See What’s New and Bold at PSI.
PSI makes it easy for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services.
## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>Map</td>
</tr>
<tr>
<td>06</td>
<td>Stories</td>
</tr>
<tr>
<td>06</td>
<td>A Major Shift for HIV Testing in Africa</td>
</tr>
<tr>
<td>07</td>
<td>A Smartphone App that Delivers Vital Maternal Health Information in Myanmar</td>
</tr>
<tr>
<td>08</td>
<td>Building a Market for Toilets to End Open Defecation in India</td>
</tr>
<tr>
<td>09</td>
<td>Reversing the Rise of Cardiovascular Disease in Kenya</td>
</tr>
<tr>
<td>10</td>
<td>HIV Cyber-Support Reaches At-Risk and Hidden Populations in Central America</td>
</tr>
<tr>
<td>11</td>
<td>Making Safer Sex A Profitable Enterprise</td>
</tr>
<tr>
<td>12</td>
<td>Revolutionizing Data for Decision-Making</td>
</tr>
<tr>
<td>13</td>
<td>Teens Supporting Teens for Better Sexual Health in Malawi</td>
</tr>
<tr>
<td>14</td>
<td>Using Local Natural Resources to Save Children’s Lives</td>
</tr>
<tr>
<td>15</td>
<td>Market Development for New Contraceptive Products</td>
</tr>
<tr>
<td>16</td>
<td>Health Impact</td>
</tr>
<tr>
<td>19</td>
<td>About</td>
</tr>
<tr>
<td>20</td>
<td>Financials</td>
</tr>
</tbody>
</table>
We’re locally rooted and globally connected. Explore the impact we’re making around the world.
Get inspired by **10 cutting-edge programs** in global health.

<table>
<thead>
<tr>
<th>Region</th>
<th>Statistic</th>
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<tbody>
<tr>
<td>Democratic Republic of Congo</td>
<td>73,045 diarrhea cases that have been treated using zinc in Katanga, DRC</td>
</tr>
<tr>
<td>Malawi</td>
<td>2,163 teens received youth-friendly health services in nine months between 2014 and 2015</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>178% growth in profit over two years after PSI South Africa became a social enterprise</td>
</tr>
<tr>
<td>India</td>
<td>21.3% of women in India say breastfeeding or post-pardum amenhorrea is their reason for not using contraception</td>
</tr>
<tr>
<td>Cambodia</td>
<td>550 providers projected in 2016 to use PSK’s Case Surveillance Tool for Malaria app</td>
</tr>
<tr>
<td>Central America</td>
<td>13,900 people reached through HIV Cyber-Support efforts across Central America</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>750,000 HIV self-test kits to be disseminated in two years</td>
</tr>
<tr>
<td>Kenya</td>
<td>10 million people in Africa to be treated for hypertension by 2025</td>
</tr>
<tr>
<td>Bihar</td>
<td>150,000 toilets to be delivered to rural communities in Bihar, India</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1,500 doctors to be featured in our maymay app’s GPS-based Doctor Locator</td>
</tr>
</tbody>
</table>
A Major Shift for **HIV Testing** in Africa

750,000 HIV self-test kits will be marketed and disseminated over the course of two years

The first-ever widespread dissemination of oral-swab HIV self-test kits in Africa is poised to dramatically increase access to HIV testing and impact HIV prevention, care and treatment goals. PSI, UNITAID, the World Health Organization and other partners are making oral-swab HIV self-test kits widely available in Malawi, Zambia and Zimbabwe for the first time ever.

PSI will disseminate nearly 750,000 HIV self-test kits over the course of two years. The pilot program will generate crucial information about the distribution, feasibility, acceptability, and impact of HIV self-testing in the developing world, with hopes of scaling the program further.

**WHY?**

19 million people worldwide don’t know they have HIV. Knowing is the first step to treatment. And, early treatment helps reduce HIV transmission. While the United States approved an HIV self-test product for the market in 2012, this vital tool remains uncommon elsewhere in the world. This project will provide the evidence urgently needed to inform policy and programming decisions at both global and national levels.

Preliminary research, funded by the International Initiative for Impact Evaluation, was conducted in Kenya. What do you think would best motivate a consumer to use an HIV self-test kit?


