PSI improves the health of people in the developing world by focusing on serious challenges like a lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five, including malaria, diarrhea, pneumonia and malnutrition.

A hallmark of PSI is a commitment to the principle that health services and products are most effective when they are accompanied by robust communications and distribution efforts that help ensure wide acceptance and proper use.

As a global nonprofit organization, PSI works in partnership with local governments, ministries of health and local organizations. PSI creates health solutions that are built to last.
The PSI network is driven by health impact.

We build sustainable health systems that can meet the ever-changing needs of the people we serve. Our strong worldwide network allows us to innovate to solve the toughest health challenges facing the communities where we work. We invest in cost-effective solutions - leveraging the power of public funds and cross-sector partnerships to scale programs and maximize health impact. We collaborate with local stakeholders to transfer the technical knowledge necessary for ownership of health solutions and systems.

The result: Stronger health systems that are more effective, efficient and equitable in reaching everyone.

— KARL HOFMANN, President & CEO, PSI
HEALTH IMPACT

PSI added 22.17 million years of healthy life with the products we distributed and services we provided in 2011.

PSI’s interventions address family planning needs, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five, including malaria, diarrhea, pneumonia and malnutrition.

PSI estimates the impact of its health interventions by using the disability-adjusted life year (DALY), a unit developed by the World Bank and the World Health Organization. One DALY equals one year of healthy life lost due to illness or death.

PSI adds one year of healthy life with every DALY it averts.

2001 | 2.8 million DALYs
2002 | 3.5 million DALYs
2003 | 4.3 million DALYs
2004 | 5.7 million DALYs
2005 | 7.2 million DALYs
2006 | 9.7 million DALYs
2007 | 8.8 million DALYs
2008 | 14.0 million DALYs
2009 | 18.0 million DALYs
2010 | 15.8 million DALYs
2011 | 22.17 million DALYs

PSI’s 2011 impact is double its 2006 impact.

➤ HOW PSI CALCULATES DALYS AVERTED

To calculate DALYs averted, PSI develops and maintains DALY models that incorporate a wide range of factors, from country-specific disease prevalence to information on the effectiveness of health products at preventing or treating disease.

PSI updates its models annually to take into account population changes, latest data on disease burden and research on the effectiveness of interventions.

These updates enable PSI to continually report accurate health impact estimates. They also help PSI refine its strategy, ensuring that programs are targeted, economical and effective.
IN 2011, PSI...

TREATED
- 900,000 cases of pneumonia.
- 19,000 cases of tuberculosis.
- 16 billion liters of water.

DELIVERED
- 1.3 billion condoms.
- 42.2 million long-lasting insecticide-treated mosquito nets.
- 11 million doses of pre-packaged artemisinin-based combination therapies.

PERFORMED
- 1.4 million HIV counseling and testing sessions.
- 110,000 voluntary adult medical male circumcisions.

OVER THE EFFECTIVE LIFE OF OUR INTERVENTIONS, PSI PREVENTS

- 206,800 HIV infections.
- 13,600 maternal deaths.
- 4.7 million unintended pregnancies.
- 55.2 million malaria episodes.
- 3.9 million diarrhea cases.
- 478,900 deaths due to malaria, diarrhea and pneumonia.

For every dollar invested in PSI, 94.5 cents goes to programs that directly reach the people we serve, creating measurable health impact.

The World Bank considers interventions costing less than US$100 per year of healthy life added to be highly cost-effective in the least developed countries.

PSI spent US$29.70 to add a year of healthy life in 2011.

PSI spent US$16.18 per couple year of protection (CYP)* in 2011.

* A CYP represents one year of protection against unintended pregnancies.

FOR MORE INFORMATION ON OUR HEALTH IMPACT, GO TO PSI.ORG TO READ THE 2011 IMPACT REPORT: HEALTHY LIVES, MEASURABLE RESULTS.
A private clinician, who is part of PSI/Myanmar’s Sun Quality Health (SQH) social franchise network, writes a prescription for DOTS (directly observed treatments short course) for the treatment of tuberculosis (TB). SQH clinics provide TB treatment equitably to people in resource-poor communities.

ACHIEVE EQUITY.

