Built together, built to last.

PSI Annual Report
2025

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PSI ANNUAL REPORT 2025

CONTENTS

A LETTER FROM OUR PRESIDENT

EVERY PERSON DESERVES THE CHANCE TO LIVE A HEALTHY LIFE.

That belief is the heartbeat of PSI. We exist to make it easier for people everywhere to access the care, products, information, and support they need to live healthier lives on their own terms. We work shoulder-to-shoulder with governments, strengthening the systems people depend on, shaping markets to work for everyone, and turning bold ideas into lasting impact.

Michael Holscher, President.
©Population Services International

The possibilities for health are expanding faster than ever. Scientific breakthroughs are creating opportunities that once seemed unimaginable. Digital technologies are rapidly changing how care can be delivered. Governments are taking greater ownership of their health priorities. And communities everywhere are raising their voices, demanding solutions that reflect who they are and what they aspire to.

Yet breakthroughs alone do not improve lives. Their promise is only realized when they reach the people who need them.

The future of global health hinges on our collective ability to turn these changes into lasting impact for the 4.6 billion people who still lack access to the essential health services they deserve.

> “Throughout this report, you'll see what those beliefs make possible; when governments lead, systems grow stronger, markets work better, and people shape their own futures.

THROUGHOUT THIS REPORT, YOU'LL SEE WHAT THOSE BELIEFS MAKE POSSIBLE

At PSI, we believe lasting change starts with people and communities. It takes root when governments lead. When health systems are strengthened and integrated for those who lack access to quality care. When markets work better for everyone. And when innovation moves beyond laboratories to reach people at scale.

Across nine countries in sub-Saharan Africa and South Asia, **self-injectable contraception** puts millions of women in control of their own reproductive health, with more freedom and dignity than ever before. In Ethiopia alone, we helped nearly 365,000 young couples receive counseling that positioned family planning as a pathway toward education, opportunity, and financial security.

Across Africa, people are able to choose a **new injectable form of HIV prevention** that fits more easily into their lives. Already 192,000 doses of Lenacapavir have been delivered in 9 countries, with more than one million forecasted by the end of this year.

In the Lao People's Democratic Republic, **integrated disease surveillance** gave health officials the power to catch a malaria outbreak days sooner, demonstrating how stronger systems save lives long before emergencies grow.

In Somalia, innovative water treatment technology, delivered through trusted community health workers, brought **safe drinking water** to entire communities, ensuring sustainable access and lasting ownership.

In Cambodia, **strengthening diabetes care** gave children living with type 1 diabetes and their families the knowledge, support, and confidence to live healthier futures.

Different countries. Different health challenges. But one story, told again and again: governments leading. Systems growing stronger. Markets working better. And people exercising their power to shape their own health and futures.

The world around us is shifting quickly. Financing is under pressure. What's expected of international organizations is being rewritten in real time. We choose to see this not as a setback, but as an invitation to build something better: more locally led implementation, more person-centered approaches, more catalytic investments. In short, innovation that is built to last.

This is not a new direction for PSI. It is the path we have been on for years, and it will continue to shape how we work in the years ahead.

None of this progress happens in isolation. It depends on health workers serving their communities, local organizations leading change, private-sector innovators expanding access, governments setting the course, and partners whose investments make long-term progress possible.

From every PSI team member to every one of our partners: thank you. Your leadership, trust, courage, and commitment are what make this work possible.

The work ahead is significant, but so is the opportunity. We are grateful to be building that future with you.

Michael Holscher
President, Population Services International

2025 IN NUMBERS

34 M

PEOPLE REACHED

Includes **34 M** reached with health products, services, and social & behavioral interventions.

REACH BY HEALTH AREA, PRODUCTS, SERVICES & INTERVENTIONS

Women's Health

Contraception & family planning **9,652,605** / Maternal, newborn & child health **2,616,841** / Vaccines **646,674** / Menstrual health **201,924**

13.1 M

1.3 M PSI's sexual and reproductive health (SRH) interventions helped avert an estimated **1.3M** unintended pregnancies and **+2.6k** maternal deaths.

Malaria Prevention & Treatment

Prevention, testing & treatment **15,700,994**

15.7 M

HIV & Tuberculosis

HIV **978,641** / Tuberculosis **156,228**

1.13 M

Non-Communicable Diseases

Hypertension, diabetes & other non-communicable diseases **3,620,310**

3.62 M

Water, Sanitation & Hygiene

Sanitation & safe water **655,492**

655 K

24.6 M people accessed products or services through markets and health systems strengthened by PSI, even after direct program support had ended.

ONE YEAR, SEVEN COUNTRIES

STORIES FROM OUR NETWORK

Different countries. Different health challenges. But the same pattern behind every result: people and communities at the center, governments leading, systems growing stronger, and markets working better.

PEOPLE & COMMUNITIES

Lasting change starts with people. When individuals and families have information, choice, and support, they shape their own futures, as in Ethiopia and Cambodia.

MARKETS

Markets decide what reaches people, and at what price. We shape them so quality products and services are available where families already seek care, across nine countries and three malaria markets.

HEALTH SYSTEMS

Strong systems are what make progress durable. We work alongside governments to strengthen the services people depend on, as in Somalia and the Lao People's Democratic Republic.

PROGRAM SPOTLIGHT

Bringing Lenacapavir, twice-yearly PrEP, to nine early-adopter countries in Africa took every part of how we work at once: governments leading, communities choosing it, markets supplying it, systems delivering it.

