
See What's New **and Bold** at PSI.

2018

Impact Report



About PSI

PSI makes it easier for people in the developing world to lead healthier lives and plan the families they desire.

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.

Population Services International is reimagining what health care looks like.

We **innovate** in an interconnected world that is constantly changing. That means we must rapidly test interventions and programs and optimize them based on their results.

We marry **cutting edge product development** and **marketing** to solve the world's most persistent health problems.

We develop solutions that **engage** the people we serve and are **designed to last** when we're gone.

We are experts at **implementing** on a grand scale and are known as an organization that gets things done in difficult places.

But, traditional public funding is tightening and always comes with restrictive strings attached. Government money won't allow PSI to take risks that will get the quantum leap results required. That's why we depend on supporters like you.

ONLY PSI HAS



A global network structure of more than 50+ member organizations



An almost 50 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.

A Healthier World

Reimagining **healthcare**
in developing countries

A ROADMAP TO
FAST TRACK
PROGRESS
IN AN ERA OF
FLAT-LINING AID

“PSI believes
Consumer Powered
Healthcare is better
healthcare.”

Karl Hofmann, President & CEO,
Population Services International

Traditional government aid for global health in developing countries is declining at a time when the youth bulge is expanding. Can technological advances help us change the way healthcare is delivered?

This special report explores the urgent need to reimagine healthcare for the 21st century.

Achieving universal health coverage calls for a paradigm shift and innovative and sustainable solutions to some of development’s most vexing problems. We will see better health outcomes faster when we treat a beneficiary more like a consumer—when we engage her in program design, and wherever possible, bring care right to her front door. Getting products and services to those who need it is not enough, we also need to delight consumers with their choices and healthcare experiences. This report offers a roadmap for a new, consumer-centric strategy to accelerate progress towards the UN Sustainable Development Goals.

May 2018

The state of global health

The international community has made great strides in global health in the last half-century. According to the World Bank, life expectancy has risen dramatically from 52.5 years in 1960 to 72 years in 2016. Infant mortality rates decreased from an estimated rate of 64.8 deaths per 1,000 live births in 1990 to 30.5 deaths in 2016. There are better diagnostics available to detect illness, and new drugs and treatments that save and sustain life. Overall spending on health is rising faster than the global economy and is expected to surpass \$10 trillion by 2020, and \$20 trillion by 2040.

But significant global health challenges remain. Infectious diseases such as malaria, tuberculosis, diarrheal diseases and HIV threaten populations across the developing world, hampering economic and social development. Many areas are now experiencing the double disease burden as rising middle-class populations, urbanization and changing diets are increasing non-communicable diseases like diabetes and heart disease. Pandemic diseases—from the flu to Ebola—can transform and spread rapidly across the globe, and the world is unprepared for the next outbreak. Climate change will drive disease migration. More urgently, tens of millions of people displaced by war and conflict have acute health needs. These are enormous challenges, and

they will not be met unless we reimagine how to finance and deliver health services. If we stay the current course, we are on a road to failure.

“It’s time to plan for a future where global health spending comes from a wider variety of sources, from domestic resources raised by host governments, private companies, foundations and philanthropic organizations, and where appropriate, from consumers themselves.”

Karl Hofmann, President & CEO,
Population Services International



A new approach is needed: Consumer Powered Healthcare

Many global health experts argue the UN's health-related Sustainable Development Goals will not be reached without significant changes in how the global community finances health systems. Today's model that delivers donor aid from wealthy governments and institutions to developing countries is not sustainable. These resources are under greater pressure. Moreover, they are insufficient to provide adequate health to a growing world population.

Now is the time to improve the current model, and in doing so, provide opportunities for more people around the world to take greater control of their own health. We have a greater opportunity than ever before to create new partnerships to leverage today's medical, technological and health advances that allow consumers to better care for themselves.

PSI is developing an innovative approach focused on Consumer Powered Healthcare (CPH)—to help shape healthcare markets to work better for consumers in developing countries by approaching health from a consumer's perspective and by expanding the market for products and services that are affordable, convenient and effective. Without a new strategy, universal healthcare remains out of reach.

The heart of this approach puts people and countries on a path of greater self-reliance. But for consumers to take greater control of their health,

they need innovative solutions that allow them to do so. This includes medical, technology and healthcare advances, improved services and new treatments that allow people to take better care of themselves in ways that are appropriate. In doing this, the burden can be lifted from strained health systems allowing them to focus on more serious health challenges that can't be addressed by consumers themselves.

Change begins with a need to diversify how healthcare is funded, and by whom. Flat or lower levels of donor aid for health is a reality. But it is also an opportunity for new strategies to innovate, evolve and scale up. Private companies, philanthropists, non-profit organizations, and foundations are increasingly collaborating on health and development—a recognition that progress in either is dependent on progress in both. These actors can unlock significant new sources of financing and create markets and solutions that work better for consumers.