PSI DELIVERS EQUITABLE HEALTH SERVICES THROUGH SOCIAL FRANCHISE NETWORKS, HEALTH FINANCING AND INTEGRATED HEALTH SERVICES.
PSI DELIVERS EQUITABLE SERVICES THROUGH:

➤ SOCIAL FRANCHISE NETWORKS

People from resource-poor communities in Myanmar, a country with a high burden of TB, heavily utilize the often unregulated private sector for TB care.

PSI/Myanmar engaged private clinicians to join the Sun Quality Health (SQH) social franchise network to provide high-quality, highly subsidized TB care.

**Social franchise:** A network of health practitioners linked through contractual agreements to provide socially beneficial services of a specified quality under a common brand. PSI is part of a global community of practice in social franchising.

SQH clinics now provide TB treatment for a significantly larger proportion of poor people with TB than other service providers. Of the people with TB treated by SQH, 16.8% were from the most resource-poor communities, compared with 8.6% of individuals treated by other sources of care.

➤ INTEGRATED HEALTH SERVICES

PSI delivers integrated health services to target the major killers of children under five: pneumonia, diarrhea, malaria and severe acute malnutrition.

Caregivers can access health services to address the major killers of children under five where they need it, when they need it because PSI works with different delivery and distribution channels: pharmacy networks, franchised and non-franchised private clinics, and community health workers.

➤ HEALTH FINANCING

**PROBLEM:** Maternal mortality in Pakistan is high.
(276 per 100,000 live births)

Women from resource-poor communities in Pakistan are especially vulnerable to pregnancy-related deaths.

**SOLUTION:** To help reduce maternal mortality, Greenstar Social Marketing (PSI’s local affiliate) distributed 4,000 vouchers – redeemable for subsidized services at Greenstar franchise clinics – to pregnant women from resource-poor communities.

**RESULTS:** Among women from the poorest fifth of the target group:

- 15% increase in antenatal clinic use.
- 16% increase in facility-based delivery.
- 6% increase in post-natal care.
PSI’s innovative interventions tackle disease burden in resource-poor settings. These interventions are proven effective, tailored to the local context, reduce costs and enhance impact.

INNOVATE.
Tuberculosis (TB) in Laos is a public health problem, with an estimated prevalence of 289/100,000 people. PSI/Laos sends weekly SMS messages to people identified by peer outreach workers as being most at risk for TB, to promote TB diagnostic services. In 2011, 800+ people were screened for TB.

Coughing for more than two weeks? You might have TB. Call PSI at 020-555-29-157 from 8 a.m. to 5 p.m. for advice.

PSI/Caribbean’s “Got it? Get it.” Campaign pairs its in-person activities with a virtual community to provide comprehensive information on sexual and reproductive health to youth. The campaign reaches youth using:

- Interactive Facebook page with 33,000+ followers and the potential to reach 4+ million individuals.¹
- Informational website featuring an online peer-based avatar that answers anonymous sexual health questions.
- Peer educators who directly reach 9,000+ youth per year.

¹ Facebook insights as of September 2012.

In the absence of reliable data on health service and product accessibility in remote areas of the world, PSI supplies geographic coordinates of health outlets for integration into Google Earth software and online Google Maps.
Robert Nyaroe, a quality assurance officer for PSI/Kenya’s Tunza Family Health Network in Mombasa, Kenya, provides training and support to Pamela, a midwife and owner of Meditrust Health Services. Every day, quality assurance officers from all around the world support healthcare providers who are part of their social franchise network, ensuring millions of people receive quality, affordable health care.
Most people from resource-poor communities seek health services from private sector clinics and drug shops that are often unregulated.

PSI recruited 10,000+ local private health care providers to join its social franchise networks. Franchise members receive training and routine support from PSI, so they can deliver more and better quality services to their clients.

In 2011, PSI’s social franchises expanded access to higher-quality, affordable health care in 23 countries to 10+ million people.

Checklists, which standardize medical procedures, have cut death rate from surgery by nearly 50%.

Can checklists also reduce the nearly 5 million maternal and infant deaths associated with childbirth each year?

