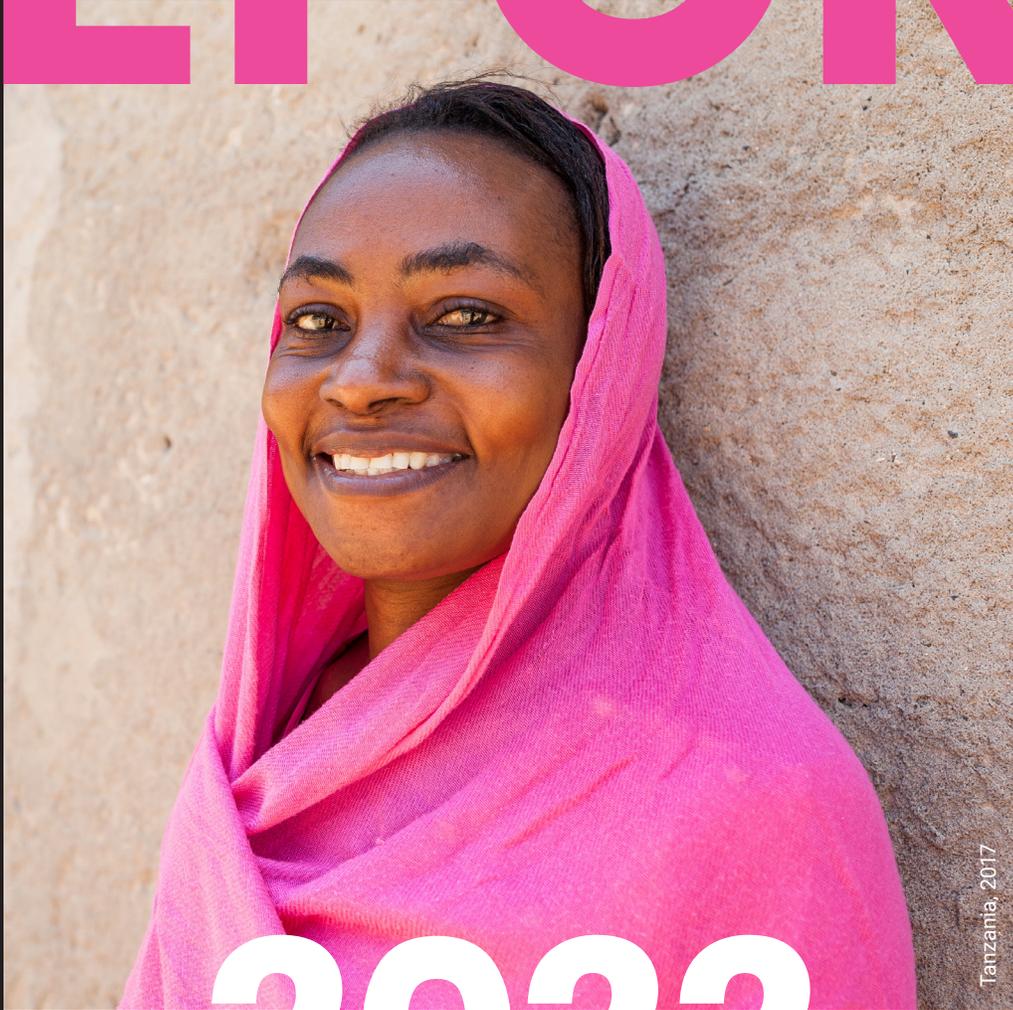




ANNUAL REPORT

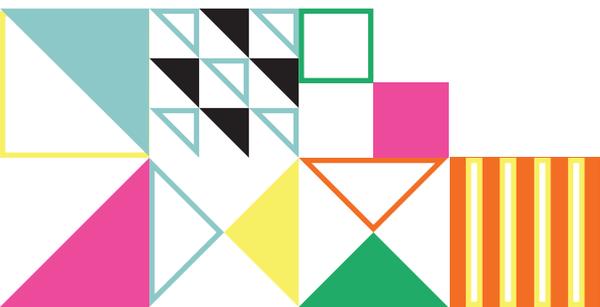


Tanzania, 2017

2022

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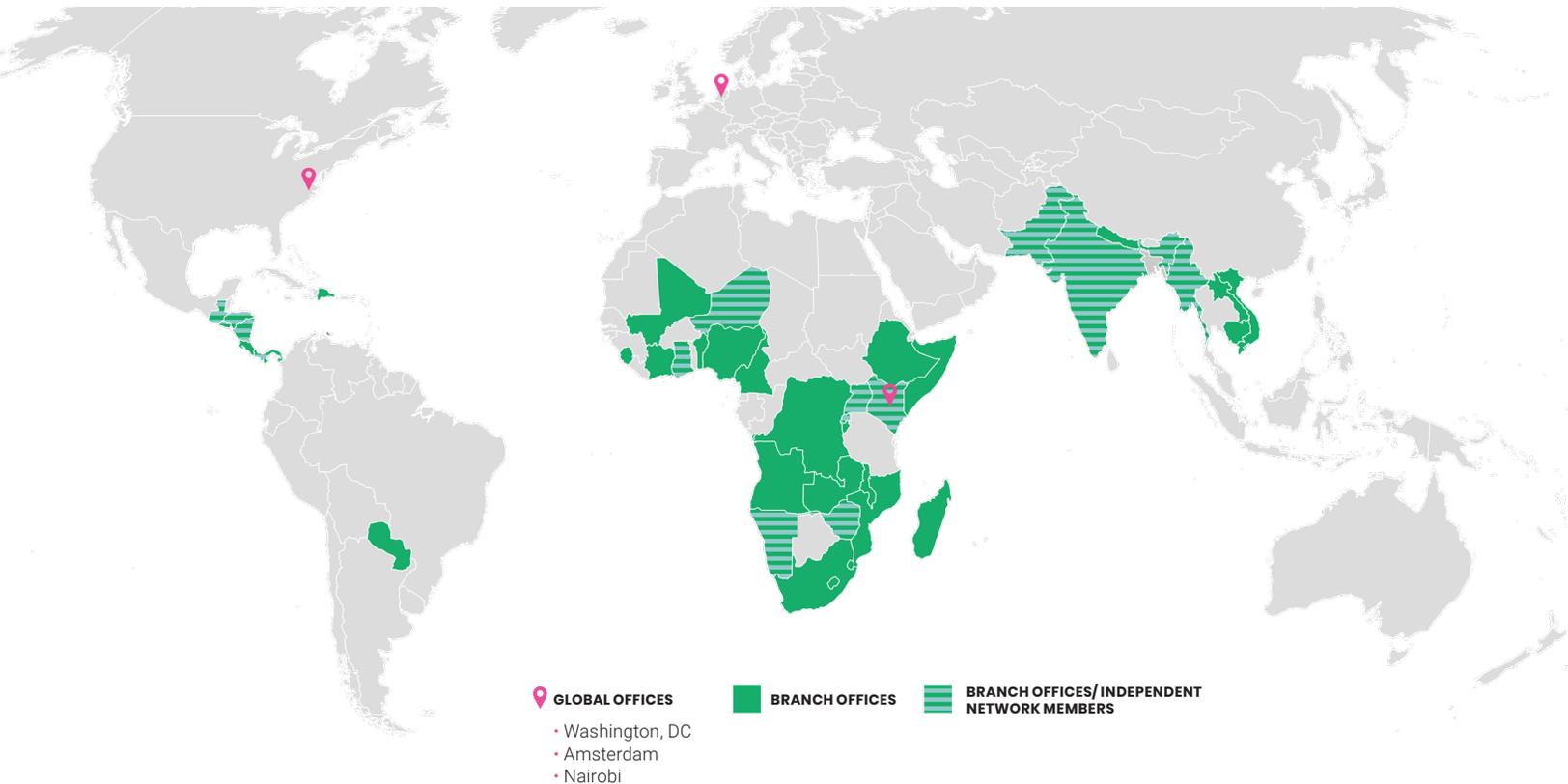
ABOUT PSI

Across our 40+ countries, we're adapting our footing to better respond to what our host governments, our health consumers and our donors want and expect from us: deep local roots; global expertise; power and decisions located as close as possible to their impact,

and always mindful of global standards, learning and shared experiences.

