



Healthy lives. Measurable results.



PSI is a leading global health organization with programs targeting malaria, child survival, HIV and reproductive health. Working in partnership within the public and private sectors, and harnessing the power of the markets, PSI provides life-saving products, clinical services and behavior change communications that empower the world's most vulnerable populations to lead healthier lives.
www.psi.org

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Left, President Bush and First Lady Laura Bush visit a PSI youth program in Rwanda. Right, PSI's Sally Cowal makes a commitment to President Clinton at the Clinton Global Initiative Annual Meeting in New York.

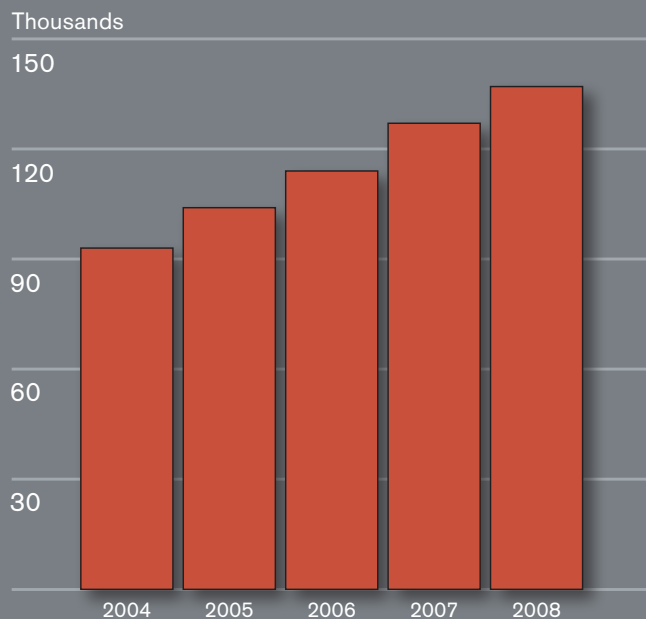


Healthy lives. Measurable results.

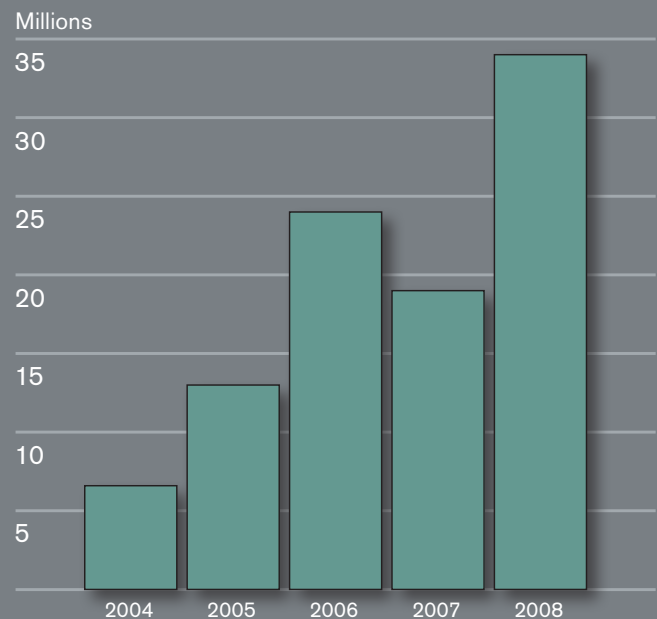
PSI empowers the world's most vulnerable people to lead healthier and more productive lives by providing life-saving products and services and promoting positive behavior change. We know that partnerships are the secret to success: we create maximum impact when we work closely with other organizations, governments and the private sector toward the common goal of improving the health of those most in need.

To understand PSI's contribution to the whole, we have linked our health impact goals to standards outside of the organization. With such measurements, we are able to better gauge our impact with estimates of how many cases our health interventions have averted in the main health areas in which we work: HIV, malaria, water, reproductive health and respiratory diseases.

