IMPACT REPORT 2022







Acknowledgement of Country

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

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Global mission Children by choice, not chance

Local purpose Agency in choice

Our values











Agency

Courage

Integrity

Quality

Safety

Executive summary

This is my last impact report for MS Health as Managing Director and I'm proud to celebrate what we've achieved to date. MS Health has achieved significant milestones in the area of medical abortion over the past year. In collaboration with key stakeholders, MS Health has lodged updated proposals to the Therapeutic Goods Administration (TGA) that will make medical abortion more accessible to women and pregnant people across Australia.

These proposals are a game changer for medical abortion access in Australia and is the biggest change since MS-2 Step was first introduced into the Australian market over a decade ago.

The updated Risk Management Plan lodged with the TGA includes key changes such as the removal of the mandatory education and certification requirements for prescribers of medical abortion. We recognise that there are now a variety of resources available to healthcare practitioners that enable them to provide adequate knowledge and training to prescribe medical abortion treatments.

We have proposed that medical and other healthcare practitioners can prescribe medical abortion pills without any restriction from the TGA, meaning it will empower states and territories to decide who can prescribe.

The proposals recommend removing the requirement for pharmacists to be registered, which would allow women and pregnant people to obtain MS 2-Step from any pharmacist with a prescription. Currently, individual pharmacists must register to dispense the medical abortion pills, making it difficult for doctors and patients to find a pharmacist who can dispense them. MS Health will continue to provide educational resources to pharmacists to facilitate access to medical abortion pills.

MS Health's efforts towards improving accessibility to medical abortion align with the organisation's commitment to providing safe and quality reproductive health products and medicines. MS Health will continue to work with stakeholders to drive reforms that lead to universal access to sexual and reproductive health services and it's exciting that we are now planning to offer new health products in 2023 that support the delivery of care in new ways and ensure the continuity of drugs and consumables for essential sexual and reproductive healthcare.

Jamal Hakim Managing Director



Key highlights

Updated Risk Management Plan for medical abortion lodged with the Therapeutic Goods Administration

MS Health has worked closely with key stakeholders over the past few years to review the regulations currently in place for MS 2-Step. Following extensive consultation, we made submissions to the TGA that, if accepted, will make medical abortion more accessible to women and pregnant people throughout the country.

It will be the biggest change to medical abortion since we introduced MS-2 Step into Australia over a decade ago.

The key changes to the Risk Management Plan that we have proposed are:

- removing the requirement for prescribers to complete mandatory education and become certified prescribers. MS Health will continue to make its education package available to prescribers but recognises that, like other medicines, there are now a variety of resources available to healthcare practitioners to ensure they have the knowledge and training to prescribe the treatments they chose to provide.
- allowing medical and other healthcare practitioners to be prescribers of medical abortion. This will remove any restriction by the TGA on who can prescribe the medical abortion pills, allowing State and Territory Health Departments to decide who is best placed to prescribe for their state's population. These prescribers could include nurses, midwives and Aboriginal and Torres Strait Islander healthcare workers and would require legislative change across most states and territories,
- removing the requirement for pharmacists to be registered, meaning women and pregnant people will be able to go to any pharmacist to obtain MS 2-Step with prescription — just like any other medicine. At the moment, individual pharmacists are required to register and we understand it can be onerous for doctors and pregnant people to find a pharmacist who is able to dispense the medical abortion pills. We will continue to make educational resources available to pharmacists.

Submission to the Pharmaceutical Benefits Advisory Committee

MS Health applied to move the PBS scripting approval process from Authority Required to Streamlined Authority.

This will remove the burden from prescribers to phone for authority to provide the script when a woman or pregnant person is trying to access the medical abortion pills. This is currently very time-consuming during appointments.

Broadening of product portfolio

MS Health continues to seek out opportunities to broaden its product portfolio and provide safe and effective health products for patients and physicians.

We are currently in the process of finalising an agreement to manufacture a low-sensitivity urine pregnancy test (LSUP) that we intend to register with the TGA to assist clinicians and patients manage their care after undergoing a medical abortion.

We have also been successful in commencing sales of TGA-registered medical devices, including MVA syringes and cannulas, to external clients. This enables more physicians and organisations to access a quality, costeffective option when completing surgical terminations (and other procedures).

Governance and continuous improvement

Accountability for implementation and review of our strategic plan, business improvement initiatives, risk and safety, as well as operational oversight is provided by a committee and governance framework that reports directly to the Managing Director and the MS Health Board.

MS Health has four board members, including at least one board representative from MSI Reproductive Choices.



Corporate social responsibility

Globally, every minute of every day, 67 women and pregnant people resort to an unsafe abortion. By the time we go to bed today 96,000 women will have risked their lives with an unsafe procedure and more than 44,000 will have such severe complications they will need to go to hospital.