Locally rooted, globally connected is the cornerstone of how we're evolving into the Modern Global Enterprise of the future.

WE'RE LOCALLY ROOTED AND GLOBALLY CONNECTED



PSI is committed to building local capacity. You can see across the countries we work in that this approach creates and implements projects that actually last.

– Fifi Ogbondeminu,
A360 Project Director, PSI



LETTER FROM THE CEO

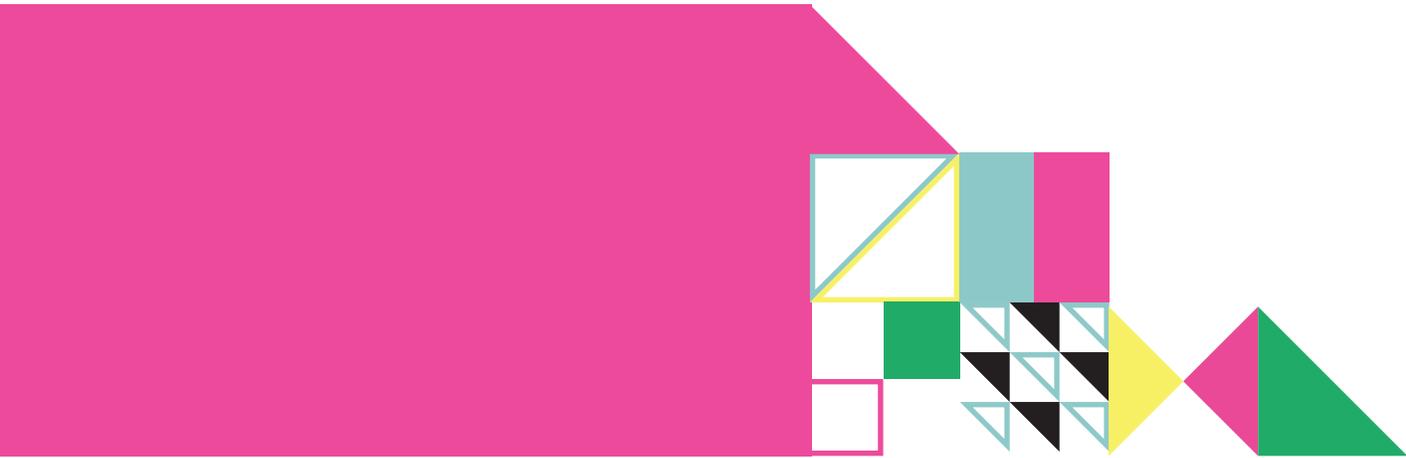
Strong health systems matter deeply to our individual abilities to survive and thrive amidst evolving health challenges.