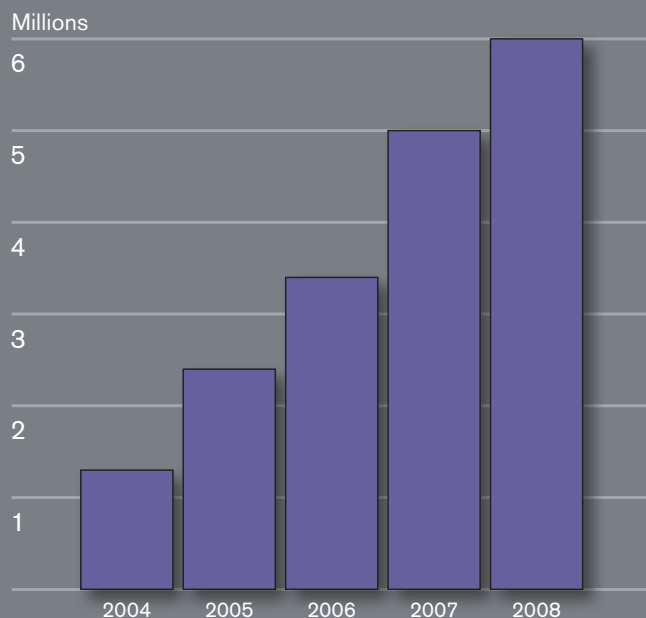
HIV Cases Averted



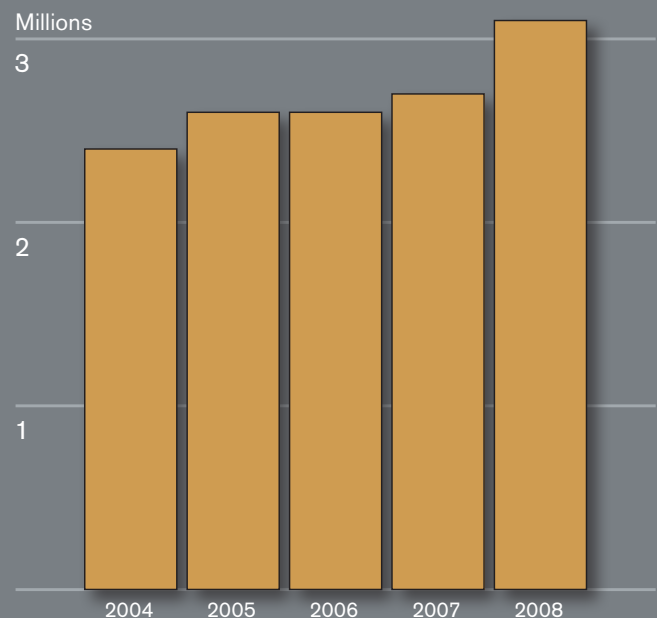
Malaria Cases Averted



Diarrhea Cases Averted



Unintended Pregnancies Averted



Letter from the President

During a visit to PSI's affiliate program in Pakistan – Greenstar Social Marketing – outreach workers took me on their rounds delivering tuberculosis treatment in the Karachi slums. Later, in Tanzania, I witnessed a safe water demonstration before scores of poor residents of Dar es Salaam. In Mumbai, I spent time with PSI's animated street theater behavior change teams, who were effectively reaching our target group as traffic sped by in one of the notorious red light districts. In every one of our programs around the world, I am reminded of the human side of our work.

We like metrics. We work hard to quantify our impact and we are focused on efficiency and effectiveness to ensure that our global health investments are delivering results. But the real impact of PSI's work is not measured in numbers, it's measured in people: the poor and vulnerable populations who lack access to quality, affordable health products and services, who often are overlooked by the public sector. Treating each of them with dignity – the same dignity afforded you and me when we make consumer choices about our lives – is the real cornerstone of our mission.

We are humbled by what is required to achieve the health impact called for in our 2007-2011 Strategic Plan, but are enthusiastic about offering the best possible return on investment for all those who want to improve the health and save the lives of women, children and vulnerable populations.

We know we can't do this on our own. Our work means partnership. While we are not part of government, we must contribute to the achievement of our host governments' health strategies. We are not private sector, but we know we get maximum impact when we work closely with the private sector and when we hold ourselves to their standards of efficiency.

We aspire to be the best, and we know we are best when we collaborate. We are grateful for the confidence our partners have placed in us, and we will continue to work with them to bring quality health products and services to the people who need them most, empowering them to lead healthier and more productive lives.



