GLOBAL IMPACT REPORT 2015 / SCALING-UP EXCELLENCE
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Right now, there are 225 million women worldwide who don’t want to get pregnant but aren’t using contraception. If these women represented the population of a single country, that country would be the fifth most populous in the world.

In many parts of the world, women remain unable to access safe abortion services. With no legal alternative, around 21.6 million women each year resort to unsafe methods to end a pregnancy, from counterfeit drugs peddled by ‘quack doctors’, to industrial poisons or wire coat-hangers. Every day, around 22,000 women experience complications related to an unsafe abortion. One of these women dies every 11 minutes.

Shocking as these figures are, they might have been so much worse. Today, around six out of ten married women in the developing world are using contraception, giving them the power to choose whether and when they have children. In 1960, that figure was around one in ten.

Marie Stopes International has played a key role in driving this change, bringing our high-quality family planning services to dozens of countries and on every continent. Our mission is life-changing for millions of women around the world. It ensures that they can stay healthy, but more than that, it allows them to take control of their future. It means that they can complete their education, have a career, run their own business, or spend time with the children they already have.

Last year, we celebrated our 100 millionth client visit, a milestone all the more remarkable because half of these visits happened in the last five years alone.

Yet despite significant gains, unmet need for contraception is actually increasing, driven by greater awareness of contraception, lower infant mortality rates and the consequent population growth, particularly in sub-Saharan Africa. In poorer regions, like West Africa, least equipped to support the demands of an increasing population, current rates of population growth will exacerbate serious issues around nutrition, agriculture, migration, and services to support the local population.

As the largest generation of young people in history approach their reproductive years, our organisation, and others working to expand access to contraception, will have to redouble efforts to ensure every woman who wants to choose her family size has that choice.

The only way organisations working in our field will meet the challenges of the coming years is by being smarter about what services to provide, how to make them sustainable, and how to fund them. The stakes are high, and this cannot just be ‘business as usual’.

Marie Stopes International is an organisation with a clear, unwavering mission, singularity of purpose, and unified by our determination to ensure all women and men worldwide have the power to have children when they choose. We have consistently delivered impact on a global scale, and we are ready to meet the challenges of the years ahead.

In this report we will share with you the impact that our work had in 2015, and demonstrate – using examples from our partnership of 37 countries – how our team members are actively grappling with the challenges facing our sector, and ensuring our services will benefit women and families for generations to come.

Simon Cooke
CEO, Marie Stopes International
SECTION 1: OUR IMPACT

Marie Stopes International provides contraception and safe abortion services to millions of women and families across the world. 2015 was the year in which we served our 100 millionth client, delivered more services, and achieved a greater health impact than ever before in a single year. It also marked the conclusion of our five-year strategy, The Power of 10.

In 2015, nearly 21 million women and their partners were using a form of contraception provided by us. We provided 3.4 million safe abortion and post-abortion care services. In the five years since 2010 the number of women we are protecting from unplanned pregnancy annually more than doubled.

THE IMPACT OF OUR WORK IN 2015

- 6.3 million unintended pregnancies averted (16% increase on 2014)
- 18,100 maternal deaths averted (9% increase on 2014)
- 4 million unsafe abortions averted (6% increase on 2014)
- £258 million in direct healthcare costs averted (13% increase on 2014)

Using metrics to measure impact is important, but our true impact is measured by how our services improve the lives of the women we serve. It’s important to remember that behind every figure on these pages are millions of individual women, each one unique. Women like Lucile.

Lucile is 17 years old, married with no children, but wants children later. She lives in Freetown, Sierra Leone and has walked for one hour to get to her local Marie Stopes Sierra Leone centre.

“I’m still in school and I’m taking contraception in the form of an implant. I wanted to be on contraception so that I could finish school without getting pregnant. So I came to a Marie Stopes clinic about one year ago with the support of my husband. I didn’t know about the different types of contraception before coming to the clinic but I learnt what the options were and then made a decision to go on the implant.