But these health systems are complex. And no matter what the health challenge of the day, one thing is clear: we need to make it easier for consumers to choose quality and affordable care.

Consumers need and expect a health system that works for them, for their communities, and for the health workforce. And policy environments need to favor this sort of consumer-powered health system.

Alongside governments, funders and partners, PSI works to make that evolution easier. We've:

- Championed the essential role of self-care so consumers can exercise greater autonomy and control over their health
- Engaged with and listened to communities to better understand their needs, preferences, and behavior
- Taken a digital-forward approach to streamline the provision of and access to quality care, including designing, deploying and integrating digital solutions to strengthen health workforce development
- Employed mechanisms to capture relevant and quality real-time data so that systems can respond better to emerging and ongoing threats such as pandemics and climate related shocks



In 2022, our locally rooted, globally connected network in 40+ countries continued to tackle health challenges around the world and made significant progress:

- Delivering life-saving healthcare from treating malaria to delivering safe abortion services
- Advancing quality-of-care by using the most consumer-friendly digital tools
- Building on our pioneering role in scaling HIV self-testing to grow the market for Hepatitis C and COVID-19 self-testing
- Learning from and partnering with the industry leaders – including Meta, Organon and Microsoft – to integrate existing and emerging telehealth and AI-powered interventions
- Bringing forth multiple new high-performing national health NGOs through spin-offs from PSI's international NGO structure

And yet, we're not satisfied with where we've landed. Health needs remain great – and are only growing. And we're in the business of ensuring no one is left behind in our collective journey toward Universal Health Coverage and achieving the 2030 Sustainable Development Goals.

As we look ahead, we know we must continue to innovate and refine our approach –cultivating new and deeper partnerships; integrating solutions that bring better efficiency for consumers and the health workforce; and delivering solutions that lead to greater climate resilience, sustainability, and long-term impact.

PSI welcomes this challenge. We thank you for being partners in this journey.

Karl Hofmann
President
& Chief Executive Officer



Impact Malaria
Cote d'Ivoire, 2019

OUR IMPACT IN 2022



In 2022, PSI focused on three ways to measure our health impact: what we deliver, what we catalyze others to deliver, and what we deliver through a sustainable social business model. We report each of these as consumers reached, based on the number of products and services delivered.

This is PSI's first year reporting catalytic impact and disaggregating our social business. PSI has always been intentional about improving markets and health systems so that they work for people. With more sophisticated markets, more global attention on

improving national health systems, and increasing focus on local ownership, capturing and reporting impact in these new ways is important now and into the future.

We expect that what we catalyze others to deliver will eclipse what we deliver directly in the next few years. We also expect a larger portion of our directly attributable impact to be delivered through our social business model, creating sustained access to sexual wellness products and an expanding product line to meet emerging needs.

35.5 M
CONSUMERS

reached with primary healthcare products and services, including in family planning, malaria, HIV, TB, and sanitation services.

14.6 M
CONSUMERS

reached through accelerated market growth and systems change.

5.8 M
CONSUMERS

reached through our social business model.



©Population Services International
Community women, India, 2010

BUILDING LASTING IMPACT

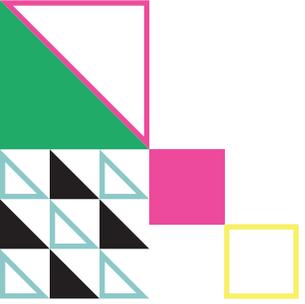


53 years ago, PSI started its work in sexual and reproductive health. Over the years, our scope has expanded to also include malaria, HIV, tuberculosis, water and sanitation. However, while individual health interventions can lead to improvements, their impact may not be sustainable without a supportive health system. That's why, at PSI, we now take a more comprehensive health systems approach that focuses on primary health care to create lasting change and move toward universal health coverage. We do this in many ways from helping governments engage with the private sector, strengthen the health workforce and enhance the capacity to detect and respond to health emergencies, to improving health information systems and using innovative ways to bring care to consumers.



The end goal is simple: we want to make it easier for consumers to access quality and affordable healthcare. And we want to do it in a way that allows them to use their voice, choice, and agency.

- Alex Ergo,
Director, Health Systems



STORIES FROM THE GLOBAL NETWORK



Nurse shows her Kassai certificates after passing the malaria training. / PSI Angola

TRAINING HEALTH WORKERS IN ANGOLA

By Anya Fedorova, Country Representative, PSI Angola

The shortage of skilled health workers is widely acknowledged as a significant barrier to achieving Universal Health Coverage. To address this challenge, PSI supported ministries of health to develop a digital ecosystem that brings together stewardship, learning, and performance management (SLPM). The ecosystem enhances training, data-driven decision-making, and the efficiency of healthcare delivery.

Here's what it looks like in practice.

In July 2020, PSI Angola, alongside the Angolan digital innovation company Appy People, launched Kassai, an eLearning platform that targets public sector health workers in Angola. Through funding from USAID and the President's Malaria Initiative (PMI), Kassai features 16 courses in malaria, family planning, and maternal and child health – with plans to expand learning topic areas through funding from ExxonMobil Foundation

and private sector companies. A partnership with UNITEL, the largest telecommunication provider in Angola, provides all public health providers in Angola free internet access to use Kassai.

Kassai's analytics system to follow learners' success rate and to adjust the course content to learners' performance and needs. Kassai analytics are integrated with DHIS2 – the Health Management Information System (HMIS) of Angolan MOH, to be able to link learners' knowledge and performance with the health outcomes in the health facilities. The analytics track learners' performance by course and gives visibility by health provider, health facility, municipality, and province. Each course has pre-and post-evaluation tests to track progress of learning, too.

