FOREWORD
MOBILIZING SUPPORT IN A TURBULENT WORLD

After two years of the COVID-19 pandemic, we now face new uncertain times. The Russian invasion of Ukraine has caused the greatest humanitarian crisis in Europe since the Second World War and has severe consequences on world economies and particularly on African economies. Societies in these economies are already vulnerable due to climate change, causing extreme droughts resulting in food crises and other forms of poverty, including limited access to basic products (such as access to menstrual products) and sexual and reproductive health services. In the United States, the US Supreme Court recently overturned the constitutional right to abortion established by Roe v. Wade. This means that not only could millions of women in more than half of US states either lose the ability to get an abortion or see their access drastically rolled back; it could also weaken reproductive rights across the world.

As we navigate this turbulent world, the international community has the responsibility to protect the lives and needs of the most vulnerable. Evidence shows that human crises and disease outbreaks exacerbate inequalities for girls and women, who are also often the hardest hit. COVID-19 has exposed many of the structural and systemic issues, also disproportionately impacting other marginalised populations. We must ensure that the unique expertise of girls, women, and other vulnerable groups is leveraged in how we strengthen health systems for the long term. We must thereby safeguard the progress made towards gender equality, including hard-won gains for maternal, sexual and reproductive health and rights (SRHR) for these groups.

For PSI-Europe, this means remaining a trusted partner of the PSI network and its ‘consumers’ in the areas where PSI operates. PSI-Europe’s role has become even more important in mobilising support for the PSI network by further diversifying PSI’s donor base, by adding new European donors, and by sustaining existing donor relationships at a time when donor funding globally is volatile and vulnerable.

As we noted in last year’s report, the global pandemic also offered opportunities to strengthen health systems and to deliver services at scale without overburdening frontline health workers, by further instituting self-care. At the end of 2021, PSI drafted a vision for self-care that supports Universal Health Coverage (UHC), articulating PSI’s unique role in contributing to this. PSI’s strategic priority will be to support governments to integrate self-care into the health system, adding a vibrant self-care layer that is responsive to users, endorsed by health system actors, and appropriately financed.

To support this strategic direction, PSI-Europe will continue to engage with stakeholders and donors who prioritise health system strengthening and rights-based approaches, and are looking for credible partners like PSI. PSI’s local presence and strong connections to national Ministries of Health and other government bodies allows them a unique opportunity to contribute to lasting change. PSI brings strong ties to the private sector to help build ‘mixed’ health systems that consist of both the public and private sector. With a proven track record of achieving innovation at scale through the public and private sectors – PSI can tackle some of the most urgent health needs and reach the most vulnerable.

2021 was the first year of the full execution of PSI-Europe’s new strategy, which reflected a shift away from direct programme implementation to primarily mobilising support for the PSI network through shaping policies and priorities of European donors and stakeholders. PSI-Europe actively engaged with current and new donors for PSI. Through its advocacy work for menstrual health (MH), it engaged with new stakeholders to provide thought leadership on MH and mobilise support for this under-served and under-resourced topic.

Last year was also the final year of implementation of Project Ignite, a strategic partnership with the Dutch Ministry of Foreign Affairs. PSI’s collaboration with RNW Media, brokered through PSI-Europe, brought digital innovation to the final year of this project, which opened doors for new partnership and funding opportunities to sustain the project results within and beyond the project. We’d like to thank the Dutch Ministry of Foreign Affairs for its continued support of PSI’s work. PSI-Europe remains proud of its support to the PSI network’s health impact. Across 40 countries around the world in 2021, the PSI Network reached 82.5 million users of health services and products in SRHR, HIV, malaria, tb, water & sanitation and other health areas.

PSI Europe will continue to focus on strengthening and expanding our current European donor base to sustain this critical work.

Odette Hekster
Managing Director, PSI-Europe

Odette Hekster
ABOUT PSI-EUROPE

We’re your partner in building stronger communities.
PSI-Europe makes it easier for all people to live healthy lives and plan the families they desire.

We aim to mobilise support for the PSI network by shaping the policies and priorities of European donors and stakeholders. By doing this, we offer organisations, companies, and governments in Europe the opportunity to reimagine healthcare to meet the urgent health needs of people in the Global South.