“If I had gotten pregnant while I was at school then I wouldn’t have been able to finish my education. Since coming to the clinic I feel like I have a future.”

Lucile’s story shows the real power of contraception. It’s not simply about preventing pregnancy, but about being able to take control of her future and have the life she wants.

Five years of protection

The contraceptive implant is a small flexible rod that is put into the upper arm and releases hormones that stop ovulation. It protects against unplanned pregnancy for up to five years. For many of our clients, particularly those who live in remote areas, this kind of long-acting contraception is vital in helping them plan for their future.
Like many in our field, we use CYPs (couple years of protection) to measure the scale of our services, and compare progress over time. A CYP is the contraception needed for a couple to prevent pregnancy for one year. In 2015, we delivered 29.5 million CYPs, a 12% increase on the previous year and more than 50% higher than 2010.

The majority (three quarters) of CYPs were delivered by our programmes in sub-Saharan Africa and south and west Asia. Growth on the previous year was largely driven by programmes in Africa and Pacific Asia, two of the poorest, most underserved regions in the world.

Just over a third of our CYPs came from our outreach services, where teams of doctors, nurses and auxiliary health workers bring contraception to remote or rural communities, where access to services is poor or non-existent.

Around a quarter were delivered through social marketing, the distribution of low cost or subsidised contraceptive methods through pharmacies and other community-based distributors.

16% were provided by social franchising, our BlueStar network of affiliated private healthcare providers, which includes clinics and midwives.

The remaining quarter of CYPs were split between our centres, community-based distribution, and our support of public sector organisations.

Changes to how we demonstrate impact
In 2015, we made important changes to how we calculate the impact of our services, to ensure our results are as accurate as possible [Annex 1]. As a result of these changes, our 2015 results appear slightly lower than they would have been using our previous approach. In real terms, however, our impact continues to grow at an impressive rate.
With a death occurring every 11 minutes as a result of unsafe abortion, and more than 21 million women forced into choosing unsafe procedures each year, service providers must do much more to meet this urgent need.

Providing access to safe abortion and post-abortion care for women and girls who have decided to end a pregnancy is at the core of our mission. We are committed to doing all we can to eradicate unsafe abortion in the countries we work in, and making safe procedures, both surgical and medical, as accessible and convenient as possible for the women who need them.

If a woman comes to us for an abortion or post-abortion care, the procedure itself is just one part of the service we provide. We are there to offer emotional support, as well as post-abortion family planning, for all women who have had an abortion.

Marie Stopes International provided more than 3.4 million safe abortion and post-abortion care services in 2015. Most of these services were medical abortion and medical post-abortion care, where a woman takes tablets to safely end a pregnancy or as part of her aftercare following an unsafe procedure. Over 90% of this medical abortion provision came from the sale of products through social marketing.

The expansion of access to medical abortion in recent years has been, and will continue to be, one of the most important tools in combating the harm of unsafe abortion. We also remain committed to providing women with the choice of surgical abortion and post-abortion care, and these services grew by 3% in 2015 compared with 2014.

**SAFE ABORTION AND POST-ABORTION CARE**

47,000

47,000 women die each year from complications related to unsafe abortion.

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**Post-abortion care**

Our teams frequently encounter women suffering the effects of incomplete or 'botched' abortions.

We provide post-abortion care wherever we work in order to ensure immediate life-saving medical care for women suffering complications from an unsafe abortion, and to offer the counselling and opportunity to learn about contraception to prevent a future unintended pregnancy.

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**Figure 5:** MSI safe abortion/post-abortion care services, 2010-15

Surgical Abortion/PAC
Medical Abortion/MPAC

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**CONTRACEPTION, THE FOUNDATION OF DEVELOPMENT**

Contraception changes lives. At Marie Stopes International, we see the impact our services have on the lives of our clients every day. We see how being able to choose the size of their family produces social and economic benefits for individuals, communities and societies. We believe that universal access to contraception is an essential foundation for development.

Women who control their own fertility are more likely to complete education and become financially independent. Families with the ability to choose whether and when to have children are less likely to fall into – or remain trapped in – poverty.