By the end of 2022, there were 6,600 unique users on the Kassai platform and 31,000 course enrollments. PSI Angola's partnership with UNITEL, the largest telecommunication provider in Angola, allows for free internet access to learn on the Kassai for all public health providers in Angola. Building on its success for malaria training, Kassai now also provides courses in family planning, COVID-19, and maternal and child health. This reduces training silos and provides cross-cutting benefits beyond a single disease.

Implementing the SLPM digital ecosystem brings numerous benefits to health systems. It allows for more strategic and efficient workforce training and performance management, enabling ministries of health to track changes in health workers' knowledge, quality of care, service utilization, and health outcomes in real time. The ecosystem also supports better stewardship of mixed health systems by facilitating engagement with the private sector, aligning training programs and standards of care, and integrating private sector data into national HMIS. Furthermore, it enables the integration of community health workers into the broader health system, maximizing their impact and contribution to improving health outcomes and strengthening primary healthcare.



ENGAGING THE PRIVATE SECTOR FOR DISEASE SURVEILLANCE IN MYANMAR

By Dr. Zayar Kyaw, Head of Health Security & Innovation, PSI Myanmar

Under a three-year investment from the Indo-Pacific Center for Health Security under Australia's Department for Foreign Affairs and Trade (DFAT), PSI is enhancing disease outbreak surveillance and public health emergency preparedness and response capacities in Myanmar, Cambodia, Laos, and Vietnam. When PSI conducted a review of existing disease surveillance systems in Myanmar, it identified several gaps: although the Ministry of Health had systems in place for HIV, tuberculosis, malaria and other communicable diseases, they were fragmented, with different reporting formats and reliance on paper-based reporting. In addition, private sector case surveillance data were not routinely captured, yet private clinics and pharmacies are the dominant health service delivery channel in the country. This hindered effective disease prevention and control efforts.

Building on our extensive private sector malaria surveillance work under the BMGF-funded GEMS project in the Greater Mekong Subregion, PSI implemented a case-based disease notification system using social media channels to overcome the limitations of paper-based and custom-built mobile reporting tools. These chatbots, accessible through popular social media platforms like Facebook Messenger and Viber, proved to be user-friendly and required minimal training, maintenance, and

troubleshooting. The system was implemented in more than 550 clinics of the Sun Quality Health social franchise network as well as nearly 470 pharmacies. The captured information flows to a DHIS2 database used for real-time monitoring and analysis, enabling rapid detection of potential outbreaks. Local health authorities receive instant automated SMS notifications, enabling them to promptly perform case investigation and outbreak response.

In 2022, private clinics reported 1,440 malaria cases through the social media chatbots, while community mobilizers working with 475 private providers and community-based malaria volunteers reported more than 5,500 cases, leading to the detection of two local malaria outbreaks. Local health authorities were instantly notified, allowing them to take action to contain these surges in malaria transmission. During the same time, pharmacies referred 1,630 presumptive tuberculosis cases for confirmatory testing – a third of which were diagnosed as tuberculosis and enrolled into treatment programs.



SIMPLIFYING CONSUMERS' JOURNEY TO CARE IN VIETNAM

By Hoa Nguyen, Country Director, PSI Vietnam

In late 2022, with funding from the Patrick J. McGovern Foundation, PSI and Babylon partnered to pilot AIOI in Vietnam. By combining Babylon's AI symptom checker with PSI's health provider locator tool, this digital health solution analyzes symptoms, recommends

the appropriate level of care, and points them to health providers in their local area. The main goal is to support people in low-income communities to make informed decisions about their health and efficiently navigate the healthcare system, while reducing the burden on the healthcare workforce. The free 24/7 service saves people time and subsequent loss of income from taking time off work and from having to pay unnecessary out-of-pocket expenses. Under our global partnership with Meta, PSI launched a digital campaign to put this innovative product in the hands of people in Vietnam. By the end of June 2023 (in the nine months since product launch), 210 thousand people accessed the AIOI platform; 2.4 thousand people created personal accounts on the AIOI website, 4.8 thousand triages to Symptom Checker and linked 2.2 thousand people to health facilities.

Babylon's AI symptom checker and PSI's health provider locator tool captures real-time, quality data that supports the health system to plan, monitor and respond to consumer and provider needs. But for this data to be effective and useable, it needs to be available across the health system. Fast Healthcare Interoperability Resources (FHIR) standard provides a common, open standard that enables this data exchange.

PSI's first consumer-facing implementation of FHIR was launched in September 2022 as part of the Babylon Symptom Checker project in Vietnam, enabling rapid alignment between PSI and Babylon's FHIR-enabled client records systems. PSI already has several other consumer health FHIR implementations under active development in 2023, including PSI's collaboration with the Kenya MOH to launch a FHIR-enabled WhatsApp national health line for COVID-19 health information. PSI will also look to adopt and scale health workforce-facing FHIR-enabled tools, such as OpenSRP2, which will be piloted in an SRH-HIV prevention project in eSwatini in partnership with Ona by the end of 2023.