To find out, PSI/India and partners – the World Health Organization, Harvard School of Public Health, Bill & Melinda Gates Foundation and others – are evaluating a 29-item safe childbirth checklist to monitor 172,800 births over the next three years.

3,700 PSI staff are enrolled in PSI University, a free, online global learning resource developed by PSI that enhances the skills necessary for local staff and affiliates to carry out our mission.

84 courses, including Project Management (designed by Harvard University) and Innovation Behaviors, are currently available, 28 of which have been developed by PSI.

A shopkeeper in Zambia sells a bottle of Clorin – an inexpensive and easy-to-use water treatment solution. Society for Family Health, PSI’s local affiliate, distributes Clorin to protect low-income populations from contaminated drinking water. Each 250ml bottle of Clorin protects a family of six for a month. To date, 17 million bottles have been distributed.

INVEST WISELY.

PSI INVESTS IN COST-EFFECTIVE INTERVENTIONS AND FORGES PUBLIC-PRIVATE PARTNERSHIPS TO CUT COSTS AND MAXIMIZE HEALTH IMPACT.
Hygiene promotion is one of the most cost-effective major disease control interventions, at US$3 per year of healthy life saved.1

In more than 30 countries worldwide, PSI promotes diarrhea prevention, which includes hand washing with soap.

Hand washing with soap, a key aspect of hygiene promotion, can decrease diarrhea incidence by 48%2 and reduce the risk of respiratory infections by 23%.3

PSI invests in pilot efforts to take promising health interventions to a global scale.

When randomized controlled trials showed that voluntary medical male circumcision (VMMC) can reduce the risk of female-to-male transmission of HIV by up to 60%, PSI invested US$400,000 to launch services in Zambia and later expanded programming to eight additional countries – an investment that has leveraged more than US$77 million from donors, including the Bill & Melinda Gates Foundation, United States President’s Emergency Plan for AIDS Relief, Britain’s Department for International Development and the Flemish International Cooperation Agency.

Today, approximately 2 million African men have undergone VMMC in 14 priority countries in eastern and southern Africa – 17% of them through PSI services.

An investment of US$347 million per year in micronutrient programs, including food fortification, could save US$5 billion by reducing deaths, improving earnings and cutting health-care spending.4

PSI and Global Alliance for Improved Nutrition are implementing food fortification projects in Kenya and Mozambique – working with the private food industry, government and other partners to create market demand for fortified sugar, cooking oil, maize meal and wheat flour, which are essentials in everyday cooking.

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4 The Challenge of Hunger and Malnutrition, Copenhagen Consensus, 2008.
A PSI vehicle crosses deep waters during a field visit in the Democratic Republic of the Congo (DRC). DRC is a country with only one doctor per 10,000 people and often inaccessible terrain. Community health workers are necessary to expand access to health care in DRC. PSI works with the Ministry of Health to support and supervise the community health workers in its network, which is funded by the Canadian International Development Agency.

SOLVE PROBLEMS.

PSI SEeks SUSTAINABLE, CLEVER SOLUTIONS TO TOUGH CHALLENGES - BE IT LOGISTICAL SETBACKS OR LACK OF ACCESS TO HEALTH PRODUCTS, SERVICES AND INFORMATION.
PSI SOLVES PROBLEMS SUCH AS:

> LOGISTICAL SETBACKS

PSI and partners ... 

Distributed 8 million nets in Côte d'Ivoire.

Trained and mobilized 20,100 volunteers.

Covered 100% of Côte d'Ivoire's 83 health districts by nets.

> LACK OF AWARENESS & ACCESS TO HEALTH PRODUCTS AND SERVICES

A BARRIER TO EARLY DIAGNOSIS OF TB:
People often don’t know that two weeks of cough could be TB.

➤ SOLUTION: PSI’s Axshya project (funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria):
• Engages frontline health workers.
• Builds capacity of private providers.
• Mobilizes at-risk populations to seek free TB screening and diagnostic services.

A BARRIER TO TB TREATMENT COMPLETION:
Distance to TB treatment provider.

➤ SOLUTION: PSI’s Axshya project and Project Connect (funded by the United States Agency for International Development) work with factory management to place treatment providers in the workplace.