We believe that we will reach the Sustainable Development Goals (SDG) faster, with better, affordable, and more sustainable health outcomes when we treat beneficiaries more like consumers—when we engage them as active agents in their own health who decide how they will choose and use quality healthcare, rather than as passive beneficiaries of health services. Getting products and services to those who need them is not enough; we also need to delight consumers with their choices and healthcare experiences. By tapping into the expertise of 8,000 local PSI staff in 40+ countries worldwide, we influence impact-driven decisions at scale no matter the challenges within the contexts in which we work.

WHAT WE DO

01
We advocate for and mobilise resources for innovative, rights-based and sustainable solutions to the world’s toughest health issues, contributing to achieving UHC.

02
We influence and contribute to global agendas, supporting the achievement of the Sustainable Development Goals, strengthening private sector engagement for UHC, and improving primary care networks and consumer-powered care to strengthen health systems.

03
We work toward bridging equity gaps by advocating and supporting innovative and consumer-powered approaches to reach the vulnerable and underserved, such as adolescent girls and youth in fragile contexts.

04
We shift policies and funding for priority and under-resourced topics that contribute to a world in which no one is left behind by actively engaging with European stakeholders and donors.
ADVOCATE FOR UNDER-SERVED AND URGENT TOPICS

We bring under-served and urgent health topics to the attention of stakeholders and donors and advocate for innovative, rights-based, and sustainable solutions to some of these world’s toughest health issues—all key activities that contribute to achieving Universal Health Coverage (UHC).

Our world is rapidly changing: the proliferation and increasing access and uptake of digital products, shifts in disease burdens and consumer needs, and advances in technology and research. PSI-Europe works to ensure that health systems are keeping up. We advocate for solutions that address these new challenges and opportunities, that are grounded in rights, and that are sustainably integrated into health systems to make them stronger for now and the future. In 2021, PSI-Europe focused on health systems strengthening as a broad topic, and menstrual health (MH) specifically in its advocacy work.

PSI-Europe worked closely with PSI’s Health Systems Accelerator, which was launched in the Spring of 2021, to elevate consumer and health market insights to decision makers to help strengthen health systems. PSI generates valuable market and consumer insights and evidence of what works and what does not work in health program design and implementation. PSI-Europe developed a strategy to share these insights with key decision-makers in Europe, encouraging donor governments to create stronger ‘mixed health systems’ (consisting of public and private health care providers) that optimise service delivery and that meet consumers’ needs and preferences.

PSI-Europe advocates for the inclusion of innovative, rights-based and sustainable MH solutions in multi-sectoral programming and is working with PSI Network members to achieve this. A person’s ability to manage their menstruation and MH is intrinsically related to their ability to exercise their rights related to, among others, human dignity, education, health, gender equality.

In 2021, PSI-Europe continued to join the advocacy efforts of the Global Menstrual Collective (GMC). As part of the GMC’s advocacy goal to move money into MH, PSI-Europe and GMC partners actively promoted the guide Making the Case for Investing in Menstrual Health & Hygiene, which PSI-Europe developed in collaboration with PSI, Simavi, The Case for Her, and WASH United in 2020. The document allowed PSI-Europe and other organisations in the MH space to actively engage with stakeholders and donors to highlight where MH is under-represented and under-funded. To further elaborate on this work, Madami by the Menstrual Health Hub hosted an intimate online design workshop with PSI-Europe and a select group of other NGOs and social enterprises to build the business case for MH for a wide range of funders and investors across both the public and private spheres, with support of The Case for Her.

WHAT WE DO

Accumulating literature demonstrates how MH is an important determinant and outcome of sexual and reproductive health and rights (SRHR) and water & sanitation (WASH). It’s for this reason that PSI-Europe advocates a holistic and multi-sectoral approach to MH, which will ensure that solutions are rights-based, user-centred, and integrated into existing systems to ensure their sustainability. PSI-Europe is supporting PSI Network members in particular to integrate MH programming into SRHR and WASH programs in meaningful ways.
WHAT WE DO

INFLUENCE AND CONTRIBUTE TO GLOBAL AGENDAS

We influence and contribute to global agendas, supporting the achievement of the Sustainable Development Goals, strengthening private sector engagement as part of building ‘mixed health systems’ for UHC, and improving primary care networks and consumer-powered care to strengthen health systems.