The Copenhagen Consensus, a group of economists which rates development policies, has estimated that every $1 invested in universal access to contraception would save countries $120 in reduced need for infrastructure and social spending. After liberalisation of trade, this makes it the second most productive investment in international development.

In sustainability terms, few areas of development can match expanding access to contraception for creating a lasting impact. Investing today can benefit women and families for generations to come.
Understanding who we’re reaching is important if we’re to ensure our services are delivered in an equitable manner, to women who wouldn’t have been able to access contraception because of their young age or the fact they’re living in extreme poverty. We also need to know how well our services are expanding access to contraception, to those who are not already using it, or have no other alternatives for accessing it. Our teams work hard to understand who our clients are, and their specific needs. Knowing just a few important details about our clients in a specific region helps us to better target our services, increasing their impact and improving the experience for our clients.

Adopters of contraception
To combat unmet need, it’s crucial we reach women who are not currently using contraception, and grow overall rates of contraceptive prevalence. Once women have been given the choice to start using contraception, they should be able to continue using it for as long as they want. We are committed to making this happen, through helping our clients make informed choices about the method that is right for them, and being there when they require follow-up.

On a global level, four out of 10 clients that we served in 2015 were not using contraception when they came to us. Across our programmes in West Africa, a region with some of the lowest levels of contraceptive use and highest rates of maternal mortality in the world, just over half of our clients were adopters, with the figure reaching a high of 75% in Mali.

Serving women in extreme poverty
Women living in extreme poverty (defined as less than $1.25 a day), are consistently less likely to know about different types of contraception, be in a position to access them, or receive treatment for complications if they get pregnant. For our work to be truly equitable, reaching clients living in poverty is essential.

Women living in extreme poverty made up 27% of the family planning clients we served globally in 2015, at our centres, social franchises and outreach sites. Our outreach models target women living in poverty in areas with poor health facility coverage. Of the clients served by our outreach teams, 40% were living below the $1.25 poverty line, and in the southern Africa region alone, half of our outreach clients were in this category.

Reaching young women and girls
Young women (who we define as 24 and under) and girls are typically less likely to use contraception than older women, and the consequences of them becoming pregnant are often worse. Complications from pregnancy are the second biggest cause of death globally amongst women aged 15-19, and as the number of young women who are sexually active but not using contraception continues to grow, it is essential to scale up services that respond to their needs.

Across our programmes, 27% of clients served in 2015 were 24 or under, with the majority of these women being aged 20-24; 6% were aged 19 or under. We know we must do more to reach young women and girls, something we are committed to achieving.

Delivering for women with no other alternative
In many regions, we are often the only option women have to access certain types of contraception, particularly long-acting and permanent methods. Many of the countries we work in have extremely poor access to long-acting and permanent methods, and expanding contraceptive choice in these regions is one of our primary goals. In addition, in particularly remote areas, our outreach services are often the only way in which women can access any form of contraception.

Half of the clients we served in 2015 would not have had any other way of getting their preferred method of contraception if we had not been there for them.

Overall, 82% of our clients were ‘high impact’, meaning they fall into at least one of the following groups:

- 41% of our clients were adopters, meaning they were not using modern contraception when they came to us.
- 27% of our clients were living in extreme poverty, defined as living on less than $1.25 a day.
- 50% of the clients we served had no other option available to them to get the service that Marie Stopes International provided.
- 27% of the clients we served were aged 15-24, a group less likely to use contraception than older women.

High Impact Clients
We provide services to some of the world’s most marginalised and underserved communities. One of the ways we ensure our services are reaching those in greatest need is by measuring the proportion of clients that we define as ‘high impact’.

High impact clients are those who fall into at least one of a number of groups: women not currently using contraception (‘adopters’), women aged 15-24, women living in extreme poverty, and women who wouldn’t have had any other option of receiving their service if it had not been for Marie Stopes International (‘no availability’).