> LACK OF INFORMATION

Once diagnosed with HIV where do you find information and support to live a healthy life?

PSI’s Central American affiliate launched the Y Ahora Que? (And What Now?) website for people living with HIV and AIDS, their family and friends.

7,900+ people visited the site between October 2011-June 2012.2

The site contains online support groups, video testimonials, and information on nutrition, health care centers, support groups and antiretroviral treatment side effects.

1 Engaging workplaces in TB care and control. WHO.
2 Visitors to yahoraque.info and andwhatnow.info as of June 2012.
PSI is organized to maximize the impact of its products and services on the lives of people living in the developing world. A U.S.-based headquarters office facilitates logistics, funding, management and technical support of programs in 69 countries. This network enables efficiencies of scale, knowledge-sharing and a vast geographic scope that has directly led to PSI adding more than 100 million years of healthy life to the people we serve since 2004.

For every dollar invested in PSI, 94.5 cents goes to programs that directly reach our target population. The rest, 5.5 cents, supports the platforms and connects the network.

The thriving PSI network connects programs and staff in 69 countries around the world.

Members of the network have access to:

- Knowledge and expertise of 8,000+ employees worldwide.
- Standards and best practices that help maximize efficiency.
- Funds raised from global donors.
- Technical experts who help platforms design and implement programs.
- Vital support in management, training, finance, external relations and compliance.
The figures on this page are excerpted from statements and schedules issued by PSI’s external auditors. Copies of our audited statements are available upon request from PSI in Washington, DC.
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Former Undersecretary of State for Global Affairs  
U.S. Department of State  
Washington, DC

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MARUSYA LAZO  
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JAMES POCARO  
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GRACE ROACHE  
Director for People Department

LISA SIMUTAMI  
Senior Regional Director for East Africa

CAROL SMITH  
Senior Director for Procurement, Grants & Contracts

MARSHALL SOWELL  
Director for Corporate Marketing, Communications & Advocacy

DAVID WALKER  
Global Director for Social Marketing
### Country Leadership

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<td>Jan Akko Eleveld</td>
<td>Angola</td>
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<td>Guadalupe Huitron</td>
<td>Belize</td>
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<td>Leger Foyet</td>
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<td>Richard Harrison</td>
<td>Botswana</td>
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<td>Elizabeth Brogaard-Allen</td>
<td>Burundi</td>
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<td>Yasmin Madan</td>
<td>Cambodia</td>
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<td>Augustine Kpognon</td>
<td>Cameroon and Central African Republic</td>
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<td>Julia Roberts</td>
<td>Caribbean</td>
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<td>Andrew Miller</td>
<td>China</td>
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<td>Marcela Cubero</td>
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<td>Lalah Rambeloson</td>
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<td>Eric Seastedt</td>
<td>Dominican Republic</td>
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<td>Nestor Ankiba</td>
<td>Democratic Republic of the Congo</td>
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<td>Gerardo Lara</td>
<td>El Salvador</td>
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<td>Staciann Leuschner</td>
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<td>Pilar Sebastian</td>
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<td>Salifou Compaoire</td>
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<td>Martin Finegan</td>
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<td>Julio Zuñiga</td>
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<td>Pritpal Marjara</td>
<td>India</td>
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<td>Christian Jones</td>
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<td>Leila Kushenova</td>
<td>Kyrgyzstan, Kazakhstan and Tajikistan</td>
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<td>Robert Gray</td>
<td>Laos</td>
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<td>Pierre-Loup Lesage</td>
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<td>Reid Moorsmith</td>
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<td>Barry Whittle</td>
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<td>Daniel Crapper</td>
<td>United Republic of Tanzania</td>
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<td>Joselyn Neukom</td>
<td>Vietnam</td>
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<tr>
<td>Kuyosh Kadirov (acting Country Representative)</td>
<td>Zambia</td>
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<tr>
<td>Louisa Norman</td>
<td>Zimbabwe</td>
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Andrew Miller, Country Representative of PSI/China, gives the welcome speech at the opening of the Yuxi Drop-in Center for people who inject drugs at Chengxi Community, Luzhai, Guangxi.