TRANSITIONING TO A CONSUMER-CENTRIC MODEL

| Sector | From | To |
|---------------------------------|--|---|
| Official Development Assistance | Aid provider to governments | Facilitate greater country investments and cross-sector collaboration |
| National Governments | Allocate incoming ODA funds | Prioritize health in national agenda and make greater investments toward universal healthcare |
| Private Sector | Fund projects as part of philanthropy or CSR initiatives | Build markets to provide products and services to consumers |
| Foundations / NGOs | Fund projects/implement government programs | Lead innovation of consumer-centric models |

Traditional government donors, such as the U.S. Agency for International Development (USAID), agree that a more innovative funding strategy is needed. Irene Koek, Senior Deputy Assistant Administrator in USAID's Global Health Bureau, says global health is a complex field and fundamentally different than it was a decade ago. "A lot of funding in the future is going to come from domestic governments, particularly in middle-income countries, and from domestic and international private sectors. The private sector also has expertise in management and technical skills."

Change begins with a need to diversify how healthcare is funded, and by whom. Flat or lower levels of donor aid for health is a reality. But it is also an opportunity for new strategies to innovate, evolve and scale up.

Dr. Chris Elias, president of the Global Development Program at the Bill & Melinda Gates Foundation, agrees. "Given the ambitious agenda of the Sustainable Development Goals, we have to convince countries to provide higher levels of domestic funding for health. We have to crowd in the private sector in a more effective way and on a larger scale. And there has to be a sound business reason for the private sector to be involved."

A downturn in donor funding may encourage governments to invest more in the health of their populations. "The trend is for more integrated health financing. Governments need to see it's a good investment in their overall development. Over the long term, they need more financial ownership of their own health systems," said Margot Fahnestock of the Hewlett Foundation.

Foundations can play an important role in investing in the innovation and risk-taking necessary for something new. "We are good at investing in small-

scale experimentation and advocacy work. We can be flexible, take risks, and support groups for long periods," Margot Fahnestock said.

Investing in health-related infrastructure is also important, according to Michael Goettler, Global President of Inflammation and Immunology at Pfizer, Inc. "You need training for medical professionals. You need medicines and treatment, and a supply chain. You need access such as roads and transportation for healthcare providers. You need it to be profitable for the people providing health services. The more you can invest in infrastructure or the more you can innovate to facilitate healthcare delivery, the better the outcomes will be."

Finally, if we want to deliver health products and services more effectively, we need to understand what consumers want. This means offering choices, convenience and on-demand products and services. That is what every business seeks when it designs, commercializes and markets a product or service. Organizations that are seeking to target consumers need to adopt the same mindset.



Young people are today's largest consumer market, and they need consumer-friendly information about their sexual health.

The global youth population between the ages of 14 and 25 is soaring in developing countries. Today, 42 percent of the world's population is under 25 years. The largest youth population in human history is coming of age, and there is a lot at stake in ensuring they have access to education, job opportunities, and healthcare.

With more access to technology than any previous generation, young people today understand the power of being a consumer, and they are increasingly savvy in making consumer choices. Today's generation wants youth-friendly information about contraception options, and they want products accessible to them in their homes, rather than in a clinic setting. More than 225 million women and girls in the developing world lack access to modern contraception. Tens of millions more receive inadequate antenatal care or deliver their babies outside of a health facility. In addition, about one in three women worldwide experience gender-based violence at some point in their lives, most often from an intimate partner. Contraception is just about the most cost-effective global health investment we can make to reduce maternal deaths and give children a healthier start. It can also grow a more productive workforce. Women with the ability to control their fertility have better access to education and employment opportunities,

which results in economic benefits and improved livelihoods to families and communities.

"Young people need programs that reimagine the way sexual health services are designed, delivered, measured and evaluated. We had better be creative about how to meet this demand, and old ways may not work. We need to listen to youth about their needs."

Karl Hofmann, President & CEO,
Population Services International

"There is a lot of promise in consumer-driven reproductive health, especially in countries where health systems do not reach people. Getting products and services directly to consumers, with their own direct control, is really exciting," said Margot Fahnestock.



A roadmap to help reimagine healthcare

Here are four areas where increased investment by the global community can be a game changer in helping to meet the SDGs:

1 PUT MORE CARE AND CONTROL DIRECTLY IN CONSUMERS' HANDS

Bring the latest medical and technological advances that enable consumers to “self-initiate” care. Use evidence and consumer insights to create new opportunities for consumers to access information, social and emotional support, products, services, diagnostics, and treatment to become active participants in their healthcare.

HERE ARE A FEW WAYS PSI IS MEETING THIS CHALLENGE:

- Using two-way digital platforms that gather consumer insights, provide tailored information based on consumer needs, link to quality care, track healthcare uptake, get feedback on services and create a continuum of care;
- Employing diagnostic technologies like HIV self-testing that have been shown to reach more people than traditional diagnostics, helping people learn their HIV status when and where they choose; and
- Promoting sub-cutaneous injectable contraceptives (DPMA-SC / SubQ) that can be safely and easily administered by community health workers and through home- and self-injection.