PEOPLE & COMMUNITIES

PLANNING FUTURES TOGETHER

Smart Start reframes family planning around couples' shared economic goals and aspirations.

Adolescent couple in a counseling session, Ethiopia. ©Population Services International

At 18 years old, Wube Belete wanted a different future. Living with her husband's family in rural Ethiopia, she had little control over household decisions and few opportunities to make money, dependent entirely on her husband's limited income. Like many young married women in the area, she faced pressure to focus on domestic responsibilities and begin having children early.

Across Ethiopia, many adolescent girls and young women face similar challenges. Nearly half of girls marry before age 18, and most begin having children before age 20. In rural areas, limited access to contraception and restricted decision-making power can make it difficult for young women to plan their futures or space pregnancies safely. In fact, the unmet need for contraception is nearly three times higher in rural areas than it is in urban areas of Ethiopia. Many begin childbearing soon after marriage, facing heightened health risks, including complications during pregnancy and childbirth such as obstetric fistula, eclampsia, maternal mortality, and poor newborn health outcomes.

To address these challenges, PSI's A360 program partnered with Ethiopia's Federal Ministry of Health to implement the Roadmap to Integrating Smart Start in Ethiopia (RISE) program across all regions in Ethiopia. Funded by the Gates Foundation, the program links financial planning with sexual and reproductive health counseling to support young couples planning their families to align with their economic goals.

To date, over 120,000 adolescent girls and young women adopted modern contraceptive methods through the Smart Start model. Moreover, they have strengthened skills in household decision-making, financial planning, and communication.

At its core, Smart Start reframes family planning conversations around financial planning and aspiration-setting. Rather than approaching contraception as a standalone health issue, Smart Start creates opportunities for couples to discuss their goals together: continuing education, starting businesses, building financial stability, and deciding when they want to have children. Through guided conversations led by trained health extension workers, couples map shared goals and explore how the timing of pregnancy can affect their economic plans and future opportunities. By engaging both partners, the program creates space for joint decision-making, shifting family planning from an individual responsibility to a shared priority.

These conversations can reshape household dynamics and future planning for many young women. For Wube, Smart Start was transformative.

Adolescent couple in a counseling session, Ethiopia.
©Population Services International

> "The training sessions greatly helped me to get where I am now financially. . . Now [my husband] supports me at home."
>
> **WUBE BELETE · SMART START PARTICIPANT, ETHIOPIA**

When she first tried to participate in the Smart Start program, she faced resistance at home. “She didn't want me to join,” Wube recalls of her mother-in-law. “She said there would be nobody to handle the household chores.” Still, Wube persisted and joined, drawn by the opportunity to learn about financial planning and building a different future.

As she began saving and exploring income-generating activities, her confidence grew. “The training sessions greatly helped me to get where I am now financially,” she says.

With these new insights, Wube initiated conversations with her husband about their future. “We need to move out of your parents' house if our lives are ever going to change.”

Together, they decided to move out and build a more independent future. Wube started a small vegetable business, using savings and small loans to grow her income. As financial pressures eased and communication improved, household dynamics also began to shift. “My husband encourages me to save,” she explained. “Now he supports me at home.” With greater financial security and stronger communication between partners, Wube is now able to play a leading role in decisions about when to have another child, aligning her reproductive choices with the future she wants to build.

Smart Start is helping shift how couples approach decision-making, communication, and future planning. Wube's story reflects the power of centering couples' lived realities, economic aspirations, relationship dynamics, and social pressures in health programming.

By connecting reproductive health to the economic realities and aspirations of young families, the program demonstrates that meaningful and sustained change happens when women and couples are supported to plan their futures on their own terms.

Wube's story reflects broader changes happening through the Smart Start program in Ethiopia. In 2025 alone:

121K
girls & young women aged 15–24 adopted contraceptive methods

365K
received counseling through Smart Start pathways

47K
attended a first antenatal care visit; 125K attended postnatal care

38K
benefited from skilled delivery; 77% adopted postpartum family planning

Carb counting session at the Type 1 Diabetes Camp, Cambodia. ©Population Services International

PEOPLE & COMMUNITIES

A DIFFERENT FUTURE FOR CHILDREN WITH DIABETES

Bringing Type 1 diabetes care, education, and community closer to families in Cambodia.

When Soyun's infant daughter was diagnosed with type 1 diabetes, managing the condition consumed every moment of daily life.

"Since she was one year old, we did everything for her," Soyun recalled. "We managed her meals and playtime, made sure she slept enough, checked her blood sugar, and gave her insulin."

But beyond the daily routines, Soyun worried about her daughter's future, whether she would be able to grow up healthy, independent, and confident while living with a chronic condition.

In Cambodia, families living with type 1 diabetes often face significant challenges accessing care. Specialized diabetes services are mostly concentrated in Phnom Penh or private clinics, forcing many families to travel long distances for treatment and shoulder high out-of-pocket costs. Limited awareness of type 1 diabetes can also delay diagnosis and make long-term management more difficult for children and caregivers.

