had to spread her family's limited resources further.

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

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

*Srijana: "I taught at a school nearby. One of the other teachers told me about Tika ma'am from MSI who provides safe services locally. I went to her and she treated me very kindly. When I had the abortion, Tika stayed awake all night, checking on me. She helped me properly and I did not even have to spend a single rupee. Now, I am still teaching at a school, and my focus is my children. To see them happy, healthy, and educated – that is my dream. My abortion allowed me to continue working and taking care of my children. I feel like I have a new life. Tika saved me. I'm truly grateful."*

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

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

## MSI Ladies and Nepal

MSI Ladies are local nurses and midwives trained and supported by MSI to provide contraceptive and abortion services in women's homes and communities. Nearly 1,000 MSI Ladies travel globally on foot, by 4x4, and by boat to reach communities where the need is greatest. In 2025, MSI Ladies supported 1.2 million women and girls globally.

## In Nepal in 2024-2025

- **12,850** clients serviced
- **67,640** services provided
- **17,692** couple years of protection (CYPs)*
- **4** Maternal death averted

*Standard measure used in reproductive healthcare to estimate the years of contraception protection provided through services delivered

# TIMOR-LESTE: THE WORK BEGINS WITH LISTENING

**Dr Petronela Ribeiro chose to come home to Timor-Leste when others stayed abroad. As a doctor at MSI Timor-Leste in Dili, she knows that reproductive healthcare is not just about medicine – it begins long before any diagnosis, with listening.**

Petronela Ribeiro grew up in Dili watching her country rebuild itself. Timor-Leste gained independence in 2002 – one of the youngest nations in the world – and much of what it needed most, including its health system, was still being constructed. For Petronela, that unfinished work was not a reason to leave. It was a reason to stay.

> *"My grandmother passed away because of health issues. Later, my brother also had medical problems. I wanted to be someone who can help."*

To study medicine, she went to Indonesia – Timor-Leste had only one medical school and places were fiercely competitive. Many of her peers stayed abroad when they qualified. Petronela came home.

> *"In Timor-Leste, due to the conflict, there are not enough health providers. I wanted to give something back to my country."*

She works now as a clinic doctor at MSI Timor-Leste in Dili. Her days are intense – many patients, many questions during consultation – and the work begins before any diagnosis. It begins with listening.

> *"Women come with a lot in their minds. Stories from neighbours, from family, from the community – and not all of it is correct. One of the most persistent misconceptions is that contraception leads to infertility. We really have to fight this. Many women want to plan their families, but they are afraid they will not be able to have children later."*

Others hesitate to come to the clinic at all – worried about being seen, about being judged, about what their family might think. That hesitation can delay care until problems become harder to treat.

> *"We observe our patients carefully. We try to read them – to understand what they are worried about, even if they don't say it directly. We make sure they feel comfortable. We listen, we explain, we reassure them that everything is confidential. Then we support them to make their own decisions."*

There was one woman who stayed with her. She had one child and wanted to wait before having another. But because of what she had heard – the stories, the fears – she had delayed coming for months. When she finally sat across from Petronela, they went through her concerns one by one. Every question answered. Every fear addressed without judgement.


*"When she understood her options and felt she wasn't being judged, her whole body changed. She became more confident. And then she said: 'I should have come earlier.'"*

That moment – a woman's body relaxing, her voice gaining confidence, the realisation that she could have had this conversation months ago – is why Petronela does this work. It is also why access matters.

*"I cannot imagine how women in rural areas could travel on their own to reach a health facility. The roads can be very dangerous. In the rainy season, sometimes it is not possible to travel at all."*

MSI outreach teams carry essential equipment through those roads to reach communities that would otherwise have nothing. When they arrive, they often find women who have never received accurate reproductive health information in their lives.

*"In many rural areas there is no internet, no access to information at all. And when there is access, sometimes it is the wrong information."*

Petronela is clear about what Timor-Leste needs. More trained providers. A stronger health system. Investment in the people who deliver care as much as in the services themselves.

*"Women's health is a foundation for a country. As women, we need to be supported. We need more MSI."*

She pauses. Outside the clinic the city is moving – still young, still building. She chose to come back to it. She would choose it again.

***"Now I know why I am doing this work. It truly is my calling."***
Dr Petronela Ribeiro

## In Timor-Leste in 2024-2025

- **47,860** clients supported
- **79,690** services delivered
- **73,955** couple years of protection (CYPs)
- **5** Maternal death averted

# PAKISTAN: TRAILBLAZING IN PAKISTAN FOR WOMEN AND GIRLS

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


When the first MSI Reproductive Choices clinic opened in London in 1976, Mohsina Bilgrami was 5000 miles away, studying towards a medical degree in Pakistan. Unaware that this fledgling organisation would soon alter the course of her life and career.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## MSI Asia Pacific in Pakistan

- **16,040** clients served
- **40,350** services provided
- **39,720** couple years of protection (CYPs)
- **12** Maternal deaths averted

# PAPUA NEW GUINEA: GOING THE EXTRA MILE

**Nancy Hombo is a GEDSI Manager with MSI Papua New Guinea. She spends her working life travelling to the places that services do not reach – because in Papua New Guinea, distance too often decides who can access care.**

Nancy Hombo is in West New Britain, two hours by plane from Port Moresby. As a Gender Equality, Disability and Social Inclusion (GEDSI) Manager with MSI in Papua New Guinea, she is here to train staff, map referral pathways, and ensure women in this province know where to go – and what services they can access. Next week, she will visit another hospital, another community, another province. Then another.

**This is what outreach looks like in Papua New Guinea – not a service that waits to be found, but one that goes looking.**

In PNG, more than 80% of the population lives in rural and remote areas. For most women, accessing care means distance, cost and risk many cannot manage alone. In the Highlands, for example, many families depend on the coffee harvest. When the season comes, it may be the only time they have the means to travel to town where contraception and family planning is available.

But when they arrive, Nancy says, they often do not know where to find services – or what care they can ask for.

> *"Information about where to go and what services are available has not reached them. So they go home without the help they came for."*

Papua New Guinea has more than 840 languages. A pamphlet in English or Tok Pisin may as well not exist for a woman in a remote rural community. Safety is another barrier – walking alone through unfamiliar streets to reach a health facility is not safe for women and girls in many parts of the country. And in many communities, decisions about health are not always a woman's alone to make.

**This is why outreach is not a supplement to MSI's work in PNG. It is the work.**

Nancy and her colleagues go to where women are – to community health centres, hospital wards, schools and villages — because waiting for women to come to services means many never come at all. She trains hospital staff in gender-based violence response. She supports the development of referral pathways across provinces. She develops information materials stripped back to pictures and simple words. Recently, she led the production of MSI PNG's first educational videos in sign language – a milestone for disability-inclusive reproductive health in the country.

Nancy grew up in Goroka, in Papua New Guinea's Eastern Highlands Province, the daughter of a nurse. As a child, she would carry her baby brother to the hospital ward where her mother worked so she could breastfeed him, staying to watch the nurses move through the wards with their treatment charts, their IV drips, their quiet authority.

> *"I told myself: when I grow up, I will be a doctor or a nurse."*

She was accepted into medical school at the University of Papua New Guinea. Then her mother had a stroke. Nancy went home, received a scholarship from the Australian Government, and enrolled at the nursing school near her mother's home. She built her career around family health – midwifery, STI care, family planning and gender-based violence response. Before joining MSI, she had already received MSI training to become a provider.

What Nancy sees in her work today – the barriers to accessing contraception and care – is not unfamiliar to her.

Even as a nursing student, she did not know she could access contraception.

> *"I thought it was only for married women. And if I went to the clinic, people would see me and judge me."*

She became pregnant. She had a miscarriage.