**Funder:** UNITAID | **Partners:** London School of Hygiene and Tropical Medicine, Liverpool School of Tropical Medicine, University College of London, World Health Organization
A Smartphone App that Delivers Vital **Maternal Health** Information in Myanmar

Using the latest mobile phone technology, PSI, telecom operator Ooredoo and local tech startup Koe Koe Tech have created maymay, an award-winning mobile app that sends women in Myanmar essential health information and reminders throughout their pregnancies and in their child’s early years. In many cases, it is the only health information the women receive.

The app sends three push notifications weekly on how to keep an expecting mother, and later her baby, healthy. 2015 updates include a doctor and clinic locator, a call-in hotline for urgent health questions, and a way for mothers to share information with other mothers and health experts.

**WHY?**

In Myanmar, more than 1,500 women die every year while giving birth, more than any other country in **Southeast Asia**. Most of these deaths occur when women give birth at home, often in isolated rural areas where access to experienced midwives, birth attendants, and health information about pregnancy are difficult to come by. But telecom operator Ooredoo also sees the app as a way to target women as consumers for their mobile service, offering a financially sustainable private sector approach to increased maternal health.

Learn more about maymay from Ooredoo, the mobile operator that helped develop the app.


**Funder:** Groupe Speciale Mobile Association mWomen Programme | **Partners:** Ooredoo, Koe Koe Tech, USAID, Myanmar Ministry of Health, Mobile Alliance for Maternal Action
Building a Market for Toilets to End Open Defecation in India

By addressing constraints in supply and demand, PSI and its partners are improving sanitation access in Bihar, India, creating sustainable markets for toilets and emptying services.

The project will enable households to purchase and use high-quality, desirable toilets. PSI will initially reach 750,000 people with access to safe sanitation, then leverage the learnings from this project and elsewhere to improve sanitation through market-based approaches in 12 countries worldwide.

WHY?

2.6 billion people — about 40% of all humans — either have no toilet at all, or one that is unsafe, such as an unsealed pit. Resorting to open defecation puts women, children and the elderly at an extreme disadvantage, rendering them at risk of embarrassment and even assault. And feces in the environment puts everyone at risk: 1.8 million children die every year due to diarrhea and other diseases caused by poor sanitation.

What do you think matters most to families when choosing their first toilet? Affordability? Quality? Privacy?


Funder: Bill and Melinda Gates Foundation, Unilever | Partners: Monitor Deloitte, PATH, Water for People
Reversing the Rise of Cardiovascular Disease in Kenya

By 2030, non-communicable diseases (NCDs) will be the most common cause of death in Africa, exceeding the combined mortality of communicable diseases, nutritional diseases, and maternal and perinatal deaths. Hypertension, or high blood pressure, is a major risk factor for cardiovascular diseases, including stroke.

In collaboration with AstraZeneca, we are working through the Healthy Heart Africa partnership to reach clients with lifesaving information on the prevention and treatment of hypertension. PS Kenya, a PSI network partner, is increasing the impact of their Tunza social franchise network by adding hypertension screening and treatment to the package of services they offer, reaching thousands in need of this life-saving information.

Our work together in Kenya is part of a larger program that is improving health across Africa by delivering the right education and medicines; training healthcare workers; and collaborating with cross-sector partners, especially government, to build a sustainable program.

WHY?

Non-communicable diseases, like cardiovascular disease, cancer and diabetes, are the leading cause of death worldwide. A hugely disproportionate number of those deaths—85%—occur in the developing world. Many of those deaths can be prevented if it weren’t for the lack of accurate information and access to proper and disease management.

Did you know that just four groups of diseases account for 82% of all non-communicable disease deaths?


Funder: AstraZeneca | Partners: AMPATH, AMREF Kenya, the Christian Health Association of Kenya, Jhpiego, the Mission for Essential Drugs and Supplies, Abt Associates
HIV Cyber-Support Reaches At-Risk and Hidden Populations in Central America

150,000 people in Central America live with HIV

PSI’s Central American network member PASMO has pioneered a groundbreaking program that provides at-risk and hidden populations with safe, secure and confidential access to comprehensive HIV care by using online forums and a Unique Identifier Code system.

In 2014, PASMO reached over 13,900 individuals through online peer education. Operating within online chat rooms and social media outposts, PASMO’s team of “cyber-educators” reach men who have sex with men (MSM) and people living with HIV through confidential online outreach, and referrals to counseling and testing sites when needed.

