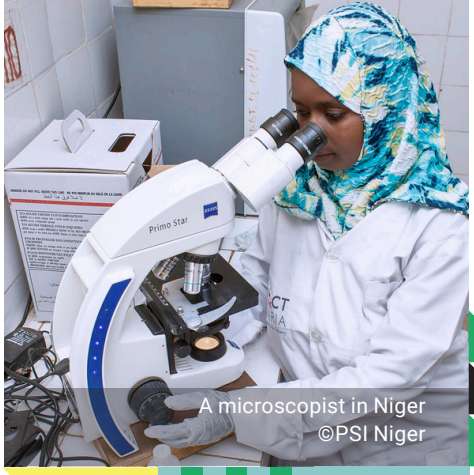
PSI AND **GLOBAL HEALTH SECURITY**

CAPACITY STATEMENT



A microscopist in Niger
©PSI Niger

Population Services International (PSI) delivers programs through a network of member organizations in more than 40 countries. Each member upholds shared operating and technical standards while tailoring solutions to local contexts. The network is supported by a lean cadre of global experts, enabling shared learning, inter-country collaboration, cost-effective regional initiatives, and the rapid adaptation of global goods.

PSI works with countries to strengthen adaptive and resilient health systems that can prevent, detect, and respond to health threats affecting people, animals, and the environment. PSI facilitates adaptation and continuous learning so that systems are better prepared for future threats.

PSI has led successful investments strengthening country capacity and leadership across multiple GHSA technical priorities, with expertise across the Prevent–Detect–Respond continuum, including :

- **Antimicrobial resistance (AMR)**
- **Zoonotic disease**
- **Immunization**
- **Enabling real-time surveillance**
- **Workforce development**
- **Public Health Emergency Operations Centers (PHEOCs)**

Drawing on a strong foundation in **Social and Behavior Change (SBC)**, PSI strengthens Risk Communication and Community Engagement (RCCE) initiatives and applies a behavioral lens to the design and delivery of interventions.

PSI **leverages extensive public sector strengthening investments**, building on vertical disease programs such as Malaria, HIV and infection prevention and control (IPC) platforms, to support countries to demonstrate measurable improvement in GHSA and International Health Regulations (IHR) technical priorities.

In addition, PSI brings deep experience in engaging **the private sector and other non-state actors** to create sustainable approaches to Global Health Security (GHS). This capability is particularly valuable when Joint External Evaluations (JEEs) identify private-sector engagement as a priority action, such as in the AMR or health workforce domains.

PSI's work is strengthened by a strong track record of operational research that informs intervention design, advances innovation, and disseminates best practices. PSI applies cross-cutting expertise in digital tools, self-care, and climate adaptation and resilience in support of GHS.

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RELEVANT PAST PERFORMANCE

PREVENT – ANTIMICROBIAL RESISTANCE (AMR)

PSI addresses AMR through evidence-based behavioral interventions and surveillance strengthening across human and animal health sectors.

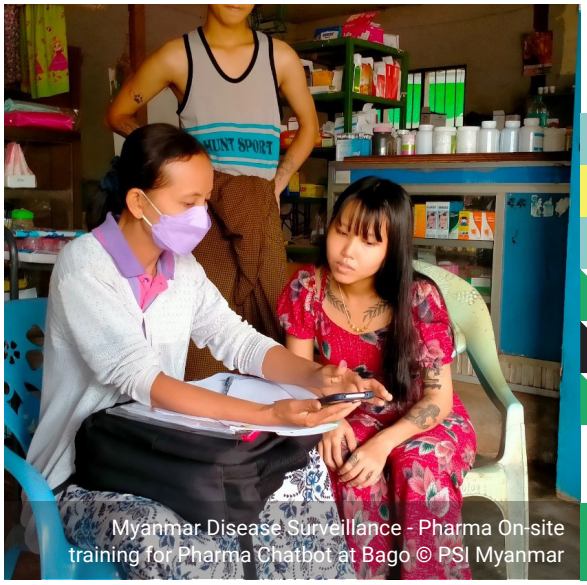
Global: PSI contributed to the WHO Operational Guidance Country Preparedness for the Introduction and Appropriate Use of Antibiotics leveraging PSI's long history of private sector engagement for surveillance and quality improvement, including from the GEMS/GEMS+ project in the GMS (2016-22), ACTwatch and the 2023-25 ACTwatch Lite surveys in Benin, Nigeria, and Cameroon. These streamlined outlet surveys generate representative data on the availability, price, market share, and supply chain dynamics of critical medical products in the private sector. Importantly for AMR, findings are informing the National Malaria Control Programs and regulators on engagement with private sector supply chains, regulatory strategies, and procurement priorities ensuring that resources are targeted towards quality-assured commodities, and the private sector is brought into surveillance and QA efforts.