> *"That was when I realised how important this work is. The information needs to reach everyone. Including us."*

The cost of not reaching women in Papua New Guinea with this information is visible and measurable.

At one hospital where MSI operates, the nurse manager shared her data with Nancy on a recent visit: 180 adolescents between the ages of 13 and 19 gave birth last year. In the first quarter of this year alone, eighty more.

> *"Children having children. That is what happens when the information does not reach them. When no one goes to where they are."*

Nancy has a thirteen-year-old daughter. When she speaks about her work – about the distances, the gaps, the women who never reach care – she comes back to this idea without hesitation. For her, the work is not abstract. It is personal.

***"Every 13-year-old, every 12-year-old out there who needs my help - she is my daughter. That is what gets me up every morning."***
Nancy Hombo

Nancy has a training to finish, and another province to reach next week. In Papua New Guinea, the gaps in access remain wide — and the need is constant. For Nancy, closing these gaps is not optional. It is what gets her on the next plane, the boat, the next mission.

## MSI Asia Pacific in Papua New Guinea

- **48,400** clients served
- **100,900** services provided
- **77,730** couple years of protection (CYPs) delivered
- **31** Maternal deaths averted

# OUR REACH

## RESPOND II: CHOICE DELIVERED

### Expanding access to sexual and reproductive healthcare across Asia and the Pacific

In 2025, the world made reproductive choice harder to deliver. Global health aid fell by 21 percent. Supply chains collapsed. Governments stepped back. MSI teams kept going.

## What RESPOND II is

The Responding with Essential Sexual and Reproductive Health and Rights (SRHR) Provision and New Delivery Mechanisms (RESPOND II) is MSI Asia Pacific's flagship bilateral program, funded by the Australian Government's Department of Foreign Affairs and Trade (DFAT) through the Towards Universal Sexual and Reproductive Health and Rights in the Indo-Pacific (TUSIP) initiative. Delivered in partnership with the International Planned Parenthood Federation (IPPF), it operates across nine countries – Cambodia, Vietnam, Timor-Leste, Myanmar, Laos, the Philippines, Afghanistan, the Maldives and Pakistan – some of the most complex operating environments in the region among them.

Its purpose is straightforward: get high-quality sexual and reproductive health services to the women and girls who need them most, in the places where the barriers are greatest. Not just contraception. Comprehensive care – family planning, safe abortion where legally permitted, post-abortion care, STI treatment, SGBV first line response and the counselling and information that make informed choice possible.

RESPOND II was designed not only to restore access to sexual and reproductive healthcare after COVID-19 disruptions, but to strengthen the resilience of local health systems in contexts facing ongoing fragility, geographic isolation and constrained healthcare infrastructure. Across the partnership, the program combines direct service delivery with provider training, systems strengthening, digital innovation and community-based referral pathways.

## What was delivered

- **176,370** clients served
- **437,311** services delivered
- **121,414** couple years of protection (CYPs) generated
- **16** Maternal deaths averted
- **22%** of all clients were adolescents and young people under 25 (July–December 2025)

These results were achieved while navigating ongoing conflict in Myanmar, a four-month contraceptive implant stockout in Timor-Leste, government approval delays in Vietnam, and border conflict affecting clinic operations in Cambodia. The teams adapted. The services continued.

*In the countries MSI teams work (Afghanistan, Cambodia, Myanmar, Timor-Leste and Vietnam)

## How services were delivered

No single channel reaches everyone. RESPOND II works through the full range of MSI's delivery models — because the women who need care most are rarely the easiest to reach.

In Myanmar, MSI Ladies walk for hours through conflict-affected communities to deliver contraceptives door to door. In Timor-Leste, outreach teams travel to remote municipalities that have no other healthcare access – and where the implant stockout meant providers had to counsel women through an unexpected change of method, reinforcing rather than abandoning informed choice. In Cambodia, a network of MSI Ladies reaches women across four provinces, while eight clinics and a national contact centre serve the urban majority. In Vietnam, teams partner with factories and rural health stations to reach ethnic minority women, factory workers and women living in poverty.

Together, these channels ensured that services reached communities that formal health systems do not.

## What the numbers mean

121,414 couple years of protection – a standard measure used in reproductive healthcare to estimate the years of reproductive healthcare to estimate the years of contraception protection provided through services delivered – means 121,414 years of pregnancy prevention – distributed across hundreds of thousands of women making decisions about their own bodies and futures. It means a woman in Timor-Leste who chose an implant despite a myth she had carried for months that it would make her infertile. A woman in Myanmar who accessed contraception through an MSI Lady after conflict had forced her from her home. A young woman in Cambodia who visited an MSI clinic for the first time because a peer educator told her it was safe to come.

***The number is large. The decision behind it is always individual.***

## Why it matters in 2025

When aid was cut, the impact was immediate. In Timor-Leste, implant stocks ran out for four months. Women who came for long-acting contraception were turned away or offered alternatives. MSI responded by introducing IUDs as an alternative, improving inventory systems and advocating with government for better supply planning.

Australia's continued investment made the difference between services that adapted and services that stopped. RESPOND II did not stop.

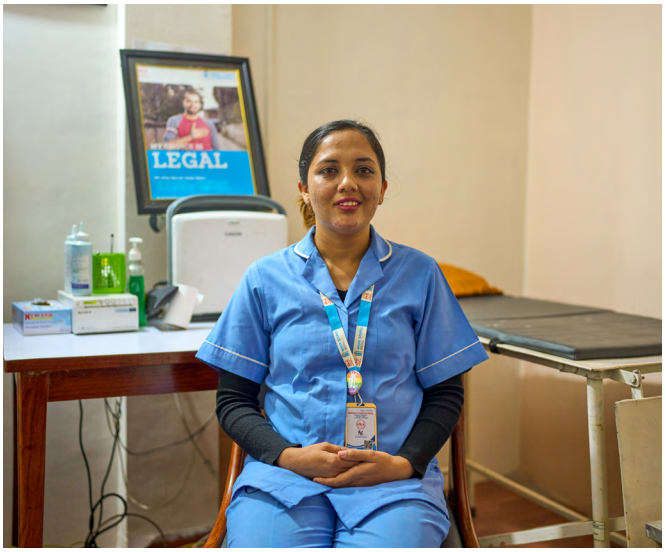
***In a year when reproductive choice was under greater threat than it had been in a generation, 290,950 women and girls in the Asia Pacific region had access to care through MSI programs. That is what Australian investment in reproductive health looks like on the ground.***

# ANCP COUNTRY HIGHLIGHTS: LEADERSHIP IN ACTION

### Supporting locally led sexual and reproductive healthcare across Asia and the Pacific

Supported by the Australian Government through the Australian NGO Cooperation Program (ANCP), MSI Asia Pacific supported locally led reproductive healthcare initiatives across Nepal, Pakistan, Papua New Guinea and Cambodia during 2025. While each country context differed, the programs shared a common focus: expanding access to sexual and reproductive healthcare for underserved communities while strengthening local systems, partnerships and provider capability.

## Nepal




In Nepal, ANCP-supported activities focused on expanding access to family planning and sexual and reproductive healthcare in communities where services are limited through outreach, provider training and community mobilisation. During the reporting period, more than 67,000 sexual and reproductive health services were delivered, including safe abortion care, long-acting contraception and cervical cancer screening services.

Community engagement activities increasingly focused on sexual and gender-based violence (SGBV) awareness and referral pathways. One municipality, observed a 500% increase in reported SGBV cases following community street drama performances and awareness campaigns – not because violence increased, but because more women and girls felt able to come forward and seek support. Local ward chiefs later replicated some activities using their own municipal budgets, signalling growing community ownership of the approach.