Karl Hofmann



Karl Hofmann accepts a gift from PSI/Togo's Little Sister to Sister project. The DFID-funded project provides health services and training to disadvantaged young women to help them improve their lives.

Malaria

PSI is at the forefront of the global effort to tackle one of the world's deadliest diseases, through proven malaria prevention and treatment strategies. Working in partnership within the public and private sectors, PSI is now implementing malaria control programs in 31 countries around the world. Among those is one positioned to become a global model of success: Rwanda.

Turning the Tide in Rwanda

What PSI and its partners have achieved in Rwanda is a remarkable example of what can be accomplished with strong political leadership, inter-agency collabo-

ration and renewed commitment from the international donor community. The Rwandan government called on its global health partners to support a new national malaria control strategy that was more comprehensive than any before, and we answered in force.

Together we aggressively scaled up access to long-lasting insecticide-treated nets (LLINs), leading to a five-fold increase in mosquito net coverage and ownership in the country. At the same time, we made the most effective anti-malaria drug available in public clinics and pharmacies across the nation, as well as providing health workers with the tools needed to

administer the treatment in rural areas, where malaria was most common.

The results of these measures are astounding: Deaths due to malaria have dropped to 60% in just over two years of rapid scale-up, and the rate of use of health centers is now over 70%, with only 10% of patients seeking treatment for malaria.

Covering the Bednet Gap

Since 1998, PSI has been supporting the Ministry of Health in Rwanda to deliver more than 3.2 million LLINs throughout the nation. Mass campaigns helped provide rapid coverage of free nets, while coverage provided by the routine supply of nets through public health facilities, community-based NGOs, and the private sector was strengthened. In 2006, the Ministry of Health led a national campaign in which PSI and partners delivered more than 1.4 million nets to pregnant women and children in less than one month, using almost all forms of transportation – from trucks to canoes – to reach those living deep in the countryside. That same year, the group of partners delivered an additional 1.6 million nets through routine distribution efforts at antenatal clinics, private sector outlets and NGOs.

To maintain the success achieved during the 2006 campaign, PSI has continued to support the routine delivery of nets through private sector pharma-

At a clinic in Rwanda, mothers wait with their children to receive vaccinations and free bed nets. Integrated campaigns like this one can achieve wide net coverage and include education about malaria and correct net use.



cies, antenatal clinics, regular health center vaccination days, and community-based distributors who are able to identify people living with HIV and the poorest of the poor. Health centers form the foundation of the public sector delivery strategy, with more than 400 clinics providing effective malaria treatments and LLINs at the community level.

Achieving the Abuja Target for Treatment

Efforts to increase net coverage in Rwanda are complemented by an innovative program to scale up access to effective malaria treatment among children under five. Rwanda's progressive malaria treatment policy is to sell anti-malarials at heavily subsidized prices through health facilities, community-based health workers and the private sector. In 2007, Rwanda's National Malaria Control Program launched the first nationwide home-management of malaria program, using artemisinin-based combination therapies (ACTs). Funded by the President's Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria, the program was designed and is being implemented by the National Malaria Control program, in partnership with PSI and other international NGOs. The program is based on delivering ACT through community-based health workers and private sector pharmacies.

The Rwanda experience is just one example of PSI's commitment to supporting national ministries

Supporting the Global Malaria Action Plan

On September 25, 2008, the Roll Back Malaria Partnership officially launched its first Global Malaria Action Plan, a plan that provides a roadmap for the control, elimination and eventual eradication of malaria worldwide. It is of course an ambitious plan, but it is one grounded in reality, informed by a robust and growing evidence base. Optimistically, much of the evidence of impact with existing tools is coming from malaria's heartland: sub-Saharan Africa and the countries hit hardest by this disease, like Rwanda and Ethiopia. As a key member of the Roll Back Malaria Partnership, PSI is playing a leading role in this historic scale-up process.

of health to implement prevention and treatment programs at scale in malaria-endemic countries. Since 2006, PSI has supported free net campaigns in the Democratic Republic of Congo, Malawi, Mali, Mozambique, Sudan and Uganda and routine net delivery in more than 17 countries, including national-scale programs in Kenya and Malawi. In treatment, PSI is at the forefront of the global agenda, assisting endemic countries to design, implement and document home management of malaria strategies that use both private and public sector channels, and documenting the impact of such initiatives. PSI

is also one of the leading providers of communication support, helping host governments ensure that the populations at risk correctly and consistently use these interventions.

