

Bringing health solutions to scale through policy change

PATH's Center for Advocacy and Policy works in partnership with governments, civil society organizations (CSOs), and local advocates to advance health equity by informing evidence-based policy and funding decisions that improve outcomes for women and children. We leverage PATH's technical expertise and deep local relationships to design and shape impactful policies, ensure effective implementation, and strengthen the capacities of local advocates along the way.

Since 2018, our advocacy has contributed to more than:



181
policies adopted



180
funding lines mobilized



185
actions taken to implement policies

Our approach

Policy lab

We generate impactful policy ideas by conducting research, analyzing data, and translating evidence into innovative, compelling policy solutions that are the foundation for effective change.

Advocacy impact accelerator

We drive decision-maker action by developing and executing winning policy-influencing strategies built on solid audience insights and an understanding of how change happens at all levels across diverse geographies.

Field catalyst

We provide connective tissue in our sector by mobilizing key players, strengthening networks of changemakers, and filling critical gaps in systems change efforts to make the sum greater than the constituent parts.

Who we are

PATH conducts advocacy globally, regionally, and nationally, with hubs in Nairobi and Washington, DC. Our locally staffed teams currently lead advocacy projects in nearly 30 countries.

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For more information on how PATH accelerates progress through advocacy and policy, [visit us on path.org](https://www.path.org).



Our work responds to communities' health priorities that will lead to lasting positive change, including:



Improving the lives of mothers and newborns



Strengthening R&D and regulatory systems



Closing the vaccine equity gap



Strengthening people-centered primary care



Expanding access to lifesaving commodities



Increasing funding for health

Highlighted current projects

PATH's Center for Advocacy and Policy:

- Leads a **global advocacy partnership with the Gates Foundation** to accelerate progress on women's and children's health and global health innovation through advocacy in the United States, Kenya, and at the continental level in Africa. Employing a combination of policy advocacy, coalition leadership, and targeted technical assistance, PATH's advocacy priorities include advancing primary health care in Kenya, protecting US investments in global immunization and R&D for health, and strengthening Africa's health R&D regulatory ecosystem. This work builds on more than a decade of partnership with the Gates Foundation, advancing equitable policies and financing for women and children's health in Kenya, Uganda, South Africa, the Democratic Republic of the Congo, Senegal, and the United States.
- Leads a global consortium under the [World Bank's GFF x CIVIC Platform](#) to strengthen civil society and youth engagement in financing for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+N). This project advances advocacy and accountability efforts that enable CSOs to influence domestic resource mobilization, shape health system priorities, and ensure that the voices of women, children, and adolescents inform policy and financing decisions.
- Advances PATH's Unitaid-funded [Manufacturing to Accelerate Diagnostic Excellence \(MADE\)](#) project goals by shaping the policy, regulatory, and financing conditions needed for success. We engage governments and regional institutions to promote regulatory alignment, strengthen demand for locally manufactured products, and elevate regional manufacturing as a health equity and health security priority.
- Advances [Comprehensive AI Regulation and Evaluation for Mental Health \(CARE MH\)](#), PATH's collaboration with South Africa's health regulator and Wellcome Trust to develop the world's first regulatory framework for artificial intelligence (AI) in mental health. The Center for Advocacy and Policy advances policy and regulatory advocacy to ensure AI tools are evaluated for safety, effectiveness, and equity—helping governments balance innovation with public accountability and establishing a model for responsible AI governance globally.
- Strengthens the enabling environment for PATH's Unitaid-backed [Innovations for Enhanced Access to Oxygen \(INNOVATE\)](#) initiative to pilot next-generation medical oxygen technologies and sustainable delivery models across low- and middle-income countries. While PATH technical teams test breakthrough oxygen solutions and scalable system designs, the Center for Advocacy and Policy supports efforts to strengthen national prioritization of oxygen as an essential medicine, promote supportive policies and financing, and elevate oxygen access as a core health system and equity imperative.

Examples of our impact

Policy lab

We generate impactful policy ideas by conducting research, analyzing data, and translating evidence into innovative, compelling policy solutions that are the foundation for effective change.

Evidence-driven advocacy and policy

PATH grounds its advocacy in rigorous, practical evidence drawn from nearly 50 years of product development, health systems innovation, and service-delivery experience.