The program also strengthened provider competency and quality of care through mentoring and training initiatives designed to support more consistent, client-centred service delivery across supported facilities, including in flood-affected communities where healthcare access remained fragile.

## Pakistan

In Pakistan, ANCP-supported activities focused on improving access to family planning and reproductive healthcare in communities affected by poverty, geographic isolation and climate-related disruption. During the reporting period, community outreach, counselling and referral activities reached tens of thousands of people – supporting women and families in areas vulnerable to recurring floods and fragile health infrastructure.

Delivered with our partner SAFWCO, the program strengthened awareness of family planning, menstrual hygiene and sexual and gender-based violence referral pathways through community engagement initiatives. In some communities, religious leaders who initially approached family planning discussions cautiously later became active advocates for maternal health and reproductive healthcare awareness.


Disability inclusion was a particular area of progress. The program convened the first seminar of its kind in the region – bringing together neurologists, gynaecologists and disability advocates to address the reproductive healthcare needs of people living with disabilities.

## Papua New Guinea

In Papua New Guinea, ANCP–supported activities strengthened outreach and referral systems in communities where access to healthcare remains limited by geography, transport and cost. Outreach services and community mobilisation activities helped connect women and girls with family planning information, counselling and reproductive healthcare closer to where they live.

The program expanded disability–inclusive service delivery through partnerships with local organisations and community networks. At Cheshire disAbility Services in Port Moresby, a dedicated Thursday clinic enabled women and girls living with disabilities to access family planning and reproductive healthcare services in a more accessible environment.

Disability–inclusive outreach exceeded several program targets. Eleven percent of clients reached identified as living with a disability, against a target of four percent. Partnerships were established with ten Disabled Persons Organisations – five times the original target of two.

## Cambodia

In Cambodia, ANCP–supported activities focused on strengthening implementation approaches, partnerships and community engagement strategies designed to expand access to sexual and reproductive healthcare for hard to reach populations. Partnership development and systems–strengthening remained the central focus during the reporting period.

ANCP–supported work was strengthened through additional philanthropic investment from Graham Smith, helping MSI Cambodia expand telehealth, contact centre and community engagement approaches designed to reach people who may otherwise face barriers to care (please see page 33).

## What was delivered

- **26,870** clients served
- **109,280** services provided
- **121,400** couple years of protection (CYPs) generated
- **16** Maternal deaths averted

# PARTNERING FOR STRONG FAMILIES (PSF): SAFER FUTURE

**Funded by the Australian Government's Department of Trade and Foreign Affairs (DFAT) through the PNG–Australia Transition to Health (PATH) program**

For eight years, the Partnering for Strong Families program has been central to MSI's sexual and reproductive health work in Papua New Guinea. Across some of the most geographically challenging operating environments in the region, the program has expanded access to contraception and reproductive healthcare while strengthening provider capability, outreach systems and government partnerships.

Since the program began, more than 500,000 sexual and reproductive health services have been delivered across nine provinces, generating more than 700,000 couple years of protection.

In 2025 alone, the program delivered 97,301 sexual and reproductive health services to 46,433 people, generating 71,437 couple years of protection and contributing to an estimated 27 maternal deaths averted.

These results were achieved across some of the region's most remote and hard–to–reach communities. Medicine shortages at provincial hospitals between August and November constrained implant availability at embedded MSI Lady sites, while election–related security disruptions in the Highlands affected outreach access to rural communities. Staff turnover at some facilities also created temporary service gaps during the year.


Despite these pressures, demand for services continued to grow.

Seven provincial hospitals now have MSI Ladies embedded within postnatal wards – up from five in 2024 – with every site staffed by two nurses for the first time, enabling seven–day service delivery. Outreach teams completed 732 visits across four provinces and community mobilisation activities generated more than 6,800 client referrals.

## Strengthening public sector

Pacific Adventist University Health Centre became the first public sector strengthening site in the program's history to achieve model site status, scoring above 90 percent across all assessed quality areas.

In 2025, family planning was formally included in Papua New Guinea's Reset@50 national development roadmap as a government–supported priority.

These developments reflect more than a single year of program activity. They demonstrate how sustained investment, long–term partnerships and locally led delivery can help shift systems, policy and public conversation over time.

# BUILDING SUSTAINABLE & INNOVATIVE ACCESS MODELS

## Timor-Leste

**Funded by the Australian Government's Department of Foreign Affairs and Trade (DFAT) through the Partnership for Human Development (PHD)**

# TRANSITIONING SERVICES INTO GOVERNMENT LEADERSHIP

When MSI Timor-Leste began working with government health facilities in 2021, many community health centres had no dedicated family planning room, limited sterilisation equipment, and providers who had never been trained to offer long-acting contraceptive methods. Four years later, 64 government health centres across 12 municipalities have trained, competency-assessed midwives delivering family planning services with increasing independence from direct MSI clinical support.

**That transition is the central goal of SUPPORT**

Rather than operating parallel service models, the program works inside the government health system – strengthening provider capability, equipping facilities, embedding clinical quality standards and progressively transitioning ownership to government providers. The aim is long-term access that continues beyond the life of the project.

Since 2021, SUPPORT has supported more than 156,000 client visits and delivered over 220,000 family planning services – already reaching 99 percent of its end-of-project couple years of protection target before final reporting was complete.

The quality of care inside supported facilities has also changed significantly. Health Centre, providers previously directed clients toward methods that providers preferred. Following MSI-supported counselling training, providers began presenting the full range of contraceptive options and supporting clients to make their own informed choices. Facility staff later reported increased client satisfaction and growing uptake among young people and unmarried women.

The final phase of the program is now focused on preparing facilities for formal transition to government ownership – a process requiring not only infrastructure and trained providers, but systems capable of sustaining quality over time.

# TELEMEDICINE: DIGITAL ACCESS

## Cambodia

### Supported through private philanthropy by Graham Smith

In Cambodia, MSI has taken a different approach to expanding access – rather than building new facilities, it has built new pathways.

The telemedicine program, now in its third year, connects clients across Cambodia to qualified providers through phone and digital channels. Women unable to travel to a clinic, adolescents seeking confidential care, and people living far from an MSI Cambodia (MSIC) centre can now access reproductive health information, counselling and referrals remotely.

### The aim is long-term access that continues beyond the life of the project

In 2024–25, the project supported more than 65,000 clients across MSIC's network of eight centres, including more than 11,000 clients referred directly through the contact centre. Digital engagement remained central to this work.

In the second half of 2025, MSI Cambodia reached more than 3.5 million people on Facebook with information about sexual and reproductive health, rights and services, including telemedicine. This helped generate more than 28,000 contact centre interactions and supported more than 5,500 referrals from the contact centre to MSI Cambodia centres.

The model has also proven financially resilient. MSIC centres achieved 116 percent cost recovery during the year, reflecting long-term investment in staff capability, service diversification and clinical quality.

The program also continued strengthening access for underserved groups. Fee waiver mechanisms supported young people unable to afford services, while partnerships with disability organisations, youth groups and LGBTQI+ organisations strengthened referral pathways for communities historically facing barriers to reproductive healthcare access.

Together, these approaches reflect two different but complementary pathways toward sustainable access: strengthening public health systems from within, and expanding new digital pathways into care.

# ADVOCACY AND ENGAGEMENT

### Influencing systems and shaping public conversation

Across the world MSI work not only to expand access to sexual and reproductive healthcare, but also to help reshape the systems – policies, partnerships and public conversations – that influence long-term health access and equity.

## Papua New Guinea - Reset@50

In 2025, one of the organisation's most significant advocacy milestones came in Papua New Guinea, where family planning was formally included in the country's Reset@50 national development roadmap. The framework recognises voluntary family planning as a national development priority and commits to expanding contraceptive access, provider training and partnership approaches across the health system.