Type 1 diabetes is a lifelong condition in which the body cannot produce insulin. Managing it safely requires regular blood sugar monitoring, ongoing care from a health provider, and access to foods that support a stable life with the disease. Without this regular treatment and monitoring, the disease can lead to serious complications and early death. Yet for many children in low- and middle-income countries, that level of care remains out of reach. To help close these gaps, Novo Nordisk expanded its Changing Diabetes® in Children (CDiC) program to Cambodia in partnership with PSI Cambodia and the Ministry of Health. Since 2023, the program has worked with 14 hospitals across 11 provinces to strengthen access to care for children and young people living with type 1 diabetes.

The initiative brings care closer to families. Through CDiC, diabetes clinics at referral and provincial hospitals across Cambodia were refurbished to create more welcoming treatment spaces and improve access to essential supplies, including insulin, syringes, glucometers, and test strips. More than 1,000 children and youth up to age 25 now receive free life-saving diabetes medicine and supplies through partner hospitals.

At the same time, PSI Cambodia and the Ministry of Health have strengthened the capacity of healthcare workers to provide quality diabetes care. Doctors and nurses from all partner hospitals received skills reinforcement training on pediatric diabetes diagnosis, treatment, emergency management, and patient support, helping improve both clinical care and patient engagement.

Improved access to supplies and quality clinical care was a start. But diabetes is a disease managed at home, and families also need support beyond the clinic walls.

Ms. Soyun sharing her experience at the Type 1 Diabetes Camp, Cambodia. ©Population Services International

> "At the [annual Type 1 Diabetes] camp, [my daughter] heard other people's experiences, and it inspired positive changes."
>
> **SOYUN · MOTHER OF A YOUNG PERSON LIVING WITH TYPE 1 DIABETES**

Over time, Soyun gradually taught her daughter how to administer insulin independently. By age seven, her daughter had started managing parts of her care herself. Still, Soyun knew that medical treatment alone was not enough.

“As a caregiver, knowing how to give insulin is only part of it,” she explained. “We also needed to understand nutrition and recognize warning signs when blood sugar becomes too high or too low.”

To strengthen families' confidence in managing diabetes at home, PSI Cambodia supports patient education sessions led by trained doctors and nurses. Through these sessions, children and caregivers learn practical skills for daily diabetes management, healthy living, and recognizing emergency warning signs. In 2025 alone, the sessions reached more than 2,300 children, youth, and caregivers.

Community awareness activities are also helping families feel less isolated. Across 10 provinces, trained nurses lead awareness sessions focused on recognizing diabetes symptoms, understanding low (hypoglycemia) and high (hyperglycemia) blood sugar, and encouraging early screening.

One of the program's most meaningful activities is the annual Type 1 Diabetes Camp, which brings together children, young people, and families living with type 1 diabetes from across Cambodia. For many participants, the camp is the first time they meet others navigating the same condition.

The camp combines practical education with peer support, helping participants build skills related to nutrition, healthy living, and daily diabetes management while creating a supportive environment where children and families can learn from one another.

For Soyun's daughter, now 18 years old, the experience was transformative.

“Sometimes when parents repeat the same advice, kids get tired of hearing it,” Soyun said. “But at the camp, she heard other people's experiences, and it inspired positive changes.”

Hearing from adults living healthy, successful lives with type 1 diabetes gave many young participants greater confidence about their own futures, including the possibility of continuing school, pursuing careers, and building families of their own.

Cambodia's efforts to strengthen type 1 diabetes care demonstrate how expanding access to treatment, education, and peer support can improve quality of life for children and families living with chronic disease. Together with government and hospital partners, PSI Cambodia continues working toward a future where all children living with type 1 diabetes can access the care and support they need to live healthy, fulfilling lives.

2,300+
people reached through education in 2025

1,000+
children on free care

14
hospitals reached across 11 provinces

MARKETS

CONTRACEPTION ON HER OWN TERMS

Scaling self-injectable contraception across nine countries, so women can choose care that fits their lives.

Maria at home with her daughters, Mozambique. ©Population Services International

Every woman deserves the ability to make informed decisions about her reproductive health and the contraceptive options that meet her needs. In sub-Saharan Africa and South Asia, injectable contraception is the most popular form of contraception, valued for its effectiveness and discretion. But for many women, it has come with a cost: organizing life around a clinic visit every three months.

The appointments can require hours of travel, transportation costs, and time away from work or caregiving responsibilities. For women living far from health facilities, or balancing busy schedules, staying consistent with contraception is not always easy.

Maria, a teacher and mother of three in Mozambique, knows that challenge well. That's why she opted for self-inject contraception. "I decided to choose this method because it's convenient and safe," she said. "Since I started using self-injection, I have more freedom to take care of myself, my family, and my work."

Self-injectable contraception is transformative for many women. Unlike traditional injectable contraceptives administered by providers at clinics, the self-injectable form of the contraceptive DMPA-SC allows women to administer the injection themselves at home. After receiving training from a health provider, women can take home multiple doses, allowing up to a full year of contraceptive protection from a single clinic visit. For many users, the method is also less intimidating and less painful than traditional intramuscular injections because it uses a smaller needle and lower hormone dose.

PSI's Delivering Innovation in Self-Care (DISC) project has worked with governments, providers, communities, and health systems to expand access to self-injection across nine countries in sub-Saharan Africa and South Asia. Funded by the Gates Foundation and other donors, DISC supports countries in building sustainable markets for self-injectable contraception, helping ensure that women can reliably access the method as part of routine family planning services.

