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.
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We're locally rooted and globally connected. Explore the impact we're making around the world.
The Power of Development Impact Bonds

In today’s changing donor environment, PSI is looking to stay ahead of the curve by offering innovative and sustainable solutions to financing development. Impact investments have the potential to deliver both social impact and a financial return. With this in mind, PSI is collaborating with Zurich Insurance Group, USAID’s Global Health Bureau, and USAID’s Development Credit Authority (DCA), to explore the potential to launch a model for the development impact bond (DIB) of the future.

To make a DIB work, implementers, outcome funders/donors, and investors must understand the value of the mechanism to each of them. In a forward-thinking venture, the team has developed a framework to screen PSI’s portfolio of interventions to determine which ones are best suited for DIBs. A risk-reward model has also been created to price payments against targets in a DIB. With this as a foundation, PSI is finalizing an intervention and geography for implementation, and aims to solidify commitments from donors and investors, and structure incentives and payouts to launch a DIB.

**WHY?**

An early DIB transaction will give PSI the opportunity to test this mechanism’s ability to deliver impact cost-effectively and at scale on behalf of the entire aid community.

The aim of the mechanism is to align incentives for all parties. With this tool, investors expect to meet their responsible investment goals while diversifying their asset allocation, implementers get up-front capital for implementation of a flexible approach designed to deliver outcomes, and outcome funders/donors transfer their risk by only paying when the expected health outcomes are achieved.

In addition, attracting private sector capital into the development space will create a business-enabling environment with private sector rigor and intelligence channeled into the non-profit arena. The benefits will allow implementers to maintain their focus on delivering impact that reduces poverty, enables social and gender equity and improves access to essential health services.

**Learn more** about how DIBs differ from traditional results-based financing methods?

**See the life cycle of a DIB at** [http://pulse.psi.org/issue-3/#stories](http://pulse.psi.org/issue-3/#stories).

**Collaborators:** USAID’s Global Health Bureau | USAID’s Development Credit Authority (DCA) | Zurich Insurance Group

**Photo Credit:** Background: Sebastiano Rossi
A Scalable Alternative Device **Averts** HIV Infections

Zimbabwe is among the countries most affected by HIV in the world. The Zimbabwean Government has identified voluntary medical male circumcision (VMMC) as one of its pillars in the HIV response.

Modeling shows that 212,000 HIV infections could be averted by 2025 if VMMC would be scaled up to reach 1.3 million men by 2017. PSI has been supporting the Ministry of Health and Child Care (MOHCC) in Zimbabwe since 2009 to reach its ambitious goal. **A total of nearly 520,000 male circumcisions have been conducted since the inception of the program through PSI's support.** Although notable advances have been made in scaling up VMMC, there is urgent need to further accelerate the pace towards the national target of 1.3 million VMMCs.

**Male circumcision devices have the potential to accelerate VMMC roll-out by making the procedure easier, quicker, and more widely accessible.** One promising device for VMMC is PrePex. PSI supported the MOHCC in pioneering PrePex and conducted several pilot implementation studies demonstrating its safety and acceptability. After WHO prequalification of the device, PrePex has been integrated within the national VMMC program.

Since April 2014, a total of over 12,500 PrePex male circumcisions have been conducted in Zimbabwe, contributing currently to about 20% of all VMMCs per month, and PrePex VMMC services are expanding rapidly. PSI expects that by 2017, PrePex will contribute to 40-50% of all VMMCs conducted in the country through roll-out at primary health care facility level.

**WHY?**

Zimbabwe has one of the highest HIV prevalences in the world. **15% of adults were estimated to be living with HIV in 2014.** Circumcising 1.3 million men in Zimbabwe could reduce HIV prevalence to 4.4% by 2025 against a projected HIV prevalence of 7.3% in the absence of VMMC scale up. Perceived barriers to VMMC include fear of surgery and loss of wages. The PrePex device addresses those barriers by making the procedure quicker, safer, and more cost effective. The simple device allows primary care nurses to provide the procedure at primary health care centers, making scale-up efficient and less costly.

Curious about how the PrePex circumcision affects men in their day-to-day lives?

Visit **http://pulse.psi.org/issue-3/#prepex** to take the quiz.

