

From PATH's Board Chair and President

Friends, supporters, colleagues:

On behalf of the board and our entire global team, thank you for supporting PATH in 2021. Partners and donors like you made it possible to continue our far-reaching COVID-19 response while maintaining hundreds of essential efforts for the long-term betterment of global health.

As COVID-19 devastated communities around the world, PATH worked with governments and ministries of health to strengthen medical oxygen systems, accelerate COVID-19 vaccine introduction, and support outbreak surveillance and response. We made great strides in advocacy and policy, securing funding commitments for global COVID-19 response, and advancing a new treaty that could shorten wait times for lifesaving health interventions in Africa through the creation of a continental regulatory agency. And we reached a historic immunization milestone: earning World Health Organization broad-use recommendation for the world's first malaria vaccine.

Thanks to your generosity and collaboration, we were also able to continue strengthening national and subnational health systems through digital transformation; treating and controlling infectious diseases like HIV, tuberculosis, and viral hepatitis; introducing affordable, fit-for-purpose drugs, vaccines, and medical devices; advancing childhood immunization; and integrating health service offerings to better meet community needs during the pandemic and other disruptions.



Beth Galetti
Chair, Board of Directors

At PATH, we made progress internally as well, strengthening our financial position, continuing the work of operationalizing our five-year PATH Strategy in each region, division, and program, and appointing our first-ever Chief of the Asia, Middle East, and Europe Region and first-ever Director of Diversity, Equity, and Inclusion.

In 2022 and beyond, our global team will continue to prioritize crosscutting, whole-system solutions such as the robust funding of primary health care in the Democratic Republic of the Congo and India; the integration of health services for patients in Senegal, Ukraine, and Vietnam; and building on local capacities and expertise in all the places where we work.

Thank you again to the board, to PATH's dedicated staff, and to all of you, our many partners and donors. Together, we can move humanity beyond this pandemic, and on toward health equity.

With gratitude,

A handwritten signature in black ink that reads "Beth Galetti".

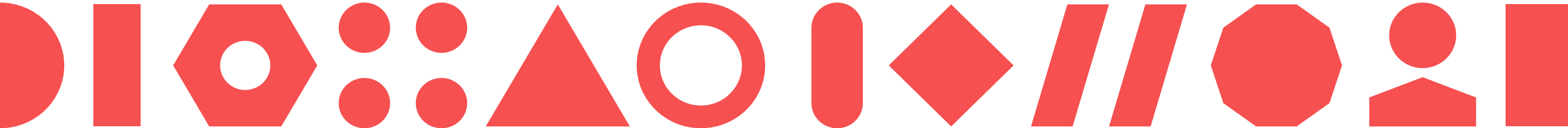
Beth Galetti
Chair, Board of Directors

A handwritten signature in black ink that reads "Nikolaj Gilbert".

Nikolaj Gilbert
President and CEO



Nikolaj Gilbert
President and CEO



2021 achievements

PATH continued supporting global COVID-19 response while strengthening health systems for the long term through faster data systems, affordable devices, new vaccines, equitable policies, and more. With an average of 384 projects a year, these are just a few examples that demonstrate the breadth and depth of our impact in 2021.

Learning from early adopters in digital health

To help other countries benefit from the experiences of early digital adopters like Tanzania, PATH and Cooper/Smith launched the Data Use Acceleration and Learning (DUAL) project: an effort to collect, synthesize, and share learning from countries that are digitally transforming their health systems. The DUAL project is capturing these learnings and using them to inform a data use model that is meant to help countries mature their digital systems, adopt current best practices, and meet their health targets.

“The five countries participating in DUAL (Burkina Faso, Ethiopia, Malawi, South Africa, Tanzania) have embarked on a similar journey to deliver better health care to their citizens through transformative digital health programming and have many rich lessons to share,” explains Auson Kisanga, Senior Technical Project Manager, PATH.

“It’s rare that we see country lessons reflected back in global guidance and new funding recommendations. DUAL offers an unprecedented opportunity to share country learnings that could influence the direction of the digital health sector.”

Supporting typhoid conjugate vaccine introduction

Water, sanitation, and hygiene improvements are the best solution for preventing and controlling typhoid; the disease is caused by *Salmonella* typhi bacteria, which spread through contaminated food and water. However, these infrastructural advancements can take decades to implement. Until then, typhoid conjugate vaccines (TCVs) are critical for protecting populations—particularly children—and saving lives.

In 2021, Zimbabwe launched a large, integrated, national vaccination campaign to roll out TCV together with immunizations against human papillomavirus and polio. The campaign aimed to reach 6.2 million children across Zimbabwe’s 11 counties.

i Learn more about our work accelerating the digital transformation of health systems.
→ path.org/programs/digital-health

Sibusiso Hlatjwako
MPH

Director of External Affairs
Africa Region

South Africa

“The African Medicines Agency has the potential to accelerate approval times for health interventions—not only for COVID-19, but for all health challenges.”



Sibusiso's experiences as a health worker and corporate leader have made him a powerful advocate for health progress. In 2021, he helped advance the treaty for the establishment of the African Medicines Agency: a new continental agency that would streamline regulatory approvals, reduce wait times, and save lives.

PATH



More than 9 million people are infected with typhoid every year. In 2021, PATH continued advancing the use of typhoid conjugate vaccines, which can prevent infection and significantly reduce the spread of the disease.

“This was a major milestone for addressing the increasing typhoid burden in Zimbabwe,” says Aziza Mwisongo, Senior Medical Officer with PATH’s Center for Vaccine Innovation and Access, and Country Introduction Lead for the Typhoid Vaccine Acceleration Consortium. “The situation was becoming more serious as drug-resistant strains continued to spread. But now, there is hope—and this has been years in the making.”