5% of our revenue at MS Health is spent on the mission for reproductive choice, locally in Australia and globally. It is foundational in the drive for gender equality and to a future where women and girls take their rightful place in all aspects of society.

Access and risk management Dispenser and prescriber program

ACT NSW NT QLD SA TAS VIC WA Total Active 286 186 1.462 116 1.191 240 472 5,472 1.519 Dispensers Active 71 1,041 134 781 234 127 1,173 324 3,885 **Prescribers** Total 257 2,503 250 1,972 520 367 2,692 796 9,357

Summary Table 2022

Total Users

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Total |
|----------|-----|-------|-----|-------|-----|-----|-------|-----|-------|
| Metro | 223 | 1,765 | - | 1,097 | 376 | - | 1,996 | 524 | 5,981 |
| Regional | 34 | 729 | 156 | 767 | 124 | 365 | 696 | 168 | 3,039 |
| Remote | - | 9 | 94 | 108 | 20 | 2 | 0 | 104 | 337 |
| Total | 257 | 2,503 | 250 | 1,972 | 520 | 367 | 2,692 | 796 | 9,357 |

• Compared to 2021, the total number of active dispensers and prescribers have increased by 24% and 27% respectively.

• The largest growth rate for both active dispensers and prescribers are from South Australia. Compared to 2021, they have grown by 54% and 49% respectively.

• In terms of actual number, the largest increase for active dispensers is in New South Wales with an increase of 265 users from 2021 to 2022. The largest increase for active prescribers is in Victoria with an increase of 250 users.

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Total |
|----------|-----|-------|-----|-------|-----|-----|-------|-----|-------|
| Metro | 167 | 1,014 | - | 664 | 199 | - | 1,141 | 318 | 3,503 |
| Regional | 19 | 440 | 69 | 473 | 76 | 239 | 378 | 93 | 1,787 |
| Remote | - | 8 | 47 | 54 | 11 | 1 | 0 | 61 | 182 |
| Total | 186 | 1,462 | 116 | 1,191 | 286 | 240 | 1,519 | 472 | 5,472 |

Active dispensers by region per state

Number of people of childbearing age per dispenser in each region per state

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA |
|----------|-----|-------|-----|-------|-------|-------|-------|-------|
| Metro | 866 | 1,639 | - | 1,401 | 1,753 | - | 1,243 | 1,837 |
| Regional | 10 | 1,016 | 624 | 886 | 1,196 | 575 | 929 | 1,090 |
| Remote | - | 972 | 654 | 592 | 1,200 | 2,263 | 0 | 671 |

- Compared to 2021, all regions in every state and territory bar remote New South Wales and remote Tasmania have seen an increase (or no change) in the number of active dispensers.
- The largest percentage increase is in regional Australian Capital Territory, which has grown by 850% from 2021 to 2022.
- The largest increase in actual numbers is in metropolitan New South Wales, which has grown by an additional 238 dispensers since 2021.

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Total |
|----------|-----|-------|-----|-----|-----|-----|-------|-----|-------|
| Metro | 56 | 751 | - | 433 | 177 | - | 855 | 206 | 2478 |
| Regional | 15 | 289 | 87 | 294 | 48 | 126 | 318 | 75 | 1252 |
| Remote | - | 1 | 47 | 54 | 9 | 1 | 0 | 43 | 155 |
| Total | 71 | 1,041 | 134 | 781 | 234 | 127 | 1,173 | 324 | 3,885 |

Active prescribers by region per state

Number of women of childbearing age per prescriber in each region per state

| | ACT | NSW | NT | QLD | SA | TAS | VIC | WA |
|----------|-------|-------|-----|-------|-------|-------|-------|-------|
| Metro | 2,582 | 2,213 | - | 2,149 | 1,971 | - | 1,658 | 2,836 |
| Regional | 12 | 1,547 | 495 | 1,425 | 1,894 | 1,090 | 1,105 | 1,352 |
| Remote | - | 7,778 | 654 | 592 | 1,467 | 2,263 | 0 | 952 |

- Compared to 2021, all regions in every state and territory bar metropolitan Australian Capital Territory, remote New South Wales and remote Tasmania saw an increase (or no change) in the number of active prescribers.
- The largest percentage increase is once again regional Australian Capital Territory, which has grown by 400%.
- The largest increase in actual numbers is in metropolitan Victoria, which has grown by an additional 208 prescribers since 2021.

Financial summary

Our financial summary provides an overview of where revenues are spent and invested, and what kind of contribution we made to our global mission in 2022.



5% Contribution to mission





Further information and feedback

Your feedback is valuable to us. Please use the details below to contact us about this report

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