**Funders:** PEPFAR through USAID | DFID | Bill and Melinda Gates Foundation **Photo Credit:** Miguel Samper
Managing Gestational Diabetes & Saving Lives Through Integrated Care

4,159 women screened for gestational diabetes mellitus (GDM) in Nicaragua

In partnership with Novo Nordisk and the World Diabetes Foundation (WDF), the Pan American Social Marketing Organization (PASMO), a PSI network member, has been working to improve prevention, detection, and management of gestational diabetes mellitus (GDM) in Nicaragua. The team has taken an integrated approach to diagnosing and managing GDM and maternity-induced hypertension by encouraging expectant mothers to undergo screening for diabetes and hypertension as a way to safeguard their own health and the health of their baby.

The program pairs women with a PASMO-trained nutritionist to track and improve a patient’s dietary habits and outlines an individualized plan for participation in a pregnancy-safe exercise regimen. Motivational SMS messages help keep these patients encouraged and engaged in their new diets and healthy activities. A case manager also improves coordination between the various providers delivering care to pregnant women, offering a more holistic approach prior to delivery and continued follow-up post-partum.

WHY?

Adult prevalence of diabetes in Nicaragua is 12.4%, the second highest in South and Central America. Additionally, 15% of the pregnant women screened by PASMO have GDM, which can lead to pregnancy and birth complications, as well as increase type 2 diabetes risk later in life for both the mother and child. The rise of non-communicable diseases and the global obesity epidemic means that the threat of GDM is increasing globally, which is why finding and scaling solutions like these are more important than ever.

PASMO’s health providers and Novo Nordisk offer an integrated approach to GDM that supports the health of mother and baby.

Visit [http://pulse.psi.org/issue-3/#gdm](http://pulse.psi.org/issue-3/#gdm) to meet Yahaira, a first-time mother with GDM.

**Funders:** Novo Nordisk | World Diabetes Foundation  **Photo Credit:** Beth Murphy
200 pregnant women to be enrolled in TIKO Companion in Rajasthan and Alwar, India, to measure and evaluate its impact

We’ve heard of women in the developing world getting vital maternity information through SMS message. But in Rajasthan and Alwar, India, pregnant women are being enrolled by their health care providers in a text-based loyalty program that incentivizes antenatal care. PSI, philanthropic partner Martha Darling, and social enterprise Triggerise have launched the TIKO Companion, a low-tech mobile service that follows women through their pregnancy, sending reminders about antenatal services personalized to each woman. When she uses the voucher that she receives through her device—to attend her regular appointment, pick up her pre-natal vitamins or engage in other interventions prescribed by her provider—she’s rewarded with tangible benefits at particular retailers in her community.

The rewards, in the form of a virtual currency called TIKO, can be redeemed in local markets for goods and services ranging from groceries, to cell phone credits, to hair salon appointments. Once her baby is born she can upgrade to the next Companion focused on post-natal care for her and the first years of life for her baby’s health. Along with incentivizing women to receive health services, TIKO rewards are boosting the local economy, connecting the health system, providers, and local shops to a broader integrated eco-system.

WHY?

The WHO recommends pregnant women receive four antenatal visits during their pregnancy, but in Alwar, India, only 49% attend at least three visits. All over the world, women want to provide for their families but often have to juggle all their duties and might miss receiving essential health services when necessary. By incentivizing healthy behavior, the Companion functionally rewards women with the things they and their families need. This application is being considered for rollout throughout the programs of PSI’s network members.

Learn how a woman without a bank account or insurance can be provided with essential health services and rewarded for using them.

Watch the video at http://pulse.psi.org/issue-3/#tiko.

Funders: Martha Darling  Partners: Triggerize  Photo Credit: Manprit Shergill
New Model for **Financial Sustainability** in Social Franchising

70% of Tunza clinics would be willing to pay for franchise fees and a service package

Growing a business means having access to effective tools to provide services, monitor work, and plan for the future. Much like PSI’s 32 other social franchise networks in 30 countries, PS Kenya’s Tunza franchise model has provided business and marketing support to more than 323 health providers and clinics since 2009. By becoming a member in the Tunza network, health care clinic owners receive free training for their staff, as well as services and products to sell.

Most have seen increased growth in the quality of health offered and financial income of their clinics. **But to truly stand up a business, it must become self-sustaining.** So, a new social franchise model has been developed to continue helping clinics deliver high quality service and grow their business, but also hold Tunza responsible for helping to increase revenue.