PATH supported Zimbabwe’s decision-making process by facilitating discussions with national stakeholders and providing relevant data and analytics about typhoid and TCV, including efficacy, cost-effectiveness, and prospective program costs. Once the government decided to introduce TCV, PATH assisted with campaign planning and outreach activities with stakeholders and communities, identifying potential barriers to introduction, and developing work plans with solutions.

Strengthening subnational health systems with tools and training

When sick children arrive at primary health care facilities, it is critical that they are appropriately screened, diagnosed, and managed. Clinical signs alone do not detect all indicators of severe illness in children. In order for health care workers to make the right diagnosis, they must be equipped with the right tools and training.

In India, Kenya, Senegal, and Tanzania, PATH and partners are working in 305 primary health care facilities to increase access to pulse oximetry and electronic clinical decision support algorithms. “These tools allow health care workers to better detect severe illness through digital technologies,” says Mike Ruffo, Director of the Unitaid-funded Tools for Integrated Management of Childhood Illness (TIMCI) project at PATH. “We’ve worked closely with local leadership to design

i Learn more about our work developing and delivering lifesaving vaccines for women, children, and communities around the globe.

→ path.org/programs/center-for-vaccine-innovation-and-access

COVID-19

2021: THE VARIANT YEAR

As Delta and other coronavirus variants devastated communities and health systems, PATH teams around the world made critical contributions to both global and local response efforts. Here are just a few examples—from advising on the operation of the COVAX Facility to installing oxygen generators in India.

Global impact

COVAX Facility

PATH aided global COVID-19 response by providing expertise to the design and operationalization of the COVAX Facility: a global mechanism for distributing COVID-19 vaccines. More than 910 million doses were shared through COVAX in 2021.

NDV-HXP-S

Experts from our Center for Vaccine Innovation and Access supported the advancement of NDV-HXP-S, a novel, affordable COVID-19 vaccine candidate that can be manufactured in influenza vaccine facilities using chicken eggs. NDV-HXP-S could be a game-changer as an affordable and sustainable option that countries can produce for themselves—offering greater vaccine supply autonomy and security.

MOMENTUM Routine Immunization Transformation and Equity

We leveraged our extensive experience strengthening immunization systems and introducing vaccines as a core partner in

the US Agency for International Development (USAID)-funded MOMENTUM Routine Immunization Transformation and Equity project, a global consortium that aims to reduce the number of unvaccinated and under-vaccinated children.

COVID-19 Respiratory Care Response Coordination

PATH led the COVID-19 Respiratory Care Response Coordination project, an 18-month, international effort to support government decision-makers in the development and execution of comprehensive respiratory care plans to meet their country’s COVID-19 needs.



Uttar Pradesh was among the worst-affected states in India during the second wave of COVID-19 in 2021. With support from Kaiser Permanente and the Bill & Melinda Gates Foundation, PATH facilitated the import and installation of oxygen generators at health facilities. Above, PATH staff train Barabanki District Hospital officials on how to operate the generator.

Local impact

Democratic Republic of the Congo

PATH continued supporting COVID-19 response, including adapting surveillance systems, training health workers, providing technical assistance to the COVID-19 Presidential Task Force, and assisting the country's first-ever nationwide medical oxygen availability assessment.

India

With funding from the Bill & Melinda Gates Foundation, The Rockefeller Foundation, Google.org, David and Lucile Packard Foundation, USAID, Citadel, the World Bank, Kaiser Permanente, and many other philanthropic donors, PATH provided technical support to multiple state governments to enhance laboratory capacity, strengthen respiratory care, improve COVID-19 surveillance systems, and leverage our network of partners in support of COVID-19 response. Specific achievements include supporting the setup of more than 1,500 oxygen generation plants across 20 states in India, the training of more than 9,000 health care workers, and the provision of technical assistance for more than 2,000 health care facilities.

Senegal

PATH supported the government of Senegal in various aspects of the COVID-19 outbreak response, including procurement of equipment and reagents for diagnostic tests, intensive care equipment for severe case management, and community engagement.

Uganda

Our Advocacy and Public Policy team influenced the introduction of a supplementary budget for COVID-19 vaccination, and ensured past years' increases to budgets for routine immunization and primary health care were maintained despite budget shortfalls at the national level. We also helped operationalize the COVID-19 vaccination rollout and—through the Infectious Disease Detection and Surveillance project—revitalized facility- and community-based surveillance for COVID-19 in Eastern Uganda.

Vietnam

PATH and the Ministry of Health worked together to introduce and administer COVID-19 vaccines in hard-to-reach communities through the USAID-funded MOMENTUM Routine Immunization Transformation and Equity project; to rapidly assess respiratory care capacity, including the availability of and use of medical oxygen and respiratory equipment as part of the COVID-19 Respiratory Care Response Coordination project; to develop COVID-19-related trainings for thousands of professional and community health workers in Ho Chi Minh City; and to align Vietnam's digital vaccination certificate with international standards.



My Home Clinic

and implement these tools in a way that is consistent with current practices. This includes investing in health care worker training, supportive supervision, and monitoring and evaluation systems.”

In 2021, the TIMCI project reached several notable milestones, including in India, completing the pulse oximetry training of trainers and carrying out community engagement through the Accredited Social Health Activist (ASHA) network, and in Senegal, the launch of four pre-pilot sites, which received the entire TIMCI intervention package (training, supervision, community engagement) for three months to inform the full rollout phase in 2022.

Overcoming pandemic disruptions in hypertension care

PATH and the Ghana Health Service continued implementing Healthy Heart Africa (HHA), an AstraZeneca-designed program that aims to reduce the burden of hypertension by working with local health systems to ensure sustainable linkages to diagnosis and treatment. “We made strong progress at the start, but the COVID-19 pandemic and its restrictions made it difficult to conduct the community-based outreach activities typically employed,” says Helen McGuire, PATH’s Noncommunicable Diseases (NCDs) Director. “On top of that, patients have been more reluctant to seek care for NCDs, which can create significant problems for disease control.”