Making self-injection available to all every woman that needs it goes far beyond just introducing the product. Misconceptions, provider hesitancy, limited awareness, commodity shortages, and inconsistent health system reporting systems prevent many women from accessing self-inject.

Self-injectable form of the contraceptive DMPA-SC, Mozambique. ©Population Services International

> "Since I started using self-injection, I have more freedom to take care of myself, my family, and my work."
>
> **MARIA · DMPA-SC USER, MOZAMBIQUE**

The DISC project combines community engagement, provider mentorship, and health system strengthening to make self-injection easier to access and use.

Through media campaigns and local outreach, DISC helps women learn about self-injection and dispel myths surrounding contraceptive use to increase demand. The project also facilitates empathy-based training and mentorship for healthcare providers designed to build confidence in teaching women how to self-inject safely and independently.

DISC also works behind the scenes to strengthen supply chains and improve data systems so facilities are more likely to have products available when women need them.

Together, these efforts are helping normalize self-injection as a mainstream family planning option and give women contraception choices that support their lives and futures.

Since 2020, DISC has supported nearly 8,500 health facilities and delivered more than 4 million self-injection visits, each one capable of deliver a year's worth of SI contraception to the user, across DRC, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Pakistan, Uganda, and Zambia. This demonstrates both large-scale demand and growing health system capacity to support women's contraceptive choice.

Importantly, the model has become increasingly cost-efficient over time as countries scale implementation and integrate self-injection into existing health systems.

For women like Maria, however, the impact is measured less in numbers than in the choices she gets to make for herself and her family's future.

"I only go to the hospital once a year," she explained. "Now I have more time for my family, my friends, and my work. It's a method that's worth it."

DISC's experience demonstrates how market shaping can do more than expand access to a product, it can expand women's ability to make contraceptive decisions on their own terms. By strengthening systems while centering women's needs and preferences, self-injection is becoming not just an innovation, but a sustainable and empowering option for millions of women.

Maria, a DMPA-SC user in Mozambique, at home with her daughters. ©Population Services International

> "I only go to the hospital once a year. Now I have more time for my family, my friends, and my work. [DMPA-SC] It's a method that's worth it."
>
> **MARIA · DMPA-SC USER, MOZAMBIQUE**

4M+
self-injection visits since 2020

8,500
health facilities supported

9
countries across Africa & South Asia

Participants work in small groups during the IRPB co-design workshop in Grand Popo, Benin. Using ACTwatch Lite findings to develop context-adapted models for introducing malaria rapid diagnostic testing in private pharmacies. ©ACTwatch Lite

MARKETS

STRENGTHENING MALARIA MARKETS THROUGH DATA

Turning private sector data into better decisions for malaria diagnosis and treatment.

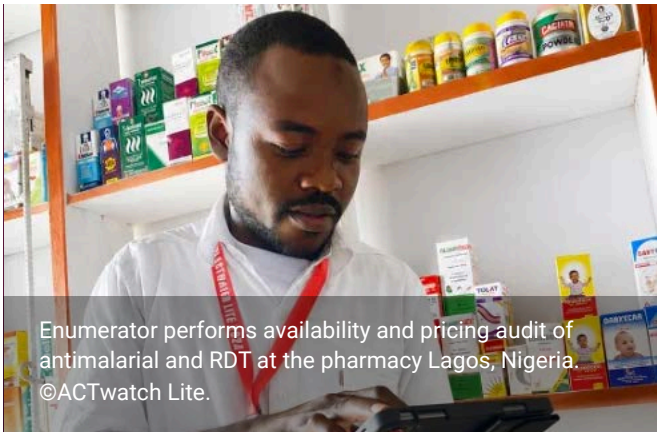
When a child develops a fever in many malaria-endemic countries, families often turn first to nearby pharmacies or drug shops for care. Private providers are frequently the fastest and most convenient option, especially for families living far from health facilities. Across Africa, from Nigeria to Benin to Cameroon, nearly half of caregivers turn to the private sector for treatment when their children have fevers.

Despite the private sector's central role in malaria care, what happens in these markets is often largely invisible to governments and national surveillance systems. Without reliable information on which medicines are available, whether patients are being tested, or how providers are treating malaria, policymakers face major blind spots. Those gaps can contribute to poor-quality care, inappropriate treatment, and the spread of drug resistance.

PSI is working to change that, ensuring that families can trust their corner pharmacy to deliver convenient, high-quality malaria care.

Funded by the Gates Foundation, PSI's ACTwatch Lite project provides a rapid and streamlined approach to measuring private malaria markets. The project generates timely data on the availability, pricing, and use of malaria diagnostics and treatments, while also tracking provider practices and alignment with national guidelines.

The next step is to partner with governments to act on this data.



Enumerator performs availability and pricing audit of antimalarial and RDT at the pharmacy Lagos, Nigeria. ©ACTwatch Lite.

Working closely with Ministries of Health and national malaria programs, ACTwatch Lite helps ensure findings are translated into policy decisions, regulatory action, and market interventions that improve quality of care. Since 2023, ACTwatch Lite has worked with nearly 5,000 private sector outlets in Benin, Cameroon, and Nigeria.

Here are the challenges we found:

People are being treated for malaria before being tested. Many symptoms of malaria, like fever and chills, are common in many different illnesses, and medicine is often more readily available than tests. This can lead to unnecessary treatment, which accelerates the threat of drug resistance. Moreover, the real illness is never properly treated. This leads to increased risk of unnecessary treatment and accelerates the threat of drug resistance.