**Through the new model, members pay Tunza 15% of incremental income generated with the help of the benefits provided.** Participating members will receive a larger bundle of services, which can include digital measurement and evaluation systems, training, business planning, and access to loans. Additionally, with funding from UK Department of International Development (DFID), Tunza franchisees can finance an electronic clinic management system and options to lower energy costs such as solar panels and energy-efficient lamps, windows, and roofs.

**WHY?**

Social franchises are critical to improving private sector health care quality, equity, impact, and cost-effectiveness for underserved populations, while also creating economic opportunities for health care professionals and their communities. As providers have found great value in the services offered by PSI’s social franchises, PSI has tested whether they are now willing to pay a small fee to receive the services, products, and trainings. This new approach makes supporting these clinics financially sustainable as the availability of aid dollars continues to shrink.

What do you think matters most to franchisees?
Price? Business? Training?

Visit [http://pulse.psi.org/issue-3/#tunza](http://pulse.psi.org/issue-3/#tunza) to test your Tunza social franchising knowledge.

**Funders:** DFID | USAID | SIFPO | KfW Development Bank | World Health Organization

**Photo Credit:** Miguel Samper
Simpler Measurement for Reaching the Poor

13,500 households surveyed worldwide using the EquityTool app since December 2015

Programs developed to serve the poor often don’t know if they are fulfilling their mandate because they lack a means of measuring the exact wealth status of their beneficiaries in real-time. PSI partnered with a panel of experts from USAID; Marie Stopes International; Results for Development; University of California, San Francisco (UCSF); BroadBranch and Metrics for Management to develop a simpler approach to equity assessment. The EquityTool app is an easy-to-use, easy-to-interpret way of assessing the relative wealth of program clients and is free of charge.

The EquityTool uses just 6 to 18 questions from the Demographic and Health Survey (DHS) Wealth Index for each country and benchmarks the results to national or urban-only comparison groups. The survey is pre-translated into local languages and can be completed in a few short minutes. Functioning online and offline, the EquityTool allows multiple survey collectors to gather and upload data simultaneously, securing it in a cloud-based database. Users can calculate results automatically and immediately generate a report to use as a real-time management tool.

WHY?

PSI’s social franchise programs prioritize serving the poor. But because methods for identifying poor clients have been imperfect, expensive and used infrequently, it can be difficult to understand how well they perform against this goal. NGOs everywhere experience this problem. Programs often learn about their impact at the end of a project or after an expensive program evaluation, when it may be too late to improve service delivery. **Knowing about the relative wealth of clients in real time permits course correction and can help ensure that programs such as PSI are meeting their goal of providing equitable services to beneficiaries.**

So what questions do you imagine measure someone’s wealth in a low- or middle-income country?

Visit [http://pulse.psi.org/issue-4-/#stories](http://pulse.psi.org/issue-4-/#stories) to see if you were right.

Our Partners: Marie Stopes International | UCSF | Results for Development | BroadBranch | Metrics for Management  
Funder: USAID  
Photo Credit: Emily Carter
Transforming the Market for Quality Malaria Medications

1,900,000 additional doses of quality-assured ACT entering the DRC’s private sector in one year

Upwards of 6.5 million cases of malaria are reported in the Democratic Republic of Congo every year, making it the second most malaria-affected country in the world. The majority of individuals seek care and treatment for suspected malaria in private clinics and pharmacies. Yet, uninformed consumers often receive poor quality and ineffective malaria treatments. With funding from the UK’s Department for International Development (DfID), PSI and network member Association de Santé Familial (ASF) are working to transform the market and ensure all consumers in Kinshasa, DRC, have access to affordable quality malaria medications in the private sector.

The program incentivizes manufacturers of quality-assured artemisinin-based combination therapies (ACTs), the recommended treatment for malaria, to enter the market by making a subsidy available. This also makes the medicines affordable to consumers. Pharmacists and consumers can then identify quality-assured malaria medicines by their “Green Leaf” logo. A strong promotional campaign featuring the “Green Leaf” logo on billboards, radio and TV ads, and grassroots marketing is making both pharmacists and consumers more aware of the importance of quality-assured ACT and increasing demand. By increasing demand and growing the category for “Green Leaf” products, the price of these medicines will be kept low and will gradually allow the subsidy to be phased out. This, in turn, creates more demand and a more sustainable market for ensuring access to all quality-assured medicines. By working with manufacturers on the supply side as well as demand creation for the category, PSI achieves market development.