At PATH's recommendation, the government of Vietnam tapped key population-led clinics to support COVID-19 vaccine rollout. Here, a community health worker from My Home—a key population-led social enterprise clinic in Ho Chi Minh City—administers a COVID-19 vaccine.

i Learn more about our work reimagining primary health care through a multidisciplinary, person-centered approach that improves health and well-being for all people.

→ path.org/programs/primary-health-care

“When Liberia and Zimbabwe introduced typhoid conjugate vaccines last year, the first countries in Africa to do so, they boosted protection against a disease that is becoming increasingly drug resistant—and that will become more widespread as the climate changes.”

Deborah and her team at PATH's Center for Vaccine Innovation and Access have been helping countries weigh the evidence on typhoid, secure financial support for typhoid conjugate vaccine introduction from Gavi, the Vaccine Alliance, and achieve successful vaccine campaigns and integration into routine immunization.



PATH/Dave Simpson

To overcome pandemic disruptions, PATH and the Ghana Health Service reallocated funding to provide personal protective equipment to HHA facilities, support education and awareness-raising about safety protocols, provide information on the increased COVID-19 risks faced by people living with NCDs, and encourage people in the community to remain adherent to their treatment regimens and blood pressure monitoring. Through these measures, HHA was able to provide COVID-19-safe screening for 650,717 people and link nearly 150,000 to hypertension care.

Expanding surveillance for antimicrobial resistance

Given the opportunity, bacteria, viruses, fungi, and parasites can develop resistance to antibiotics, antivirals, fungicides, and pesticides, particularly when these medicines are overprescribed or inappropriately managed. The Infectious Disease Detection and Surveillance (IDDS) project, funded by USAID aims to support countries in antimicrobial resistance (AMR) detection and build national and subnational capacities to improve diagnostic networks and surveillance systems. Over the past three years, the IDDS project in Tanzania, led by PATH, has been working closely with the National Public Health Laboratory in Dar es Salaam to perform standardized microbiological culture and antimicrobial susceptibility testing in four designated hospitals to detect AMR.

In 2021, the hospitals participating in the project were able to test more than 2,000 bacterial isolates against common antibacterial agents used for clinical treatment, more than doubling their testing capacity in the first quarter of 2021 from the same period in 2020. The laboratories discovered that, of the two most common pathogens isolated in their samples (*S. aureus* and *E. coli*), about 50 percent were resistant to commonly prescribed antibiotics. Abbas Wandella, IDDS Surveillance Specialist for PATH says, “These results underscore the need to ensure the appropriate use of antibiotics in Tanzania so that resistant bacteria have fewer opportunities to emerge and spread.”

Achieving regulatory approval for a new diagnostic test

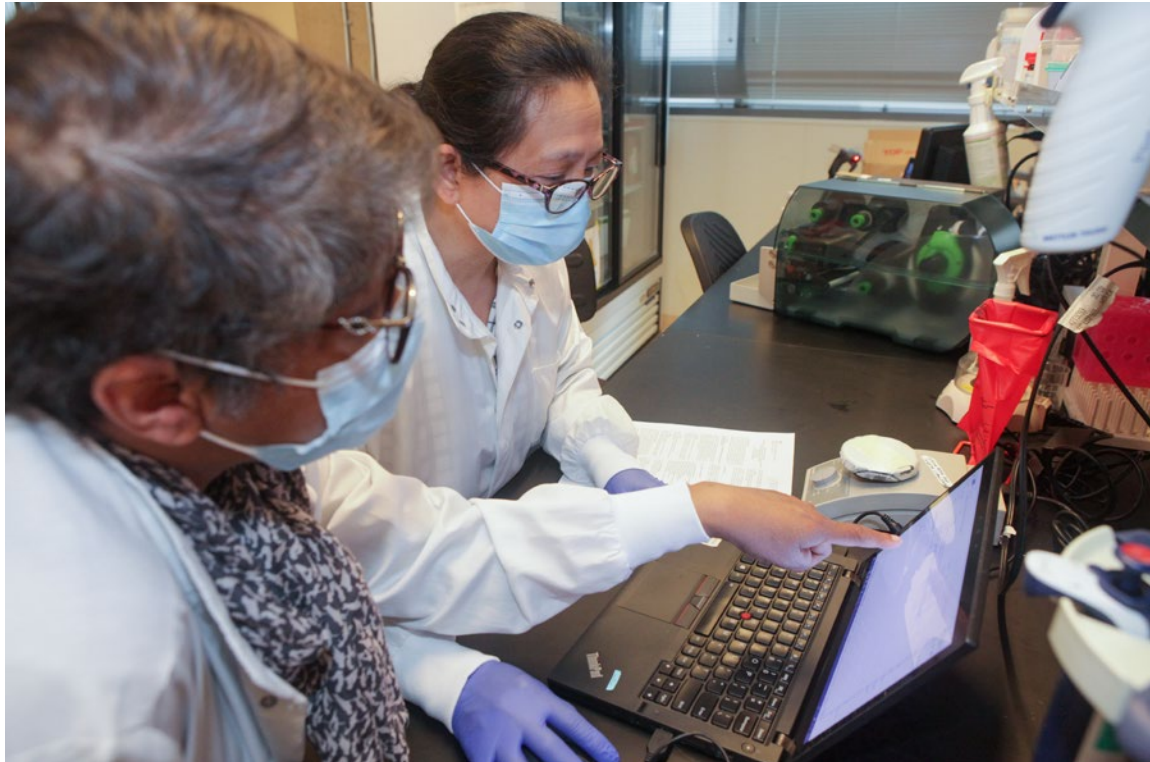
It was an important year for SD Biosensor's STANDARD™ G6PD test. In May, the diagnostic test—the first point-of-care test for glucose-6-phosphate dehydrogenase (G6PD) deficiency that can support safe access to the currently available drugs that treat *P. vivax* malaria—received regulatory approval from the Australian Therapeutic Goods Administration (TGA). The approval by the TGA certifies that the test is appropriate for use and meets rigorous quality standards; furthermore, it expands access to malaria treatment—and decision-making about treatment—to locations where people initially seek health care: at primary health care facilities and dispensaries and through trained community health workers.

i Learn more about our work addressing noncommunicable diseases like cancer, chronic respiratory diseases, diabetes, heart disease, and hypertension.