WHY?
People living with HIV and men who have sex with men are among the most stigmatized and discriminated populations in Central America. Many seek anonymity and support online for fear of receiving further abuse or discrimination by their families, communities, employers, and even trained health care providers, also making them hidden or difficult to access by HIV prevention programs and outreach teams working in the field.

PASMO developed a variety of websites to serve as a resource for cyber-educators and as a place to refer users for more information about HIV prevention.


Funder: USAID | Partners: International Planned Parenthood/Western Hemisphere Region (IPPF/WHR), Cicatelli Associates Inc, Milk N Cookies
Making **Safer Sex** A Profitable Enterprise

178% growth in profit over two years after PSI South Africa became a social enterprise.

PSI’s Lovers+ and Trust brands of condoms and lubricant have long been leaders in the condom market in Southern Africa. Capitalizing on its success, PSI South Africa transitioned recently into a profitable, commercially viable business dedicated to two bottom lines – profit and social impact.

**Considered a social enterprise, PSI South Africa operates commercially in four countries including South Africa, Lesotho, Swaziland and Botswana – with plans to expand.** The venture commands 75 percent of the condom market in the region. Its healthy profit is reinvested to drive health programs run by nonprofit members across the PSI network including its sister organization, Society for Family Health in South Africa. Its success will not only increase condom use in the region but will also help fund PSI’s other health efforts that could include child survival, family planning or further HIV prevention and treatment.

**WHY?**

**As traditional donor funding begins to shift or decrease,** there is an opportunity for locally based nonprofits to harness a country’s entrepreneurial spirit to combine capitalism with social conscious. The result will not only help empower communities to lead healthy lives, but create a model for sustainable economic growth while reducing donor dependency.

PSI’s social enterprise uses creative commercial appeal to market its health interventions.


**Funders:** Swedish International Development Agency (SIDA), Embassy of the Kingdom of the Netherlands (EKN)

**Photo credit:** Stephanie O’Connor, 2013
Revolutionizing **Data** for Decision-Making

275,463 pieces of data submitted in the last 30 days to PSI’s DHIS2 database.

**PSI has pioneered the way nonprofits use data to make decisions.** PSI now houses one of the most expansive global health databases in the world. Using the open source health information software, District Health Information System 2 (DHIS2), PSI collects data from more than 40 countries across four continents ... and counting.

**PSI has implemented and expanded its award-winning DHIS2** digital application to track and analyze client-based data and improve evidence-based programming.

**WHY?**

**Globally, only 34 countries have easily accessible, high-quality health data on their citizens,** even for things as basic as their cause of death. Without comprehensive and timely data, governments, NGOs and public healthcare providers waste time and energy estimating and debating mortality rather than addressing problems and monitoring progress.

A new smartphone app in Cambodia is helping providers collect information on malaria to add to PSI’s global DHIS2 database.


**Funders:** UNITAID, USAID, Private Donor | **Partners:** University of Oslo, Health Information Systems Programme (HISP), KnowTechTure

**Photo credit:** Chris James White
Teens Supporting Teens for Better Sexual Health in Malawi

2,163 young people received youth-friendly health services through the Tunza Family Health Network in Malawi from June 2014-March 2015.

How do you reach 10-24 year olds with information and services for their sexual and reproductive needs? What will they relate to and actually use? PSI Malawi went directly to the source by creating a youth advisory board. The group oversees PSI Malawi’s efforts to reach youth, making sure that programs resonate with their audience. Also, through its Tunza Family Health Network of franchised health centers, PSI Malawi and many of the youth they work with train healthcare providers to deliver youth-friendly services. The environments they create make discussing health decisions and receiving critical services more comfortable.

Outside the health centers, PSI Malawi runs a program called YouthAlert!, which addresses under-discussed and often taboo topics to help young people make informed choices on sex, relationships and contraception. It includes a popular radio show, which offers information about these tough subjects in an edgy way. Radio listening clubs, discussion groups and other outreach efforts within YouthAlert! direct people to the youth-friendly services of the Tunza Family Health Network.

WHY?

In Malawi nearly one in every five people are between the ages of 15 and 24, yet many face major barriers to getting information and accessing services for sexual and reproductive health. This leaves young people vulnerable just as they begin to experience their sexuality and make important decisions about sexual behaviors.

Curious to know what teens talk about when they talk about sex?
Listen to a clip of YouthAlert!’s radio show at http://pulse.psi.org/summer-2015/#teens.

