PSI: POSITIONED FOR TOMORROW

2013 PROGRESS REPORT
ABOUT PSI

PSI is a global health organization dedicated to improving 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, non-communicable diseases 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. In each of its platforms, PSI works in partnership with local governments, ministries of health and local organizations – creating health solutions that are built to last.

CONNECT WITH PSI

WEBSITE
psi.org

IMPACT MAGAZINE
psiimpact.com

BLOG
blog.psiimpact.com

TWITTER
@PSIimpact

FACEBOOK
Population Services International

YOUTUBE
Population Services International

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We are at a historic moment in time, when the investments we make today can end extreme poverty within our lifetime. Healthy girls and women are the surest investments to realize this future.

PSI is investing in the health of girls and women by using proven business practices like marketing to tackle the greatest challenges that they face today and will face tomorrow. We’re bringing diverse global partners together to pilot game-changing health interventions that deliver solutions where, when and how they are needed.

When girls and women are healthy, they go to school, join the work force, support their local economy and lift themselves and their families out of poverty. We are acting today to unleash the potential of millions of girls and women tomorrow.

PSI President & CEO Karl Hofmann meets 5-year-old Jovitte Kezakimana, who lost three siblings to malaria. Since her family started using a PSI mosquito net last year, she has been malaria-free and is excited about attending school regularly.
PSI ADDED 35.2 MILLION YEARS OF HEALTHY LIFE
WITH THE PRODUCTS WE DISTRIBUTED AND SERVICES WE PROVIDED IN 2012.

HOW DOES PSI CALCULATE YEARS OF HEALTHY LIFE ADDED?

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 technical models to calculate the DALYs averted by our work.

ONE DALY AVERTED = ONE YEAR OF HEALTHY LIFE ADDED.

OUR IMPACT:

2007 16.9 million
2008 27.7 million
2009 29.9 million
2010 31.9 million
2011 34.4 million
2012 25.2 million

*2011 was an exceptional year for long-lasting insecticide-treated net (LLIN) distribution. In 2011 alone, PSI distributed 42 million LLINs, accounting for 86% of the total DALYs averted in 2011. In 2012, the LLIN distribution dropped to 24 million LLINs, accounting for 33% of the total DALYs averted in 2012.

To stay at the forefront of our field, we have aligned the way we estimate DALYs averted with two external tools widely used by the global health community: (1) The 2010 Global Burden of Disease Study and (2) The Lives Saved Tool.

(1) The 2010 Global Burden of Disease Study introduced more accurate methods for calculating a DALY.

(2) The Lives Saved Tool provides us access to estimates of deaths averted by a range of products and services for children under the age of five. These estimates are based on the most current, peer reviewed data available.

FOR MORE INFORMATION ON OUR HEALTH IMPACT, GO TO PSI.ORG/PSI-2012-IMPACT TO READ THE 2012 IMPACT REPORT.
The growing burden of non-communicable and treatable diseases threaten decades of progress in global health. We follow evidence and build solutions to address these tough challenges, ensuring that investments are best aligned with need.

**GROWING BURDEN OF NON-COMMUNICABLE DISEASE**

Between 1990 and 2010, there was a 61% growth in the burden of cervical cancer in Zambia. In response, Society for Family Health, PSI’s network member in Zambia, is training public sector clinicians to conduct cervical cancer screening alongside family planning services. Of these, 75 women received cryotherapy treatment for abnormal cells on the cervix, and eight were referred for loop electro surgical excision procedure at the University Teaching Hospital.

Olga Akakulubelwa is one of the women who were referred to the Lusaka University Teaching Hospital. When she was told her results, Olga broke down. “I’m crying because I’m happy the problem has been found and will be addressed. I don’t know what would have happened to me had I not heard about the service,” she said.

Today, Olga is a self-appointed ambassador for early cervical cancer screening.

**DECADES OF GLOBAL MALARIA CONTROL EFFORTS UNDER THREAT**

Emerging resistance to the most effective antimalarial drug (artemisinins) in Southeast Asia is a serious threat to global efforts to eliminate malaria. One of the key drivers of resistance has been the widespread availability and use of partial courses of oral artemisinin monotherapy (oAMT) in the informal private sector, instead of artemisinin-based combination therapy (ACT). This has been a serious problem in Myanmar, in particular.

In response, PSI/Myanmar implemented an emergency country-wide program focused on addressing access and pricing in the private sector by flooding the market with heavily subsidized ACTs. The program was supported by intensive communication campaigns, and the Ministry of Health’s efforts to prevent further importation of oAMT.

After just nine months, significant changes in the availability of ACTs were observed in more than 3,500 outlets surveyed, particularly among pharmacies, retail stores and itinerant drug vendors that historically provided the bulk of oAMTs.

What does this mean? A sustained price subsidy combined with an oAMT importation ban and intensive communication campaigns can bring about rapid changes in antimalarial markets where an urgent intervention is justified.

**Availability of ACTs increased from 27% to 63%**

**Availability of oAMT decreased from 51% to 36%**

What does this mean? A sustained price subsidy combined with an oAMT importation ban and intensive communication campaigns can bring about rapid changes in antimalarial markets where an urgent intervention is justified.

**Donors:**

UK Department of International Development, Bill & Melinda Gates Foundation, and Good Ventures.

Jim Yong Kim, President of the World Bank


Donor: Dutch Ministry of Foreign Affairs

**ANTICIPATING HEALTH NEEDS OF TOMORROW.**

The growing burden of non-communicable and treatable diseases threaten decades of progress in global health. We follow evidence and build solutions to address these tough challenges, ensuring that investments are best aligned with need.
The MSD (aka Merck & Co.) for Ugandan Mothers (MUM) partnership was created to reduce this high maternal mortality. Working in collaboration with the US government’s “Saving Mothers, Giving Life” initiative, the MUM partnership will:

• Increase availability of and demand for quality maternal health information, products and services in private sector clinics and pharmacies.
• Expand PACE’s ProFam franchise network by training 522 providers in basic emergency obstetric care.
• Develop a community health insurance program to serve 3,500 members.

The MUM partnership is led by PSI, PACE (member of the PSI network), the Association of Obstetricians and Gynecologists of Uganda, Save for Health Uganda, and Transaid.

A SUSTAINABLE, MARKET-BASED SOLUTION

2.5 BILLION people lack access to adequate sanitation.

> 1 BILLION people are forced to defecate in the open.

In 2012, Unilever Foundation and PSI taught 200,000 CHILDREN IN 400 SCHOOLS in three countries how to correctly and consistently wash hands with soap. However, more than a third of rural families in Bihar, India, have no toilet facilities, even though they want one. Why?

• Affordable, quality toilets are unavailable.
• The supply chain is fragmented; it is difficult for families to find the needed materials.
• Households do not have the required cash on hand.
• Entrepreneurs do not have access to financing to invest in selling toilets.

PSI partnered with Water for People India, Monitor Group and PATH to launch a sustainable, market-based solution in Bihar to make investment in toilets attractive to families and the private sector. Key components of the project include:

• Mapping the existing sanitation market
• Developing business models that coordinate supply and demand
• Designing an affordable toilet that families aspire to own
• Increasing access to financing for both households and entrepreneurs
• Exploring business opportunities for fecal waste management
• Creating demand for sanitation

The project will provide a sustainable, market-based solution to sanitation for families in Bihar.

Donor: Bill & Melinda Gates Foundation

A PUBLIC-PRIVATE SECTOR SOLUTION

50 X A woman in Uganda is 50 times more likely to die giving birth than women in the developed world.

Nakiranda had never been to an antenatal clinic. While she was pregnant with her fourth child, Mr. Kirira, a MUM outreach worker, encouraged her to go to a health clinic. “The doctor checked my pregnancy and realized my baby was not fine,” says Nakiranda. The providers advised Nakiranda to come regularly for checkups until the baby’s birth via caesarian section. “If it had not been for Mr. Kirira’s advice, my child and I might have died,” says Nakiranda.

Donor: Merck for Mothers

1,628 Women like Nakiranda Sabirah delivered safely in PACE franchise clinics in less than nine months.

A toilet not only provides privacy, particularly for girls and women, it prevents the spread of diarrhea and other diseases, which kill 1.8 million children each year.
A MULTI-SECTOR, INTEGRATED SOLUTION

In partnership with the Education Development Center, PSI/Liberia launched a pilot within USAID’s Advancing Youth Program to promote sexual and reproductive health among out-of-school youth ages 13–35. The pilot is a week-long curriculum, culminating in a one-day, community-wide celebration with on-site HIV counseling and testing and family planning services.

1,350 out-of-school youth were reached by the program in the first six months.

72% received HIV counseling and testing.

1,481 women received a hormonal contraceptive method.

Massa, a 21-year-old single mother of six, was one of these women. “I am not ready to be a grandmother,” said Massa. “I want my daughter to complete high school and college before she starts to have her own children.” Massa and her 16-year-old daughter chose a contraceptive implant.

Massa, a 31-year-old single mother of six, was one of these women. “I am not ready to be a grandmother,” said Massa. “I want my daughter to complete high school and college before she starts to have her own children.” Massa and her 16-year-old daughter chose a contraceptive implant.

Supported by friend and philanthropist Kathy Vizas.

1. Prevent cervical cancer

India bears one-fifth of the global burden of cervical cancer — about 74,000 deaths every year. PSI will integrate cervical cancer screening and preventative treatment into India’s existing network of private clinics to save millions of lives from this easily preventable disease.

Supported by friend and philanthropist Sara Ojjeh.

One in three women is physically or sexually abused in her lifetime. In India and Trinidad and Tobago, PSI is addressing gender-based violence through the provision of essential health services for survivors and transforming negative gender norms within communities.

Support: Indrani’s Light Foundation.

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“I FOCUSED INVESTMENTS IN ‘GAME-CHANGING’ INNOVATIONS CAN DRAMATICALLY IMPROVE HEALTH FOR THE POOREST BY INCREASING THEIR ACCESS TO LIFE-SAVING INTERVENTIONS AND CARE, PARTICULARLY AT THE COMMUNITY LEVEL.”

Dr. Ariel Pablos-Mendez, Assistant Administrator for Global Health at the US Agency for International Development
Between April and September 2013, the distributors provided:

Donors:
- UK Agency for International Development
- the Global Fund to Fight AIDS, Tuberculosis and Malaria

COMPREHENSIVE CARE FOR THE GREATEST HEALTH CHALLENGES

Lovemore met Fungai a year ago. “We had so much in common – both in our thirties, divorced with a child,” says Fungai. Recently, Fungai saw a TV ad for PSI’s New Start HIV clinics, which showed a couple who tested for HIV before getting married. With her wedding to Lovemore fast approaching, Fungai thought it was a good idea. “Lovemore and I are starting a new life together,” she says. “We should know each other’s HIV status, especially since we’ve been married before.”

INTEGRATED CARE FOR THE MAJOR KILLERS OF CHILDREN

South Sudan has one of the highest childhood mortality rates.

1 IN 10 children die before the age of five.

ALMOST 1/2 of these deaths can be attributed to malaria, diarrhoea and pneumonia together.

PSI and partners – International Rescue Committee, Save the Children, Malaria Consortium, BRAC, and Catholic Diocese of Torit – are working with the government of South Sudan to improve the health of children.

This partnership has equipped 7,862 community-based distributors in remote areas with the skills and drugs to diagnose and treat malaria, diarrhoea and pneumonia. They also learned to screen for acute malnutrition and refer severe cases of diseases to health facilities.

When couples like Lovemore and Fungai visit one of PSI’s 15 New Start clinics, they receive more than just HIV counseling and testing. PSI provides integrated HIV prevention and treatment as well as sexual and reproductive health and family planning services in a one-stop shop to protect Zimbabweans from their greatest health challenges.

New Start clinics provide the following services:

- HIV counseling and testing
- Counseling and referral for voluntary adult medical male circumcision to prevent HIV
- Screening and treatment for sexually transmitted infections
- Tuberculosis screening and treatment
- Point-of-care CD4 cell count and other HIV-related laboratory services
- Antiretroviral therapy
- Female and male condoms
- Family planning services with a wide range of options, including intrauterine contraceptive devices, implants and emergency contraception
- Cervical cancer screening and cryotherapy
- Services for survivors of sexual abuse

Donors: UK-Agency for International Development and US Agency for International Development

Quantitative results:

- 95,605 children with antibiotic treatment for pneumonia
- 120,636 children with oral rehydration salts and zinc for diarrhoea
- 425,452 children with antiretroviral combination therapies for malaria

Almost 1/10 children dies before the age of five.

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South Sudan has one of the highest childhood mortality rates.

One argument for integration is that you can have the one-stop shop situation where one, two, three trained providers can deliver services at the same time. When you look at the components of an integrated system, it is very easy to sell. It makes sense for governments to build and put this together.

The people we serve seek solutions for all their health needs – not just one. PSI provides integrated solutions to address the complex needs of the hardest-to-reach girls, women and families when, where and how they are needed.

“ONE ARGUMENT FOR INTEGRATION IS THAT YOU CAN HAVE THE ONE-STOP SHOP SITUATION WHERE ONE, TWO, THREE TRAINED PROVIDERS CAN DELIVER SERVICES AT THE SAME TIME. WHEN YOU LOOK AT THE COMPONENTS OF AN INTEGRATED SYSTEM, IT IS VERY EASY TO SELL. IT MAKES SENSE FOR GOVERNMENTS TO BUILD AND PUT THIS TOGETHER.”

Professor Babatunde Osotimehin, Executive Director for UNFPA

INTEGRATED SOLUTIONS

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“I know how hard it is to be a single mother. That’s why I can relate to them,” says Aracely, who conducts combination prevention outreach with female sex workers to prevent the transmission of HIV. “Most women who are sex workers are single mothers, and do it so that they can support their children,” she adds. Aracely provides pre- and post-test HIV and sexually transmitted infection counseling for women in her community. She also provides referrals to complementary or structural services, such as violence prevention, treatment for alcohol and drug abuse, and family planning services. Last year, the program reached 3,369 sex workers in El Salvador.

Donor: US Agency for International Development

“Once women and girls experience a mind-shift - the knowledge that they have power over when they have children or that they can take action to increase their child’s chance of survival - they start to feel empowered in other areas of life and are better able to lift themselves, their families and their communities out of poverty.”

Melinda Gates, co-chair of the Bill & Melinda Gates Foundation

“I use family planning,” said 18-year-old Whitney, a veteran radio host and youth advocate. Whitney educated young girls while she was a host on PSI/Liberia’s youth-centered weekly radio show “Let’s talk about sex.” Designed by youth, the show addresses youth-focused health issues. As part of the program, Whitney also distributed condoms to female sex workers, some of whom are her age. Just last year, the show aired 195 live episodes and the program distributed more than 840,000 condoms.

Donors: United Nations Population Fund & the Global Fund to Fight AIDS, Tuberculosis and Malaria

“Dr. Aye Aye Mu

“My family has sought medical advice from Dr. Aye Aye Mu for over 10 years now,” says Ma Ei Shwe, a 36-year-old mother of three. “Her clinic is open at convenient times, her medical products are affordable, and she always explains the options available in a confidential and safe environment.” Dr. Aye Aye Mu is one of 1,500 doctors who belong to PSI/Myanmar’s Sun Quality Health franchise. Annually, they treat more than 16% of TB cases nationwide, provide more than 1.5 million reproductive health consultations, and treat approximately 60,000 cases of malaria and 100,000 children for pneumonia.

Donor: Merck

“The question haunts me daily: how will my daughter’s life be if I get HIV?” says Oanh, the wife of an HIV-positive injecting drug user and mother of a 10-year-old. When Oanh’s husband first wanted to buy a new, more expensive needle and syringe (N/S), she did not allow it. Later, PSI informed her that the N/S reduces HIV and Hepatitis C risk. Oanh and her husband tested negative for Hepatitis C the very next day. “If the N/S was available three years ago, my husband might not have even gotten HIV,” she said. Thinking of her daughter’s future, Oanh told her husband: “You should use the new generation N/S. Better late than never.”