→ path.org/programs/noncommunicable-diseases

i Learn more about our work helping countries develop the laboratories, systems, and staff required to prevent, detect, and respond to disease outbreaks.

→ path.org/epidemic-preparedness



The PATH Diagnostics team and SD Biosensor supported the advancement of the test through product development and clinical evidence generation for submission to the TGA and to the World Health Organization's (WHO's) Prequalification of In Vitro Diagnostics Programme, where it is currently under review. The PATH Market Dynamics team is supporting the introduction of the test into routine health settings.

PATH scientists review the data from a G6PD test evaluation. In India, Vietnam, and other countries where *P. vivax* malaria is regularly found, PATH is partnering with national institutes to conduct trainings on the proper use of G6PD diagnostics.

Using mosquitoes' sweet tooth against them

In 2021, PATH continued our work evaluating efficacy of the attractive targeted sugar bait (ATSB), a novel vector control tool developed by Westham Co. ATSBs aim to address residual malaria transmission by uniquely capitalizing on the sugar-feeding behavior of mosquitoes; they attract mosquitoes with a sugar meal that includes a toxicant lethal to mosquitoes. ATSBs may also be a particularly important vector control tool in the context of managing insecticide resistance, as other ingestion toxicants could be rotated.

The Westham Co. ATSB® is being evaluated through a partnership led by the Innovative Vector Control Consortium in collaboration with research investigators in Kenya, Mali, and Zambia. Results from the three trial sites will inform a WHO policy recommendation around potentially opening a new product class for malaria vector control.

i Learn more about our work making high-impact, affordable diagnostic tools available, accessible, and adoptable.

→ path.org/programs/diagnostics

PATH, in partnership with the Zambia Ministry of Health, the Center for Applied Malaria Research and Evaluation at Tulane University, and the Macha Research Trust, is responsible for implementing the two-year trial in Western Province, Zambia. Trial activities include community engagement, installation, and monitoring of nearly 40,000 ATSBs, a seasonal cohort study, cross-sectional parasite prevalence measurements, and monthly entomological monitoring.

Advancing needle-free drug delivery

Imagine opening your mail to receive a vaccine instead of traveling to a clinic. The vaccine can be administered at home because it requires no refrigeration, no needle, nor the assistance of a highly trained health expert. While this future is still years away, microarray patches (MAPs)—applied to the skin like adhesive bandages to painlessly deliver medicines and vaccines—are already under development at PATH.

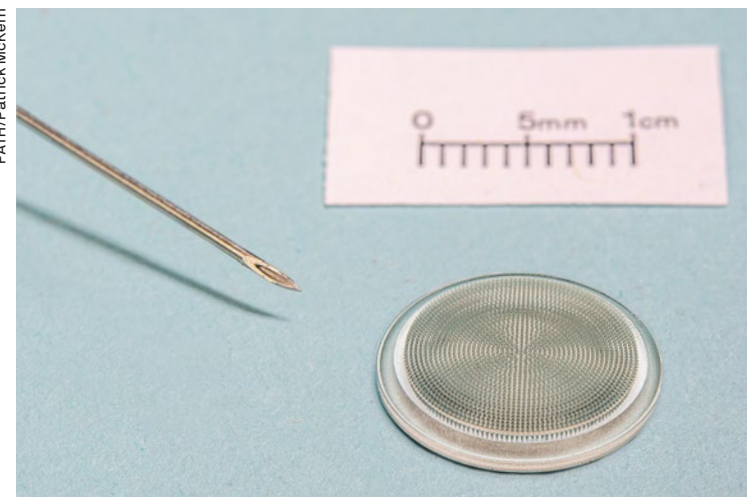
For more than a decade, PATH has been partnering with public health agencies, MAP developers, manufacturers, and pharmaceutical companies to assess and advance MAP delivery technology for a variety of global health applications. In 2021, our Center of Excellence for Microarray Patch Technology advanced research for needle-free delivery of measles, rubella, and COVID-19 vaccines, and explored the potential of MAPs for delivering HIV treatment and pre-exposure prophylaxis. Jennifer Foster, Senior Technical Officer at PATH's MAP Center of Excellence, says, "Such MAP applications could ensure that people in low-resource settings could access lifesaving vaccines and essential medicines more easily and efficiently."

i Learn more about how the PATH Malaria team is accelerating progress against malaria through innovative tools, approaches, and partnerships.

→ path.org/programs/center-for-malaria-control-elimination

i Learn more about our end-to-end work developing and advancing innovative, high-impact medical devices and technologies to improve global health.

→ path.org/programs/mdht



Microarray patches are a groundbreaking, needle-free technology PATH is advancing to increase access to lifesaving vaccines and other essential medicines.

Securing and supporting commitments to immunization coverage

During the Democratic Republic of the Congo’s (DRC’s) Second National Forum on Immunization and Polio Eradication, President Félix Tshisekedi launched the second phase of the Mashako Plan*, a PATH-supported initiative to reshape the DRC’s routine immunization services and reach an ambitious goal: by 2023, fully vaccinating 75 percent of the country’s children under age five on a routine basis and free of charge.

“Every Congolese child should benefit from universal immunization coverage. We must make this inalienable right a reality in the DRC,” declared the President. To make this declaration a reality for all, PATH’s Advocacy and Public Policy team actively supported (and continues to support) vaccine finance mobilization efforts at the provincial level, and in close collaboration with the Ministry of Health, Hygiene, and Prevention. “With the COVID-19 pandemic continuing to disrupt immunization services, it is critically important that everyone, everywhere, has access to the lifesaving power of vaccines,” says Nanthalile Mugala, MD, MMed, PATH’s Chief of the Africa Region.