Since 2005, PSI has delivered more than 40 million bednets and 12 million doses of anti-malarial medication. In the coming years, as the international community nears the Millennium Development Goal deadlines in 2015 and the Abuja Targets for malaria control in 2010, PSI stands ready to further scale up and sustain these malaria control efforts on behalf of ministries of health in endemic countries.

Water

Almost one billion people lack access to a safe source of drinking water. Repercussions are often deadly. Each year, nearly two million children around the world die from diarrheal disease

due to unsafe water and hygiene practices. That is roughly 17 percent of all child deaths worldwide.

In 32 countries across Asia, Africa and the Caribbean, PSI promotes healthy behaviors by

educating individuals about purifying drinking water in the home and practicing improved hygiene. If a child falls ill from diarrheal disease, we also offer treatment, ensuring that families have all the tools necessary to maintain the health of their children.

International collaborations with the US Centers for Disease Control and Prevention, the WHO Network for Household Water Treatment, the US Agency for International Development, the United Nations Children's Fund and Procter & Gamble all help make our programs possible.

Preventing Diarrheal Disease

Even when families have access to a borehole or well that delivers safe drinking water, that water is not always able to be kept and stored safely. Water from a well can easily become contaminated as families carry it to their homes and store it, and drinking that water can cause debilitating outbreaks of diarrhea.

Household water treatments and proper hygiene behaviors can be adopted quickly and inexpensively. Indeed, household water treatments were highlighted as the most cost-effective water purification solution in the 2003 UN World Water Development Report. PSI's water treatment products include a sodium hypochlorite-based Safe Water Solution, chlorine-based tablets and a flocculent/disinfectant powder.

Using commercial marketing



When Cyclone Nargis struck Myanmar in 2008, PSI found itself well-positioned to help relief efforts. WaterGuard Safe Water Solution, crucial to treating contaminated drinking water in the aftermath of

channels and community mobilization, PSI generates awareness about the value of disinfecting drinking water, hand-washing and other key hygiene behaviors. PSI's work in this field empowers individuals to ensure that their families' drinking water is safe and to lead healthier and more productive lives.

Treating Diarrheal Disease

PSI complements its work in household water treatment with the promotion of oral rehydration salts and zinc supplements, saving the lives of thousands of children who would die from diarrhea-relat-

ed dehydration. Deaths from dehydration are easily prevented, yet the lack of widespread knowledge of improved practices continues to present many challenges.

Called "one of the great public health success stories of our time" by a former director-general of WHO, oral rehydration salts are 95 percent effective at preventing dehydration. The WHO and UNICEF have identified zinc supplementation in conjunction with oral rehydration salts as the best way to decrease the incidence, severity, duration and recurrence of diarrheal disease in children.



efforts. Here, anxious survivors learn about the path of the storm.

Respiratory Diseases

Pneumonia

Globally, pneumonia is the leading cause of death among children under five, killing more children than AIDS, malaria and measles combined. Yet its main symptoms – fever, coughing and difficulty breathing – can be easily recognized and, if properly diagnosed, this leading killer of young children can be effectively treated with simple antibiotics.

To improve diagnosis and treatment, PSI implements a communications strategy to enhance the ability of caregivers to recognize the symptoms of pneumonia and to seek prompt care and treatment for those suffering. In addition, PSI has developed easy-

to-use pre-packaged therapy kits, available through private sector pharmacies and clinics to treat pneumonia in children under five.

Tuberculosis

Tuberculosis (TB) is a curable and preventable illness, yet it remains a major cause of death worldwide. It is one of the biggest killers of women of reproductive age and the most common cause of death among people living with HIV. PSI provides a variety of innovative TB and TB/HIV-related services, engaging private providers in diagnosis and treatment and integrating HIV counseling and testing and TB services.

HIV

The HIV/AIDS pandemic affects us all, whether we are among the 33 million people worldwide living with the disease or not. In more than 60 countries around the world, PSI influences the opportunities, abilities and motivations that enable people to adopt healthy behaviors that will protect them from HIV.