- Martin Dale,
Director, Digital Health and Monitoring, PSI



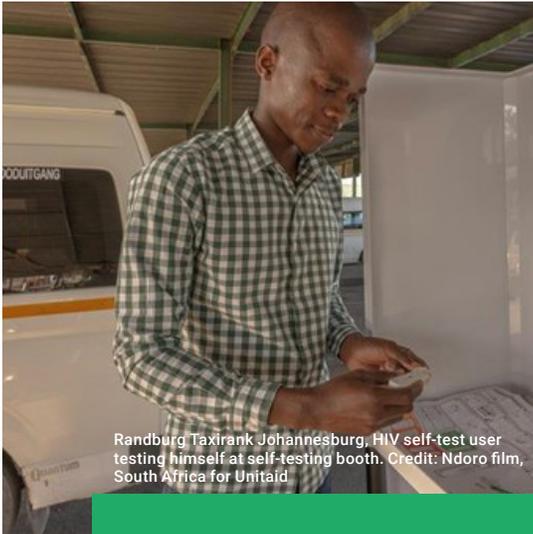
USING PEER COACHES TO COUNTER HIV STIGMA IN SOUTH AFRICA

By Shawn Malone, Project Director, HIV/AIDS Gates Project in South Africa, PSI Global

In South Africa, where the HIV response has lagged in reaching men, PSI's Coach Mpilo model has transformed the role of an HIV counselor or case manager into that of a coach and mentor who provides empathetic guidance and support based on his own experience of living with HIV. Coaches are men who are not just stable on treatment but also living proudly and openly with HIV. Situated within the community and collaborating closely with clinic staff, they identify and connect with men struggling with barriers to treatment and support them in overcoming those barriers, whether that means navigating the clinic or disclosing their HIV status to their loved ones.

PSI and Matchboxology first piloted the model in 2020 with implementing partners BroadReach Healthcare and Right to Care as well as the Department of Health in three districts of South Africa. Since then, the model has been rolled out by eight implementing partners in South Africa, employing more than 300 coaches and reaching tens of thousands of men living with HIV. To date, the model has linked 98 percent of clients to care and retained 94 percent of them, in sharp contrast to the estimated 70 percent of men with HIV in South Africa who are currently on treatment.

Given the success of the program, South Africa's Department of Health and the United States President's Emergency Plan for AIDS Relief (PEPFAR) have each embraced the Coach Mpilo model in their health strategy and are embedding it in their strategies and programs.



Randburg Taxirank Johannesburg, HIV self-test user testing himself at self-testing booth. Credit: Ndoro film, South Africa for Unitaid

PROMOTING SELF-MANAGED CARE LIKE SELF-TESTING AND SELF-SAMPLING

By Dr Karin Hatzold, Associate Director HIV/TB/Hepatitis

Building upon the success and insights gained from our work with HIV self-testing (HIVST), PSI is actively applying this approach to better integrate self-care, more broadly, in the health system beginning with Hepatitis C and COVID-19. Self-testing has emerged as a powerful tool to increase access to integrated, differentiated, and decentralized health services, accelerating prevention, care, and treatment for various diseases, while also increasing health system resilience against COVID-19.

Here's how we got there.

Seven years ago, the landscape of HIV self-testing lacked global guidelines, and only the U.S., the UK and France had policies in place that allowed for HIV self-testing. High disease burdened countries in



The men we spoke to [while I was traveling to South Africa with Maverick Collective by PSI] were not only decidedly open to the idea of taking a daily pill...many were willing to spread the word and encourage friends to get on PrEP too. We were able to uncover and support this new way forward because we had flexible funding to focus on truly understanding the community and the root barriers to PrEP adoption. This is the philanthropic funding model we need to effectively fight the HIV epidemic, and it's beneficial for all sorts of social challenges.

- Anu Khosla,
Member, Maverick Collective by PSI

low-and-middle-income-countries (LMICs) lacked evidence and guidance for HIVST despite major gaps in HIV diagnosis.

However, through the groundbreaking research from the Unitaid-funded HIV Self-Testing Africa (STAR) initiative led by PSI, we demonstrated that HIVST is not only safe and acceptable but also cost-effective for reaching populations at high risk with limited access to conventional HIV testing. This research played a pivotal role in informing the normative guidelines of the World Health Organization (WHO) and shaping policies at the country level. As a result, more than 108 countries globally now have reported HIVST policies, with an increasing number of countries implementing and scaling up HIVST to complement and partially replace conventional testing services. This became especially significant as nations tried to sustain HIV services amidst the disruptions caused by the COVID-19 pandemic.

By leveraging our expertise, PSI is conducting research to identify specific areas and populations where the adoption of Hepatitis C and COVID-19 self-testing could significantly enhance testing uptake and coverage. This research serves as the foundation for developing targeted strategies and interventions to expand access to self-testing, ensure that individuals have convenient and timely options for testing for these diseases, and are linked to care, treatment and prevention services through differentiated test and treat approaches.



Safiya Ahmed in technical training on floor solutions and SATO pan installation

TAKING A MARKET-BASED APPROACH TO SCALE SANITATION IN ETHIOPIA

By Dr. Dorothy Balaba, Country Representative, PSI Ethiopia

In Ethiopia, PSI leads the implementation of USAID Transform WASH (T/WASH) activity with consortium partners, SNV and IRC WASH. Contrary to traditional models that rely on distribution of free or heavily subsidized sanitation products, T/WASH utilizes a market-based sanitation approach. This approach creates sustainable and affordable solutions, by integrating market forces and supporting businesses to grow, while creating demand at the household level.

During the last six years, T/WASH has worked alongside the private sector and government (Ethiopia's Ministry of Health, Ministry of Water and Energy, and Ministry of Labor and Skills), among other stakeholders, to increase household access to affordable, quality sanitation products and services. For example, more than 158 thousand households have invested in upgraded sanitation solutions with rapid expansion to come as the initiative scales and market growth accelerates.