There are critical gaps in reporting and surveillance integration. In Nigeria, fewer than 12 percent of private outlets completed the full “test, treat, and report” cascade, meaning that many cases remain invisible to national health systems.

Treatment diversity is limited. Many outlets stocked recommended malaria treatments called artemisinin-based combination therapies (ACTs), but they only had one type. Treatment diversity helps slow a parasite's resistance to malaria drugs. Without it, malaria can become harder to treat and more dangerous.

> Stronger markets start with better visibility. When markets work, people receive the right diagnosis and treatment at the right time.

But these findings weren't meant to stay on paper. They were meant to inform action.

In Benin, ACTwatch Lite findings showed that private pharmacies were a major source of malaria treatment but rarely offered malaria testing. This evidence directly informed the introduction of rapid diagnostic tests into pharmacies and better alignment of private sector practice with national test-and-treat guidelines.

In Cameroon, we identified the continued presence of a particular malaria treatment that had been banned due to their risk of accelerating malaria drug resistance. After these findings were shared with national authorities, regulators took action to remove these medicines from the market.

In Nigeria, we partnered with the government to plan for the future of malaria prevention and care, ACTwatch Lite data informed strategic planning by the National Malaria Elimination Programme and helped guide global health investment priorities, ensuring a more effective use of limited resources where they are needed most.

When national malaria program staff across all three countries were asked about the benefits of ACTwatch Lite, they pointed to three things: it reinforces the malaria interventions being tested, surfaces key trends in elimination and control, and helps countries build more informed national strategic plans.

What PSI built in Benin, Cameroon, and Nigeria has grown into a global resource. Using learnings from ACTwatch Lite, we developed a publicly available toolkit, vetted by a WHO-convened expert panel, that any country or organization can adapt to map and monitor their own malaria markets.

Local pharmacies play a vital role in the healthcare system. By generating rapid, decision-ready evidence and using it to drive action, PSI is helping governments and partners shape more effective, responsive, and accountable malaria markets. Ultimately, that means more people receive the right test, the right treatment, and the right care, bringing countries closer to eliminating malaria.

National stakeholders gather for the ACTwatch Lite Nigeria dissemination meeting to review private sector malaria market findings and inform policy and program decisions. ©ACTwatch Lite

~5,000
private outlets studied since 2023

3
countries: Benin, Cameroon, Nigeria

1
global toolkit, WHO-vetted

HEALTH SYSTEMS

FROM UNSAFE WATER TO SAFER COMMUNITIES

The power of in-line chlorination: a smarter, more cost-effective way to ensure clean water access.

A community health worker demonstrates safe water use, Puntland, Somalia. ©Population Services International

In Garowe and Burtinle, Somalia, many families had long relied on untreated borehole water for drinking, cooking, and washing. Life threatening outbreaks of diarrheal disease were common, especially among children, and cholera remained a recurring threat.

With support from GiveWell, PSI-SOM is installing 30 in-line chlorination devices across priority boreholes in two districts, reaching an estimated 260,000 people with safe water.

Before in-line chlorination, the responsibility of safe water fell on individual households, who were encouraged to buy their own chlorine products. Communities rarely adopted household chlorine products at scale, and households that did rarely used the products consistently.

In-line chlorination removes that barrier entirely, treating water at the source so that full communities have access to clean water in a cost-effective, scalable, and sustainable way.

But when PSI-SOM introduced in-line chlorination systems to local water points, some community members were initially unsure about the taste and safety of chlorinated water.

An in-line chlorination device at a community borehole, Puntland, Somalia. ©Population Services International

A PSI-SOM team member measures free residual chlorine (FRC) at a community water point ©Population Services International

That's where health workers became essential. PSI-SOM had previously trained a network of female health workers to strengthen the health system and improve community access to care, and when the new water system arrived, that network became a critical bridge.

Already trusted as reliable health resources in their communities, PSI-SOM supported the female health workers to go door to door explaining how chlorination works, addressing misconceptions, and helping families understand why treating water at the source could prevent disease.

> "The PSI pilot helped address existing gaps through water chlorination and hygiene promotion activities."
>
> **MOHAMUD MOHAMED AW-ADAN · DISTRICT HEALTH COORDINATOR, BURTINLE, SOMALIA**

Over time, attitudes began to shift. Families who had once hesitated to drink chlorinated water started accepting it as part of daily life. Health workers also noticed fewer complaints of diarrheal illness during household visits.

The numbers tell the same story. Compared to the six months before in-line chlorination systems were installed, rates of water-related diseases dropped by more than 66 percent.

Mohamud Mohamed Aw-Adan, the District Health Coordinator in Burtinle, put it plainly: “One of the major contributing factors to diarrheal diseases was the consumption of unchlorinated water, combined with limited hygiene awareness. The PSI pilot project helped address these existing gaps through water chlorination and hygiene promotion activities.”

For many residents, the change was practical as much as medical. Previously, households were expected to treat water themselves using chlorine products, a practice that was difficult to sustain consistently. Now, water arrives already treated at the source, removing one more burden from families already facing displacement, financial strain, and limited access to healthcare.

Access to safe drinking water for all is possible. But reaching people with clean water takes more than installing the right technology. PSI-SOM's in-line chlorination project shows what becomes possible when we partner with community health workers, government partners, and local organizations to listen to the communities they serve. When health solutions are designed around people's lives and not just their health risks, the results speak for themselves.