2 REVOLUTIONIZE THE WAY ADOLESCENTS ACCESS CONTRACEPTION

Ensure all sexually-active young people have access to the widest range of contraceptive options and that access to services is embraced and advocated for and by young people, their health providers, governments, families, and communities. This means reimagining and redefining the way sexual and reproductive health and rights programs are designed, delivered, measured and evaluated. Build greater trust between adolescents and the health system and build lifetime users of contraception.

In support of the Family Planning 2020 (FP2020) initiative, PSI is committed to reaching 10 million people under the age of 25 with modern contraceptive methods by the end of December 2020.

3

IMPROVE ACCESS TO PUBLIC AND PRIVATE PRIMARY CARE NETWORKS

Partner with governments, the private sector, and others to find solutions for the 400 million people globally who currently lack access to a front line of basic health services. Deploy the latest market, consumer and provider insights to help increase and sustain the equitable use of existing private or public healthcare networks. While solutions will differ country by country, and community by community, they will all focus on building primary healthcare systems from the consumers' perspective. This is critical to achieving sustained use of products, services, medicines and quality health outcomes.

PSI WILL IMPROVE ACCESS IN THREE WAYS:

- Advance private provider quality toward accreditation/certification to enable greater access to financing;
- Develop and demonstrate innovative and scalable models for expanding primary care; and
- Improve coordination of information for decision-making and increase visibility of consumer needs/behavior through data engagement.

4

UNLOCK DOMESTIC FINANCING IN DEVELOPING COUNTRIES

Development assistance for health— particularly for vertical disease management interventions is not increasing. Partner with donors and governments to promote domestic resource mobilization to achieve universal health coverage faster. Facilitate the development and delivery of financing mechanisms at scale, such as social insurance and strategic purchasing of services from non-public primary healthcare access points. Broaden our social enterprise business models, catering to consumers who can pay without financial hardship (another form of domestic financing) and more effectively target subsidy where most needed.

"It's welcoming that PSI is taking the time to think about how to evolve their model in a changing global environment. New funding from different sources is going to require new engagement models to deliver first-line preventive care to a broader range of people, and to more at-risk and underserved populations."

Dr. Chris Elias
President, Global Development Program,
Bill & Melinda Gates Foundation

The global health environment is changing rapidly, so is PSI.

Increased pressure on national governments, a global youth bulge, emerging technologies, and shifting donor priorities and policies require us to think differently about how PSI operates, the value we can bring to health consumers, and how to get ahead of these global challenges. We are evolving to embrace our role as an effective implementer and thought partner, exploring new ways to shape consumer markets, shift policy and influence funding, and strengthen global capacity.

"The more information you can put in the hands of consumers, the better," said Irene Koek. "PSI's model is consistent with approaches USAID has supported. Let's look at the challenges—such as policy, culture and business barriers—that get in the way of our reaching consumers."

"There needs to be a big emphasis on the quality of experience in consumer-driven healthcare. We have to ensure the same level of quality if we are to bring products and services closer to the consumer," said Margot Fahnestock.

"A lot of stakeholders need to be aligned, and it's not easy," said Michael Goettler. "But PSI can take a leadership role in getting the right partnership, including governments, companies and international donors, and scaling up solutions that deliver better outcomes."

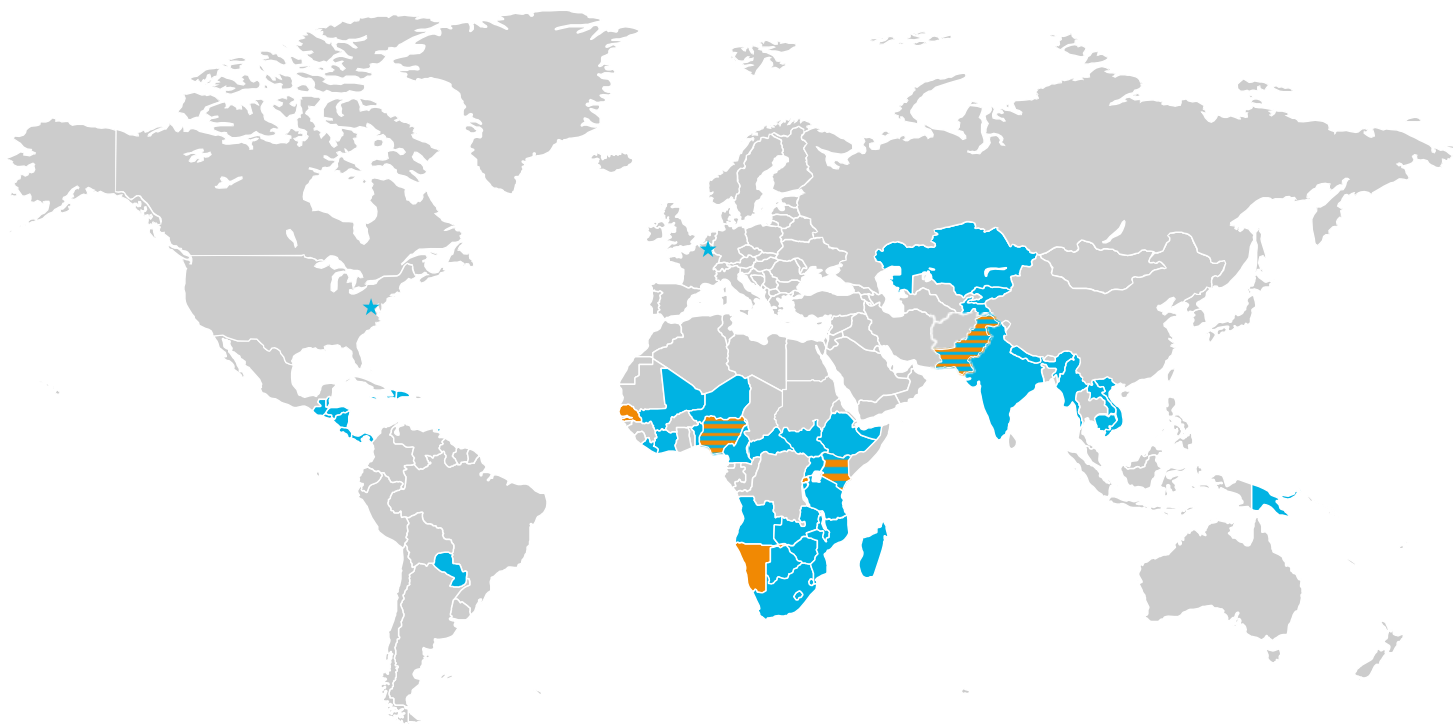
"Achieving universal health coverage calls for innovative and sustainable solutions, and we believe outcomes will come faster when we treat a donor/beneficiary more like a consumer, and we bring care right to their front door," said Karl Hofmann.