Funders: USAID, Germany’s Kreditanstalt für Wiederaufbau (KfW)

Photo credit: PSI Malawi
A brand new program breaks the traditional global health mold by using a country’s natural resources to prevent and treat illness. The Association de Santé Familiale (ASF), PSI’s network member in the Democratic Republic of Congo (DRC) launched a program to create a more sustainable and affordable stock of oral rehydration salts (ORS) and zinc sulphate tablets. This treatment dramatically reduces death from diarrhea — a leading cause of under-five mortality globally.

While the DRC is rich with minerals like zinc, manufacturers hadn’t yet seen a profit motive in producing the life-saving treatment. ASF is collaborating with the Lundin Foundation — a philanthropic organization founded by the Lundin family, an owner of Tenke Fungurume Mining in the DRC. Together, they will enable local pharmaceutical companies to manufacture the treatment to WHO quality standards. The Lundin Foundation has also committed to attacking the root cause of waterborne diarrheal disease by collecting household waste to turn into compost for agriculture and gas for energy.

WHY?
Diarrheal disease is the second leading cause of death for children under five in the world. In the DRC, this preventable and easily treatable disease causes nearly one in every five children’s deaths. In addition to providing information on simple behavior changes people can do to prevent diarrhea, using the country’s natural zinc stores to treat diarrhea provides a cost-effective and sustainable way to save lives. Mining companies will be able to sell the zinc they mine to local production companies, profiting financially, while the people of the DRC will be able to readily purchase treatment at a low-cost, profiting in lives saved. This win-win partnership assures long-term, sustainable impact in the country.

Do you know how to cure diarrheal disease? Test your knowledge of what works and what doesn’t.


**Funder:** Lundin Foundation | **Partners:** DRC Ministry of Health, Mayor of Lubumbashi, local private drug manufacturers, local wholesalers, local retailers

**Photo Credit:** Courtesy of PSI
Market Development for New Contraceptive Products

220,000,000 women in the developing world have an unmet need for contraception.

How do you create a market for new products? In Zambia, Malawi, Madagascar and India, PSI and partners are developing a contraception value chain – from product developers to manufacturers, importers, wholesalers, distributors, policy regulators, providers and consumers. PSI joins WomanCare Global, USAID and others to create a roadmap for new product introduction in developing countries around the world.

The new methods fall into four product lines: a contraceptive gel; new barrier methods; a long-acting, hormonal intrauterine system (IUS) and intra-vaginal rings. Each product addresses one or more reasons women choose not to use currently available contraceptives. For example, the new products are non-hormonal, discreet and/or appropriate for breastfeeding women. Most are methods that women can use on her own, without reliance on a male partner or health provider to initiate.

WHY?
Globally, more than 220 million women do not want to get pregnant within the next two years but are not using a modern method of contraception. Various barriers exist for women, including poor availability of contraceptives, high costs of products and services and low education about fertility. But the most common reasons are often related to the methods themselves, such as side effects from hormones. Research shows that women are more likely to use contraception when they have more options to choose from. By giving a woman more options, we make sure that she can voluntarily make an informed choice about the method that is right for her.

What do you think is the biggest concern women have when choosing a form of contraception?

Funders: USAID, Swedish International Development Cooperation Agency (SIDA), Norwegian Agency for Development Cooperation (NORAD) | Partners: WomanCare Global (Prime), International Center for Research on Women (ICRW), Every1Mobile

Photo Credit: PSI Malawi
## LIVES CHANGED (ESTIMATED)

- **4,334,884** unintended pregnancies prevented. (MDG 5*)
- **10,530** maternal deaths prevented. (MDG 5)
- **478,545** deaths due to malaria, diarrhea & pneumonia prevented. (MDG 4 & 7)
- **260,517** HIV infections prevented. (MDG 6)

## SERVICES PROVIDED

- **811,165** long-acting, reversible contraceptives inserted (including implants and intrauterine devices), empowering women and couples to plan for the families they desire. (MDG 5)
- **353,924** voluntary adult medical male circumcisions performed, preventing HIV and other sexually transmitted infections (STIs). (MDG 6)
- **2,137,790** voluntary testing and counseling sessions for HIV and other STIs conducted, reducing transmission rates and increasing access to treatment through referrals. (MDG 6)