The inclusion followed years of sustained technical engagement, partnership-building and evidence generation through MSI-supported programs and local collaboration. Papua New Guinea Prime Minister James Marape publicly reinforced the importance of family planning during the launch of the national census results.

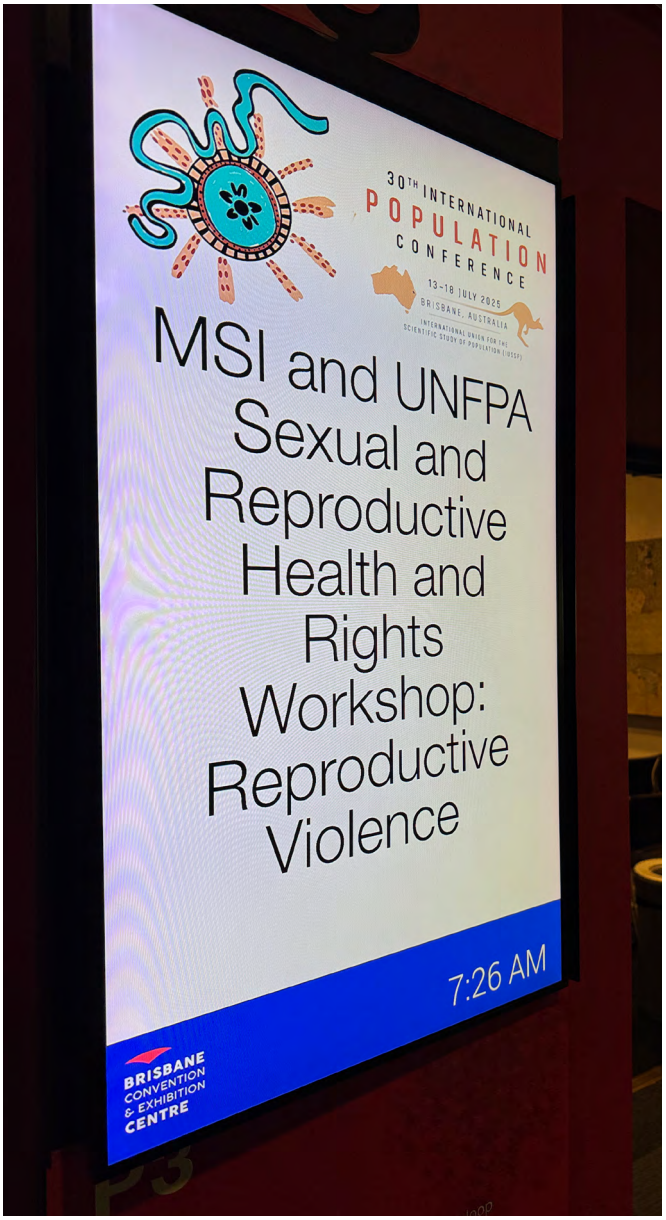
The milestone reflected a broader shift in how reproductive healthcare is increasingly recognised in the Pacific – not only as a health issue, but as a development, gender equality and economic resilience issue central to long-term national planning.

## UNFPA State of World Population Report 2025 - Parliament House, Canberra

Parliament House, Canberra was the setting for the Australian launch of the UNFPA State of World Population Report 2025 – The Real Fertility Crisis: The Pursuit of Reproductive Agency in a Changing World – where MSI Asia Pacific joined parliamentarians, UN representatives and civil society leaders.

Convened by the Australian Parliamentarians Group for Population and Development during the opening of the global 16 Days of Activism against Gender-Based Violence campaign, the event brought together health advocates including Minister for International Development the Hon. Dr Anne Aly MP and UNFPA representatives.

Speakers reflected on the way reproductive autonomy is shaped not only by access to healthcare, but by broader social, economic and policy conditions. Discussions reinforced the important role Australian-supported partnerships play across Asia and the Pacific, including through Australia's development program.




## International Population Conference 2025 - Brisbane

At the 30th International Population Conference in Brisbane – one of the world's leading forums on population, health and development – MSI Asia Pacific, representing MSI Reproductive Choices, contributed to global discussions on reproductive rights, health equity and evidence-based policy.

MSI contributed original research co-authored with the African Population and Health Research Center examining abortion care trajectories in Nigeria, drawing on survey data from Abuja and Lagos to explore how women navigate formal and informal pathways to care and the influence of poverty and health system barriers on access to safe services.

In partnership with UNFPA, MSI convened a side event exploring reproductive violence as an emerging framework for understanding coercion, control and barriers to reproductive healthcare – highlighting how experiences of reproductive harm are often poorly reflected in standard health indicators despite their significant impact on access and outcomes.

A major theme across the conference was the increasing fragility of population and health data systems globally.

***Reproductive healthcare is increasingly recognised - not only as a health issue, but as a development, gender equality, regional safety and economic resilience issue central to long-term national planning.***

# REGIONAL DIALOGUE, PARTNERSHIPS AND COLLECTIVE ACTION

Across the region, MSI Asia Pacific deepened its engagement with parliamentary bodies, civil society networks and development sector forums – contributing technical expertise, frontline evidence and regional perspective to conversations that shape policy and practice.

## Parliamentary engagement – Welcoming the 48th Australian Parliament

The inaugural meeting of the Australian Parliamentary Group on Population and Development for the 48th Parliament reinforced the urgent need for sustained parliamentary leadership and evidence-based advocacy in what many advocates and policymakers are describing as a new era of heightened geopolitical instability and coordinated anti-rights activity.

As Co-Chair of the International Sexual and Reproductive Health and Rights Consortium, MSI Asia Pacific delivered an introductory SRHR briefing for incoming parliamentarians. The session provided historical and policy context on the evolution of sexual and reproductive health and rights, explored the current global landscape, and positioned SRHR within the realities of rising authoritarianism, anti-rights organising, funding instability and climate displacement.

Dr Lucas de Toca PSM, outgoing Ambassador for Global Health at DFAT, addressed the meeting on Australia's ongoing regional investment in sexual and reproductive health and rights across the Pacific and Southeast Asia.