PSI-Europe influences global agendas to support governments in low- and middle-income countries in their efforts to move towards Universal Health Coverage (UHC) to achieve the Sustainable Development Goals (SDGs). Access to affordable, quality primary healthcare is the cornerstone of UHC, but many people around the world still struggle to fulfil their basic healthcare needs. PSI-Europe promotes PSI’s distinct approach that complements the work of other actors operating in the health landscape to strengthen the entire health system. We share the PSI network’s vision that Health Systems Strengthening (HSS) is about permanently making the system function better, not just filling gaps or supporting the system to produce better short-term outcomes. Our vision for HSS is to have strong and resilient mixed health systems, in which the consumer can seamlessly and safely navigate integrated networks of points of care – including assisted and digitally-enabled self-care – to access the affordable, quality primary healthcare they need. We call this approach of putting the consumer centre-stage of all our development efforts Consumer Powered Healthcare.

PSI-Europe brings together stakeholders and donors that can help shape healthcare markets that work better for consumers in the Global South by approaching health from a consumer’s perspective and by expanding the market for products and services that are affordable, convenient, and effective. We broker partnerships for PSI network members that allow them to innovate in an interconnected world that is constantly changing – rapidly testing interventions and programmes and optimising them based on their results. PSI-Europe connects partners with PSI network members that are experts at implementing on a grand scale and are known to get things done in difficult places.

UNIVERSAL HEALTH COVERAGE TAKES FLIGHT

One example of taking a proven health intervention to scale is the Madagascar Health Systems Strengthening (HSS) Project. This project aims to demonstrate that drones can effectively complement land-based transportation as part of an integrated local supply chain for health commodities in very remote communities in Madagascar. In doing so, it will dramatically improve the access, quality and responsiveness of primary healthcare services (including COVID-19 immunisation), thereby supporting UHC for extremely vulnerable women and children.

PSI Madagascar worked to build a partnership with a donor, brokered by PSI-Europe, to generate evidence through a randomised control trial (RCT) and convert a proven concept into a reliable, cost-effective model, with the potential to become government adopted.

The project will dramatically improve the last-mile supply chain to 150 hard-to-reach Malagasy health facilities by deploying four drones using vertical take-off from two district locations and a mixture of parachute drops and landing at remote sites. The drones will replace the current, often unreliable system, which is unable to guarantee safe, high-quality supplies for the facility and community agents based around the facility.

In the next five years, this concept has the potential to cover the most remote and hardest to reach parts of the country with some of the worst health indicators, up to 20% of the population (over 5 million people, including 1.2m women and 750,000 children under five) using around 20 drones operating out of 10 or more interconnected bases. This approach would enable 800-900 remote facilities, many in dangerous locations, to approach national targets for health coverage indicators including contraceptive prevalence, malaria testing and treatment, vaccine coverage, reductions in post-partum haemorrhage and sepsis.

In 2021, PSI Madagascar prepared to receive a Euro 1 million grant to test and position this Health Systems Strengthening concept for scale and for integration in the primary care system, thereby providing reliable access to quality primary care in the remote regions of Madagascar for extremely vulnerable women and children for the first time.

Pending results, PSI-Europe will be looking to partner with more donors and stakeholders in Europe to expand health system strengthening by drone delivery to other hard-to-reach regions across the globe where PSI network members serve remote and vulnerable communities.

Please reach out to us if you are interested.
SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
The client must be at the center of any digital solution, not only as a consumer of information, support and services but also as an empowered advocate with voice and agency to power her own health journey.

- Alison Malmqvist, Director Sexual & Reproductive Health, PSI
SHIFT POLICIES AND FUNDING

We actively engage European stakeholders and donors to shift policies and funding for priority and under-resourced topics that contribute to a world in which no one is left behind. Using a comprehensive, user-powered lens, we advocate for the inclusion of under-resourced topics in policies, funding portfolios, and implementation guidelines to ensure that people can get the services they need. We try to break down silos and bring attention to our consumers’ needs.