Cambodia: PSI partnered with the AMR Technical Working Group (AMR-TWG) to advance SBC approaches toward mitigating AMR. After developing consumer journey maps to identify messaging opportunities, PSI deployed communication tools through multiple channels, achieving high community engagement. This investment provided evidence and resources for the AMR-TWG to engage with wider non-medical stakeholders and adopt a "whole-of-society" approach to mitigate AMR.

ZOONOTIC DISEASE

PSI strengthens One Health surveillance systems and cross-sectoral coordination for early detection and response to zoonotic threats.

Sierra Leone: PSI/EpiC brokered partnerships between the Ministries of Agriculture, Environment, and Wildlife and Universities to identify gaps in zoonotic disease surveillance systems and advance early detection and response. Achievements to date include:



Myanmar Disease Surveillance - Pharma On-site training for Pharma Chatbot at Bago © PSI Myanmar

- **Strengthening Lab Networks:** Assessed capacity of District and National laboratories to test environmental samples as a part of zoonotic disease surveillance. From this assessment, the Makeni District Hospital Laboratory was identified as the suitable environmental testing center.
- **Institutionalizing Coordination:** Ensuring animal health laboratory staff and the Ministry of Wildlife actively participated in the One Health Technical Working Group, embedding surveillance across human, animal, and environmental health sectors. PSI also activated the Zoonotic Technical Working Group, which continues to meet regularly and as needed for technical contributions to Zoonotic Surveillance Strategies.
- PSI, through the EpiC project, is strengthening stakeholder capacity to prevent and respond to zoonotic threats in Honduras. Activities include developing and implementing surveillance protocols and SOPs for priority zoonoses such as avian influenza, bovine tuberculosis, and brucellosis; training rapid response teams; and building diagnostic capacity across human, animal, and environmental laboratories. PSI also supports outbreak simulation exercises, intersectoral coordination, and risk communication campaigns, ensuring timely detection and response at the human–animal interface. This work directly enhances national compliance with IHR standards and advances preparedness for epidemics of zoonotic origin.

IMMUNIZATION

PSI has extensive experience in mapping and planning routine and targeted supplemental immunization activities in high-risk areas and populations, creating messaging tools, training and supervision approaches to improve health worker capacities, and conducting community mobilization through traditional and digital engagement with civil society organizations, faith-based organizations, and religious/traditional leaders.

INCREASING ACCESS IN PRACTICE:

PSI supported Sierra Leone's Ministry of Health and Sanitation (MoHS) to enhance evidence-based decision-making for periodic intensive routine immunization campaigns. In collaboration with the Expanded Programme on Immunization (EPI), WHO and UNICEF, PSI helped deliver integrated COVID-19 and child health vaccinations to marginalized and underserved populations. Multi-stakeholder technical forums informed national decisions, while data analysis enabled MoHS and the National Immunization Technical Advisory Group to identify coverage gaps and missed communities. This led to over 180,000 COVID-19 doses administered and a 14% increase in measles vaccine uptake across six priority districts.

PSI supported Mali's capacity to deliver vaccines equitably and efficiently by supporting the Ministry of Health to extend COVID-19 vaccination through public and private sector channels. Interventions included coordination with District Health Management Teams, training of vaccination teams, and integration of private sector facilities into national delivery. PSI supported community mobilization and mass media to address vaccine hesitancy and misinformation. Innovative delivery modalities were deployed including door-to-door campaigns, mobile clinics, and high-volume 'vaccinodromes' to reach underserved and high-density populations. Data management was reinforced through real-time entry into DHIS2, strengthening surveillance and accountability.