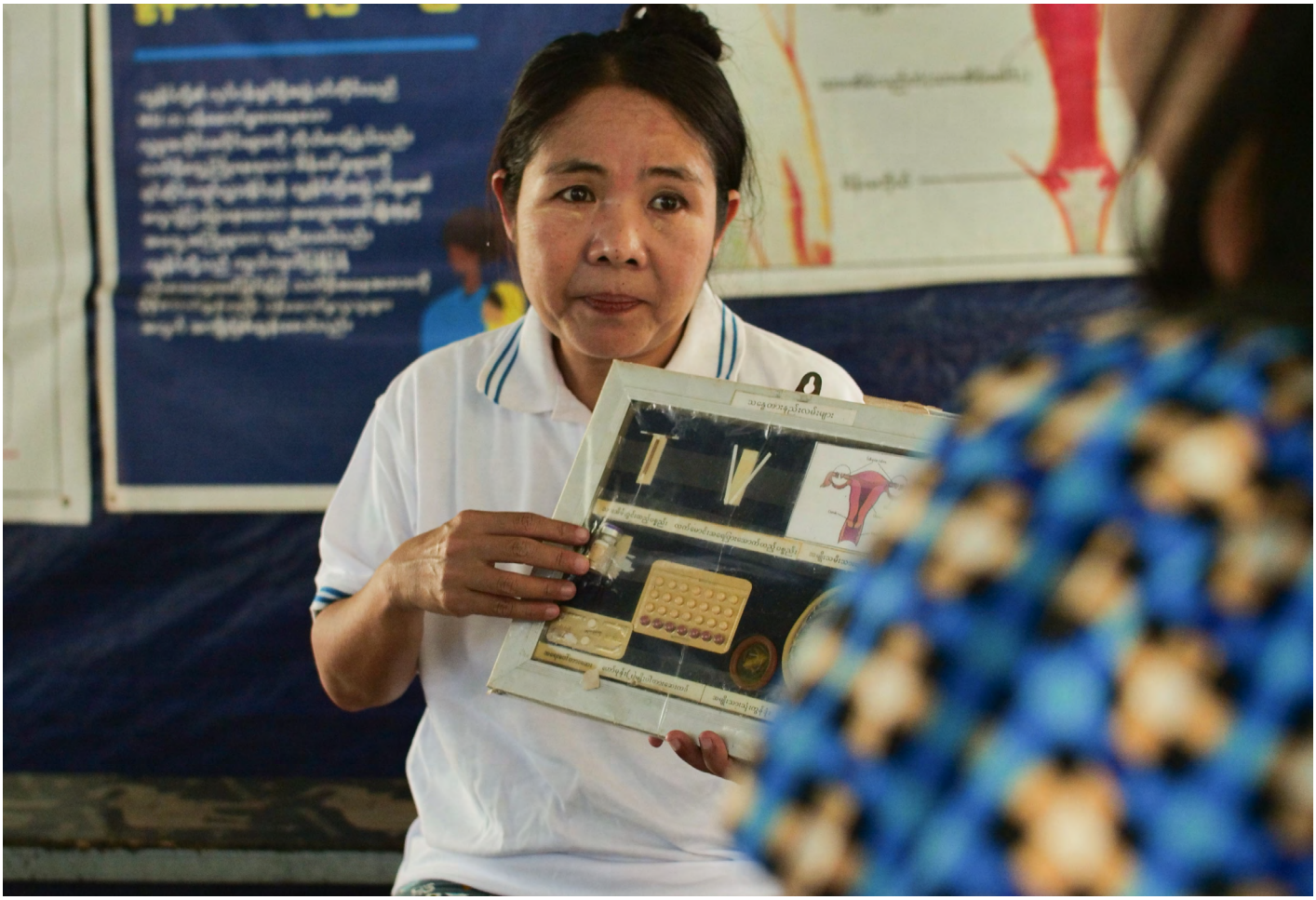
## Reproductive justice for Pacific workers

MSI Asia Pacific joined a coalition of health, academic, diaspora and community organisations calling for stronger protections and equitable access to reproductive healthcare under the Pacific Australia Labour Mobility (PALM) scheme.

As Chair of the Women's Health Alliance, MSI launched a joint statement recognised that many PALM workers – particularly migrants from Melanesian and Timor-Leste communities – continue to face significant barriers to healthcare, safety and autonomy, including exclusion from Medicare, limited access to culturally safe services, reproductive coercion, and fear of job loss associated with pregnancy.

The statement referenced Australia's obligations under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), including General Recommendation 39 on access to comprehensive reproductive healthcare for migrant women.

Since the statement was released, the Australian Government has increased investment in pre-departure and post-arrival healthcare support and navigation for PALM workers.



## Gender equality and SRHR sector leadership

MSI Asia Pacific collaborated in a joint DFAT and ACFID workshop focused on implementation of Australia's International Gender Equality Strategy, bringing together government representatives, ACFID members and civil society leaders to strengthen collaboration on shared gender equality priorities.

The workshop marked MSI Asia Pacific joining as Co-Convenor of ACFID's Gender Community of Practice – a role that continues to connect member organisations, support policy engagement, and facilitate dialogue between government and the development sector on gender equality priorities.

MSI Asia Pacific contributed technical leadership on SRHR, including approaches to countering anti-rights narratives and protecting SRHR investments in restrictive settings. Discussions reinforced the continued importance of trusted partnerships, evidence-based communication and sustained sector leadership in advancing reproductive health and gender equality.

## United Nations Beijing+30 Review Process

MSI Asia Pacific contributed to the Beijing+30 Review process, as Co-Chair of the Asia Pacific Alliance for SRHR Advocacy Group, shaping dialogue on gender equality, health, and human rights.

**Healthcare access should not be determined by geography, income or circumstance.**

The regional review reinforced that healthcare access should not be determined by geography, income or circumstance. Discussions highlighted the increasing need to defend hard-won gains and international agreements that support more inclusive health systems.

United Nations forums such as the Commission on the Status of Women and the Commission on Population and Development continue to be critical spaces where civil society support governments to continue affirming SRHR as fundamental human rights.

# MFAT PARTNERSHIP AND PACIFIC LEADERSHIP

## Strengthening locally led access in Papua New Guinea and Timor-Leste

### Funded by the New Zealand Ministry of Foreign Affairs and Trade (MFAT)

With support from the New Zealand Ministry of Foreign Affairs and Trade (MFAT), MSI Asia Pacific continued strengthening access to sexual and reproductive health and rights in Papua New Guinea and Timor-Leste through the five-year Supporting Sexual and Reproductive Health and Rights program.

Now in its third year, the program supports locally led service delivery across two complex country contexts. In Timor-Leste, the program is established in Covalima and Manatuto, supporting outreach services, an embedded MSI Lady model and close coordination with municipal health authorities. In Papua New Guinea, the program supports services across urban, peri-urban and remote settings, including Lae, Port Moresby and the Autonomous Region of Bougainville.

In 2025, the program reached 3,444 clients across both countries, bringing the total number of client visits over the first three years to 12,935. It delivered 4,156 sexual and reproductive health services and generated 8,586 couple years of protection during the year. Services delivered through the project are estimated to have averted 4,106 unintended pregnancies, 869 unsafe abortions and three maternal deaths in 2025.

Quality and sustainability remained central to the program. By the end of 2025, all service providers funded through the project had achieved Level 1 competency – assessed as able to independently deliver the services they provide. Client Exit Interviews reported high satisfaction, with 94% of clients in Timor-Leste and 95% in Papua New Guinea satisfied with their experience.

> ***Strengthening not only access to services today, but the systems and relationships needed to sustain reproductive choice into the future.***

Government and community partnerships remained critical. In Timor-Leste, MSI renewed its long-standing partnership with the Ministry of Health through a new Memorandum of Understanding. In Papua New Guinea, the program continued working with government, civil society and local partners across two MSI Lady locations in Bougainville and centres in Lae and Port Moresby.

The MFAT partnership demonstrates the importance of sustained, locally led investment in sexual and reproductive healthcare – strengthening not only access to services today, but the systems, relationships and provider capability needed to sustain reproductive choice into the future.


# OUR LEARNING

## CLIMATE, RESILIENCE AND WHAT WE LEARNED

### Reflections from 2025 across MSI Asia Pacific programs

Across the Asia–Pacific region, healthcare systems are increasingly operating under pressure from climate disruption, displacement and growing constraints on global sexual and reproductive health funding.

These challenges are not theoretical. In Pakistan, flooding affected more than one million people during the reporting period, increasing barriers to healthcare access in communities already facing fragile infrastructure. Programs found that reproductive healthcare and climate resilience cannot be separated – access to one strengthens capacity for the other.

Globally, disruptions to contraceptive supply chains following cuts to aid supported procurement and UNFPA funding shifted method mix and constrained client choice across multiple programs. The organisations best placed to sustain access were those with flexible delivery models and trusted local relationships.

#### Systems strengthening outlasts projects

The most durable results of 2025 came from years of investment in government and community capacity. In Timor–Leste, government health centres supported through the SUPPORT program generated more client visits than MSI–led outreach – a signal that provider capability built over four years is now functioning independently. In Nepal, municipal leaders replicated MSI community health activities using their own ward budgets.