MAKING THE CASE FOR MH

One of PSI-Europe’s key areas of focus in 2021 was Menstrual Health (MH). Menstruation and menstrual health are critical components of reproductive health and impact women and girl’s experience at all stages of their reproductive lives, but are too frequently omitted from policies, funding, and programming. PSI-Europe advocates for their inclusion in comprehensive SRHR policies, funding, and programming.

In May 2021, PSI-Europe participated as a speaker at both UNFPA and UNICEF’s MH symposia in the lead-up to MH Day 2021. For the UNFPA and the African Coalition for Menstrual Health Management’s symposium, PSI-Europe worked with and supported PSI Côte d’Ivoire to share learnings on menstrual health, contributing to the session on ‘integrating menstrual health in sexual and reproductive health policies and programmes.’ The report of the symposium can be found here.

At this symposium, UNFPA launched its Technical Brief on the Integration of Menstrual Health in Sexual and Reproductive Health and Rights Policies and Programmes. After PSI-Europe developed the first-ever guide on the same topic in 2019, PSI-Europe’s Odette Hekster was invited to sit on the Technical Advisory Group for this UNFPA Technical Brief. PSI-Europe’s Managing Director, Odette Hekster spoke at this symposium led by UNICEF, the French Government, and Muskoka about PSI’s insights from its programme users on their experience and needs in menstrual health and about the opportunity to include menstrual health in PSI’s SRHR programmes.

PSI-Europe actively engaged with donors to shift and support their policies and funding toward MH. One example is PSI-Europe’s close interaction with the Sanitation & Hygiene Fund (SHF), which was established in late 2020 and became operational in July 2021. SHF had multiple conversations with PSI-Europe to discuss the gaps in the global MH response and how to measure progress in MH programming. The SHF planned to launch its first round of sanitation and MH project grants to six countries in 2022. The intent of this project funding is to deliver results through concrete market-based solutions that increase access to sanitation, hygiene and menstrual health and hygiene. The project funding will generate impact, evidence and data that can be used to further realise the potential of the sanitation and MH project grants to six countries in 2022. The results and data generated from Project funding activities will feed back into the investment cases and financing strategies that are generated in the pre-financing phase, leading to a stronger project pipeline that is attractive to investors. PSI-Europe will continue to engage with the SHF to seek areas of collaboration to address the global sanitation, hygiene, and MH crisis.

Menstruation itself is a significant predictor and indicator of health and well-being. Policies within education, health, water and sanitation must do better to acknowledge the fundamental role menstruation plays in women’s* lives. They must also acknowledge the fundamental role women play in discussions around menstruation.

- Odette Hekster, Managing Director PSI-Europe, Apolitical, April 2021

*The author recognizes that not all women menstruate, and not all people who menstruate are women. The term ‘women’ is used as shorthand to increase readability but refers to all people who menstruate including girls, women, transgender and non-binary persons.

IN THE SPOTLIGHT:
Check out PSI-Europe Managing Director, Odette Hekster’s article in Apolitical from April 2021.
The significance of the Investment Case is that it gives a mind map to institutions in terms of how they can address MHH matters in their own settings. The proposal to adopt an integrated approach to this is critical because it is a multi-sectoral pursuit which requires a great degree of interface, as well as patience...This Investment Case fills the gap in the elaboration of what is supposed to be a seamless process, especially by governments in addressing provision of free menstrual products to menstruators, age-appropriate comprehensive sexuality education, WASH, waste disposal and the broader improvement of lives of women.