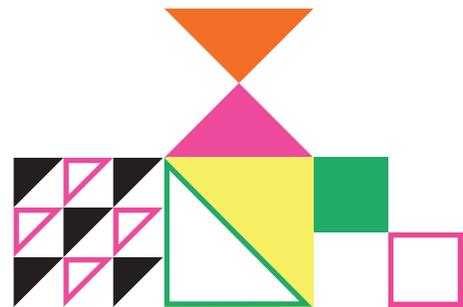
T/WASH has successfully trained more than 500 small businesses, including community masons and other construction-related enterprises, with technical know-how in sanitation product installation, operational capacities, and marketing and sales skills needed to run successful, growing businesses. The Ethiopian government is now scaling the approach to all districts through various national, regional, and local institutions with requisite expertise. T/WASH has also worked the One WASH National Program, Ministry of Health, Ministry of Water and Energy, and Ministry of Labor and Skills to examine policies that influence increased household uptake of basic WASH services, such as targeted sanitation subsidies, tax reduction to increase affordability, and increased access to loan capital for business seeking to expand and households needing help to improve their facilities.

To share the journey to market-based sanitation, representatives of the Ethiopian Ministry of Health and the USAID Transform WASH team took to the stage at the UN Water Conference in 2023.



Rather than relying on traditional aid models that often distribute free or heavily subsidized sanitation products, market-based sanitation creates sustainable and affordable solutions, integrating market forces and supporting businesses to grow.”

- Michael Negash,
Deputy Chief Party of T/WASH





Five-year-old Fousseiny Coulibaly His mother, Seto and community health worker Founèba Traoré. Credit: Mwangi Kirubi, PMI Impact Malaria

BUILDING COMMUNITY HEALTH WORKER CAPACITY TO DELIVER MALARIA CARE

By Christopher Lourenço, Deputy Director, Malaria, PSI Global

Community health workers (CHWs) are critical lifelines in their communities. Ensuring they have the training, support, and equipment they need is essential to keep their communities safe from malaria, especially in the hardest to reach contexts.

For example, in Mali, access to formal health services remains challenging, with four in ten people living several miles from the nearest health center, all without reliable transportation or access. In 2009, the Ministry of Health adopted a community health strategy to reach this population. The U.S. President's Malaria Initiative (PMI) Impact Malaria project, funded by USAID and led by PSI, supports the Ministry with CHW training and supervision to localize health services.

In 2022, 328 thousand malaria cases were recorded by CHWs; 6.5 thousand severe malaria cases were referred to health centers, according to the national health information system.

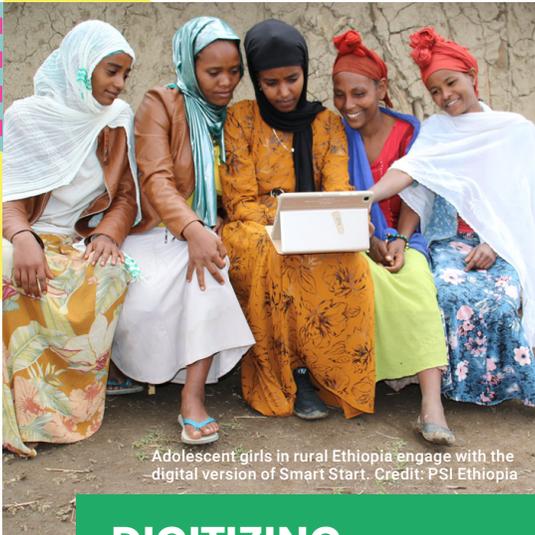
During that time, the PMI Impact Malaria project (IM) designed and supported two rounds of supportive supervision of 123 CHWs in their workplaces in the IM-supported regions of Kayes and Koulikoro. This included developing and digitizing a standardized supervision checklist; and developing a methodology for selecting which CHWs to visit. Once a long list of CHW sites had been determined as accessible to supervisors for a day trip (including security reasons), the supervisors telephoned the CHWs to check when they would be available to receive a visit [as being a CHW is not a full-time job, and certain times of the year they are busy with agricultural work (planting, harvesting) or supporting health campaigns like mosquito net distribution].

Supervisors directly observed how CHWs performed malaria rapid diagnostic tests (RDTs) and administered artemisinin-based combination therapy (ACT). They recorded CHW performance using the digitized checklist, interviewed community members, reviewed records, and provided on-the-spot coaching. They also interviewed the CHWs and tried to resolve challenges they expressed, including with resupply of commodities or equipment immediately or soon afterwards.

Beyond the observed interactions with patients, supervisors heard from community members that they were pleased that CHWs were able to provide essential malaria services in the community. And the data shows the impact.

In IM-supported areas of Mali, 36% of CHWs in the first round were competent in performing the RDT, which rose to 53% in the second. 24% of CHWs in the first round compared to 38% in the second were competent in the treatment of fever cases and pre-referral counseling. Between both rounds, availability of ACT increased from 80 percent to 90 percent.

Supportive supervision with interviews and observations at sites improved the basic competencies of CHWs between the first and second rounds, and additional rounds will help to understand the longer-term programmatic benefits.