We estimate that:

- 41% of our clients were adopters, meaning they were not using modern contraception when they came to us.
- 27% of our clients were living in extreme poverty, defined as living on less than $1.25 a day.
- 50% of the clients we served had no other option available to them to get the service that Marie Stopes International provided.
- 27% of the clients we served were aged 15-24, a group less likely to use contraception than older women.
Globally, the number of children born per woman has been falling since the middle of the 20th century. By the end of this century, population growth will have stabilised in most regions, and in some will be declining. In sub-Saharan Africa however, numbers will continue to rise rapidly over the coming decades. The United Nations estimates that by 2050 Africa’s population will double to 2.5 billion, and will increase to 4 billion by 2100.

One of the countries likely to drive this increase is Nigeria, which has one of the world’s fastest growing populations. Based on current trends, by the middle of the century, Nigeria will have overtaken the USA to become the world’s third most populous country. By this point, it will have around 100 million women of reproductive age1, the large majority of whom will want access to contraception.

At the end of 2015, just one in eight women of reproductive age in Nigeria were using modern contraception. Not only is contraceptive use extremely low, choice of contraceptives across the country is limited. In a 2013 survey, condoms were the main method used by 40% of contraceptive users, with pills and injectables together accounting for another 40%. Long-acting and permanent methods made up just 12% of all modern methods used2.

Marie Stopes Nigeria opened its first clinic in 2009, becoming one of the only providers of long-acting and permanent contraception in the country. In addition to its centre at Abuja, the programme uses mobile clinical outreach teams – composed of doctors, nurses and drivers, who travel to hard-to-reach areas of Nigeria – to offer a range of contraceptive services to those who need them most.

We estimate that more than 10% of the women now using contraception in Nigeria were provided with their method by Marie Stopes International. We also estimate that the vast majority of our users, around 400,000, are using an implant. This indicates that we are changing patterns of contraceptive use across the country; just 2.7% of contraceptive users were estimated to be using an implant in 2013.

Long-acting and permanent methods

We believe every woman deserves choice over the best method of contraception for her, so we are committed to offering our clients the widest range of methods possible: short-term, long-acting and permanent. However, more than 80% of our clients choose long-acting or permanent methods that will protect them from unplanned pregnancy for anywhere from one month to the rest of their lives. Often, these methods give women more control over their own fertility than short-term methods like condoms or the contraceptive pill.

In 2010 there were an estimated 12,000 women in Nigeria using a form of contraception provided by MSI. By the end of 2015, there were more than half a million.

In many of the countries where we work, contraceptive prevalence is steadily increasing as more women see the benefits of being able to choose how many children they have.

Marie Stopes International is highly experienced at delivering at scale in the countries where we work. In Ghana, we provide 40% of all long-acting contraception and 46% of all safe abortion services. In Sierra Leone, 17% of all women are using contraception provided by us. Over the last five years, we provided 80% of all contraceptive implants and 75% of all tubal ligations in Bolivia.

Marie Stopes International plays a major role in the provision of long-acting and permanent methods in the Philippines. Contraceptive prevalence in the country is growing at a steady rate, just under half a percentage point annually since 2012. Almost a quarter of women of reproductive age were estimated to be using modern contraception by the end of 2015.

The estimated number of women in the Philippines using contraception provided by us has more than doubled since 2010, to around 1.8 million, around 30% of all contraceptive users in the country.

**Contraceptive prevalence rate**

Contraceptive prevalence is the percentage of women of reproductive age in a country who are using, or whose partner is using, at least one method of contraception. This percentage varies widely between countries; in the UK it is 84%, in Niger just 14%. However, these figures include women using traditional methods, such as the withdrawal method, which offer less protection than modern methods.

In 2015, the average contraceptive prevalence rate globally was 64%. The prevalence of modern methods was 57%. In nearly all of the countries where we work, it is far lower.