PSI-SOM and health workers speaking with a classroom about safe water practices ©Population Services International

260K
people reached with safe water

66%
drop in water-related disease

30
boreholes with in-line chlorination

Incident management team meeting, Lao People's Democratic Republic. ©Population Services International

HEALTH SYSTEMS

FASTER DATA, FASTER RESPONSE

How the Lao People's Democratic Republic strengthened outbreak detection and malaria response by uniting its disease surveillance systems.

In August 2025, health officials in Xepon District noticed something unusual: malaria cases were rising faster than expected. Within 48 hours, provincial response teams had convened an emergency meeting, launched a field investigation to pinpoint the disease outbreak, and mobilized treatment supplies directly to affected villages.

Just a year earlier, that level of coordination would have been nearly impossible.

For years, the Lao People's Democratic Republic (Lao PDR) relied on separate disease surveillance systems for malaria and other communicable diseases. Because the systems operated independently, health workers often faced delays in reporting, incomplete data entry, and limited coordination during outbreaks. Response teams lacked a unified view of emerging health threats, slowing decision-making at critical moments, and putting people's lives at risk.

To address these gaps, PSI Laos and the Ministry of Health, with support from the Gates Foundation, worked together to strengthen the country's public health emergency systems. The partnership introduced an integrated Public Health Emergency Operations Center (PHEOC) dashboard that combined malaria surveillance with broader communicable disease monitoring. We also expanded routine Incident Management Team meetings nationwide to improve coordination between national, provincial, and district health offices.

Almost immediately, outbreak information started moving faster and more reliably through the health system.

By 2025, health officials could monitor malaria trends, medical supply availability, and communicable disease alerts through a single platform. Provincial and district response teams were also operating with clearer protocols, stronger coordination mechanisms, and regular data review processes.

Incident management team meeting, Lao People's Democratic Republic. ©Population Services International

> "We can respond more rapidly to outbreaks and ensure that support reaches affected areas promptly."
>
> **DR. KORLAKHAN · HEAD, COMMUNICABLE DISEASE CONTROL UNIT, SAVANAKHET PROVINCE**

When malaria cases surged in Xepon, a coordinated detection and response system made the difference.

Using the integrated dashboard, response teams rapidly identified an unusual increase in *Plasmodium vivax* cases (the predominant malaria strand in the region) and activated containment procedures. Field teams distributed rapid diagnostic tests, delivered malaria treatment to high-risk communities, and provided mosquito nets and repellents to reduce further transmission.

Compared to previous outbreak responses, teams responded approximately three days faster, a margin that can mean the difference between containing an outbreak or putting more lives at risk. All reported malaria cases were identified and managed according to outbreak containment protocols.

"We can respond more rapidly to outbreaks and ensure that support reaches affected areas promptly," said Dr. Korlakhan, Head of the Communicable Disease Control Unit in the Savanakhet Province, "The effective response to the malaria outbreak in Xepon District demonstrated the value of improving preparedness and emergency response."

Equally important, health workers reported greater confidence in using emergency operations systems and applying lessons learned through post-outbreak review sessions. The strengthened coordination between surveillance teams, logisticians, and district health offices demonstrated how integrated systems can translate data into action.

Lao PDR's experience highlights the value of unified disease surveillance and coordinated emergency response systems in strengthening national preparedness. By investing in both technology and frontline capacity, PSI Laos and the Ministry of Health are helping build a more adaptive and resilient public health system, one prepared to respond to future health threats quickly and effectively.

100%
of cases managed to protocol

~3
days faster outbreak response

1
integrated national dashboard

Zimbabwe's Health and Child Care Minister Douglas Mombeshora launching the Lenacapavir roll-out programme. ©Population Services International

PROGRAM SPOTLIGHT

A NEW ERA IN HIV PREVENTION

Every other story in this report shows one part of how we work. This one shows all three at once, because bringing twice-yearly PrEP to nine early-adopter countries in Africa took people & communities, markets, and health systems moving together.

PEOPLE & COMMUNITIES

MARKETS

HEALTH SYSTEMS

A NEW ERA IN HIV PREVENTION

The fight against HIV has reached a pivotal moment. Scientific breakthroughs are creating new opportunities to prevent infection, but innovation alone is not enough. To change lives, these advances must be translated into prevention options that people can access, trust, and use in ways that fit their everyday realities.

For years, oral pre-exposure prophylaxis (PrEP) has been a powerful tool for preventing HIV. But daily oral PrEP comes with a condition: it only works when taken consistently. For many people, that is harder than it sounds. Busy lives, stigma, and limited access to care act as barriers to adherence and leave people unprotected.

Fortunately, there's a new PrEP on the market that offers a transformative possibility and we're working alongside our partners to get it to the people that need it most.

Lenacapavir (LEN) is an injectable form of PrEP that only needs to be taken twice a year. Administered every six months, LEN has the potential to transform HIV prevention by expanding choice, increasing privacy, and reducing the burden of daily pills.

For one young woman in Eswatini, the country with the highest rate of HIV and also the first country to introduce LEN PrEP on the African continent, this option is not just a new product, it is protection that fits her life: “The reason why I opted for the injection is because I don't usually have time to take the pill…With LEN PrEP, I carry my protection with me all the time and it protects me for a long time without worrying.”