Across the RESPOND II partnership, coordinated delivery across nine countries demonstrated what no single organisation can achieve alone.


#### Trusted local partnerships are the multiplier

Across every program, the difference between reaching a community and not reaching it came down to local relationships. In Pakistan, a local partner's climate expertise made it possible to reach flood–affected communities that a reproductive health organisation alone could not access.

In Timor–Leste, community referrals grew fivefold over three years – from 262 to 1,273 – reflecting trust built gradually, not the result of a single campaign. In Papua New Guinea, years of sustained advocacy resulted in family planning entering the national development roadmap.


### Disability inclusion requires intentional design

Where disability inclusion was deliberately included in the project design, results exceeded expectations. In Papua New Guinea, 11 percent of clients reached through ANCP–supported activities identified as living with a disability – against a target of four percent – achieved through ten Disabled Persons Organisation partnerships and a dedicated clinic. Where it was not deliberately resourced, gaps persisted: a zero percent disability figure in Timor–Leste prompted enumerator training and adoption of the Washington Group Questions, an internationally recognised tool for collecting disability data. Inclusion at scale requires infrastructure, not intention alone.

### Adaptation and flexibility are increasingly critical

Several of 2025's strongest results came from programs that adapted quickly to changing conditions. In Timor–Leste, sending two providers to separate outreach sites simultaneously increased client visits by eight percent and couple years of protection by 18 percent while reducing fleet costs.

In Papua New Guinea, when drug shortages constrained implant availability for several months, teams maintained service volumes by broadening method options. Adaptability is not a contingency plan – in an increasingly fragile operating environment, it is a core program capability.

*The experiences of 2025 reinforced a simple but important truth: reproductive healthcare systems are strongest when they are locally led, adaptable and built on trusted relationships within communities themselves. As funding environments grow more uncertain and climate pressures intensify, these foundations matter more than ever.*

***Reproductive healthcare systems are strongest when they are locally led, adaptable and built on trusted relationships within communities themselves.***

# OUR PARTNERS

## PHILANTHROPY AND PARTNERSHIPS

### Investing in long-term access and equity

In a year when official development assistance – government aid directed toward supporting the development and welfare of low- and middle-income countries – declined and major multilateral funding streams were disrupted, philanthropic and individual giving became increasingly critical to MSI Asia Pacific's ability to innovate, respond to emerging needs and reach communities often excluded from care.

For organisations working in complex environments, this kind of funding does not just supplement government investment – it enables the flexibility and responsiveness that government funding structures cannot support alone.

Our donors made sure women and girls MSI Asia Pacific serves could continue to access the care they needed. We are deeply grateful to every person and partner whose generosity and commitment made this possible in 2025.

### Why I give: Dr Ros Brooks

***"I was eager to help women in countries with less access to birth control than we have in Australia."***

Ros Brooks, a long-standing supporter of MSI Asia Pacific, was first introduced to MSI through her work as a doctor. Her clinical experience gave her firsthand insight into the importance of safe, accessible reproductive healthcare – and the consequences when that care is out of reach.

Motivated by the stark disparities she observed between Australia and lower-resource settings, Ros chose to support MSI's work across the Asia-Pacific region. For her, giving is about helping extend access to essential services to women and families who might otherwise go without.

**Dr Ros Brooks · Long-standing supporter**


## Fundraising performance in 2025

Public fundraising income grew significantly in 2025, almost doubling from the previous year. This result reflects the strength of MSI Asia Pacific's supporter relationships, the commitment of our donors, and the important foundations being built for long-term fundraising growth.

Philanthropy remained the largest source of public fundraising income, driven by strong relationships with long-standing donors and partners. Several supporters increased or extended their commitments during the year, providing an important base of stability and confidence. These relationships are grounded in shared purpose, trust and a commitment to expanding reproductive choice across Asia and the Pacific.

Alongside this, the Individual Giving program continued to build momentum. The active donor base grew substantially, and the number of regular monthly donors almost tripled. This reflects sustained investment in audience growth, regular giving, donor care and supporter journeys — all critical foundations for a broader and more resilient fundraising program over time.

While MSI Asia Pacific's fundraising program remains relatively young, 2025 demonstrated the strength of the foundations now in place.

In 2026, we will build on this momentum by reaching new audiences, acquiring new donors, and creating clearer pathways for supporters to deepen their engagement over time — strengthening sustainable income for long-term impact.

## Why I give: Claudia Mueller

*'MSI's work matters to me as they give women the choice to manage the size of their family. I like that MSI go into areas with unmet need. This is a really important issue with how the world is at this stage as it's not just helping on one level.*

*We are part of the environment and if we ignore that, we ignore humanity's wellness going into the future. If we support MSI it leaves a legacy of choice across the world. It helps women economically as they can look after the family they have and they can look after themselves.'*

**Claudia Mueller – Regular Giver since 2017**

# SHARED RESPONSIBILITY AND EXPANDING CHOICE

Alongside government and institutional partnerships, philanthropic support continued helping MSI Asia Pacific strengthen innovation, community engagement and locally led approaches to reproductive healthcare access across the region.

In Pakistan, where flooding affected more than a million people during the year, access to reproductive healthcare continued, despite extreme weather. Support from Perpetual helped make that possible – funding work that examined how climate disruption shapes women's ability to reach care, and what it takes to reach them anyway. This is strengthens understanding of how environmental instability affects women and girls in vulnerable and geographically isolated communities and will support future planning.

## Papua New Guinea - Expanding contraceptive choice

**Reproductive healthcare is not solely a women's issue – and in 2025, support from Graham Smith helped change that conversation in Papua New Guinea.**

With Graham Smith's support, Marie Stopes PNG launched a project focused on increasing access to non-scalpel vasectomy across five provinces – National Capital District, Central, Eastern Highlands, Western Highlands and Morobe. The project is designed to expand contraceptive choice while actively engaging men as partners in reproductive health decision-making, reducing the disproportionate burden women often carry in managing family planning.

Between August and December 2025, the project trained providers across multiple sites and delivered 182 vasectomy procedures, generating 1,820 couple years of protection. Five Provincial Health Authorities signed formal partnership agreements at the project launch, which received national media coverage on EMTV and in The National newspaper.

One of the project's early learnings was that peer advocacy through trusted community networks was more effective than formal media campaigns in generating demand. Men who had undergone vasectomy and shared their experiences with male friends, family members and church communities were among the most powerful drivers of awareness.

### Reproductive healthcare is not solely a women's issue

Joe, a 32-year-old father from Morobe Province, first learned about vasectomy through a male member of his community who had previously undergone a successful procedure. He and his wife decided to have no more children, being parents to three already and having lost two. His wife had previously taken a contraceptive pill.

However, their efforts were repeatedly interrupted by logistical hurdles and failures in supply changes. From his remote village, Joe embarked on his journey to the outreach site in Lae by foot to inquire about alternative contraception methods. He became aware of the option of a vasectomy. Driven by his desire to protect his wife from further health risks, Joe made a clear choice that he would take the permanent responsibility himself to ensure they would not have more children.

> ***"I want to help my wife and I also feel that four children are enough to raise well."***

Counselling from Team members at Marie Stopes PNG's Lae clinic, helped Joe understand that non-scalpel vasectomy is a simple and quick procedure that would change his family's future for the better.