HERE ARE A FEW WAYS PSI IS MEETING THIS CHALLENGE:

AS WE IMPLEMENT CONSUMER POWERED HEALTHCARE, WE WILL BE ASKING OURSELVES A SET OF QUESTIONS TO ENSURE WE ARE ON THE RIGHT TRACK.

- Are we conducting the right kind of market research, like a human-centered design, with our target consumers before we design and fund our programs?
- Are we using consumer market research to test and iterate programs before we fund them and during program implementation?
- Are we building a business case that will attract private sector engagement?
- Are we expanding partnerships with companies, foundations and governments to improve market coordination to more effectively reach target consumers?
- Are we giving health consumers what they want—choice, convenience, on-demand products, and services?
- Do we have in place evaluation metrics to measure consumer satisfaction?

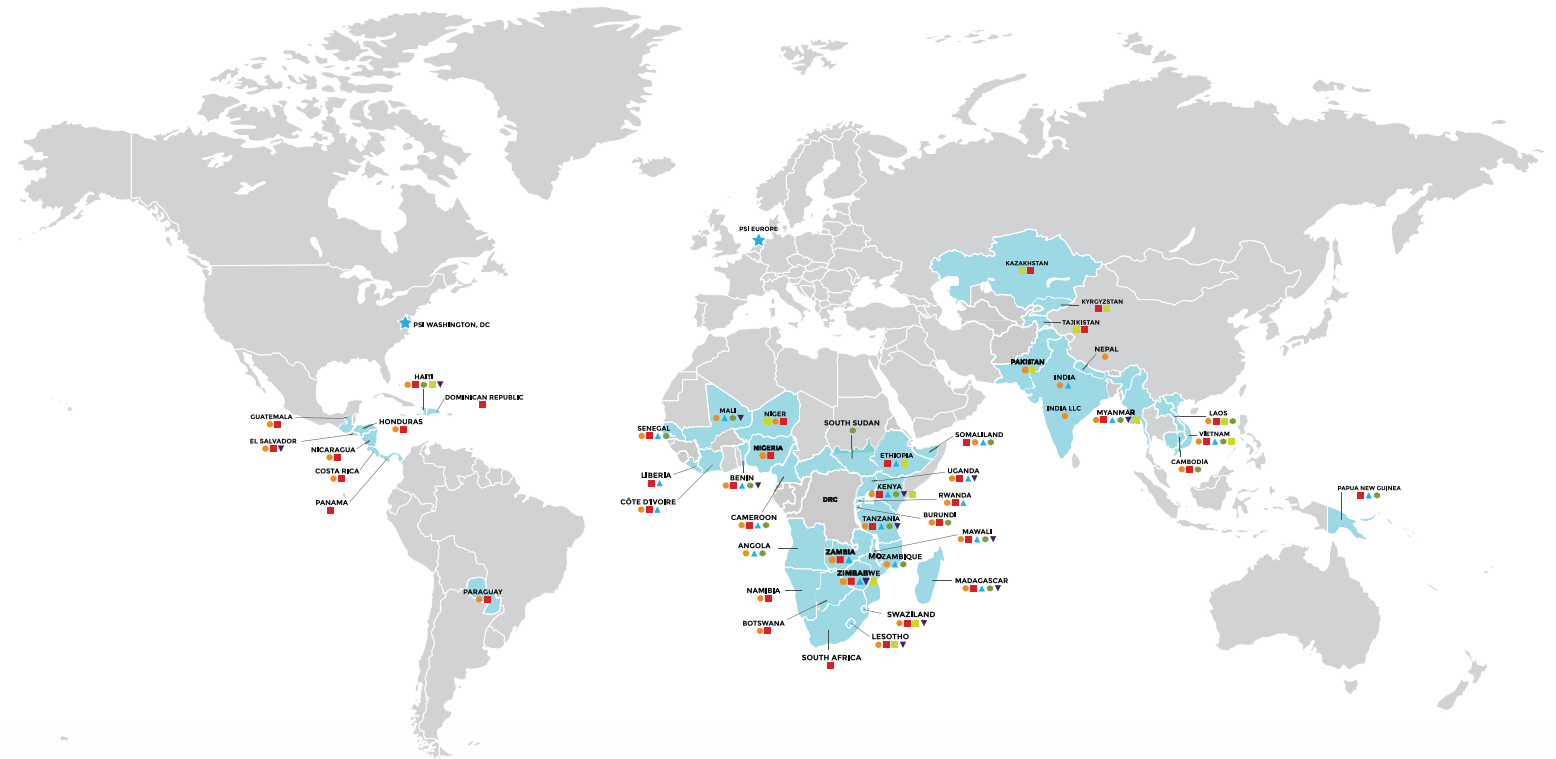
We're locally rooted
and globally connected.