**ADDITIONAL USERS**

At the 2012 London Summit on Family Planning, the FP2020 initiative was launched, with the goal of reaching 120 million additional users of contraception in 69 of the world’s poorest countries by 2020. At the time, we pledged to contribute six million additional users of long-acting and permanent contraception in the countries we work in. In 2015, based on progress made to date, we decided to double this pledge, and we now aim to contribute 12 million additional users, compared with 2012, by the end of 2020.

To estimate our contribution to additional users in the FP2020 countries where we work, we need to understand who we’re reaching. We use our Impact 2 model, with data on the contraceptive services we’ve provided historically, as well as information on the profile of our clients (the proportion that are adopters of contraception, continuing Marie Stopes International users, or existing contraceptive users coming to us from another provider).

**In 2010 there were an estimated 12,000 women in Nigeria using a form of contraception provided by MSI. By the end of 2015, there were more than half a million.**

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1 Ibid
2 Nigeria DHS, 2013
3 www.track20.org estimates
4 Nigeria DHS, 2013
We believe the right to choose whether and when to have children should be universal. However, it can only be achieved if every woman worldwide has access to contraception and safe abortion services, including those who live in fragile states and other regions where the healthcare system is unable to meet demand.

Throughout our history, Marie Stopes International has taken our services to some of the world’s most challenging environments. Marie Stopes Afghanistan was established in 2002, the year in which the first post-Taliban Government was constituted. Despite progress in many areas since then, the country continues to experience a high level of political instability and a deteriorating security situation.

Currently, Marie Stopes Afghanistan operates 12 clinics across five provinces, through which an all-female staff offers a comprehensive range of services, including contraception and post-abortion care. The programme also employs 120 Community Health Workers, and has six mobile outreach clinics that take contraception to rural areas.

As well as working closely with key government bodies, including the National Parliament, Marie Stopes Afghanistan has provided training to 240 religious leaders and their wives to educate their communities on family planning from an Islamic point of view. From 2012 to 2014, around 21,000 people received health education from religious leaders through the project, and nearly 100,000 clients were referred through religious leaders to the programme’s clinics.

At the end of 2015, we estimate that there were 317,000 users of contraception provided by us in Afghanistan, more than 80% of whom were using long-acting and permanent methods. In the 14 years that Marie Stopes Afghanistan has been operating, the number of Afghan women choosing a modern method of contraception has increased dramatically. Currently, around one in five married women of reproductive age are using a modern method, up from one in 20 in 2003.

However, there remains much work to be done. Afghanistan still has one of the poorest levels of contraceptive prevalence in the west Asia region, and 30% of all women of reproductive age had an unmet need for modern contraception at the end of 2015.

Every day, in every country where we work, we see our services restricted by excessive regulation and over-medicalisation. This prevents women and girls from seeking and receiving the care and services they want. To increase access to services to everyone, we need to radically change the playing field, removing restrictions that are a barrier to access and addressing the chronic shortage of trained medical staff in the countries where we work.

Advocacy – and the unique way it’s done at Marie Stopes International – has never been more important for our mission. As a health service provider, we are often the most credible advocates for change. Our voice is critical: it keeps focus on the issues that most affect frontline service delivery.

Thanks to the commitment and courage of our country programmes we are playing an ever more active role in successfully advocating for change, even in some of the most difficult political environments. In 2015 our successes included:

- Progress made to expand the number of indications for safe abortion in Sierra Leone, Malawi, Senegal and Bolivia
- Manuals and guidelines developed and endorsed in Nigeria to implement a new policy that will enable community health workers to deliver long-acting methods of contraception
- New post-abortion care guidelines in Zimbabwe

We have always pioneered an ‘advocacy by doing’ approach. We do this in our own unique way – showing what works, pushing for change and ensuring reforms are then implemented – using our expertise so that women and girls are no longer denied the services they have a right to.

Tackling a lack of medical staff

In many regions where we work to expand access to contraception and safe abortion, a lack of trained medical practitioners presents a major obstacle in itself. In 10 of our country programmes, there are fewer than 10 doctors per 100,000 population.