DETECT – SURVEILLANCE

PSI works with Ministries of Health to strengthen disease surveillance systems that integrate with existing platforms and deliver on benchmarks required for effective PHEOC performance.

Greater Mekong Sub-region (Cambodia, Lao PDR, Myanmar, Vietnam): PSI advanced private sector malaria data flows into national surveillance by mapping and enrolling private providers, training them on malaria case notification, supplying diagnostics, and creating effective reporting workflows. SMS case notification protocols were established for 2,500+ providers, and PSI seconded Case Investigation Officers to work with National Malaria Control Programs to ensure follow-up and data quality.

Multi-country Outbreak Surveillance: Under DFAT funding (Australia), PSI enhanced outbreak surveillance in Myanmar, Cambodia, Lao PDR, and Vietnam, with private-sector signal generation and data sharing to national systems, strengthening early detection beyond the public sector.

Global DHIS2 Systems: PSI contributes DHIS2 configuration and supportive supervision tooling across countries, improving routine reporting quality, timeliness/completeness checks, and data use for action. PSI has produced peer-reviewed publications and technical briefs synthesizing key design principles that countries have applied to integrate non-state data into national surveillance, directly addressing gaps in completeness and interoperability.

HEALTH WORKFORCE DEVELOPMENT

PSI delivers results-oriented health workforce capacity strengthening across multiple health areas and GHSA priority areas, with particular expertise in provider-centric training and routine supportive supervision.

Digital Supervision at Scale: PSI co-developed and scaled a DHIS2-based supportive-supervision application, the Health Network Quality Improvement System (HNQIS). Adopted by 14 Ministries of Health and used in 30 countries, HNQIS was designated a best practice by the HRH2030 program. HNQIS enhances planning and enables real-time scoring, feedback, and coaching during visits, strengthening workforce skills, performance review cycles, and continuous professional development systems.

Private Sector Workforce Extension: By mapping, enrolling, and mentoring thousands of non-state providers in Southeast Asia and Africa (including Benin, Cameroon, Cote d'Ivoire), PSI effectively expands the functional surveillance workforce without creating new cadres, ensuring private-sector case data flows into national systems while building provider motivation and adherence to surveillance tasks.

National Training Platforms: With Zimbabwe's Ministry of Health and Child Care, PSI co-developed a national online training platform that the ministry owns and manages, creating sustainable capacity for ongoing, modular training across health areas applicable to surveillance competencies, IPC, and reporting.

Blended Learning for Integrated Health Services: In lockstep with Angola's MoH, PSI developed a Stewardship, Learning and Performance Management digital ecosystem, which, by combining data from various sources (incl. digital supervision, eLearning and HMIS), allowed for more strategic targeting of health workforce development efforts. As part of this investment PSI developed a blended training program using the Kassai e-Learning platform, offering online and offline courses to facilitate both self-paced and blended learning approaches for providers. Initially developed for malaria and expanded to COVID-19 and MNCH, Kassai's innovative approaches delivered educational content through videos, tracking participant progress using quizzes, interactive curriculum with case studies designed by adult learning specialists, and provided rapid feedback on quiz scores to trainers and managers through an interactive dashboard. In total, 10,729 unique users utilized the Kassai modules through over 60,961 course enrolments. A cost-effectiveness analysis of Kassai found self-learning was eleven-fold more cost effective than in-classroom training, and blended learning was almost twice as cost effective as in-classroom training. Additional benefits from Kassai include the ability to 1) track and monitor performance of each trainee, (2) engage with trainees after the training activity, and (3) tailor the content, pace, and process to individuals.

Knowledge Networks: PSI led CoVLEx, a Global South learning exchange linking cities and countries to share planning, management, and capacity-building approaches for COVID-19 vaccination, supporting scalable practices for immunization teams and supervisors.