- ★ Headquarter Offices
- Network Member
- Independent Network Member
- ▨ Both INM and NM



Explore the impact
we're making around the world.



- ★ Headquarter Offices
- Tuberculosis
- HIV
- Malaria
- Contraceptive Access/Reproductive Health
- ▲ Water, Sanitation & Hygiene
- ▼ Noncommunicable Diseases
(Hypertension, Diabetes & Cervical Cancer)



Around PSI

PSI EXCEEDS FP2020 GOAL EARLY!

PSI is catalyzing bold ways of driving health breakthroughs, with and for the young people we serve.

The results? Well, the proof is in.

As of Dec. 2018, PSI had reached 14 million users under the age of 25 with modern contraception—an achievement that falls two years ahead of PSI's Family Planning (FP) 2020 pledge to reach 10 million young people with a contraceptive method. It's an achievement that sits squarely in line with PSI's commitment to reimagining how our youngest consumers access the health services they need, on their own terms.

Meeting the FP2020 pledge comes on the heels of a youth-powered healthcare movement that has transformed PSI's youth programming.

Since the 2018 launch of PSI's Global Strategic Plan, we've flipped the script—we're working with and for young people as equal partners in the health solutions that serve them. Our flagship adolescent and youth sexual and reproductive health programs underscore that our job is to link health outcomes to the objectives young people define as their immediate needs, like financial stability or personal autonomy. This shift from a youth-centered to a youth-powered approach

is exemplified by our increased youth programming, our contribution to the Global Consensus Statement on Meaningful Youth Engagement and our authoring of the Commitment to Ethics in Youth-Powered Design.

But our success isn't without its learnings.

Our FP2020 pledge taught us that work was needed to truly understand who was coming through the service delivery door. As a result, we've devised a series of formulas to support how we track and record ages of our consumers, and how we can more effectively equip our network members to understand and respond to use-need in their respective countries.

PSI recognizes that young people remain drastically underserved and underrepresented in the health sector. We remain unwavering in our promise that all young people—regardless of age, marital status or parity—have access to the widest range of contraceptive options, where, how and from who they want. We've reached upwards of 14 million young people with modern contraception and we're energized by the opportunity to reach 14 million more.

-Amy Uccello, Senior Adolescent & Youth Sexual & Reproductive Health Technical Advisor, PSI

DRONES MAP THE WAY

Haitian cities are growing so fast that organizations like OHMaSS, PSI's network member in the Caribbean nation, can't track them effectively with a simple map. This rapid growth often leads to poor infrastructure, resulting in navigability issues and directions that are difficult to understand—which can be particularly challenging for girls and young women trying to access services from health facilities.

This is why OHMaSS is leveraging the power of drones to provide visual directions with videos, so that girls and young women can find their way to youth-friendly services in Port-au-Prince. OHMaSS has made visual directions to 25 local

clinics, detailing the exact roads that lead to the health clinics.

Through its social media campaign, Djanm Enfo, OHMaSS distributes these videos via Facebook to an audience that has already consumed 2 million minutes of content focused on increasing knowledge and awareness of sexual and reproductive health for girls and young women in Haiti.

With these videos, Haitian girls and young women can navigate their way to the power of good health they deserve.

-Christina Julmé, Marketing and Communications Coordinator, OHMaSS

TOILETS FOR ALL

Approximately 500 million people in Sub-Saharan Africa do not have access to a basic toilet, making them vulnerable to avoidable dangers like chronic disease, malnutrition and gender-based violence. We're not doing enough to ensure they have access to the sanitation services they deserve. The World Bank predicts that at the current rate, it will take several hundred years to reach universal coverage of basic sanitation. In short, business-as-usual is not getting us there.