To remove this barrier, we work with governments to recommend the introduction of ‘task sharing’, where lay and mid-level healthcare professionals are trained to provide procedures that could previously only be provided by more senior medical staff.

Countries where women are already benefiting from the introduction of task sharing guidelines include Nigeria, Ethiopia and Bolivia, while our research and pilot studies are supporting potential implementation in Burkina Faso, Zambia and Afghanistan.
Unsafe abortion is a major issue in Zambia, and the consequences for women can be devastating. The law states that women seeking an abortion must obtain three doctors’ signatures, despite Zambia having only 1,500 doctors in a country of 16.2 million people. Having already dropped out of school to have her first child, when Naomi fell pregnant for a second time, aged 18, she felt she had no option but to take matters into her own hands.

“I knew I was breaking the law but I resorted to unsafe abortion because of pressure from my family. My parents said they would kick me out of the house unless I had an abortion. My boyfriend said that he would leave me unless I aborted. Everyone said I would amount to nothing as I would never go back to school again.

“I tried to induce an abortion three times myself. The fourth time I tried – that’s when I aborted. I had heard that there are people that help with abortions. I was told to take K70 ($10) to the place. They inserted the medicine down there in my private parts.

“That evening I felt sick, and then the pregnancy came out. The blood came out for three days. On the fourth day I was arrested, after my friend reported me to the police. I spent three days in the cells, and then I was taken to court. In February 2013, I was sentenced to two years in prison for aborting a five months old pregnancy using traditional herbs.

“I was scared to go to prison. I was worried about the number of years I would spend there. I was worried about how my child would fare since she was very young. I was really scared.

“I was released from jail on 10th June, 2015. Now that I am out of jail, I do not want to be pregnant and I will not take any chances. I’ve now had the contraceptive injection from Marie Stopes.”
We know from our programmes that women who seek an abortion often aren’t using effective contraception. So by offering our abortion and post-abortion care clients family planning counselling and services, we hope to reduce future unintended pregnancies. We can offer many different contraceptive options for women post-abortion, including short-term, long-acting, and permanent methods. We support each woman in choosing the best option for her, depending on her fertility intentions and the type of procedure she has had.

Our aim is that, by 2020, 90% of all women accessing safe abortion and post-abortion care through a Marie Stopes International centre will receive a modern method of contraception.

Since the London Summit on Family Planning in 2012, a number of donor governments and foundations have increased their level of funding for contraception. However, many of our donors find themselves in a different place today than they were four years ago. Some are experiencing economic downturn. Others are grappling with a complex and evolving refugee crisis. Given such pressures, it is increasingly likely that organisations that rely solely on donor funding will face funding gaps over the coming years, and will need to harness new financing opportunities to ensure we can meet the needs of the women who depend on us.

One option is domestic financing, where low- and middle-income countries take greater responsibility for investing in healthcare. Marie Stopes International has always had the long-term vision that we will integrate with domestic financing as health systems develop. In the UK, where we opened our first ever clinic, we work on more than 70 National Health Service contracts, funded by the government. This funding represents 84% of Marie Stopes UK’s income, which means we can serve the vast majority of our clients free of charge. We know we can emulate this model in the other countries where we work, driven by the global movement towards universal health coverage.

Universal health coverage is the provision of quality, affordable healthcare to everyone who needs it. In many developing and middle-income countries, between 40% and 70% of all health spending comes directly from people’s pockets and a large share of it is spent at private facilities. The aim of universal health coverage is to replace or subsidise this out-of-pocket expenditure with public financing.

We are entering an era where domestic financing and particularly the public share of that financing is about to become a growing feature within many developing economies. Global service delivery organisations must be ready for this transition to remain relevant. Marie Stopes International’s contraception and other reproductive health programmes are already partially financed by public funds in 11 countries: Vietnam, South Africa, Papua New Guinea, India, Nepal, Ghana, China, Bolivia, Kenya, Australia and the UK.