Her story reflects a larger shift already underway. She is one of more than 51,000 people who chose LEN since December 1, 2025, through the support of PSI and our partners, gaining access to a prevention option that aligns with their needs and preferences.

We are working with governments across nine early adopter countries in Africa to translate this promising innovation into a practical prevention choice and lasting impact. Together, we are working to ensure that LEN moves beyond the promise of scientific innovation and becomes a practical, accessible prevention choice for the communities that need it most.

By building community demand and expanding access, by strengthening markets, and preparing health systems, we are helping create a future where more people have the power to protect themselves from HIV.

51K+
people have chosen LEN since December 2025

9
early adopter countries in Africa

2
doses a year: one injection every six months

PEOPLE & COMMUNITIES

TURNING PROMISE INTO CHOICE

Lenacapavir launch in Mozambique, 2026. ©Population Services International

3,200

People initiated LEN across 30 locations in Eswatini in just **four months**.

Strong health systems and reliable supply chains are essential, but new HIV prevention options can only make an impact if people know about them, trust them, and can access the information they need to make informed decisions. For many, awareness of HIV prevention options remains limited, and navigating those choices can be challenging.

That is why PSI is investing in new ways to connect people with trusted, personalized support. Building on digital health-coaching tools introduced in South Africa and Zimbabwe, we are developing AI-enabled platforms that provide confidential guidance on HIV prevention, help people understand their options, assess their needs, and connect them to services and ongoing support.

In Mozambique, we are partnering with the Ministry of Health to introduce an AI-enabled PrEP Coach designed to accompany people in their health journey with accurate information, answers to questions, and helpful reminders.

By combining digital tools with trusted community networks and healthcare providers, we are creating a more responsive, accessible prevention experience, one that delivers the information, confidence, and support people need to take charge of their health.

> "With LEN PrEP, I carry my protection with me all the time, and it protects me for a long time without worrying."
>
> **A YOUNG WOMAN · ESWATINI, THE FIRST AFRICAN COUNTRY TO INTRODUCE LEN**

MARKETS

BUILDING THE PATHWAY FROM INNOVATION TO ACCESS

Health workers prepare LEN supplies for delivery. ©Population Services International

$40

Projected annual cost of LEN in 2027, an **80% decrease** compared to oral PrEP.

Making a new HIV prevention option available is only the first step, and innovation alone does not change health outcomes. The true measure of success is whether new prevention tools reach the people who need them most. By shaping markets and strengthening access, we can help turn scientific progress into lives protected and futures changed.

Together with our partners, we are helping governments lay the groundwork for successfully introducing LEN so it reaches the people who need it most. This means working side by side with national leaders to navigate approval processes, understand and plan for future demand, and ensure enough supplies are available.

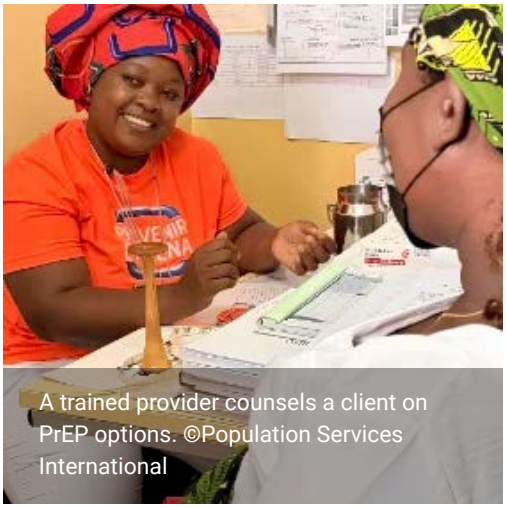
We also help countries plan how these interventions can be delivered through the places families already turn to for care, from public health facilities and community health workers to private clinics and pharmacies.

This work is especially critical now. Global supply is still limited, demand is evolving, and governments face consequential decisions about how to allocate LEN. We are helping countries build national introduction plans that align global guidance and product availability with local HIV prevention priorities, financing realities, and service-delivery capacity.

We are also building toward what comes next. When more affordable generic versions of LEN become available starting in 2027, bringing the annual cost down to around $40, the countries we work with today will be positioned to scale access sustainably and reach communities with a more affordable method for HIV prevention.

HEALTH SYSTEMS

EXPANDING CLIENT-CENTERED SERVICE DELIVERY



A trained provider counsels a client on PrEP options. ©Population Services International

10K+

Health providers trained to deliver LEN safely across nine countries.

A breakthrough prevention option only delivers impact when health systems are ready to provide it, safely, consistently, and at scale. Across all nine early-adopter countries, PSI is working alongside Ministries of Health to make that happen: updating national guidelines, training providers, preparing facilities, and putting monitoring systems in place to ensure LEN reaches people reliably and safely. The goal is to move from global guidance to ground-level delivery by embedding LEN into the routine health systems people already use and trust.

Between hospitals, clinics, community health workers, and beyond, no matter how people access their health system, they should be able to access LEN. By expanding differentiated service delivery, LEN can be offered in ways that are more convenient, private, and responsive to people's lives.

Starting in Zimbabwe, we are working to expand access to LEN in pharmacies. Pharmacies are often more geographically accessible, open longer hours, and perceived as more private, less congested, and less stigmatizing than public facilities, one of the best health touchpoints for people unable or unwilling to seek HIV prevention through traditional facilities. Through pharmacy-based PrEP delivery, we can reduce barriers to LEN initiation and make prevention more sustainable.