Adolescent girls in rural Ethiopia engage with the digital version of Smart Start. Credit: PSI Ethiopia

DIGITIZING CONTRACEPTIVE COUNSELING TO REACH RURAL WOMEN AND GIRLS IN ETHIOPIA

By Fana Abay, Marketing and Communications Director, PSI Ethiopia

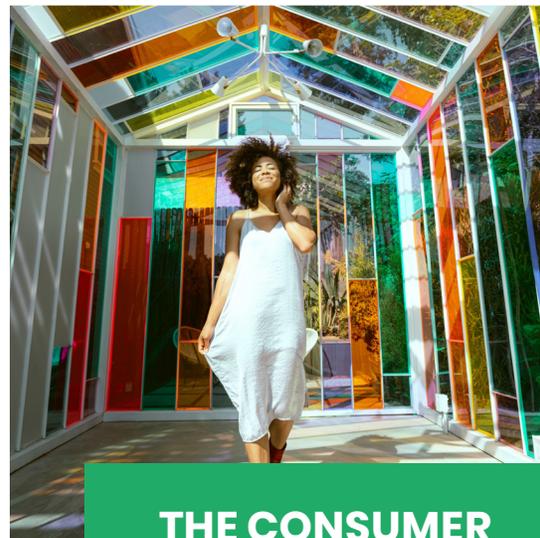
In rural Ethiopia, women and girls often face significant barriers in accessing healthcare facilities, which can be located hours away. Moreover, there is a prevailing stigma surrounding the use of contraception, with concerns about potential infertility or the perception of promiscuity. To address these challenges, the Smart Start initiative has emerged, linking financial well-being with family planning through clear and relatable messaging that addresses the immediate needs of young couples—planning for the lives and families they envision. Smart Start takes a community-based approach, utilizing a network of dedicated Navigators who engage with women in their localities. These Navigators provide counseling and refer interested clients to Health Extension Workers or healthcare providers within Marie Stopes International-operated clinics for comprehensive contraceptive counseling and services.

In a significant development, PSI Ethiopia has digitized the proven counseling messaging of Smart Start, expanding its reach to more adolescent girls, young women, and couples. This approach aligns with the priorities set by the Ethiopian Ministry of Health

(MOH) and is made possible through funding from Global Affairs Canada. The interactive and engaging digital messaging has revolutionized counseling services, enabling clients to make informed and confident decisions regarding both their finances and contraceptive choices.

Clients who received counseling with the digital Smart Start tool reported a higher understanding of their options and were more likely to choose contraception (74 percent) compared to those counseled with the manual version of Smart Start (64 percent). Navigators also found the digital tool more effective in connecting with clients, leading to higher ratings for the quality of their counseling.

By December 2023, PSI Ethiopia, working in close collaboration with the MOH, aims to reach over 50 thousand new clients by leveraging the digital counseling tool offered by Smart Start. This innovative approach allows for greater accessibility and effectiveness in providing sexual and reproductive health services, contributing to improved reproductive health outcomes for women and couples across the country.



THE CONSUMER AS CEO

For over 50 years, PSI’s social businesses have worked globally to generate demand, design health solutions with our consumers, and work with local partners to bring quality and affordable healthcare products and services to the market. Now consolidating under

VIYA, PSI's first sexual health and wellness brand and social business, our portfolio represents the evolution from traditionally donor-funded projects towards a stronger focus on sustainability for health impact over the long term. **Across 26 countries, the VIYA model takes a locally rooted, globally connected approach.** We have local staff, partners and providers with a deep understanding of the markets we work in. In 2022, we partnered with over 47,000 pharmacies and 10,000 providers to reach 11 million consumers with products and services, delivering 137 million products. VIYA delivers lasting health impact across the reproductive health continuum, from menstruation to menopause. Consumer insights drive our work from start to finish. Their voices, from product exploration to design, launch, and sales, ensure that products not only meet consumers' needs but exceed their expectations. The consumer is our CEO.

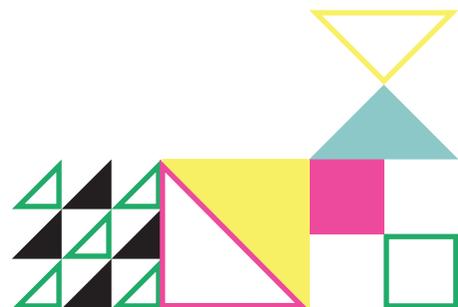
In 2019, our human-centered design work in East Africa explored ways that our work could support

and accompany young women as they navigate the various choices required for a healthy, enjoyable sexual and reproductive life. Harnessing insights from consumers, VIYA is revolutionizing women's health by addressing the confusion, stigma, and unreliability surrounding sexual wellness. Across five markets – Guatemala, Kenya, South Africa, Uganda and Pakistan – **VIYA utilizes technology to provide women and men with convenient, discreet, and enjoyable tools for making informed choices about their bodies.** The platform offers a wealth of high-quality sexual wellness information, covering topics from periods to pleasure in an accessible and relatable manner. Additionally, VIYA fosters a supportive community where users can share experiences and receive guidance from counselors. In 2023, VIYA will begin offering a diverse range of sexual wellness products and connect users with trusted healthcare providers, ensuring comprehensive care tailored to individual needs.