Condom social marketing, targeted communication, and

voluntary HIV counseling and testing remain the pillars of PSI's HIV-prevention interventions. Using social marketing techniques, we are able to make condoms and other health-related products available to vulnerable populations who may otherwise not have access to them. Basic care and prevention packages for people living with HIV, pre-packaged treatment kits for management of

sexually-transmitted infections, and lubricants are some of the other products PSI promotes.

As the epidemic evolves, PSI country programs are evolving too and are now implementing new initiatives, including communications targeted at multiple concurrent sexual partnerships, injecting drug use and male circumcision.



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In Nigeria, a Society for Family Health peer educator meets with local men to talk about the risks of unsafe sex. Using pictures to get his point across, he is able to reach people in low-literacy areas.

Male Circumcision

In 2008, PSI scaled up male circumcision work in several countries in Africa. Research in Kenya, Uganda and South Africa demonstrated a 60% reduction in HIV infection among circumcised heterosexual men when compared with uncircumcised men. This research motivated us to integrate male circumcision services into our HIV programming and to become a more vocal advocate of the issue, beginning with a PSI press briefing on the importance of the procedure at the XVII AIDS Conference in Mexico City.

Aware of the safety and cultural challenges associated with male circumcision, PSI and its partners are working to generate informed demand and to expand

access to safe circumcision services for boys and men. PSI also reaches out to women and community leaders to create a supportive atmosphere that encourages healthy social norms and post-operative sexual behaviors.

The Society for Family Health, PSI's affiliate in Zambia, began integrating male circumcision services into HIV counseling and testing in 2007. It has since scaled up its work considerably, offering the procedure at more public and private health facilities across the country. PSI platforms in Lesotho, South Africa, Swaziland and Zimbabwe have launched communication campaigns to promote male circumcision and are offering HIV counseling and testing to men before they undergo the procedure.

In December 2008, PSI signed an agreement with the Bill & Melinda Gates Foundation to scale up male circumcision in Zambia and Swaziland and to establish a replicable model for male circumcision scale-up elsewhere, making this valuable prevention tool even more widely available.

Concurrent Sexual Partnering

PSI continues to address the widespread practice of multiple concurrent partnerships in East and Southern Africa. Multiple concurrent partnerships occur when a person chooses to have relationships with several sexual partners over the same period of time, often for months or years. PSI is working to increase awareness about the HIV risk associated with this practice and is implementing initiatives to encourage partner reduction and condom use.

PSI also has programs in Europe and Central, South and Southeast Asia to tackle HIV in regions where the epidemic disproportionately affects at-risk groups, such as sex workers, men who have sex with men and people who inject drugs. PSI's injecting drug use strategy focuses on preventing drug use among youth, reducing needle sharing, increasing drug treatment, engaging private sector pharmacy networks to scale up delivery of sterile needles to injecting drug users and encouraging healthy behaviors among drug-using sex workers.

Reproductive Health

With cost-effective and integrated reproductive health products and services, PSI is working to improve the health and well-being of women, children and families in more than 30 countries worldwide.

PSI's reproductive health programs help millions of couples worldwide determine whether and when to have children, and how many they will have. Increasing access to contraceptive products and services helps couples avoid unintended pregnancies and reduces abortion. The use of barrier contraceptives also helps to protect against sexually transmitted infections, including HIV. Combined, these outcomes provide increased health, economic and social benefits for families and communities.

The PSI reproductive health portfolio includes a range of oral and injectable hormonal contraceptives, intra-uterine devices (IUDs), implants, voluntary surgical contraception, emergency contraceptives, male and female condoms, and natural family planning methods such as the Standard Days Method.

In 2008, PSI launched new programs designed to increase access to long-term methods of contraception — IUDs and implants — and to reduce deaths due to unsafe abortion and postpartum hemorrhage in 14 countries across Africa, Asia and Latin America.

These efforts strengthen PSI's existing reproductive health programs by providing more options to couples who wish to space or limit their pregnancies. Implants and IUDs offer a variety of advantages, including long-term effectiveness and reversibility. Implants are effective for up to five years while IUDs are effective for up to 12. Once removed, a woman's return to fertility is almost immediate. Other advantages of these methods include user convenience, very low failure rates and cost-effectiveness over time.

