

# 2024

# MANIFESTO



**AGAINST A GLOBAL BACKDROP OF CLIMATE CRISIS, GEOPOLITICAL INSTABILITY, AND A RISING ANTI-GENDER EQUALITY MOVEMENT, REPRODUCTIVE RIGHTS UNDERPIN SO MUCH THAT IS CRITICAL FOR THE FUTURE.**

We only have to look at the reversal of Roe V Wade in the United States to see that we can never be complacent. Anti-choice groups have reportedly doubled their UK campaign spend to around £1million since 2020. From harassing people outside our clinics to pouring millions of pounds into misleading campaigns, we know they will use a range of tactics to try to roll back hard-won rights. Regardless of their views on abortion or gender, we encourage all candidates to reject misinformation and base their policies on facts and evidence. With 64 elections taking place around the world this year, and reproductive choice on the ballot in many of them, the UK cannot afford to slide backwards. There is tremendous opportunity in the next Parliament for progress, big and small, on reproductive rights, and much of it does not even require money or legislation – it simply requires political will.



MSI Reproductive Choices is one of the world's largest reproductive healthcare providers. We support millions of women and girls to access sexual and reproductive healthcare in

36 countries. In England we provide NHS-funded abortion care, vasectomy, and contraception to hundreds of thousands of clients every year. As a leading UK provider and a major Foreign and Commonwealth Development Office (FCDO) partner for Overseas Development Assistance (ODA), we are delighted to share the following priorities and recommendations for the first year of the new UK parliament:

## 01 Improving access to sexual and reproductive healthcare in England



- Develop a comprehensive, inclusive, and collaborative national Sexual and Reproductive Healthcare (SRH) Strategy with a long-term vision for workforce, estates, and investment.
- Restore 2015 investment levels as a base line from which to build.
- Remove unnecessary barriers to sexual and reproductive health, for example by supporting over-the-counter access to the morning-after pill, alongside well-resourced GP services.
- Review national vasectomy provision and funding. All NHS Integrated Care Boards should fund self-referral for vasectomy with consistent access across England.
- Implement the Faculty of Sexual and Reproductive Health's **Hatfield Vision**, a blueprint endorsed by **59 organisations for improving access to contraception, reproductive rights, menopause, menstrual health, cervical screening, and maternal health.**

## 02 Abortion law and criminal justice



- **To support decriminalising abortion care** which in practice means the repeal of sections 58, 59, and 60 of the Offences Against the Persons Act, and the repeal of the Infant Life Preservation Act 1929, while preserving the hard-won progress which hangs upon the Abortion Act 1967 such as telemedicine and conscientious objection.
- To engage with abortion providers and leading experts in UK abortion law on any reforms.
- Remove the requirement for two doctors to sign off every abortion procedure. Abortion should be available on request without conditionality or clinical justification. Medical regulations would still apply but no conditions should apply in criminal law. **Decisions about whether, why, how, when, and where to have an abortion should be a matter for the person ending their own pregnancy and their doctor, not criminal law.**

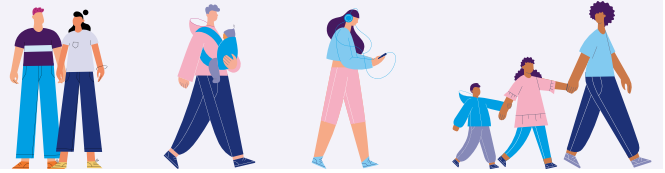
## 03 International development and gender equality



- **Restore the commitment of investing 0.7% of Gross National Income (GNI) into international development.**
- Continue to maintain the UK's global leadership on sexual and reproductive health and rights (SRHR). Set targets for bilateral spending on SRHR and commit to consistent and multiyear funding. Adhere to prior commitments to multilateral funds.
- Make a strong, comprehensive Family Planning 2030 commitment.
- As members of BOND, we support their **manifesto** which sets out practical steps the next UK government should take to improve the scale and effectiveness of its development co-operation.



## 04 Ageing population and the weaponization of women's choices



- Recognise that there is no right or wrong number of children or births, just as there is no right or wrong number of abortions across the population. **The UK's ageing population requires a thoughtful policy response and cannot be solved using women's bodies.**
- We welcome policies which support choice, including the choice to have more children (for example, policies which address childcare costs). However, we reject all policies and narratives which take a directive approach or which measure success by birth rates.
- Refresh the UK government's commitment to the Equalities Act, along with a recognition that the Act has been beneficial for sex and gender equality. Policy success should be measured against Equality Impact Assessments.

## 05 Education, reproductive rights, rising extremism



- Get Safe Access Zones (which protect abortion clinics from harassment) up and running within the first 100 days of taking office. Safe Access Zones (also known as 'buffer zones') should be implemented in line with the legislation already passed by Parliament without exceptions.
- Regulate so-called Crisis Pregnancy Centres. Centres which are opposed to abortion and present themselves as a resource for people considering abortion should be required to plainly state their opposition to abortion. If it is their policy that they will never make a referral into an abortion service on principle, they should be obligated to make this clear in all marketing or promotional materials.
- **We encourage all parties to support inclusive, evidence-based Relationships, Sex, and Health Education (RSHE)**, developed in consultation with key stakeholders, civil society groups, and young people themselves. We are proud signatories of Brook's pledge in support of RSHE and we encourage all candidates to back the campaign.