Breaking down silos for better health care

PATH works with countries to create new ways of connecting individuals with HIV, tuberculosis, viral hepatitis, and other health services. In Vietnam, the USAID-funded PATH Healthy Markets project has been supporting the development of integrative, one-stop-shop, key population-led and key population-friendly clinics that offer patient-led HIV and sexually transmitted infection testing, viral hepatitis services, pre-exposure prophylaxis, post-exposure

i Learn more about our work securing the support of policymakers, advocates, influencers, and citizens to commit resources and enact policies that advance health equity.

→ path.org/programs/advocacy-and-policy

Dr. Ali Kitoko shares information on an HIV self-test at Pharmacie Binamet, 1 of 28 pharmacies in Haut-Katanga Province, DRC, to introduce pharmacist-assisted HIV self-testing services during COVID-19.



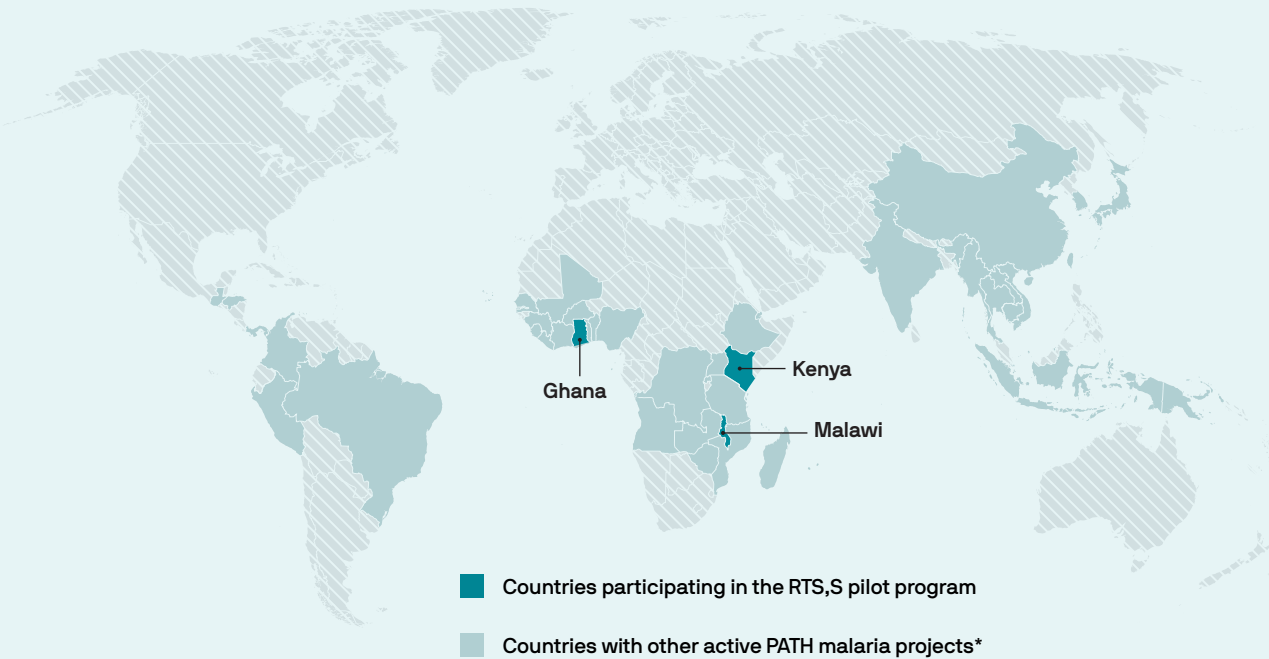
*The Mashako Plan’s key partners and donors are Acasus, Bill & Melinda Gates Foundation, Expanded Program on Immunization, Gavi, the Vaccine Alliance, PATH, UNICEF, US Agency for International Development, Village Reach, World Bank, and World Health Organization.

THE WORLD’S FIRST MALARIA VACCINE

In October 2021, WHO recommended widespread use of the RTS,S/AS01 (RTS,S) vaccine against malaria in young children living in regions of moderate-to-high transmission of malaria caused by *P. falciparum*. This historic recommendation—the world’s first for a vaccine against malaria—was based on results from an ongoing PATH-supported pilot program in Ghana, Kenya, and Malawi that has delivered more than 3 million doses to more than 1 million children over the last three years. Though the pilot implementation began in 2019, PATH’s involvement with the vaccine goes back much further.

“PATH has worked on the development and implementation of the RTS,S vaccine for more than 20 years,” says Ashley Birkett, PhD, Director of PATH’s Malaria Vaccine Initiative. “It has been a long road, and it’s extremely exciting to finally be able to say that RTS,S could soon be available—alongside other malaria interventions—to more children at risk.”

In December, just two months after WHO’s historic recommendation, the board of Gavi, the Vaccine Alliance approved a malaria vaccine program to help fund broader rollout of RTS,S in low- and middle-income countries.



* As of May 2022



A nurse holds 7-month-old Beverly while speaking to Beverly’s mother, Sylvia, about the malaria vaccine at the Malava County Hospital Child Welfare Clinic in Kakamega, Kenya.

“This decision by the Gavi board is critically important for those of us living in Africa,” says Nanthalile Mugala, MD, MMed, Chief of the Africa Region at PATH. “Across the region, we see that progress against malaria has largely stalled, and hundreds of thousands of children are still dying each year. There is a clear need for new tools to get the fight back on track. Gavi’s funding will make it possible for low- and middle-income countries in the region to consider adding RTS,S to their childhood immunization programs.”