We are also helping providers prepare for the next generation of HIV prevention. Through training and ongoing support, they are building the skills and confidence to guide clients through their options, deliver high-quality care, and create welcoming, respectful environments for people who may have previously avoided services because of stigma or concerns about privacy. To date, more than 10,000 health providers have been trained, helping ensure that when new prevention tools become available, communities can access them from trusted and well-prepared providers.

Equally important are strong monitoring and safety systems. As countries introduce LEN, PSI is strengthening monitoring and pharmacovigilance systems to follow uptake, safety, stock, and outcomes across delivery channels, turning early implementation into actionable learning that can shape policy and drive scale-up.

LOOKING AHEAD

FROM BREAKTHROUGH TO EVERYDAY CHOICE

Eswatini is a powerful example of what is possible when market shaping, health system strengthening, and community engagement are intentional. As one of the first countries to launch LEN in 2025, Eswatini rapidly moved from introduction to delivery, supporting more than 3,200 people to initiate LEN across 30 locations in only four months.

That momentum is being replicated across nine countries, where governments, communities, and partners are working together to expand access to this new prevention option.

As of July 2026, over 51,000 have chosen LEN across 887 health locations. All nine countries supported by PSI have secured regulatory approvals or waivers and all have updated national PrEP policies and guidelines to integrate the new intervention, an extraordinary achievement accomplished within just six months.

None of this happened in isolation. It took governments willing to move with urgency, technical partners with valuable expertise and support, funders invested in a bold vision, and health providers and community leaders that were ready to adapt. Together, they have laid the foundation for scale: over 1,038,902 forecasted LEN doses in 2026 from Global Fund and GHSD across 9 early adopter countries in 2026 alone.

But the most important measure of success is not the number of approvals secured, policies updated, or doses forecast. It is the growing number of people who now have access to an HIV prevention option that fits their lives.

This is what it takes to turn a breakthrough product into a practical, accessible choice. Through market shaping, health system strengthening, and community engagement, we can do more than put a new product on a shelf, we can support a generation of people with a prevention tool that works for their lives.

1M+
LEN doses forecast for 2026 across nine early adopter countries

3,200+
people initiated LEN in Eswatini across 30 locations in 4 months

887
health locations offering LEN as of July 2026

BY THE NUMBERS

FINANCIAL SUMMARY

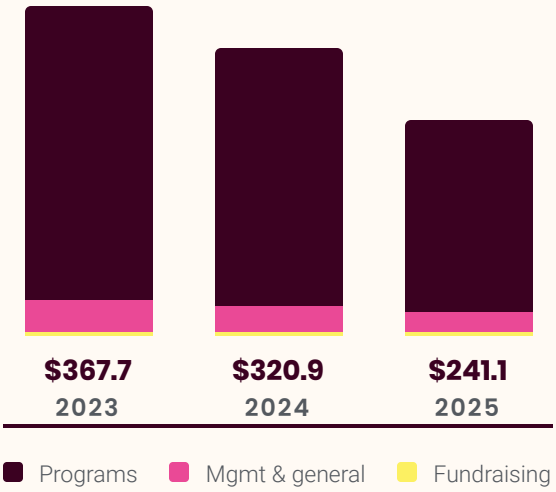
$249.0M

TOTAL REVENUE, 2025
Total expenses: $241.1M

REVENUE BY SOURCE

Foundations, corporations & other	**$98,468,516**	**39.5%**
International organizations	**$67,564,806**	**27.1%**
U.S. government	**$51,297,917**	**20.6%**
Non-U.S. governments	**$21,074,999**	**8.5%**
Individual contributions	**$10,639,508**	**4.3%**
Total Revenue	**$249,045,746**	**100%**

TOTAL EXPENSES BY YEAR (USD millions)



In 2025, programs accounted for $217.2M of expenses, the overwhelming majority directed to health impact worldwide.

> Every dollar entrusted to PSI is an investment in the health, dignity, and self-determination of the people we serve, and we steward it to reach as many of them as possible.
>
> MICHAEL HOLSCHER · PRESIDENT, POPULATION SERVICES INTERNATIONAL

OUR SUPPORTERS

THANK YOU FOR BUILDING THIS FUTURE WITH US

None of this progress happens in isolation. We are deeply grateful to the individuals, foundations, governments, and partners whose trust and investment make long-term progress possible.

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Sida
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Unitaid
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World Bank
World Health Organization

PRIVATE SECTOR

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Gilead
Google.org
Lixil
Merck & Co., Inc. (MSD)
Takeda
Xylem

> “To every one of our partners and every PSI colleague around the world: thank you. Your leadership, trust, courage, and commitment are what make this work possible.
>
> **MICHAEL HOLSCHER · PRESIDENT, POPULATION SERVICES INTERNATIONAL**

Built together, built to last.

CHAMPIONING CHOICE.

IMPROVING HEALTH.

TRANSFORMING LIVES.

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Cover photos, clockwise from top middle: family in Ethiopia; mother in Ethiopia; health worker in Mozambique showing a lenacapavir box; adolescent couple in a counseling session, Ethiopia; girl getting the HPV vaccine in Ethiopia; Ms. Soyun sharing her experience at the Type 1 Diabetes Camp, Cambodia.

ANNUAL REPORT 2025