In an effort to reach the United Nations Sustainable Development Goal 6—availability and sustainable management of water and sanitation for all by 2030—PSI has partnered with Oxfam and Social Finance to create a global movement that will push forward progress for sanitation. This initiative aims to deliver sustained access to simple and affordable sanitation for 100 million people through the marketing, sales and installation of 20 million hygienic toilets.

This effort is built around three pillars of change: an approach built on inclusive markets, simple and affordable products and funding instruments that are fit-for-purpose. It will first be delivered in



Mr. Bahadur, a tanker operator in Patna, uses his tanker for a pit cleaning on site at a private home.
Photo credit: Malcolm Quigley

a small number of low-income countries, focusing on inclusive markets to ensure that consumers can access modern toilets at scale and pace.

This endeavor is complex, requiring upfront funding across donor communities. But with investment and cooperation across the development community, we aspire to deliver toilets for all.

—John Sauer and Jennifer Marcy, Senior Technical Advisors for Water, Sanitation & Hygiene, PSI

AFTER THE FLUSH

One in five Indian children die from diarrhea caused by unhygienic conditions.

Addressing this risk extends well beyond access to toilets. The sanitation market serving Indian consumers has broken down: most toilets in India rely on pits or septic tanks to be emptied by unregulated private service providers who dump waste in unauthorized areas.

In response to the illegal dumping of waste, PSI India started a pilot program in the city of Patna, Bihar state, India. The program created an association of private tanker operators to advocate at the local government level for access to the city's sewerage system. The local government, in partnership with the association, licensed the operators to ensure high-quality services for consumers. The association also established a hotline and public promotion events to ensure the new services were readily accessible.

This pilot, dubbed After the Flush, received seed funding from the Bill & Melinda Gates Founda-

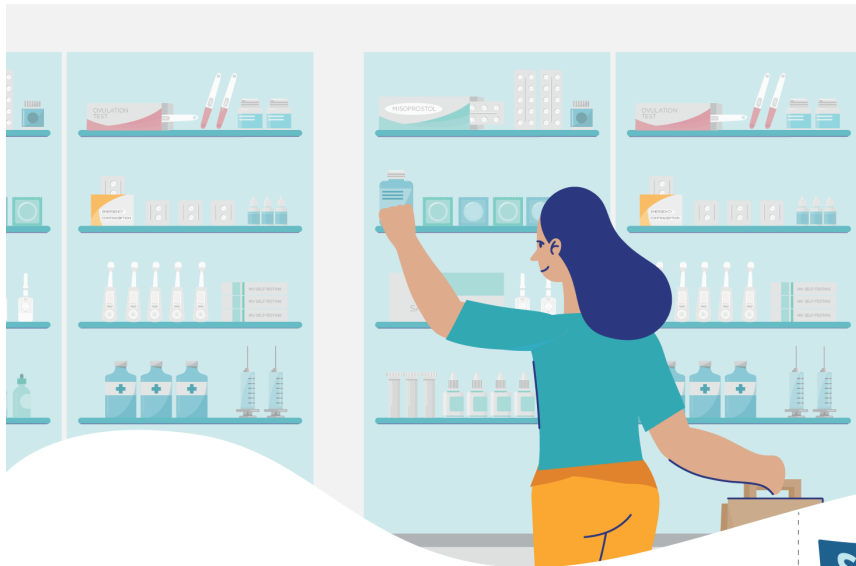
tion. The next stage will be scaled by members of Maverick Collective in partnership with the Forum of Young Global Leaders at the World Economic Forum.

Harnessing the expertise, networks and commitment of a global community of partners to adapt and scale the success of the Patna pilot, After the Flush plans to bring the power of good hygiene to 10 more cities across India.

—Kate Roberts,
Senior Vice President,
PSI, Co-Founder Maverick Collective
@KateRobertsPSI



Photo credit: ©PSI



SELF-CARE: THE NEW FRONTIER FOR HEALTHCARE

Self-care places power in the hands of people to understand and manage their own health. New products and technologies are increasing choice and access to sexual and reproductive health services, strengthening health systems and paving the way toward universal health coverage (UHC).

The Challenge

At least half of the world's population cannot obtain essential health services.



The world's population is **7.6 BILLION**



Half of the world's population is **3.8 BILLION**



214 MILLION WOMEN in developing regions who want to avoid pregnancy are not using a modern contraceptive method.



Over **9 MILLION PEOPLE** living with HIV are unaware of their HIV status.



Women in developing countries account for roughly **87%** of all cervical cancer cases globally.



The Opportunity

As a result of the boom in information and digital technology, people have become more involved in their own healthcare. Self-care interventions can help meet their needs by bridging gaps in healthcare delivery.

Self-care interventions can be especially transformative in sexual and reproductive health, where stigma abounds, privacy is critical, and access to health providers is often a challenge.

Three Historical Moments in Self-Care for Sexual and Reproductive Health



Italian anatomist and physician Gabriele Falloppio authors earliest uncontested description of condom use.

1564



The FDA approves the first home pregnancy test kit and it goes on the market in the United States.

1976

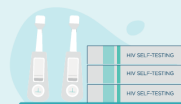


France becomes the first country in the world to distribute a brand of emergency contraception in pharmacies without prescription or parental consent.