*The generosity of MSI Asia Pacific's donors – whether long-standing major supporters, monthly givers or foundation partners – helps ensure reproductive healthcare access is not determined by geography, income or circumstance.*

# OUR COMMITMENTS

## ACKNOWLEDGEMENTS AND ACCREDITATION

### Government Partnerships

MSI Asia Pacific gratefully acknowledges the support of the Australian Government through the Department of Foreign Affairs and Trade (DFAT) and the Australian NGO Cooperation Program (ANCP). The Australian Government's investment in reproductive healthcare across Asia and the Pacific makes this work possible. MSI Asia Pacific also acknowledges the support of the New Zealand Government through the Ministry of Foreign Affairs and Trade (MFAT), whose partnership strengthens sexual and reproductive health and rights in Papua New Guinea and Timor-Leste.

### ACFID Code of Conduct

As a member of the Australian Council for International Development (ACFID), MSI Asia Pacific is committed to upholding the standards of the ACFID Code of Conduct — a voluntary, self-regulatory code structured around nine Quality Principles and 33 Commitments that guide transparent, accountable and effective international development practice. MSI Asia Pacific adheres to the rigorous governance, financial reporting, management and ethical practices required of its members.

### DFAT accreditation

MSI Asia Pacific holds full accreditation status with the Australian Government's Department of Foreign Affairs and Trade (DFAT), the agency responsible for managing Australia's development program. To maintain accreditation, our systems, policies and processes are subject to rigorous review by the Australian Government.

MSI Asia Pacific receives support through the Australian NGO Cooperation Program (ANCP).

### How to provide feedback and make a complaint

MSI Asia Pacific welcomes complaints, feedback and concerns from anyone – including program participants, community members, donors and partners. We take all complaints seriously and are committed to responding promptly and fairly.

To make a complaint about our programs, people, conduct or financial practices:

**complaints@msichoices.org.au**
**1300 478 486**
**msichoices.org.au/contact-us**

Safeguarding concerns, including those relating to sexual exploitation, abuse or harassment, can be reported confidentially through the same channel.

# OUR PEOPLE AND BOARD

In 1976, Tim Black, Jean Black and Phil Harvey leased a historic clinic in London with a simple conviction: that every woman deserves the power to choose. Nearly fifty years later, that conviction has grown into a global partnership of 9,000 people across 36 countries — including the team at MSI Asia Pacific, working across Asia and the Pacific to make reproductive choice a reality for the women and families who need it most.

## Board of Directors 2025

MSI Asia Pacific is governed by an independent Board of Directors.

**Julie Mundy** – Board Chair
**Narelle Magee** – Board Director
**Ian Howie** – Board Director
**Rachel Powning** – Board Director
**Megan Elliott** – Board Director (ex officio)
**Renee Martin** – Board Director
**Sid Naing** – Board Director

MSI Asia Pacif likes to acknowledge Julie Mundy's outstanding contributions to MSI Asia Pacific and thank her for her passion, commitment and strong leadership. Julie Mundy has taken the idea of founding MSI Asia Pacific to the founder of MSI Reproductive Choices before serving as the first CEO after MSI Asia Pacific was established. Later Julie served as Board member and as Board Chair. She is still an active member of the Board after stepping down as Chair in January 2026.

## Senior management team 2025

**Grishma Bista** – Chief Executive Officer (from May 2025)
**Bonney Corbin** – Director, External Relations and Advocacy
**Matthew Wilson** – Projects Director
**Josh Vansittart** – Corporate Services Director (started his parental leave in November 2025)
**Ruby Henderson** – Acting Corporate Services Director (from November 2025)
**Emma Clark** – Director, Fundraising and Communications (until December 2025)
**Merewyn Foran** – Chief Executive Officer (until February 2025)

## Organisation details

REGISTERED DETAILS

**Registered name:** MSI Asia Pacific
**ABN:** 79 082 496 697
**Status:** Non-profit organisation, Public Benevolent Institution
**DGR1:** MSI Asia Pacific operates the Marie Stopes International Australia Overseas Development Fund (DGR1 status)

## Independent auditors

SW Audit, Level 10, 530 Collins Street
Melbourne VIC 3000

## Contact

**Registered office:** 425 Smith Street, Wurundjeri Country, Fitzroy VIC 3065 Australia
**Postal address:** GPO Box 1635 Melbourne VIC 3001
**Website:** msichoices.org.au
**Phone:** 1300 478 486 / 03 9658 7500
**General:** info@msichoices.org.au

All donations of $2 or more are tax deductible.

# FINANCIAL STATEMENTS


**MSI Asia Pacific**
ABN 79 082 496 697
For the financial year ended 31 December 2025

MSI Asia Pacific is part of the global MSI Reproductive Choices partnership, which generated $633 million AUD in revenue worldwide. That income is primarily composed of grants from institutional and private donors, together with revenue generated through the partnership's commercial operations.

In 2025, MSI Asia Pacific secured total revenue of $15.9 million. Support from the Australian Government's Department of Foreign Affairs and Trade (DFAT) and other Australian Government grants made up 78 percent of total revenue. Donations from the public grew from $1.12 million in 2024 to $2.1 million in 2025 – almost doubling in a single year. Growing public donation income and renewing key institutional funding contracts remain priorities for 2026.

Total expenditure was $15 million. International programs accounted for 77 percent of that – $11.4 million directed to the work in our program countries. Administration costs accounted for 8 percent of total expenditure and fundraising costs for 7 percent, reflecting MSI Asia Pacific's continued commitment to keeping support office costs low while investing in long–term income growth.

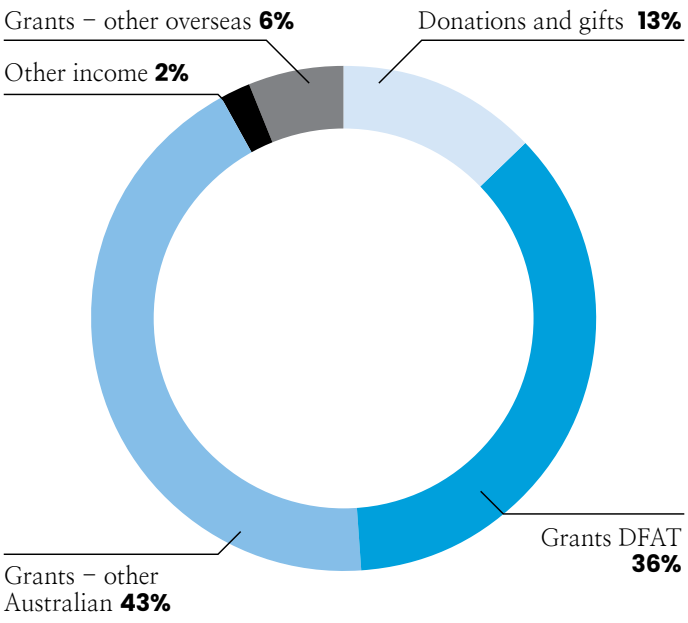
Total equity increased to $5.5 million, with MSI Asia Pacific recording a surplus of $871,000 in 2025. Restricted reserves represent prior year donations committed to project implementation in future years and are not available for general use.

The Board and management team continue to monitor the organisation's financial position carefully – maintaining a healthy level of equity while maximising MSI Asia Pacific's contribution to the global mission.

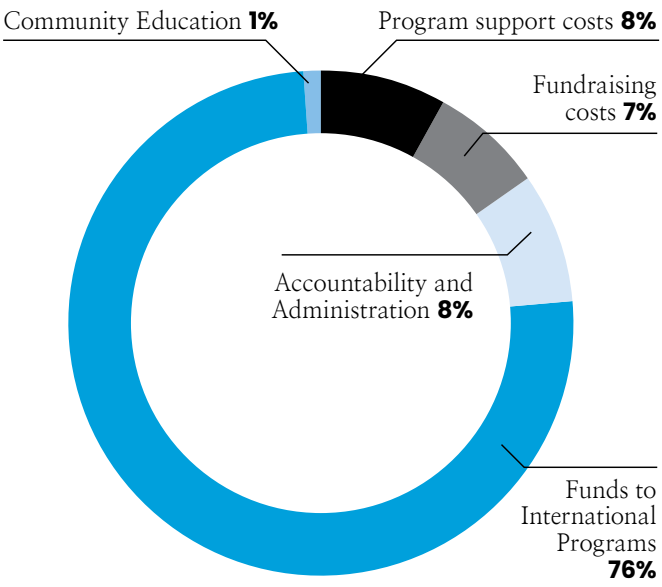
## Revenue and expenditure

The graphs below represent the components of income and expenditure as a proportion of totals. Each category is drawn from the summary financial statements on the following page and based on the definitions described in the ACFID Code of Conduct.