- Sipiwo Matshoba, Chief Directorate: Social Empowerment and Participation, Department of Women, Youth & Persons with Disabilities in the Presidency, South Africa
The project successfully achieved intended outcomes and impact:

- Delivered 1.8 million Couple Years of Protection (CYPs) through provision of long and short acting modern contraceptive methods.
- Expanded access to more than 37,000 young women using voluntary modern contraception for the first time.
- Supported more than 700,000 young women to access and continue use of their contraceptive method of choice.
- Youth-led social media efforts transformed the narrative of youth SRHR, repositioning contraception as a choice and tool to achieve young people’s dreams and included topics that are relevant and meaningful to them on their SRHR journey including menstruation, masturbation, sexual drive and feminine hygiene.
- Reached more than 1.3 million young people through interpersonal communication activities and millions more through digital engagement.
- Contributed to the enactment of a new safe abortion law in Mozambique through advocacy and service provider training and support.
- Thousands of Indian women earned an income as micro-entrepreneurs as part of their participation in the Triggerise ecosystem.
- Expanded contraceptive choice and access through novel approaches to ensure quality services and products reach adolescents in the right place and at the right time, for example through schools and directly at their front door.

These results contributed meaningfully and significantly to advancing national SRHR objectives in the Ignite countries. Two external evaluations took place over the life of the project: a mid-term review in 2018 and a final evaluation in 2020, these can be found on the Ignite project page on the PSI website.
PSI and Triggerise are applying key learnings from the Ignite project across all SRHR programs addressing the unique challenges and barriers faced by young people, these include:

1. Engaging youth throughout the intervention lifecycle. PSI brought young people to the table to articulate what matters to them, how they prefer to receive information and services, and what is working (or not) at every stage of the design and implementation process. Engaging young people early and often challenged traditional power structures held between NGOs and communities and created a more equitable environment for youth participation in shaping the narrative about their own sexual and reproductive health journey.

2. Harnessing digital technology to create communities. Ignite pioneered an ecosystem approach to digital engagement, developing adolescent and youth-focused information with young people to provide interactive, tailored and timely SRHR content in a digital platform that bridges information, products and services and provides a safe space for young people to connect and seek information about SRHR. Young people spontaneously created digital and offline communities, such as the Entre Nous clubs, to propose contents and engage young women in their area on the topics. Similarly in Mozambique, young people created their own movement building on the Aquele Papo story to voice their own needs and desires through videos and music.

3. Meeting young people where they are. PSI’s Bill & Melinda Gates Foundation (BMGF) funded Adolescents360 (A360) project demonstrated the importance of offering SRHR services to young people when and how they want them. Ignite created opportunities to engage with youth to iterate and test novel channels including youth-friendly pharmacies and dedicated spaces in schools. While not all interventions were as successful as anticipated, contraceptive method adoption was higher when services were offered as part of awareness raising and outreach, and adolescent girls and young women consistently indicated a preference for services brought to the places where they gather.

4. Adoption of safe abortion laws is necessary but insufficient for access. Through its strong relationship with the Ministry of Health in Mozambique, PSI was able to support the ministry in the development of guidelines for the rollout of safe abortion care and conducted values clarification workshops with over 1500 health facilities staff, so that women could start exercising their right to access safe abortions.

LESSONS LEARNED

It has been my honour and privilege to lead this important project, which has encouraged so many young women to make their own contraceptive choices, and to work with such talented and motivated teams.

- Olivier LeTouzé, Ignite Project Director
In 2020, PSI was granted a €3.6 million extension for Ignite in 2021 to build on the project’s success and to project it into the future. These extra funds have helped both expand previous work and start new activities and partnerships. As in 2020, PSI’s and Triggerise’s field teams showed strong resilience and creativity to continue activities despite COVID-19 restrictions. Key efforts toward the project’s five outcomes included:

- **Outcome 1: Increase informed demand for SRH services by adolescent girls and young women**
  In 2021, PSI/Côte d'Ivoire partnered with RNW Media to expand its social media presence by relaunching Didier, its male-facing platform, and regionalizing Entre Nous. PSI/Mozambique designed and launched Aquele Papo season 3, based on the learnings from the previous seasons. PSI operated chatbots in both countries.

- **Outcome 2: Increase access to a wide range of SRH products and services for adolescent girls and young women**
  PSI continued to focus its service delivery approach on quality, with renewed QA protocols and proximity, through mobile services or service delivery near schools.

- **Outcome 3: Improve enabling environment for youth and young women for improving their sexual and reproductive health and rights (including safe abortion)**
  PSI continued to focus the MoH on the delivery of post-abortion care (PAC) and safe abortion through advocacy and technical work.