WHY?
The World Health Organization recommends that all fever should be confirmed before treatment with the recommended artemisinin-based combination therapies (ACT). However, in the private sector of Kinshasa — where 90% of malaria medications are procured — uninformed consumers continue to receive malaria medications that lack quality assurance or that are no longer considered effective. Furthermore, with 42% of the population of Kinshasa living on less than $1 a day, higher quality treatments are often out of reach for most of the population, causing consumers to opt for the cheaper, less effective malaria medications. Ineffective treatments not only fail to treat the disease, but also contribute to the spread of artemisinin resistance.

Although quality-assured ACTs are the gold-standard in malaria treatment, the market in the DRC has struggled to be developed.

Take our quiz at http://pulse.psi.org/issue-4-/#qaact and see if you know why.

Our Partners: National Malaria Control Program (PNLP) | The Global Fund  Funder: DfID  Photo Credit: Alena Sims
Increasing Access to Contraception: Designing with Girls

One of the critical solutions to ending global poverty is meeting the unmet demand for short and long-acting contraception. Every girl in the world should be able to make choices about her health and future, and have access to the contraceptives and services that would enable her to do so. To put girls first, PSI — in partnership with leaders in user-centered design, developmental neuroscience, market development, and technology — is leading Adolescents 360, a four-year project funded by the Bill & Melinda Gates Foundation and the Children’s Investment Fund Foundation.

Working in Nigeria, Ethiopia, and Tanzania, Adolescents 360 will bring together adolescent girls, health professionals, marketers, designers, and scientists to design innovative solutions to improving access to voluntary modern contraception among 15-19 year old girls. Through the development of a unique adolescent-centered, developmentally, and anthropologically informed marketing process, Adolescents 360 aims to transform the way we “do business” in global health and inspire a movement toward improving the health and lives of girls all over the world.

WHY?
Increasing access to high-quality sexual and reproductive health information, products, and services will lead to profound health, economic, and social benefits for adolescents, their families, and their communities. The unmet need for modern contraception among adolescent girls is high. In sub-Saharan Africa alone, 40% of girls and young women want to use contraception but aren’t able to access it. Despite a long history of work in this space, the global health community still struggles to truly understand and navigate the complex web of barriers that girls face. By bringing adolescent girls into the design lab, we hope to cut through that complexity and co-create solutions that are effective and replicable across settings.

Interested in seeing what can happen when you co-design solutions with adolescents using insights from their peers, parents, and partners?
Visit [http://pulse.psi.org/issue-4-/#a360](http://pulse.psi.org/issue-4-/#a360) to see the concept commercial made with teens in Bagamoyo, Tanzania, that came out of a week-long user-centered design immersion, a research and rapid prototyping process pioneered by PSI's thought-partner and investor Pam Scott.

Our Partners: Society for Family Health Nigeria | IDEO.org | Triggerise | Ogilvy & Mather Africa | The Center on the Developing Adolescent at the University of California, Berkeley  
Funders: Bill & Melinda Gates Foundation | Children's Investment Fund Foundation  
Photo Credit: Sameer Kermalli
To help inform program and policy decision-making, PSI aims to understand the total family planning market in high-priority FP2020 countries. FPwatch, a multi-country research project, uses standardized tools and approaches to provide comparable data for modern family planning methods across countries and time. Launched with funding from the Bill & Melinda Gates Foundation, and later from the Three Millennium Development Goals Fund, the project has been implemented in five countries: Ethiopia, Nigeria, the Democratic Republic of Congo, Myanmar and India.

Data collectors conduct quantitative, cross-sectional surveys from a sample of public and private outlets with the potential to sell or distribute modern contraceptives and/or offer family planning services. These outlets include health facilities, community health workers, pharmacies, drug stores, retail outlets, market stalls, and mobile providers. Sampling public and private sector outlets allows PSI to understand the total market for FP products and services.

FPwatch audits all modern contraceptives available and interviews providers at eligible outlets to learn the quantity available, consumer price, and sale/distribution volumes for each product. Additionally, brand types and prices for male and female condoms are collected. Findings provide an estimate of contraceptive availability and relative market share across the entire market, as well as within key market segments.

WHY?

FPwatch is designed to provide timely, relevant, and high-quality market evidence to inform national and global policy, strategy, and funding decisions for family planning markets. The program monitors family planning markets to promote strategic investments in family planning as part of the FP2020 Initiative, a partnership aiming to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries by 2020.

Think you know the FP2020 objectives for Ethiopia?