Meeting the global need for modern contraceptive services would cost $9.4 billion.
SECTION 3: THE ROAD TO 2020

In January 2016, we launched our new five year strategy, *Scaling-Up Excellence – Universal access, one woman at a time*. It challenges us to go further, to reach more women with services than ever before. It also challenges us to refine the way we work, taking services effectively to scale without ever compromising our commitment to quality or our clients.

Scaling-Up Excellence is based around three interconnected pillars of Scale & Impact, Quality and Sustainability, providing a clear framework for how we can leverage our client centred approach to deliver a game changing level of impact. It demands that we keep a firm eye on operational efficiency, because every dollar saved is a dollar that could be spent on providing services to another woman in need.

Our strategy also challenges us to fundamentally shift our thinking on sustainability. We have committed to our clients that we are here for the long term. To do this we need to leverage available donor and domestic financing to deliver high-quality services. We will also use our influence to shape markets, finding the right private sector solutions that will enable women and national governments to directly pay for core services.

To be truly sustainable, we must ensure that access to contraception and safe abortion is affordable for women and national governments in 2016, 2020, 2030 and beyond.

**WE COMMIT TO:**

- Doubling our health impact through contraception and safe abortion service delivery at scale.
  - We will continue to extend our services to high impact clients including adolescents aged 15-19 years and the poor.
  - We will provide contraception to 12 million additional users by 2020, 10% of the global FP2020 commitment.
  - We will double our provision of safe medical abortion (MA) and medical post abortion care (MPAC), and increase post-abortion family planning (PAFP) to 90% for all safe abortion/PAC clients.

- Delivering more with less by increasing provider productivity and scaling-up proven private sector cost-effective models for long-acting and permanent methods (LAPM) and safe abortion/PAC. We will make universal access to contraception an affordable choice for women, couples, national governments and donors.

- Setting the clinical, programmatic, and client care standards that other providers aspire to and embedding our services as the preferred choice for women.

- Using our expertise as a social business to build sustainable private sector models that go beyond donor support by ensuring that every service has a funding source. Our aim is that no woman who has been given access to contraception or safe abortion will ever be denied it again.

**WHAT WILL SUCCESS LOOK LIKE?**

- By 2020 we will dramatically increase the number of services that we provide. By making choices about where we focus our time and resources, and consistently putting the client first, between 2016-2020 our services will:
  - Prevent 58 million unintended pregnancies
  - Avert 34 million unsafe abortions
  - Avert 118,900 maternal deaths
  - Save families and governments more than £2.21 billion in healthcare expenses

### Annual performance

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Figures on chart are annual.
Scaling-Up Excellence is based around three interconnected pillars of Scale & Impact, Quality and Sustainability, providing a clear framework for how we can leverage our client-centred approach to deliver a game changing level of impact.

HERE FOR THE LONG TERM

Increased impact
Giving women the ability to choose when they have children saves lives and prevents unnecessary harm.

Greater choice
The services we provide under Scaling-Up Excellence will allow millions of women to take control of their futures and:

- Prevent 58 million unintended pregnancies
- Avert 34 million unsafe abortions
- Avert 118,900 maternal deaths

We will:
- Double the number of annual MSI contraceptive users from 20m to 40m.
- Target our services at high impact clients and correct imbalances in service provision including adolescents aged 15-19 years and the poor.
- Increase annual CYPs from 30m to 50m.
- Provide contraception to 12m additional users by 2020, 10% of the global FP2020 commitment.
- Double provision of safe medical abortion (MA) and medical post-abortion care (MPAC), and increase post-abortion family planning (PAFP) to 90% for all safe abortion/PAC clients.

Quality
Setting the clinical, programmatic, and client care standards that other providers aspire to.

- Focus on clinical quality and client care so that our services are embedded as the preferred choice for women.
- Invest in the integrity of our data, so that we can ensure every dollar is spent effectively and all of our services can be validated.
- Grow and develop the talent within our organisation.
- Use the insights we gather from women to develop success models.

Sustainability
Using our expertise as a social business to build sustainable private sector models that go beyond donor support.