- **Advancing regulatory harmonization in Africa.** Having implemented dozens of health innovations in Africa, PATH recognizes firsthand the need for predictable, efficient, and interconnected regulatory pathways to make sure innovations quickly reach the people who can benefit from them the most. Over the past five years, PATH has advocated and provided technical assistance to support efforts to transition to a unified continental regulatory framework under the African Medicines Agency (AMA). Through targeted political engagement, technical briefs, and strategic communications, PATH has helped [accelerate AMA treaty ratification in several countries](#) and contributed to growing political momentum for AMA.



31/55
member
states

of the African Union
have ratified the AMA
treaty

Moving policy from adoption to delivery

PATH strengthens policy environments across the entire policy cycle—ensuring the policy change moves from “capitol to clinic.” We do not stop until policies are adopted, funded, and effectively implemented.

- **Supporting PHC reform in Kenya.** Over the last few years, PATH has been a key partner to the government of Kenya in moving landmark primary health care (PHC) reforms from policy and legislative frameworks to delivery, most notably around the [primary care network \(PCN\)](#) framework and the Facility Improvement Financing (FIF) framework. To help operationalize Kenya's PHC strategy, PATH provided technical expertise to the Ministry of Health in the development of the operational guidelines for the PCN (hub and spoke) model and supported training of 248 master trainers of trainers to accelerate deployment of model PCNs across all 47 counties. PATH played a central role in shaping the FIF model law—led by the Council of Governors and later enacted nationally in

2023—and then worked alongside national and county governments to translate the law into implementable systems. This included drafting regulations, supporting county legal alignment, and evaluating the uptake to identify and resolve early implementation gaps. PATH's support has helped ensure FIF moves beyond policy intent to enable facilities to retain and use locally generated revenue, strengthening accountability and service delivery. This systems-level work built on PATH's history providing policy technical assistance to the Ministry of Health, including the development and adoption of the country's first unified Newborn, Child, and Adolescent Health (NCAH) Policy—a landmark framework that harmonized fragmented child health strategies into a comprehensive national policy rooted in evidence and holistic child well-being. After its passage, PATH supported counties such as Vihiga and Kakamega to translate the national policy into county-level legislation, budgets, and implementation plans, embedding NCAH priorities into subnational systems to drive real improvements in maternal, newborn, and child health outcomes.



>\$2
billion

US government funding protected for MNCH and immunization thanks to advocacy by PATH and partners since 2023

- **Increasing domestic health financing for immunization in Uganda.** When a study led by the Ministry of Health in Uganda revealed stagnant funding for traditional vaccines to be a critical factor driving reductions in immunization rates, PATH leveraged its decades of experience developing and implementing vaccines and its role as a trusted technical advisor to the government to accelerate policy action. Working with partners, we developed an investment case and costing model for increased domestic financing, as well as a tracking tool to help Uganda's National Expanded Program on Immunization monitor its priorities and progress on work plans. With this key evidence and accountability tools, we engaged decision-makers, including parliamentarians. Thanks in part to PATH's leadership, Uganda's government increased funding for procurement of traditional vaccines by 130 percent from 2019 to 2024, from UGX 9 billion to UGX 21 billion.

Advocacy impact accelerator

We drive decision-maker action by developing and executing winning policy-influencing strategies built on solid audience insights and an understanding of how change happens at all levels across diverse geographies.

Advocating for increased health financing

Adequate and sustained health financing is essential for countries to deliver on their health policy commitments—particularly as development assistance plateaus, domestic fiscal space tightens, and governments face growing expectations to self-fund core health services. PATH helps strengthen financing by informing budget decisions, generating investment cases, and supporting accountability for resource commitments—all underpinned by a granular understanding of the national political economy and how change actually happens.

- **Protecting US funding for global health.** In the United States, PATH's sustained, evidence-driven advocacy and coalition leadership has helped protect and increase funding for lifesaving global health programs—especially in maternal, newborn, and child health (MNCH) and immunization—even amid severe fiscal pressures and efforts to cut foreign assistance. By pairing credible technical evidence with consistent bipartisan champion building, PATH and partners have protected more than \$2 billion in funding for MNCH and immunization since 2023. When deep cuts were proposed to all foreign assistance in 2025, PATH's rapid mobilization of champions whom we had cultivated relationships with over many years helped ensure Congress maintained full funding for MNCH and Gavi despite the Administration's calls that these programs be cut.