### Revenue in 2025




### Expenditure in 2025




All figures have been extracted from MSI Asia Pacific's Audited Financial Statement for the year ending 31 december 2025. For a copy of this report please call 1300478 486 or email info@msichoices.org.au. Further financial information is available at the Australian Charities and Nonprofits Commission (ACNC).

# INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2025

| REVENUE | 2025 ($) | 2024 ($) |
|---|---|---|
| Donations and gifts | | |
| – Monetary | 2,116,593 | 1,122,878 |
| Grants | | |
| – DFAT | 5,661,115 | 5,551,217 |
| – Other Australian | 6,762,194 | 7,546,372 |
| – Other overseas | 939,638 | 811,496 |
| Investment income | 344,316 | 520,830 |
| Other income | 29,515 | 23,311 |
| **Total Revenue** | **15,853,371** | **15,576,104** |

| EXPENDITURE | 2025 ($) | 2024 ($) |
|---|---|---|
| International Aid and Development Programs Expenditure | | |
| International programs | | |
| – Funds to international programs | 11,471,097 | 13,471,595 |
| – Program support costs | 1,249,528 | 225,882 |
| Community education | 149,085 | 211,203 |
| Fundraising Costs | | |
| – Public | 812,631 | 536,760 |
| – Government, multilateral and private | 170,209 | 281,599 |
| Accountability and administration | 1,153,560 | 1,066,984 |
| **Total International Aid and Development Programs Expenditure** | **15,006,110** | **15,794,023** |
| Exchange rate (gain) / loss | (23,311) | 8,414 |
| Impairment of branch | | |
| **Total Expenditure** | **14,982,799** | **15,802,437** |
| Other comprehensive (Loss) / Income | | |
| **Total excess / (shortfall) of revenue over expenditure** | **870,572** | **(226,333)** |

# BALANCE SHEET AS AT 31 DECEMBER 2025

| ASSETS | 2025 ($) | 2024 ($) |
|---|---|---|
| **Current Assets** | | |
| Cash and cash equivalents | 4,620,283 | 4,266,106 |
| Trade and other receivables | 195,697 | 147,067 |
| Other Financial Assets | 7,700,000 | 11,250,000 |
| **Total Current Assets** | **12,515,980** | **15,663,173** |
| **Non-Current Assets** | | |
| Property, plant and equipment | 73,625 | 745 |
| **Total Non-Current Assets** | **73,625** | **745** |
| **Total Assets** | **12,589,605** | **15,663,918** |

| LIABILITIES | 2025 ($) | 2024 ($) |
|---|---|---|
| **Current Liabilities** | | |
| Trade and other payables | 409,748 | 3,011,534 |
| Unearned grants | 6,523,285 | 7,899,309 |
| Provisions | 167,093 | 138,342 |
| **Total Current Liabilities** | **7,100,126** | **11,049,185** |
| **Non-Current Liabilities** | | |
| Provisions | 37,193 | 33,019 |
| **Total Non-Current Liabilities** | **37,193** | **33,019** |
| **Total Liabilities** | **7,137,319** | **11,082,204** |
| **Net Assets** | **5,452,286** | **4,581,714** |

| EQUITY | 2025 ($) | 2024 ($) |
|---|---|---|
| Restricted Reserves | 506,326 | 33,736 |
| Retained Earnings | 4,945,960 | 4,547,978 |
| **Total Equity** | **5,452,286** | **4,581,714** |

# STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 DECEMBER 2025

| | Retained Earnings ($) | Designated Funds Reserves ($) | Total ($) |
|---|---|---|---|
| Balance at 31 December 2024 | 4,547,978 | 33,736 | 4,581,714 |
| Items of other comprehensive income | | | |
| Excess of revenue over expenses | 870,572 | 0 | 870,572 |
| Other amounts transferred (to) from reserves | (472,590) | 472,590 | 0 |
| **Balance at 31 December 2025** | **4,945,960** | **506,326** | **5,452,286** |

MSI Asia Pacific (MSIAP) is part of the global MSI Reproductive Choices partnership. The partnership generates $633 million AUD in revenue globally. This income is primarily composed of grants from institutional donors and private foundations together with revenue generated from the partnership's commercial operations.

In 2025, MSIAP secured total revenue of $15.9m. DFAT and Other Australian grant income made up 78% of total revenue. Donation income increased from $1.12m to $2.1m in 2025. MSIAP will continue to focus on growing public donations income and renewing key institutional funding contracts in 2026.

MSIAP recorded total expenditure of $15m. International Programs expenditure accounted for 77% ($11.4m) of total expenditure. MSIAP continues to maintain low support office costs with Administration costs accounting for 8% of total expenditure and fundraising costs accounting for 7% of total expenditure. MSIAP are expecting to increase fundraising costs and associated public donation income in 2026.

Total Equity has increased to $5.5m, due to MSIAP reporting a surplus of $871k in 2025. Restricted reserves are not available for general use, they represent prior year donations that are tied to project implementation in future years.

The Board and management at MSIAP will continue monitor the organisation's financial situation, ensuring both a healthy level of equity while maximising our contribution to the global mission.

The below revenue and expenditure graphs represent our various components of income and expenditure as a proportion of the totals. Each category is adapted from the summary financial statements on the following page and is based on the definitions described in the ACFID Code of Conduct.

# INDEPENDENT AUDITORS REPORT

SW Accountants & Advisors

Take the lead

## REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS TO THE MEMBERS OF MSI ASIA PACIFIC

### Opinion

The summary financial statements, which comprise the summary balance sheet as at 31 December 2025, the summary income statement and the summary statement of changes in equity for the year then ended, are derived from the audited financial report of MSI Asia Pacific for the year ended 31 December 2025.

In our opinion, the accompanying summary financial statements of MSI Asia Pacific are consistent, in all material respects, with the audited financial report, in accordance with the basis described in the summary financial statements.

### Summary Financial Statements

The summary financial statements do not contain a summary statement of cash flows or all the disclosures required by Australian Accounting Standards-Simplified Disclosures. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial statements and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

### The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 31 December 2025.

### Directors Responsibility for the Summary Financial Statements

The Directors are responsible for the preparation of the summary financial statements that gives a true and fair view in accordance with Australian Accounting Standards and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

SW

**SW Audit**
Chartered Accountants

Hayley Underwood
Partner
Melbourne, 27 May 2026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# CHOOSE CHOICE

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Women and girls across Asia and the Pacific are making choices that change everything — their health, their education, their futures.
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**support.msichoices.org.au**
All donations of $2 or more are tax deductible.

## LEAVE A LASTING LEGACY

A gift in your Will can help ensure women and girls have access to reproductive healthcare for generations to come.

**msichoices.org.au/get-involved/bequests**

MSI ASIA PACIFIC
REPRODUCTIVE CHOICES

## GET IN TOUCH

For general enquiries, partnerships or media:
1300 478 486 | info@msichoices.org.au

## STAY IN TOUCH

Follow our work and stay connected with the MSI Asia Pacific community:
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