PATH’s role in the development and introduction of RTS,S

In close partnership with GSK, PATH has provided technical support to the development and implementation of RTS,S since 2001. The Bill & Melinda Gates Foundation provided catalytic funding for late-stage development of RTS,S between 2001 and 2015. Specific PATH efforts have included but are not limited to helping to shepherd RTS,S through Phase 2 and Phase 3 trials and review by regulatory and global policymaking bodies; conducting critical social science research to provide additional evidence about the vaccine to inform both global and local decisions regarding the potential use of the vaccine in young African children; engaging with numerous financing bodies and donors to help ensure the vaccine’s continued progress throughout its development; identifying manufacturing partners to help meet global demand; and supporting the broad introduction of RTS,S in malaria-endemic regions.

prophylaxis, antiretroviral treatment, and gender-affirming care. Mental health care was first integrated into these clinics in 2019 and has since expanded in scope and scale. In just eight months, from October 2020 through May 2021, more than 1,700 key population clients were linked to mental health services at five Healthy Markets—supported one-stop-shop sites.

Davina Canagasabay, Technical Advisor with PATH’s HIV, Tuberculosis, and Viral Hepatitis team, says that when scaling up models for service integration, “Engaging all health system actors—from health clinics, peers, communities, and private-sector providers to individuals themselves (through self-care)—is foundational for sustainable progress.”

Fortifying foods and publishing guidance for newborn care

Worldwide each year, 2.4 million newborns die in the first month of life and up to 30 million require some level of inpatient care. Most of these small and sick newborns are born with low birth weight or prematurely, leaving them and their mothers highly vulnerable to numerous health complications and requiring specialized care.

In 2021, PATH’s neoLENS project published practical guidance for low- and middle-income countries looking to strengthen newborn care. The project developed case studies on the different

i Learn more about our work developing and implementing innovative, sustainable approaches to tackle HIV, tuberculosis, and viral hepatitis.

→ path.org/programs/hiv-aids-tuberculosis

PATH has helped the governments of Cambodia, India, and Myanmar in scaling up rice fortification (enhancing regular rice with nutrient-fortified grains customized to address local nutrient deficiencies). PATH-supported pilot programs across India have already brought this nutrient-rich food to more than 1 million people—many of them schoolchildren. Here, a street vendor sells fried rice in Yangon, Myanmar.



PATH/Minzayar Oo



approaches Ethiopia, India, Malawi, and Rwanda have used to establish, operationalize, and scale up inpatient newborn services, as well as a global analysis that synthesizes experiences and learnings across the four countries.

PATH's Maternal, Newborn, Child Health & Nutrition (MNCHN) team also documented barriers and facilitators to achieving effective coverage of 14 MNCHN commodities and interventions in key geographies. The evidence generated provides an in-depth look at decision-maker and end-user perceptions on the key bottlenecks. Data will be made available in dashboards for use by global, national, and subnational stakeholders to guide improved decision-making and investments.

Equipping local champions to advocate for access

In Senegal, the Ministry of Health, PATH, and partners advanced self-care policy through the Self-Care Pioneers, a coalition of champions leading the development of Senegal's self-care guidelines. These will be among the first national self-care guidelines in the world, and the first in francophone Africa.

Ministries of health have accelerated scale-up of contraceptive self-injection with support from the DMPA-SC* Access

A health worker comforts a newborn in the neonatal intensive care unit, Mangochi District Hospital, Malawi. PATH's neoLENS project developed case studies to help other countries learn from the successes of Ethiopia, India, Malawi, and Rwanda.

i Learn more about our work strengthening maternal and newborn care, expanding nutrition policies and programs, and supporting early childhood development.

→ path.org/programs/maternal-newborn-child-health-and-nutrition

Nabeel Goheer
PhD

Chief of the Asia, Middle East,
and Europe (AMEE) Region

United Kingdom

“Global public health is taking a new shape. Organizations are heeding local voices and priorities. I am proud that PATH is a leader in this change.”



Nabeel is a seasoned leader in international development with experience spanning strategy, governance, partnerships, evaluation, technology, and digitalization. After a decade spent assisting and representing the Commonwealth Secretary-General, Nabeel was named PATH's first-ever Chief of the AMEE Region in 2021.



Aminata Gaye, 29, (in pink) explains to client Mossan, 21, how to self-inject the contraceptive DMPA-SC at the Dominique Health Center in Pikine, Senegal. PATH has worked to facilitate introduction and scale-up of DMPA-SC in more than 20 countries.

Collaborative, led by PATH in partnership with John Snow, Inc. The Access Collaborative provides technical assistance to countries and mobilizes local champions for contraceptive self-injection—and for sexual and reproductive health self-care more broadly. The champions are all experts in their respective fields who are strategically positioned to influence the scale-up of self-injection in their communities. The Access Collaborative equips them with the latest evidence and advocacy tools, and convenes the champions regularly for collaborative learning exchanges. In 2021, the project provided technical assistance to 20 countries and collected data from 11 countries showing more than 315,000 client self-injection visits.

i Learn more about our work designing and evaluating products and programs that meet the reproductive health needs of current and future generations.

→ path.org/programs/reproductive-health

Clinical trial registry monitoring

PATH is committed to ensuring that the clinical trials we sponsor, fund, or otherwise support are registered in a publicly available clinical trial registry, in accordance with international standards established by the World Health Organization (WHO) or the ClinicalTrials.gov registry. PATH reports progress toward this commitment annually.

Monitoring results of PATH clinical trials due November 1, 2021, are summarized as follows:

- Eight (8) clinical trials were initiated between November 1, 2020, and October 31, 2021. All were registered in a WHO Registry Network primary registry.
- 34 clinical trials were 12 months past primary study completion, of which:
 - 33 had summary results submitted to a clinical trial registry; and
 - 1 was pending submission of results. (Study partner is record owner; will post results at end of study per European Union laws. Agreement with partner pre-dates WHO joint statement on clinical results posting.)
- 23 clinical trials were 24 months past study completion, of which:
 - 20 had manuscripts submitted for peer-reviewed journal publication; and
 - 3 were terminated early and did not meet qualifications for publication (e.g., insufficient sample size).