130%
increase

in Uganda government funding for traditional vaccines after our advocacy

Accelerating product introduction

PATH accelerates equitable access to lifesaving health products by working with ministries of health, professional associations, and civil society coalitions to generate and package evidence needed to update essential medicines lists, revise clinical guidelines, and shape regulatory and procurement norms.

- **Improving policy and planning to increase oxygen access.** The need for medical oxygen—a long-neglected element of health system strengthening—rose dramatically during the COVID-19 pandemic, and health systems were unequipped to meet the rising demand. That is why PATH has worked since 2020 to support several low- and middle-income countries to improve access to comprehensive respiratory care treatment. We supported countries to assess the gap between current availability of respiratory care equipment and forecasted need to inform national policy and planning; develop oxygen roadmaps or strategies that outline a national vision for oxygen access and provide a central framework to prioritize oxygen in the country; and support strategic collaboration with stakeholders, including manufacturers and distributors, to ensure oxygen scale-up is well coordinated. In total, 19 national

oxygen policies have been developed in 14 countries, and countries are leveraging these plans to raise funds to procure more equipment and train staff to use it.



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national policies, plans, roadmaps, and guidelines developed for improving access to medical oxygen

- **Preventing newborn infections.** For more than 15 years, PATH has been instrumental in advancing the use of 7.1 percent chlorhexidine digluconate (CHX) for umbilical cord care and has helped facilitate the integration of CHX into national policies in over 25 countries. Through collaborative efforts with diverse partners, PATH conducted extensive studies to assess product attributes, user understanding and preferences, and market dynamics to ensure and scale uptake. Globally, we successfully advocated for the addition of CHX to the World Health Organization's Essential Medicines List and informed global guidance for using CHX in umbilical cord care. At the regional and national levels, we conducted market research to support safe and effective regional manufacturing in low-income countries and worked with ministries of health in local rollout and behavior change communications. We continue to track progress toward widespread access to CHX through the Asset Tracker, a platform that examines enablers and barriers to scale up lifesaving MNCHN tools and interventions, including CHX, to help inform local decision-making.

Field catalyst

Driving political commitments through coordinated global advocacy

PATH has led the secretariat for the global [Coalition for Access to NCD Medicines & Products](#) since 2017. Ahead of the 2025 UN High-Level Meeting on NCDs, PATH developed a unified coalition advocacy strategy and messaging framework. The effort culminated in a flagship event where eight countries and regional stakeholders made bold financing and access commitments to close gaps for NCD medicines and care.

Enhancing local leadership through capacity strengthening and coalition building

At PATH, we know that sustainable change depends on local voices holding their governments accountable. That is why, in addition to staffing our projects with citizens of the

countries where we work, we partner with local civil society advocates, frequently playing a catalytic role and leveraging tools we've developed and tested in more than 50 countries to strengthen the capacity of advocates, organizations, and coalitions to help them more effectively influence health policies, increase domestic resources, and hold leaders accountable.

Examples:

- PATH has worked hand in hand with [Kenya's Health NGOs Network \(HENNET\) since 2019](#), providing **advocacy and coalition management** training, facilitating government connections, and strengthening organizational capacity and governance. Our partnership has increased HENNET's visibility and influence in health policy decisions, establishing it as the national convener of health CSOs in Kenya.
- To enhance local leadership for research and development (R&D) advocacy, PATH founded and strengthened capacity of **R&D advocacy coalitions in Kenya and South Africa** that unified stakeholders focused on disease-specific R&D to advocate for the cause of R&D broadly. We have since transitioned those coalitions to organizations headquartered in Africa and remain active partners for joint advocacy.
- PATH led a **phased transition of our advocacy on human African trypanosomiasis (HAT), also known as African sleeping sickness**, to local partner Coordination Nationale de Renforcement du Système Communautaire (CNRSC) in the **Democratic Republic of the Congo**. We built their technical, financial, and advocacy capacity through intensive training, mentorship, and internal systems strengthening—ultimately enabling CNRSC to secure direct funding and fully assume ownership of the work.
- After founding the **Kakamega County MNCH Alliance in Kenya**, PATH progressively strengthened the group's budget advocacy and social accountability skills, resulting in tangible improvements in the health system in the county. We then supported a transparent process that installed a local CSO (Matunda Jua Kazi) as the independent secretariat, sustaining advocacy after PATH stepped back.

Advocacy Resource Hub



For more about our approach and examples of our advocacy tools in action, visit our [Advocacy Resource Hub](#).