Health Workforce Development during Emergencies: PSI, Viamo and partners designed a low-cost blended learning strategy reaching 6,581 providers, pharmacy operators, and CHWs with COVID-19 training during the pandemic. Online training through WhatsApp gained significant traction with providers, and Interactive Voice response (IVR)-based self-paced COVID-19 training modules reached CHWs with information on risk, symptoms, diagnosis, vaccine eligibility, and myths using standard and gamified modules. A mixed-methods evaluation showed significant increases in confidence to support vaccination, decreased hesitancy, and concluded IVR was effective for scaling CHW training in rural low-connectivity settings in the context of a global pandemic.

PREPAREDNESS & RESPONSE IN PRACTICE: COVID 19

PSI collaborated with Ghana Health Service and the Emergency Operations Center to contribute to emergency logistics and supply chain medical countermeasures. In partnership with the U.S. Government and Total Family Health Organization, PSI scaled up local manufacturing of personal protective equipment, supporting a large garment manufacturer to scale production to one million units per month, and partnered with a local alcohol manufacturer to retool equipment for sanitizer production, while supporting distribution and demand creation through mass media and interpersonal communications

RESPOND – HEALTH EMERGENCY MANAGEMENT

PSI has supported PHEOC strengthening since 2018, building government capacity for emergency preparedness and response operations.

Southeast Asia Multi-Country Initiative: PSI led PHEOC strengthening in 4 countries, supporting governments to establish strong central and subnational Emergency Operations Centers rooted in core capacities, clear plans and procedures, state-of-the-art disease surveillance systems, and robust ICT infrastructure. Under this initiative, PSI strengthened infrastructure and capacity of PHEOCs and equipped more than 20 subnational EOCs. PSI assisted Ministries of Health to develop and update PHEOC policies, plans, and standard operating procedures, deployed case-based disease surveillance systems and public health emergency preparedness dashboards at scale and trained over 5,000 health workers on communicable disease surveillance, Incident Management Systems, and public health emergency response operations. Additional research provided insights for governments on private sector engagement in public health emergency preparedness and response.

Supporting IMS and RRTs during mpox: Through the EpiC project in Sierra Leone, PSI supported the Incident Management System and subnational Rapid Response Teams during the 2025 mpox outbreak to break chains of transmission. A suite of outbreak response activities were facilitated across the critical IMS functions to support the Ministry of Health, including: (1) multi-level capacity strengthening for health providers in case detection, IPC, and reporting as well as community health workers to strengthen community surveillance and reporting; (2) supporting sample transport and diagnostics; (3) procurement of PPE and essential response activities; (4) RCCE targeting high risk communities and populations, as well as to reduce stigma associated with mpox and support re-introduction into the community; (5) field support for reporting and data analysis; and (6) active case detection.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

PSI has extensive experience working in partnership with Ministries of Health to design and deliver risk communication campaigns and engaging communities on health issues, including disease prevention, outbreak control, and emergency response.

PSI CORE RCCE CAPABILITIES:

- Conducting risk assessments to identify vulnerable and high-risk communities and population segments
- Delivering tailored, multisectoral RCCE activities and messages co-designed and co-delivered through local structures (community health workers, civil society, healthcare providers), community leaders and social media to drive behavior change
- Strengthening protocols, coordination, and delivery of RCCE, including harmonization of campaigns and messages, data review, collaboration meetings, and adaptive implementation
- Building capacity within PHEOCs and relevant Ministry of Health divisions to develop RCCE tools and channels for rapid activation during public health emergencies
- Supporting civil society organizations to adapt, utilize, and scale existing RCCE tools while strengthening internal SBCC capacity
- Implementing community feedback mechanisms and data-driven programming adaptation, including a "community lab" approach with light-touch human-centered design and co-development of feedback loops

RCCE IN PRACTICE

ZIKA: PSI worked with Ministries of Health across Central America to design and deliver behavior-change communication campaigns promoting healthy behaviors and vector control methods at the individual, home, and community levels, and capacity strengthening the health workforce to respond to these campaigns. PSI collaborated with stakeholders to product evidence-based market segmentation and prioritization of which behaviors would most effectively reduce Zika transmission, using this formative research to tailor messages and interventions for each context.