- Build genuine sustainability by ensuring that every service has a funding source.
- Create sustainability models for all of our service delivery channels.
- Nurture relationships with donors, foundations, philanthropists and national governments.

Scale and Impact
Doubling our health impact through contraception and safe abortion service delivery at scale.

We will:
- Double the number of annual MSI contraceptive users from 20m to 40m.
- Target our services at high impact clients and correct imbalances in service provision including adolescents aged 15-19 years and the poor.
- Increase annual CYPs from 30m to 50m.
- Provide contraception to 12m additional users by 2020, 10% of the global FP2020 commitment.
- Double provision of safe medical abortion (MA) and medical post-abortion care (MPAC), and increase post-abortion family planning (PAFP) to 90% for all safe abortion/PAC clients.

Over the next five years our teams will continue to work tirelessly, as they have always done, to deliver our mission.

It is thanks to their passion and dedication that so many millions of women will be able to have children by choice, not chance.

They are Marie Stopes International.

JOIN OUR MISSION

We know the road ahead won’t be easy, but we remain committed to pursuing our vision of a world where every birth is wanted. The economic and social impacts of getting contraception and safe abortion to every woman who wants them worldwide would be tremendous. The individual benefits to current and future generations of individual women are inescapable.

At Marie Stopes International, we will do whatever it takes to achieve our mission, but we need others to join us: team members, government and sector partners, healthcare professionals, and of course organisations and individuals with the funding to make it happen.

We know the need for our services is increasing year on year, and that millions of women are depending on us to push further and faster than ever before. We will do it. We can’t fail them. Please join us.
The majority of our services are delivered directly to clients through our mobile clinical outreach, our centres, and our network of accredited social franchises. But just over a third of our impact comes from either social marketing, where we sell family planning and medical abortion/post-abortion care products, or through partnerships with public sector providers.

In 2015, we made changes to how we demonstrate impact through these service delivery streams. For social marketing, we accounted for any potential shortfall between the number of products entering the supply chain and the number reaching our clients. Where we support other providers to deliver services, through activities such as demand generation, training, and quality assurance, we now claim some of the partner organisation’s service delivery only when these services could not have been delivered without our involvement.

In addition, we made a slight change to how we convert sales of medical abortion drugs through social marketing into medical abortion and medical post-abortion care (MA and MPAC) cases, taking greater account of non-MA and MPAC uses, and efficacy rates.

We made these changes to ensure our CYP and impact results are as accurate as possible. As a result, our CYP and impact results for 2015 appear slightly lower than they would have been if we’d retained our old approach. In real terms, however, our impact continues to grow at an impressive rate.

225 million – the number of women living in the developing world who don’t want to be pregnant but are not using modern contraception

74 million – unintended pregnancies in the developing world every year

More than a quarter of these unintended pregnancies end in unsafe abortion

47,000 deaths annually from unsafe abortion

69% of women experiencing complications of pregnancy in the developing world don’t receive the care they need

10.7 million – the number of women who died from maternal causes between 1990 and 2015

If all unsafe abortions were provided under safe conditions, the number of deaths would fall to 400 women

If the 225 million women with unmet need were able to use modern contraception, there would be 70,000 fewer maternal deaths, and 500,000 fewer newborn deaths. There would also be 52 million fewer unintended pregnancies, and 24 million fewer abortions every year.

In the 69 FP2020 countries in 2015:

> 291 million women were using modern contraception, up from 266 million in 2012.

This prevented:

– 86 million unintended pregnancies
– 26.8 million unsafe abortions
– 111,000 maternal deaths

1 Guttmacher Institute
2 Ibid
3 Ibid
4 UNOD, 2011
5 Ibid
6 Ibid
7 Guttmacher Institute
8 Ibid
9 Ibid
10 FP2020 measurement annex (2015)
Marie Stopes International wishes to thank those who support our work around the world. Through the gifts, grants, funding and technical assistance we receive from foundations, institutions and national governments – and the incredibly generous support of many individual givers, worldwide – we are able to serve women across the globe, including those most underserved.

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For citation purposes: