2021 IMPACT REPORT
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The COVID-19 pandemic has shown us that innovative approaches to meet rapidly evolving health needs are here to stay.

Since the pandemic’s start, health consumers globally have demanded more quality health information and treatment from the safety and convenience of their own homes. We have seen the speed at which health systems can adapt to meet changing needs. Health systems have:

- **Integrated multi-channel communications and telehealth** that extend support beyond clinic walls.
- **Re-allocated resources to develop public health emergency operation centers** to rapidly respond to emerging health challenges.
- **Unleashed digital trainings to build health worker capacity** all without further endangering an already COVID-affected workforce.

Our takeaway - responding to ongoing and future disease outbreaks, and ultimately, achieving Universal Health Coverage (UHC), requires that national governments and the global health community continue to invest in designing health systems from the bottom up in ways that meet consumers where they are with what they need.

At PSI, that’s what we call a Consumer-Powered Approach to Healthcare and it matters now more than ever.

Karl Hofmann
President & Chief Executive Officer
ABOUT PSI

PSI is a network of locally rooted, globally connected organizations working to achieve consumer-powered healthcare — people-centered health systems that ensure access to quality, affordable care wherever and whenever it is needed.

Our origins in sexual and reproductive health have grown into a broader mission. Today, we work with the public and private sectors, as well as local communities, prioritizing people’s voice and choice and developing solutions to meet their essential health needs. Over the past five decades, we have helped push boundaries, break taboos, set trends, and develop innovative solutions to complex global health challenges.

THE CHALLENGE PSI SEEKS TO SOLVE

**Half of the world’s population** lacks access to essential health services. One hundred million people are pushed into extreme poverty each year due to out-of-pocket spending on health. This inequity must change.

Global leaders have committed to **Universal Health Coverage by 2030** i.e., all people should have access to the health services they need, when and where they need them, without financial hardship. Public resources are not enough to meet this ambitious target.

Health system design is challenging. The World Health Organization estimates that **20-40% of current health spending is wasted** due to inefficiencies.

The World Health Organization estimates a **projected shortfall of 18 million health workers by 2030**, mostly in low- and lower-middle income countries.
We are able to benefit from diverse ideas and best practice from the global connection with PSI and take these ideas and adapt them to fit our local context. It is an efficient way of responding to local needs by not re-inventing the wheel but building on proven approaches that have worked in other settings.

- Bongo Mgeni,
Country Representative, Tanzania
OUR IMPACT IN 2021

62.52 M people received insecticide-treated nets, seasonal malaria chemoprevention, malaria diagnosis services or products, and malaria treatment with artemisinin-based combination therapy.

1.56 M people received HIV testing services or products, PrEP, HIV treatment, voluntary adult medical male circumcisions, STI screening and treatment.

2.24 M people received diarrhea or pneumonia treatment.

8.25 M people received modern contraception, including long-acting, reversible contraceptives such as implants and intrauterine devices, short-term contraceptives such as emergency contraception, oral contraception, injectable contraception, and condoms, as well as permanent contraceptives such as tubal ligation and vasectomy, allowing them to plan the families they desire.

1.42 M women reached with safe abortion products and services.

1.27 M people received hypertension screening, diabetes screening, or cervical cancer screening and treatment.

0.71 M received screening/diagnosis or directly observed therapy for tuberculosis.

4.38 M people received household water treatment products or accessed quality sanitation.

1.56 M people received HIV testing services or products, PrEP, HIV treatment, voluntary adult medical male circumcisions, STI screening and treatment.

74.5 M users reached in Africa

7.3 M users reached in Asia

0.5 M users reached in Latin America and the Caribbean

In 2021, PSI and its network members reached an estimated 82 million users with our product distribution and service provision. Building on PSI’s long history measuring what matters in delivering health products and services, we are continuing to strive to create innovative and relevant metrics. As PSI shapes mixed health systems, we are increasingly working with and through others to facilitate health impact. Keeping healthcare consumers at the center, we will begin to measure and report our health impact not only for those products and services that we deliver directly, but also in a way that captures the effects from sustainable systems-level interventions and innovations supported by PSI.
OUR CONSUMER-POWERED APPROACH TO HEALTHCARE

At PSI, consumer insights inform how we design, deliver and scale health solutions. Drawing on evidence-based best practice, we partner with consumers and government to support the delivery of sustainable, effective, and responsive healthcare.

Here’s how:

• Consumers want quality, accessible and affordable care – no matter their starting point. In response, we shape mixed health systems that bring together the private and public sectors more effectively.

• Consumers want options that go beyond health services at the clinic. In response, we support health systems to deliver self-care solutions, equipping consumers to take their health into their hands.

• Life changes fast – but health access must remain constant. In response, we support health systems to adapt to meet consumers’ evolving needs.

TOGETHER, WE CAN DO MORE

Designing from the ground up requires health systems to re-think how they capture consumer voices to ensure that interventions are designed to meet the diverse needs of consumers, wherever and whenever they need care. This will require integrating robust measurements of client experience into routine data collection, as many private institutions have already done.
DESIGNING MORE INTEGRATED MIXED HEALTH SYSTEMS

Despite decades of investment in the public-sector backbone of health systems, many consumers continue to seek care in the private sector. However, without financial protection mechanisms and effective government oversight, consumers too frequently experience financial hardship and sub-standard care.

As it did when faced with a pandemic, governments need to find ways to work with and alongside the private sector to provide an integrated offering of primary, secondary and tertiary care.

Best yet, this doesn’t always require a visit to a healthcare facility, lessening the burden on an already overstretched health system.
In India, PSI assisted the government of Uttar Pradesh (UP) in the development of a mechanism including an online platform, the Hausala Sajheedari (HS) (Courageous Partnership), that helps unlock domestic resources. The platform simplifies the entire process from the moment a private healthcare provider applies for accreditation to the moment that provider gets reimbursed for services provided.

The result? Health providers who can deliver on their commitment to quality, consumer-powered care.

HS increases efficiency, accountability and transparency. It allows public money to flow seamlessly to accredited private providers, who are now able to deliver quality sexual and reproductive health (SRH) services to poor and vulnerable populations that would otherwise not be able to access them.

It has been three years since PSI transitioned HS platform management and financing to the UP government. Today, HS is still operational across the 75 districts in UP, and the government continues to allocate budget and provide leadership and technical expertise to sustain the platform.

"Digitizing documents through HS has dramatically reduced the paperwork needed for reimbursement,"

- Dr. Anupama Sharma,
  OBGYN, Navdeep Hospital, Uttar Pradesh

"Using HS has led to a multi-fold increase in clients coming for not just family planning, but other SRH services too."

- Dr. Alka Bindal,
  OBGYN, Leelawati Hospital, Agra
SELF-CARE FOR STRONGER HEALTH SYSTEMS

Emerging self-care technologies allow consumers to safely and appropriately test, treat and monitor their health concerns from the privacy of their own home. Take COVID-19. Consumers can access trusted sources for information about COVID-19 symptoms and preventative behaviors. There is significant potential to increase access to at-home COVID-19 tests with linkages to in-person care, should it be needed.

But not all self-care technologies offer that blended service. The potential of self-care technologies can be realized if they are integrated into the health system to offer consumers a seamless journey.

PSI convenes the most strategic public, private and civil society stakeholders to design and accelerate scale-up of self-care approaches, contributing user insights, system insights, and market shaping experience to bring quality healthcare closer to everyone so that no one is left behind.
In 2005, PSI recognized that a short-term catalytic investment in new diagnostic technology could result in longer-term sustainable scale-up. With support from Unitaid, PSI began working to bring HIV self-testing (HIVST) to high-burden countries by combining a targeted research agenda; global policy and guideline development; active market creation facilitated by donor commitments; and a rapid implementation timeline.

The initiative has already demonstrated laudable successes.

Throughout the work, PSI distributed 5.3M HIVSTs – and, in the process created a market that is expected to reach 29M HIVSTs per year by 2025, all of which supported clinic managers, like Tumiseng Morapedi, to expand their reach beyond health facility walls.

PSI’s work with HIVST is informing how PSI replicates this approach supporting the introduction of Hepatitis C and COVID-19 self-testing. PSI is conducting research to identify areas and populations where COVID-19 self-testing could increase testing uptake and evaluate acceptability, feasibility, costs and usability of COVID-19 self-collection and self-test kits, management of results and linkage to community and clinical care. Digital tools will be used to capture end-to-end data to support reporting tools for rapid outbreak monitoring and linkage data, among other activities. These activities leverage integration and coordination between the public and private sectors alongside research, systems thinking, and advocacy to bring new technologies to scale.

“People are more comfortable having an HIVST because they know they can do it at home before coming into the clinic to confirm the results. We are testing the right people right now – those who need to come to the clinic to get tested, versus a thousand people coming on a daily basis, many of whom just wanted to confirm their status.

- Tumiseng Morapedi,
  Faculty Manager, Yeoville Clinic, Johannesburg

©Population Services International
HIV self-testing, Zimbabwe, 2016
THE CASE FOR RESILIENT, CONSUMER-POWERED HEALTH SYSTEMS

COVID-19 will not be the last global health challenge we face. Climate change will only exacerbate current healthcare challenges and increase the need for resilient consumer-powered health systems.