## PRODUCTS DISTRIBUTED

- **38,841,985** long-lasting insecticide-treated nets, protecting families from malaria. (MDG 4 & 6)
- **1,143,414,790** male and female condoms, preventing transmission of HIV and other STIs and empowering women and couples to plan for the families they desire. (MDG 5 & 6)
- **2,846,858** diarrhea treatment kits, saving children’s lives by reducing the severity and duration of diarrheal disease. (MDG 4)
- **24,218** courses of directly observed therapy, saving lives by treating tuberculosis. (MDG 6)
- **841,682** pre-packaged antibiotics, saving lives by treating pneumonia. (MDG 4 & 8)
- **17,845,632** courses of artemisinin-based combination therapy, saving lives by treating malaria. (MDG 4 & 8)
- **13 billion liters** of water treated with water treatment products. (MDG 4, 6 & 7)

*MDG = Millennium Development Goal

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In 2014, PSI added an estimated **53.7 million years of healthy life** with our products and services.
PSI estimates the impact of its health interventions using the Disability-Adjusted Life Year (DALY), a unit of measurement developed by the World Bank and the World Health Organization to estimate years of life lost due to death and disability. We track each product we deliver and service we provide. We then use mathematical models to calculate the DALYs averted by our work.

**HOW DOES PSI CALCULATE YEARS OF HEALTHY LIFE ADDED?**

ONE DALY AVERTED

= ONE YEAR OF HEALTHY LIFE

**OUR IMPACT: YEARS OF HEALTHY LIFE ADDED**

<table>
<thead>
<tr>
<th>Year</th>
<th>DALYs Averted</th>
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<tr>
<td>2008</td>
<td>26.8M</td>
</tr>
<tr>
<td>2009</td>
<td>31.5M</td>
</tr>
<tr>
<td>2010</td>
<td>32.4M</td>
</tr>
<tr>
<td>2011</td>
<td>51.3M</td>
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<td>2012</td>
<td>36.6M</td>
</tr>
<tr>
<td>2013</td>
<td>39.7M</td>
</tr>
<tr>
<td>2014</td>
<td>53.7M</td>
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</table>
At PSI, we believe that extreme poverty can be eradicated in our lifetime only by breaking the traditional development model. Together with our partners, we develop and test breakthrough concepts that actually have the potential to go to scale and make it easier for people in the developing world to lead healthier lives.

ONLY PSI HAS

- A global network structure of more than 65 member organizations
- A 43-year track record of developing cutting-edge health solutions.
- The ability to take proven health interventions to scale

ONLY TOGETHER WITH OUR PARTNERS CAN WE

- Invent effective health solutions.
- Test concepts and bring investments to the right ideas.
- Free 1.2 billion from poverty within our lifetime.
With every $35.54 you invested in PSI in 2014, you gave a mother and her child a year of healthy life.

2014 REVENUE BY DONOR

36% U.S. Government
27% Non U.S. Government
22% International Organizations
11% Foundations & Corporations
5% Other
EXPENSES BY YEAR (IN MILLIONS)

<table>
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<tr>
<th>Year</th>
<th>Program</th>
<th>Management &amp; General</th>
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<tr>
<td>2014</td>
<td>$588.3</td>
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<td>$567.1</td>
<td>$33.4</td>
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<td>2012</td>
<td>$502.2</td>
<td>$35.2</td>
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EXPENSES BY YEAR (IN MILLIONS)

<table>
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<th>Year</th>
<th>Total Expenses</th>
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<tr>
<td>2014</td>
<td>$638,443,057</td>
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<tr>
<td>2013</td>
<td>$608,545,960</td>
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<tr>
<td>2012</td>
<td>$546,449,232</td>
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</table>

DONORS

AstraZeneca United Kingdom
Australian AID
Barbara Jones
Bill & Melinda Gates Foundation
Civil Society Fund
Global Fund to Fight AIDS, Tuberculosis and Malaria
Government of India
Government of the Netherlands
Government of South Africa
Indrani Goradia
KfW
Merck & Co., Inc.
Swedish International Development Cooperation Agency
Unilever
United Kingdom Department for International Development
United Nations Children’s Fund
United Nations Office for Project Services
United Nations Population Fund
United States Agency for International Development
United States Centers for Disease Control and Prevention
United States Department of Defense
World Health Organization

* Donors listed contributed a minimum of U.S. $1 million in 2014.
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