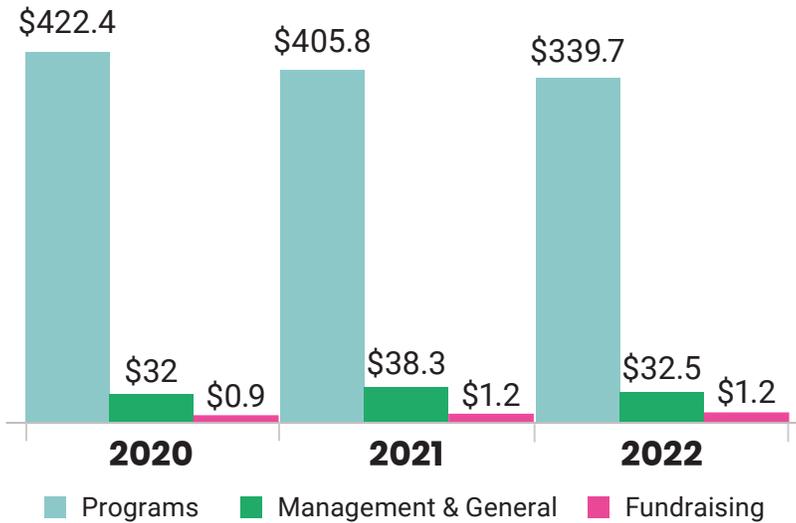
Women deserve holistic, integrated solutions designed for their specific needs. It's time to break away from siloed, market-driven approaches and embrace solutions built by, for, and with women and girls to ensure that consumers remain at the center of everything we do. I remain convinced of the power of data in ensuring that we, as change-makers and advocates, keep women at the heart of our efforts..

– **Andrea Novella,**
Global Digital Health Advisor



FINANCIAL STATEMENTS

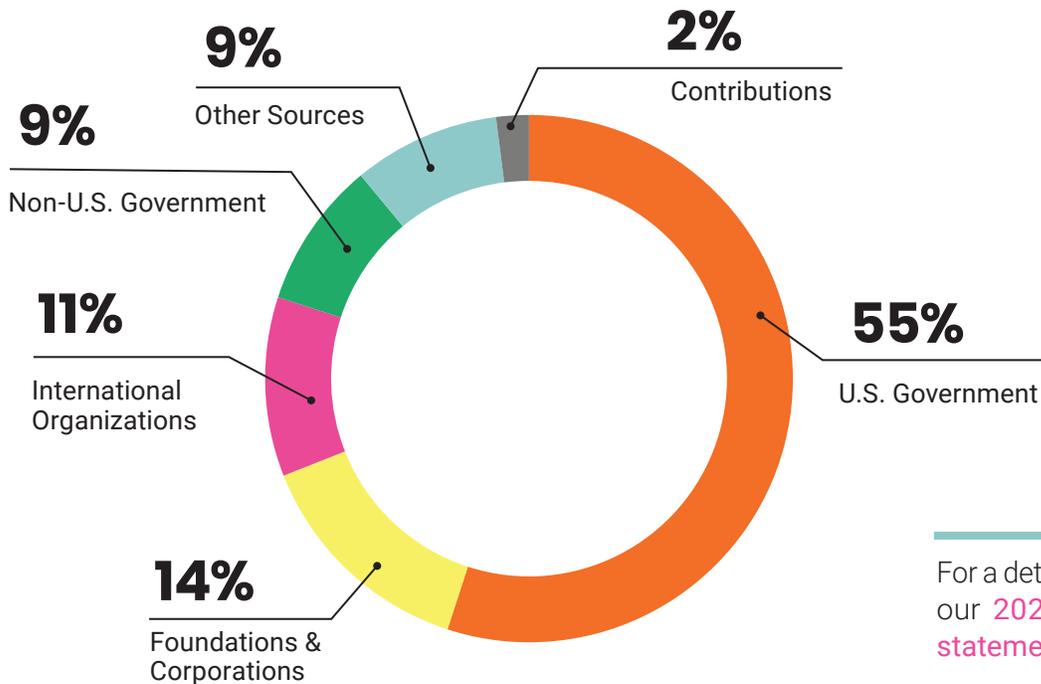
EXPENSES BY YEAR (IN MILLIONS)



REVENUE BY YEAR (IN MILLIONS)



2022 REVENUE BY DONOR TYPE



For a detailed breakdown, view our [2022 audited financial statement](#).



PSI PARTNERS

GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS

- AusAid
- CDC - Centers for Disease Control and Prevention
- CIDA Canadian International Development Agency
- DANIDA Danish International Development Agency
- FCDO – Foreign Commonwealth and Development Office
- Global Affairs Canada
- Global Fund
- Government of Flanders
- Government of Lesotho
- Government of Tanzania
- Government of Uganda
- KFW
- Ministry of Foreign Affairs Netherlands
- Sida
- UNFPA
- UNICEF
- UNITAID
- UNOPS
- USAID
- US Department of Defense
- West Africa Health Organization
- World Bank
- World Health Organization

FOUNDATIONS

- Australian Ethical Foundation
- Autodesk Foundation
- Bill and Melinda Gates Foundation
- Margaret Cargill Philanthropies
- Children’s Investment Fund Foundation CIFF
- Conrad N Hilton Foundation
- David and Lucile Packard Foundation
- Elton John AIDS Foundation
- Erik E and Edith H Bergstrom Foundation
- High Tide Foundation
- Merck Foundation
- Patrick J McGovern Foundation
- Stone Family Foundation
- Waterloo Foundation - ADD
- William and Flora Hewlett Foundation
- Wallace Genetic Foundation

STRATEGIC PARTNERS

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- Audere
- Bayer
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- Babylon Health
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- META
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- Unilever
- Twilio
- Johnson and Johnson



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 psi.org  info@psi.org



I joined Maverick Collective because I grew tired of waiting for the world to change and wanted to be part of this powerful women's network.

– Sonja Perkins,
Member, Maverick Collective by PSI