1999



DRUGS
PrEP (Medication that prevents HIV)



DIAGNOSTICS
HIV self-testing



DEVICES
Self-injectable contraceptives like Sayana® Press



DIGITAL
Fertility monitoring apps

THE 4 D's

Here are examples of new tools that are radically changing the self-care landscape.



What's Next?

Self-care interventions can increase choice, agency and access to care. But there is still much to be done to make self-care an integral component of health systems!

- 1 Policies, funding and regulation that support a safe environment for the introduction of self-care interventions.
- 2 Supportive approaches to ensure equity, affordability and quality of self-care.
- 3 More evidence on subjects as diverse as cost-effectiveness to how to integrate self-care users back into the health system.

THE ROAD TO MALARIA ELIMINATION

Widely available, accurate and affordable rapid diagnostic tests (RDTs) have revolutionized malaria case management. But all suspected malaria cases must be screened, 100 percent of the time, especially if we want to reach the World Health Organization's (WHO) ambitious 2030 goal of reducing the global malaria incidence and mortality rate by 90 percent.

We haven't yet reached full RDT coverage, an essential step to reaching the WHO's goal. In countries with a high burden of malaria, the gap is starkest, especially where consumers seek testing and treatment in the private sector. Comprehensive policy, regulation, quality assurance and supply-side strengthening all create challenges when establishing RDT services in the private sector.

Until this year, there was little global guidance provided to governments that needed assistance engaging with private providers and their consumers on how they could best work to achieve universal testing goals and effectively manage cases of malaria.

Between 2013 and 2016, the WHO collaborated with PSI and a consortium of malaria experts to stimulate private sector markets in five African countries for quality-assured malaria RDTs, using funding from Unitaid. Informed by evidence they found, PSI, WHO and the partners from this project created a roadmap for optimizing private sector malaria rapid diagnostic testing, published in May 2019. The roadmap describes 40 steps that national malaria control programs and stakeholders can follow to support the use of quality-assured RDT services in the private sector.

Chapters cover the market functions critical to RDTs in the private sector like coordination, procurement, quality assurance, promotion and surveillance, and draw on case studies and tools from the earlier project.

Content from the roadmap will be incorporated into future comprehensive private sector malaria case management guidance developed by the WHO, informed by the outcomes of their recent private sector technical consultation.

—Stephen Poyer, Senior Malaria Research Advisor, PSI

A KNOWLEDGE HUB FOR SAFEACCESS

It's time to come together to better support a woman's right to safe abortion and to remove the barriers that restrict her access. That's why Marie Stopes International is creating a new, online knowledge hub in collaboration with co-founders PSI*, International Planned Parenthood Federation, Ipas and the Safe Abortion Action Fund. The knowledge hub, called SafeAccess, will share evidence-based guidance on safe abortion and post-abortion care programming with implementers and policymakers enabling the sexual and reproductive health community to work toward an ambitious goal to eliminate unsafe abortion by 2030.

SafeAccess is powering hope that one day—no woman anywhere in the world—will suffer the consequences of unsafe abortion.

*PSI does not use U.S. Government funds for its safe abortion work.

—Andrea Fearneyhough, Director, Women's Health Project, PSI



©PSI/Vanessa Vick

Learn more about the SafeAccess hub from PSI Nigeria's Dr. Fatima Bunza and other safe abortion experts at "SafeAccess to Abortion: A Cross-Sector Partnership to Eliminate Unsafe Abortion by 2030," a Women Deliver side event, on Wednesday, June 5 from 6:30-8:00 a.m. in VCC West, Room 214.

2018 Health Impact

The Scale of PSI Programming in 2018



LIVES CHANGED (ESTIMATED)

6.42 million unintended pregnancies prevented.

17,300 maternal deaths prevented.

95,800 deaths due to malaria, diarrhea and pneumonia prevented.

240,100 HIV infections prevented.

SERVICES PROVIDED

10.7 million women received modern contraception, allowing them to plan the families they desire.

- **1.83 million** women received long-acting, reversible contraceptives including implants and intrauterine devices.
- **3.64 million** women received short-term contraceptives including emergency contraception, oral contraception, injectable contraception, and cycle beads.
- **5.17 million** men and women received condoms.

4.35 million people received HIV testing services or products, ensuring vulnerable and key populations know their HIV status.

- **2.23 million** clients were voluntarily tested and counseled for HIV and other STIs, reducing transmission rates and increasing access to treatment through referrals.
- **2.12 million** clients received HIV self-test kits, mitigating barriers to get tested and increasing the adoption of HIV prevention and treatment.

61,300 patients received directly observed therapy, saving lives by treating tuberculosis.

6.91 million people received artemisinin-based combination therapy, saving lives by treating malaria.

50.39 million people were protected by long-lasting insecticide-treated nets, protecting families from malaria.

723,500 people received a treatment course of antibiotics, saving lives by treating pneumonia.