- **Outcome 4: Create wealth (via improved depth and reach of the ecosystem)**
  In 2021, Triggerise started operations in Burkina Faso through its local partner Burcaso. In 2021, a total of €901,663 was earned by all actors in the three ecosystems. The bulk of income was earned by Tiko Pros (peer mobilizers) in India, and health service providers in Kenya.

- **Outcome 5: Improve lives (via improved SRHR health outcomes)**
  In 2021, Triggerise generated 256,866 SRH services through its three ecosystems.

In 2021, nearly 90,000 young women became new contraceptive users in Côte d’Ivoire and Mozambique through Ignite, which is close to 2020 achievement, (even though the project only ran from January-October in 2021), bringing the total number of women who adopted contraception through the project to 377,469. Ignite also provided continuing access to contraceptives to over 140,273 young women (662,844 since inception). Together, in the four countries of implementation (Cote d'Ivoire, India, Kenya and Mozambique), PSI and Triggerise have generated a cumulative 441,994 CYPs (couple-year protection) in 2021, and close to an impressive 1.8 million CYPs over the life of the project.
PSI IN NUMBERS

40 COUNTRIES WITH PSI IMPACT

82.5 MILLION DIRECTLY ATTRIBUTED USERS

12 MILLION CYPS* PROVIDED

*Couple-Years Protection

Shaping mixed health systems means increasingly working with and through others to facilitate health impact. Keeping healthcare consumers at the center, PSI will begin to measure and report health impact not only for those products and services that are delivered directly, but also in a way that captures the effects from sustainable systems-level interventions and innovations supported by PSI.
At the end of 2021, PSI-Europe was pleased to welcome two new board members and say a grateful goodbye to Karen Hoehn, who helped PSI-Europe expand its network in Europe and shared her keen business acumen and SRHR expertise.

Christine Fenenga is a Global Health Specialist. She worked for over 25 years in healthcare in developing countries, mostly in Sub-Saharan Africa and Asia for organisations such as NORAD, NLR, Cordaid, Global Fund, AIGHD and PharmAccess Group in The Netherlands. Later she was employed by NLR and the Taskforce for Global Health as the Director of Country Programs. In this capacity she worked with WHO and with national and international partners on country program reviews, program development and operational excellence. With this experience Christine founded Global Health Inclusive, offering Global Health consultancy.

Christine holds an MSc in Public Health from the University of Liverpool, United Kingdom and a PhD on socio-cultural determinants in health from the University in Groningen, The Netherlands.

Christine brings health systems strengthening and operational excellence expertise to the PSI-Europe board.

Ekua Yankah is a thought leader in international development with a passion for young people, health and innovation in Sub-Saharan Africa. She has 20+ years of international experience working for UN agencies such as UNESCO, UNFPA, UNICEF, WHO in Sub-Saharan Africa, Southeast & Central Asia and the German Federal Centre for Health Education (BZgA) as part of the European Expert Group on Sexuality Education in Europe. She led the team that developed the landmark first edition of the UN Technical Guidance on Sexuality Education for UNESCO and UNAIDS Co-sponsors in 2009.

Ekua holds a PhD in Social Epidemiology from the London School of Hygiene & Tropical Medicine (UK) and a Masters in Public Health with a focus on Maternal and Child Health from the George Washington University School of Public Health (US). She is currently the Head of the Secretariat of Brands on a Mission and the Chairperson of the Board Chairperson of SAVVY Contemporary.
2021 FINANCIALS

Total Expenditures

3% JeuneS3 Programme
36% Ignite Programme
14% Management & Administration
1% Fundraising
46% Donor Engagement, Advocacy, Technical Assistance and Representation

Expenditures by Objective (€’000)

- Donor Engagement, Advocacy, Technical Assistance and Representation: €295
- Ignite Program: €231
- JeuneS3 Program: €18
PARTNERS & COLLABORATORS

[Logos of various organizations]
If you’d like to partner with us,

**VISIT US**
https://www.psieurope.org/

**EMAIL US**
ContactPSIEurope@psi.org