2021 financial summary

Revenue (in thousands)

Foundations	\$163,782
US government	88,221
Other governments, nongovernmental organizations (NGOs), multilaterals	73,232
Investments	6,627
Individuals/other	6,111
Corporations	5,853
TOTAL REVENUE	\$343,826

Expenses (in thousands)

Program-related:	
Programs & Innovation	\$ 80,407
Essential Medicines	47,074
Africa	33,239
Asia, Middle East, and Europe (AMEE)	28,791
Other	6,384
Program development	1,995
Subawards to program partners	105,206
Subtotal program-related	\$303,096
Administrative	\$ 29,599
Fundraising	4,053
TOTAL EXPENSES	\$336,748

Assets (in thousands)

Cash and cash equivalents	\$ 23,135
Invested grant funds	230,730
Contributions and awards receivable	39,927
Other	15,209
TOTAL ASSETS	\$309,001

Liabilities and net assets (in thousands)

Total liabilities	\$251,322
Net assets:	
Without donor restrictions	\$ 24,375
With donor restrictions	33,304
Total net assets	\$ 57,679
TOTAL LIABILITIES AND NET ASSETS	\$309,001

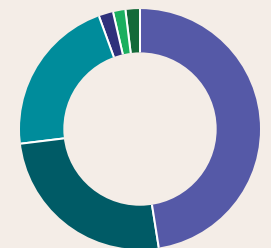
*Use of funds includes direct expenses and funds subawarded to partners.

Figures are presented in US dollars.

Notes: The above financial summary is based on PATH's audited financial statements, which are audited by the firm Clark Nuber P.S. Full copies are available on our website at www.path.org.

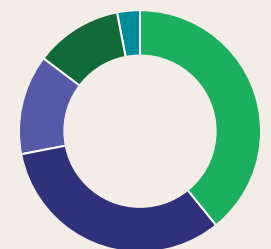
PATH is an international, nonprofit, nongovernmental organization. Our mission is to advance health equity through innovation and partnerships. Contributions to PATH are tax-exempt under US IRS code 501(c)(3).

Sources of revenue



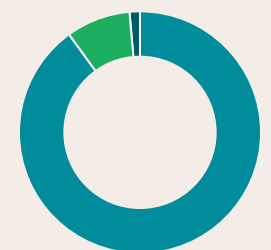
- 47.6% Foundations
- 25.7% US government
- 21.3% Other governments, NGOs, multilaterals
- 1.9% Investments
- 1.8% Individuals/other
- 1.7% Corporations

Use of funds*



- 39.3% Programs & Innovation
- 32.8% Essential Medicines
- 13.5% Africa
- 11.6% AMEE
- 2.8% Other

Expense allocation



- 90.0% Program
- 8.8% Administrative
- 1.2% Fundraising

Board of Directors

Jo Addy, MBA, MPA
Founder and Managing Director
Continuum Advantage
Ghana and United States

Lisa P. Anderson
President
Moccasin Lake Foundation
United States

VICE CHAIR
Beth Galetti
Senior Vice President, Human Resources
Amazon
United States

Joel Holsinger
Partner, Portfolio Manager,
Co-Head of Alternative Credit
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A letter from our former Board Chair

It’s been an honor to serve as PATH’s Board Chair for the last four years. It’s also an honor to say a few words about PATH’s accomplishments during this unprecedented time.

It would be easy to praise the PATH team for its critical and ongoing contributions to the global response to COVID-19—but there is so much more to say. During our time together, PATH has improved health for hundreds of millions of people; developed and launched dozens of innovative health products; created centers of excellence in vaccines, malaria, digital health, and primary health care; developed and launched its first-ever diversity, equity, and inclusion strategy, and advanced the important cause of global health equity.

From a board perspective, we oversaw a highly successful CEO transition, welcoming Nikolaj Gilbert to PATH; supported the strengthening of PATH’s financial position and the decentralization of PATH’s program leadership; and recruited a highly skilled and diverse new group of board members.

It’s been an indescribable privilege to play a small part in these activities, and to lend my voice and experience to this extraordinary team. I am proud of what PATH has accomplished and excited about the opportunities ahead. Please join me in congratulating Beth Galetti, our new Chair, and in supporting her leadership so that PATH’s torch will continue to burn brightly as we work together to move humanity forward.

Sincerely,

David P. King

David King
Former Board Chair



David King
Chair, Board of Directors

Diversity, equity, and inclusion at PATH

At PATH, 2021 marked the first year in a three-year diversity, equity, and inclusion (DEI) strategy. Designed to make our teams, business practices, and public health programming more diverse, equitable, and inclusive, the DEI strategy was developed by leaders and employees across PATH, including the DEI Advisory Group, Executive Team, Human Resources, People Resource Groups, and employee-led DEI working groups.

In September, PATH appointed Levis Nderitu as Director of Global Diversity, Equity, and Inclusion. Levis brings to PATH more than a decade of international development and private-sector experience in DEI, culture, and employee engagement. He will lead and refine PATH’s DEI strategy moving forward.

“It’s my honor to continue the great work already underway by so many dedicated PATH staff around the world.”

A message from our DEI Director

My name is Levis Nderitu, my pronouns are he/him, and I was born and raised in rural Kenya. My father is a police officer, my mother a cleaner at my high school. Like all parents, they had many dreams for my siblings and me. One of those dreams was that we’d get good educations. Another was that we’d be *normal*—but from an early age I knew that I was different. I knew that I liked boys instead of girls.

Society told me that I was weird or unusual because of this. For a long time, I believed it and felt excluded because of it. Until one day I realized that I must embrace myself in all my colors, shades, and hues. That realization fuels my passions: advocating for people who are different, creating space for those who are different, and advancing the message that—in one way or another—we are all different.