Take our short quiz at http://pulse.psi.org/issue-4-/#fpwatch to test your knowledge.

Funders: Bill & Melinda Gates Foundation | Three Millennium Development Goals Fund

Photo Credit: Jake Lyell
Across the Greater Mekong Subregion (GMS), the private sector remains the source of health care for a sizeable proportion of the population. Therefore, failing to address poor case management in the private sector poses a serious threat towards malaria elimination goals.

PSI launched a $20 million project, funded by the Bill & Melinda Gates Foundation, to improve malaria case management in the private sector in four key countries: Cambodia, Lao PDR, Myanmar and Vietnam. Building on a strong foundation of PMI-funded quality assurance innovations and mHealth tools, this new initiative will ensure that all cases are rapidly detected and appropriately treated; establish reporting systems that will accurately track each case and reporting this data into the national health system; as well as build resources to inform private sector strategies in other malaria-endemic countries aiming for elimination.

WHY?

Expanding access to artemisinin-based combination therapies (ACTs) has been pivotal in reducing the global malaria burden. From 2000-2013, major investments have successfully dropped the mortality rate by 47%, but progress is fragile. The Greater Mekong Subregion is the historical starting point for drug resistance and artemisinin-resistant parasites have been detected in Cambodia, Laos, Myanmar, Thailand, and Vietnam. Should resistance spread, it has the potential to derail recent successes both within the region and on the African continent with devastating effect. Malaria elimination in the GMS will not only eliminate the roughly 1.8 million annual cases in the region, but will stop resistance popping up independently and spreading. Early detection, strong surveillance, and patient follow up in both the public and private sectors will be the key.

Our Partners: PLAN, University of Baltimore | PATH | Ministries of Health: Cambodia, Lao PDR, Myanmar and Vietnam | Funders: Bill & Melinda Gates Foundation | President’s Malaria Initiative (PMI) Photo Credit: Jake Lyell

Think you know about the fight against malaria?
Visit [http://pulse.psi.org/issue-4-/#gms](http://pulse.psi.org/issue-4-/#gms) to test your knowledge with our crossword puzzle.
2015 Health Impact

The Scale of PSI Programming in 2015

LIVES CHANGED (ESTIMATED)

3,896,671 unintended pregnancies prevented.

9,246 maternal deaths prevented.

379,286 deaths due to malaria, diarrhea and pneumonia prevented.

234,367 HIV infections prevented.

SERVICES PROVIDED

694,301 long-acting, reversible contraceptives inserted (including implants and intrauterine devices), empowering women and couples to plan for the families they desire.

282,018 voluntary adult medical male circumcisions performed, preventing HIV and other sexually transmitted infections (STIs).

1,578,027 voluntary testing and counseling sessions for HIV and other STIs conducted, reducing transmission rates and increasing access to treatment through referrals.

PRODUCTS DISTRIBUTED

44,221,302 long-lasting insecticide-treated nets, protecting families from malaria.

1,137,857,646 male and female condoms, preventing transmission of HIV and other STIs and empowering women and couples to plan for the families they desire.

3,395,326 diarrhea treatment kits, saving children’s lives by reducing the severity and duration of diarrheal disease.

24,298 courses of directly observed therapy, saving lives by treating tuberculosis.

1,274,413 pre-packaged antibiotics, saving lives by treating pneumonia.

11,121,111 courses of artemisinin-based combination therapy, saving lives by treating pneumonia.

10.6 billion liters of water treated with water treatment products.

In 2015, PSI added an estimated 44.9 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.

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

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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 50+ member organizations
- A 45-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.
The figures on these pages are excerpted from statements and schedules issued by PSI’s external auditors. Copies of audited statements are available upon request from PSI in Washington, DC. Please email info@psi.org.
**EXPENSES BY YEAR (IN MILLIONS)**

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**REVENUE BY YEAR (IN MILLIONS)**

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**DONORS**

Anonymous
Bill & Melinda Gates Foundation
Caitlin Heising
Civil Society Fund
Global Fund to Fight AIDS, Tuberculosis and Malaria
Government of India
Government of the Netherlands
Government of South Africa
Indrani’s Light Foundation
KfW
Pfizer Inc.
Swedish International Development Cooperation Agency
UNITAID
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 Bank

* Donors listed contributed a minimum of U.S. $1 million in 2015. Contributions received not recognized according to Generally Accepted Accounting Principles.
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