Despite these significant advantages, long-acting methods

are typically not accessible to women in much of the developing world. As such, PSI has expanded its reproductive health programs to include high-quality service delivery of IUDs and implants through accredited provider networks that ensure appropriate counseling, choice of methods and follow-up care. These networks also expand women's access to life-saving drugs to reduce unsafe abortions and postpartum hemorrhage. Combined, these efforts will save the lives of tens of thousands of women and improve the reproductive health of hundreds of thousands more.

PSI Board Member Ashley Judd visits a women's group organized by PSI in India. Peer educators work with groups like this to lead discussions and trainings focused on empowering participants to lead safer, healthier lives.



Where We Work

- Angola HIV RH MAL W
- Belize HIV RH
- Benin HIV RH MAL W
- Botswana HIV RH W
- Burkina Faso HIV RH MAL W
- Burundi HIV RH MAL W
- Cambodia HIV RH MAL W
- Cameroon HIV RH MAL W
- Central African Republic HIV
- China HIV MAL
- Democratic Republic of Congo HIV RH MAL W
- Costa Rica HIV
- Côte d'Ivoire HIV RH MAL W
- Dominican Republic HIV W
- El Salvador HIV RH
- Ethiopia HIV MAL W
- Ghana HIV
- Guatemala HIV RH
- Guinea HIV RH W
- Haiti HIV RH MAL W
- Honduras HIV RH
- India HIV RH W RD
- Kazakhstan HIV RH
- Kenya HIV RH MAL W
- Kyrgyzstan HIV RH
- Laos HIV RH MAL
- Lesotho HIV RH
- Liberia HIV
- Madagascar HIV RH MAL W
- Malawi HIV RH MAL W
- Mali HIV RH MAL
- Mexico HIV RH
- Mozambique HIV RH MAL W
- Myanmar HIV RH MAL W RD
- Namibia HIV MAL
- Nepal RH MAL W
- Nicaragua HIV RH
- Nigeria HIV RH MAL W
- Pakistan HIV RH MAL W RD
- Panama HIV W
- Papua New Guinea HIV MAL
- Paraguay HIV RH
- Romania HIV
- Russia HIV
- Rwanda HIV RH MAL W
- Somaliland RH MAL W
- South Africa HIV RH RD
- Sudan HIV RH MAL W
- Swaziland HIV RH W
- Tajikistan HIV RH
- Tanzania HIV RH MAL W
- Thailand HIV
- Togo HIV RH MAL
- Trinidad & Tobago/Caribbean HIV
- Uganda HIV RH MAL W
- Vietnam HIV W
- Zambia HIV RH MAL W RD
- Zimbabwe HIV RH MAL W RD

PSI/Washington

MEXICO

GUATEMALA

HONDURAS

NICARAGUA

EL SALVADOR

COSTA RICA

PANAMA

DOMINICAN REPUBLIC

HAITI

TRINIDAD & TOBAGO/CARIBBEAN

MALI

BURKINA FASO

GHANA

LIBERIA

CÔTE D'IVOIRE

TOGO

BENIN

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Marshall Stowell

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Jeff Terry

Director, Corporate Marketing

David Walker

Director, Social Marketing

Barry Whittle

Regional Director, Latin America &
the Caribbean

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Burundi: Marie-Louise Baleng