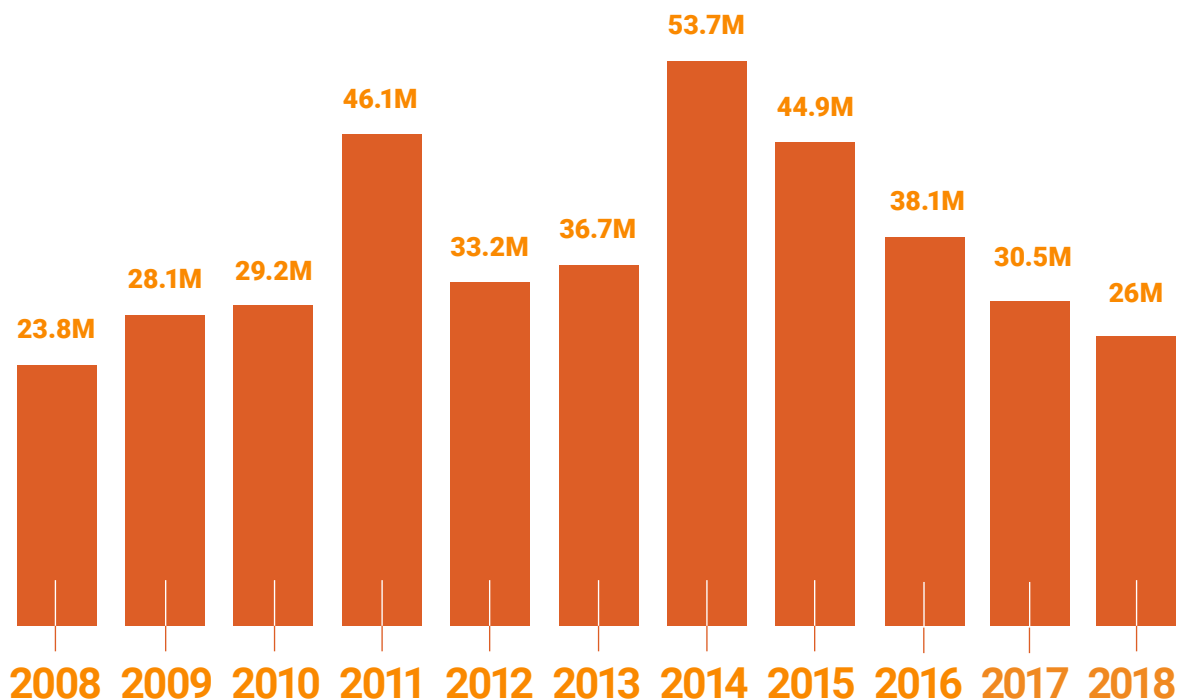
619,800 people received diarrhea treatment, saving children's lives by reducing the severity and duration of diarrheal disease.

HOW DOES PSI CALCULATE YEARS OF HEALTHY LIFE ADDED?



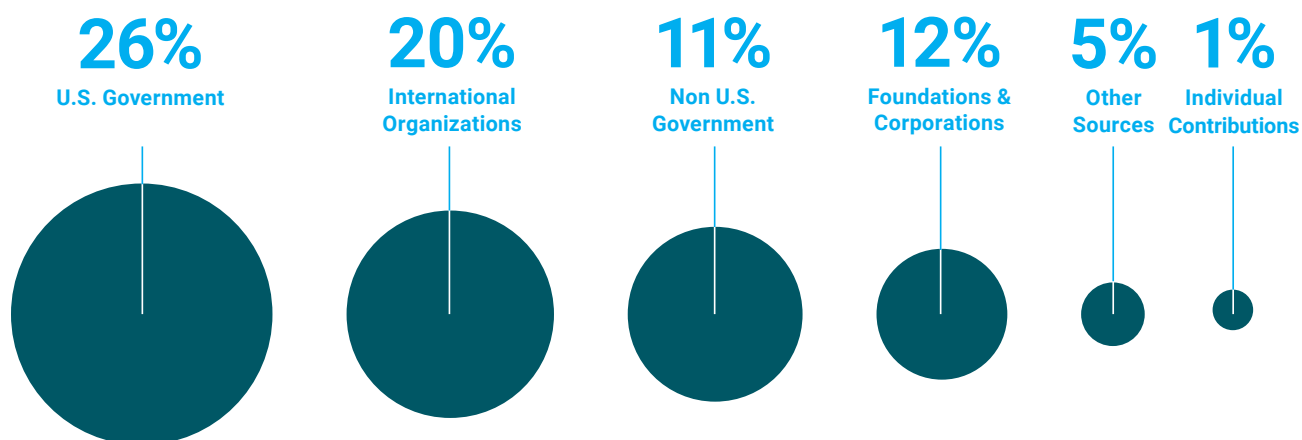
PSI estimates the impact of its health interventions using the **Disability-Adjusted Life Year (DALY)**, a unit of measurement developed by the World Bank and the World Health Organization to estimate years of life lost due to death and disability. We track each product we deliver and service we provide.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

OUR IMPACT: YEARS OF HEALTHY LIFE ADDED



Financial Statements

2018 REVENUE BY DONOR



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)



REVENUE BY YEAR



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