Accelerated urbanization in response to climate-driven drought and famine will elevate the risk of the next pandemic, requiring improved public health surveillance and emergency management capacity. These effects will be felt most acutely by the poor and vulnerable, including women and young people.

Remaining vigilant to ensure that these evolving health systems continue to provide the services that matter most to these consumers, including sexual and reproductive health services (including quality, safe abortion services where legal), along with robust financial protection, is the only way to accelerate progress toward UHC.
While having worked to deliver 450M bed nets, testing more than 90M people for malaria and treating nearly 180M malaria cases, PSI is increasingly working to support countries in their efforts to strengthen their own systems and health workforce for malaria diagnosis, treatment and drug-based prevention across health facilities and community outlets. With support from the US Agency for International Development through IMPACT Malaria, PSI works to strengthen the quality of and access to malaria case management (CM) and prevention. For example, PSI supports national governments to provide the right diagnostics and treatment to more patients with suspected fever and confirmed malaria cases and increase the provision of intermittent preventive treatment (IPTp) for pregnant women; deploy innovative approaches, including seasonal malaria chemoprevention (SMC), mass drug administration (MDA), or other drug-based approaches, as appropriate; and strengthen malaria surveillance systems and the rigorous use of data for decision making.

Malaria affects many people in my community, especially children. It is worse in the rainy season. Many people can’t afford treatment in the hospitals.

- Abdoulaye Bakary
Health Provider, Bogo health center, Balaza, Cameroon

Campaigns have achieved impressively high coverage and adherence targets in the face of many obstacles and security concerns, and exceeded expected outcomes.

- Impact Malaria Evaluation
“In my country, women’s reproductive health is taboo,” says Johannesburg-based social media influencer Xoli Gcabshe. “The archaic rules of menstrual etiquette require women to hide their periods by carrying their hygiene products in secret, brushing off their pain and never discussing their “private” concerns in public. And while many girls are not taught about menstruation at school, they are taught that their femininity is something to be ashamed of and therefore to be suppressed.”

Gcabshe, alongside PSI’s VIYA, is at the forefront of changing the narrative.

PSI launched VIYA, its first global sexual wellness lifestyle brand – igniting a movement under #TheVWord aimed at disrupting the narrative around women’s healthcare and supporting women to make and own their health choices throughout their lifecycle. Harnessing technology including artificial intelligence, e-commerce and telemedicine, VIYA plans to deliver sexual and reproductive health and rights (SRHR) information, products and services to women across low-and middle-income countries (LMICs) across the stages of their lives – from menstruation to menopause.

VIYA breaks stigma around SRHR and helps women to be comfortable to voice their concerns. I’m proud to be a part of such an amazing initiative because it invites freedom to speak about such topics... without feeling afraid.

- Xoli Gcabshe,
  Social Media Influencer, Johannesburg

VIYA has created a platform that makes women feel safe to share and gain access to the correct sexual and reproductive (SRH) health information. The fact that VIYA health is pushing the boundaries and have made me a part of it, makes me feel like we’re onto something, and we can change the world. It’s great to be a part of it.

- Lindiwe Rasekoala,
  VIYA content creator, sex educator

Since its inception, PSI has understood what consumers want – easy access to healthcare products and services that allow them to live healthier lives and plan the families they desire. We’ve worked relentlessly to deliver on that commitment. Much of this work has focused on advancing self-care by increasing multi-channel access to contraceptive self-care, including condoms, oral contraceptive pills, emergency contraception and medical abortion. Creating and developing these markets required stepping in to supply products, build awareness by creating compelling brands and providing information. And while much of this work was achieved with the support of donors, over the last few years PSI has transitioned a large portfolio, reaching over 5M users each year to be self-sustaining and maintaining access to leading brands in global markets. Maintaining this self-sustaining portfolio of self-care contraceptive products requires creating a platform that responds to our consumers evolving needs and wants.

Today, this means providing VIYA, an integrated Femtech solution for women’s end-to-end reproductive needs built from and responsive to what women and girls say they want and need.
The figures on this page are excerpted from statements and schedules issued by PSI’s external auditors. Copies of audited statements are available at psi.org/annual-reports.

**2021 REVENUE BY DONOR TYPE**

- **U.S. Government**: 40%
- **International Organizations**: 23%
- **Foundations & Corporations**: 13%
- **Other Sources**: 12%
- **Individual Contributions**: 2%
- **Non-U.S. Government**: 10%

**EXPENSES BY YEAR (IN MILLIONS)**

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**REVENUE BY YEAR (IN MILLIONS)**

- **2019**: $503.8
- **2020**: $457.1
- **2021**: $456.5
Deep appreciation to the entire PSI team for its collaboration. Thanks to PSI’s leadership – we have seen digital training, communication campaigns, new infrastructure, and distribution of products making a positive difference in the lives of millions of people.

- Unilever