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Nestor Ankiba

Caribbean: Julia Roberts

Central Asia: Leila Koushenova

China: Rakdaow Pritchard

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Theresa Gruber-Tapsoba

El Salvador: Meg Galas

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Guinea: Salifou Compaoré

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India: Sean Mayberry

Kenya: Daun Fest

Laos: Rob Gray

Lesotho: Michele Bradford

Liberia: Axel Addy

Madagascar: Brian McKenna

Malawi: John Justino

Mali: Steve Lutterbeck

Mexico: Pamela Faura

Mozambique: Arild Drivdal

Myanmar: John Hetherington

Namibia: Zacch Akinyemi

Nepal: Andrew Boner

Nicaragua: Norbert de Anda

Nigeria: Bright Ekwere madu

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Panama: Ethel Gordon

Papua New Guinea: Cynde Robinson

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Romania: David Reene

Russia: Michael V. Gorbachev

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Somaliland: Louisa Norman

South Africa: Katie Schwarm

Sudan: Marcie Cook

Swaziland: Iulian Circo

Tanzania: Daniel Crapper

Thailand: Rob Gray

Togo: Angelika Kobilke

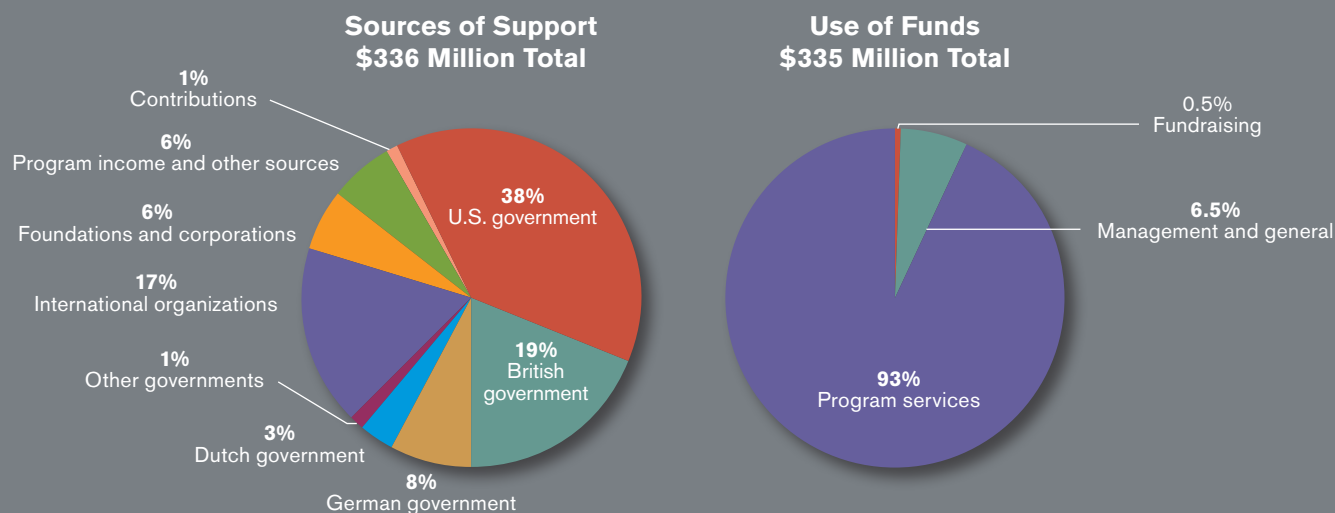
Uganda: Susan Mukasa

Vietnam: Yasmin Madan

Zambia: Richard Harrison

Zimbabwe: Michael Chommie

Financial Information



Population Services International Statement of Activities

For the years ended December 31, 2007 and 2006

| | 2007 Totals | 2006 Totals |
|--|--------------------|--------------------|
| Revenue and other support: | | |
| Grants, fees, program income and other support from: | | |
| U.S. government | \$129,292,644 | \$114,225,548 |
| Non-U.S. governments | 105,540,064 | 119,054,665 |
| International organizations | 57,355,574 | 57,166,097 |
| Foundations and corporations | 19,553,498 | 14,370,612 |
| Program income and other sources | 20,138,515 | 18,914,137 |
| Contributions | 4,082,074 | 6,596,353 |
| Total grants, fees, program income and other support | 335,962,369 | 330,327,412 |
| Net rental income (loss) | (367,274) | - |
| Investment and other income | 3,008,907 | 2,116,864 |
| Net foreign currency translation gains (losses) | 1,613,635 | 407,145 |
| Total revenue, gains and other support | 340,217,637 | 332,851,421 |
| Expenses: | | |
| Program services | 311,470,499 | 302,888,645 |
| Management and general | 21,693,391 | 19,916,866 |
| Fundraising | 1,807,424 | 722,262 |
| Total expenses | 334,971,314 | 323,527,773 |
| Change in net assets | 5,246,323 | 9,323,648 |
| Net assets, beginning of year | 56,128,916 | 46,805,268 |
| Net assets, end of year | 61,375,239 | 56,128,916 |

The figures above have been excerpted from statements and schedules issued by PSI's external auditors. Copies of our audited statements are available upon request, from PSI in Washington, DC.



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