COVID-19: PSI worked closely with governments to design and deliver COVID-19 campaigns using their social media platforms, including to address mis / disinformation, and reached over 160 million users across 26 countries in Africa and Asia. PSI partnered with Yale University, UNICEF, Meta and Africa CDC to launch the Digital Media for Health Outcomes online learning program, an eLearning course on best practice use of social media for health campaigns, primarily targeted at governments. Over 11,500 public health practitioners enrolled across 144 countries. The partnership also launched a Community of Practice focused on the use of social media to drive health outcomes.

mpox: Through EpiC in Sierra Leone, PSI supported the Ministry of Health and IMT to adapt RCCE messages and activities as epidemiological trends shifted during the 2025 mpox outbreak. RCCE messages were adapted for high-risk populations bearing the burden of mpox transmission including people living with HIV and students (tertiary and secondary), leveraging support networks for PLHIV and universities to help raise awareness of transmission risks and testing options. EpiC is currently supporting another adaptation to RCCE messages and strategies to raise awareness in secondary schools as the school year begins through the education system and with parents, as well as maximizing community health worker presence along the border with Guinea and Liberia, especially on market days, to maintain progress towards ending the epidemic.

TECHNICAL RESOURCES & STAFFING

Core Technical Staff: PSI maintains a dedicated hub of global and national experts in Digital Health and Global Health Security, Risk Communications and Community Engagement, and a deep bench of experts experienced in effective global health partnerships and programs. As demonstrated through involvement in previous global health security responses, including Zika, Ebola, COVID-19, and mpox, PSI has proven capacity to deploy resources at scale.

Rapid Deployment Capacity: PSI's network structure and global expertise enables rapid response and scale-up of interventions.

LEVERAGING STRATEGIC PARTNERSHIPS

Africa CDC: In 2025, Africa CDC tasked PSI to establish and convene a partner working group to lead the Workforce Digital Capacity Strengthening Flagship under Africa CDC's Digital Transformation Strategy. This role reflects PSI's record in leveraging digital health tools to deliver effective provider training and behavior change approaches across Africa. While leading this flagship, PSI partners closely with Africa CDC to ensure alignment and coordination across the broader set of flagship initiatives under the strategy, recognizing their collective role in shaping continental digital transformation. This initiative will guide workforce development priorities, promote scalable digital health models, and equip public health cadres across AU Member States with the skills needed for effective surveillance, response, and health system leadership. The strategy itself is being updated to incorporate additional Member State feedback and will be finalized in 2026. Going forward, PSI will continue to play designated support and leadership roles, ensuring that the Health Workforce flagship both advances Health Workforce investments such as strengthening the capacities of FETPs, while also enabling a wider set of networks and actors to contribute to resilient country, regional, and global public health workforce programs.

PSI'S STRENGTHS IN GLOBAL HEALTH SECURITY

PSI has delivered value across a broad range of GHSA technical areas and has proven the capacity to deliver high strategic and operational value through:

Systems-Level Strengthening: PSI has operational expertise in strengthening capacities across all levels - community, health facility, subnational, and national – aligning local contextual relationships and knowledge with national objectives while maintaining global standards and learning.

Digital Health Innovation: As a global leader in DHIS2 design and delivery, PSI has deep experience nurturing data systems that support all GHSA priority areas. PSI's proven record includes strengthening DHIS2 use for surveillance and health emergency management across the One Health spectrum. The extension of DHIS2 for One Health is particularly advantageous, with countries such as the Democratic Republic of Congo, Indonesia, Madagascar, and Tanzania using DHIS2 to address zoonotic diseases and strengthen laboratory systems. Building on this foundation, PSI also applies its expertise to the Health Workforce, designing digital approaches for planning, training, supervision, and performance monitoring across all cadres of the health system.

Non-State Actors / Private Sector Engagement: PSI is experienced in working with non-state actors, particularly the commercial private sector and faith-based healthcare networks, in support of national and international GHSA priorities, effectively expanding system capacity and sustainability.

Evidence-Based Behavioral Approaches: With decades of experience in SBC and stakeholder insight generation, PSI ensures design and delivery of Global Health Security interventions are based on the insights and realities of communities, healthcare providers, and other key stakeholders, leading to more effective and sustainable interventions.