Donor: Merck
**THE PSI NETWORK**

PSI’s local partners lead health programming for the network in 69 countries around the world. These strong, on-the-ground programs, with a lasting presence and deep local roots, are the backbone of the PSI network. Together, we have added more than 245 million years of healthy life in the last 10 years.

**GLOBAL SERVICES VALUE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value for Money</th>
<th>Strong Health of the people we serve</th>
<th>Stronger HQ</th>
<th>Stronger Health Systems</th>
<th>Greater Capacity on the Ground</th>
<th>Higher Quality Workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$502.2</td>
<td>93.5 CENTS</td>
<td>41%</td>
<td>25%</td>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>2012</td>
<td>$637.2</td>
<td>6.5 cents / dollar</td>
<td>41%</td>
<td>25%</td>
<td>5%</td>
<td>14%</td>
</tr>
</tbody>
</table>

For every dollar invested in PSI, 93.5 cents goes to programs that directly reach the people we serve. The rest - 6.5 cents - connects the network, providing members access to the following:

- Knowledge and expertise of more than 8,900 employees worldwide.
- Best practices and lessons learned help maximize efficiency.
- Technical experts who help network members design and implement cost-effective programs, and provide technical oversight and quality control.
- Growth and transition within the network for high-performing, local staff.
- Strong financial and compliance oversight.
- Vital support in proposal development, management, training, marketing, external relations, procurement, contracts, research, metrics, and program management.

**DR. KRISHNA JAFRA**

Dr. Krishna Jafa started her PSI career in India and Afghanistan. She then joined the US Centers for Disease Control & Prevention’s Epidemic Intelligence Service, after which she returned to work for PSI in Zimbabwe. Today, she is Vice President of PSI’s Sexual & Reproductive Health & Tuberculosis department.

Dr. Jafa leads a team of more than 20 staff across these continents, supporting PSI network members and partners with technical expertise, capacity building, project management, and technical representation. Dr. Jafa is passionate about connecting local, regional and global technical resources to improve quality of care for clients today while strengthening local capacity for tomorrow.

“The PSI network has invested in me for over a decade,” says Dr. Jafa. “I’m thankful for the opportunity to work with a diverse and highly skilled group of colleagues to use marketing techniques to make being healthy easier and more fun; and, to lead an outstanding team committed to the health of our clients.”

**FINANCIAL STATEMENT**

**2012 REVENUE BY DONOR**

- **Foundation & Corporations**: 15%
- **International Organizations**: 25%
- **U.S. Government**: 41%
- **U.S. Foundations & Corporations**: 14%
- **Other**: 5%

**2012 REVENUE BY YEAR**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Revenue</th>
<th>Program</th>
<th>Management &amp; General</th>
<th>Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$362,902,373</td>
<td>$62,902,373</td>
<td>$36,1</td>
<td>$0.3</td>
</tr>
<tr>
<td>2011</td>
<td>$550,00</td>
<td>$550,00</td>
<td>$0.4</td>
<td>$0.3</td>
</tr>
<tr>
<td>2010</td>
<td>$585,031,282</td>
<td>$585,031,282</td>
<td>$0.3</td>
<td>$0.3</td>
</tr>
</tbody>
</table>

**EXPERIMENT BY YEAR (IN MILLIONS)**

- **Program**: $502.2
- **Management & General**: $35.3
- **Funding**: $0.3

**REVENUE BY YEAR**

<table>
<thead>
<tr>
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**VALUE FOR MONEY**

With every $16.36 you invested in PSI in 2012, you added a year of healthy life.

**DONORS**

- Australian Government Overseas Aid Program
- Bill & Melinda Gates Foundation
- Canadian International Development Agency
- Centers for Disease Control & Prevention
- ExxonMobil Foundation
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- KfW Entwicklungsbank
- Ministry of Health of Cambodia
- Ministry of Health of Malawi
- National AIDS Control Organisation of India
- Netherlands Government Ministry of Foreign Affairs
- Three Diseases Fund
- United Kingdom Department for International Development
- United Nations Children’s Fund
- United Nations Population Fund
- United States Agency for International Development
- United States Department of Defense
- World Health Organization

*Donors listed contributed a minimum of US$1 million in 2012.*

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