I’ve spent my career carrying that message to different organizations and using it to guide the creation and implementation of impactful DEI strategies. Now, it’s my honor to continue that work at PATH—and to continue the great work already underway by so many dedicated PATH staff from all geographies.

After I joined PATH in September 2021, the remainder of the year was dedicated to meeting with staff from around the world, learning about all the different DEI-related workstreams and initiatives in progress, and developing next steps for the organization. In 2022, we’ll simplify our DEI work plans, unify our workstreams, and globalize involvement so that all members of PATH’s global team—no matter their differences—know that they are welcome and wanted at the table.



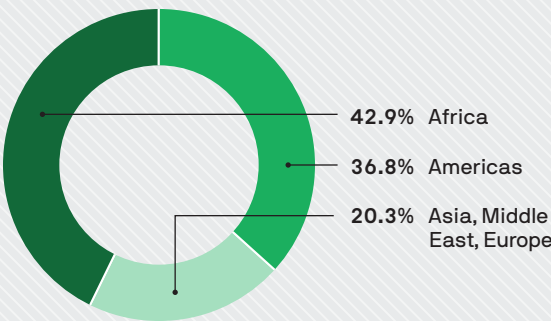
Levis Nderitu
Director, Global Diversity, Equity, and Inclusion

By the numbers

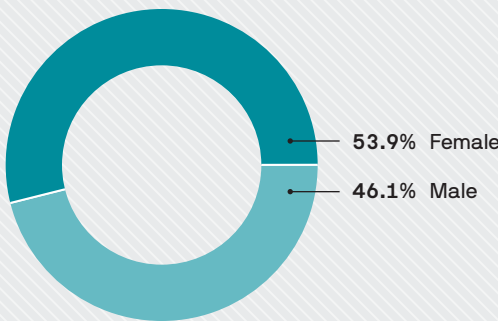
DEI in 2021

As part of our three-year DEI strategy, PATH has developed DEI dashboards to monitor institutional progress on employee retention across gender, race, and other factors. The graphs to the right show self-reported employee data from some of the dashboards.

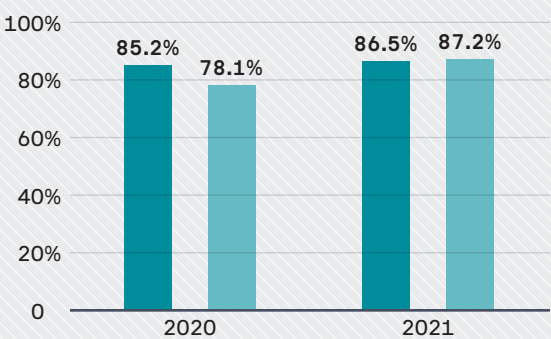
All staff by region



All staff by gender



All staff retention rate by gender



ABLE AT PATH

Launched in 2021, the Able at PATH resource group seeks to advance disability inclusion at PATH and in our public health programming by bringing disability into the health equity conversation.

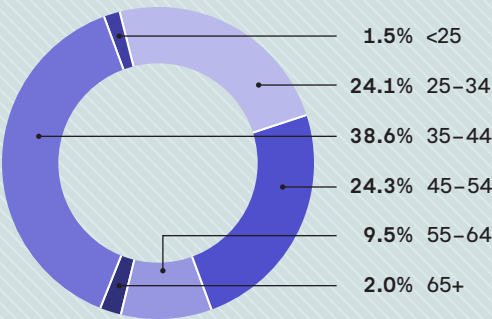
In its inaugural year, the group achieved this within PATH by developing and hosting a training on inclusive hiring practices. Attended by 25 staff members in recruiting roles from across PATH’s three global regions, the training provided a brief legal history of disability inclusion in the workplace, an overview of the Americans with Disabilities Act (ADA), an exploration of how ADA recommendations can be applied outside the United States, and resources staff can use during hiring and onboarding to guide the application of best practices.

“Over the last few decades, there have been big social and cultural moments around race and gender and sex and sexuality,” says Jamie Taylor, Benefits Manager at PATH and founding member of the resource group. “Disability hasn’t had an equivalent global moment yet, but it impacts a significant portion of the population. That’s why it’s important to raise awareness within our own organization and beyond it.”

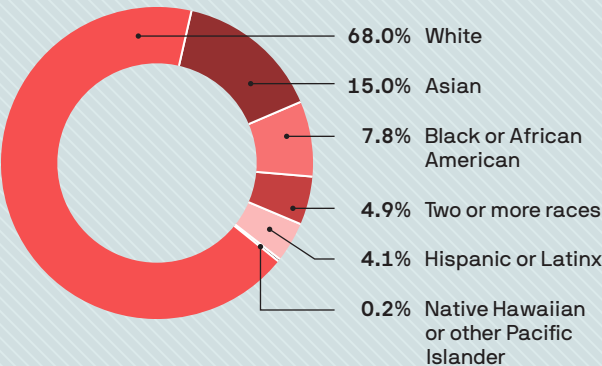
In 2022, Able at PATH is focused on creating a community within PATH where people living with disabilities—and allies of people living with disabilities—can connect, share their experiences, and access social support.

By the numbers

All staff by age band



US-based staff by ethnicity/race



At this time, PATH collects race/ethnicity data for US-based staff only.

A new program uplifts PATH leaders

Conceived and created in 2021, the ELEVATE Sponsorship Program is a talent development and leadership acceleration initiative for Asian, Black, and Hispanic/Latinx leaders at PATH. Each year, the program will take a small group of participants and provide each with tailored leadership training and leverage the influence of PATH’s Executive Team to support their development.

Carolyn Njuguna, MBA, PATH’s East Africa Hub Director and Kenya Country Director, was among ELEVATE’s inaugural five-person cohort. She describes the experience as transformational and eye opening: “The program has been helpful in so many ways. I’ve gotten to meet and learn from other Black executives and renowned leaders across the globe. And the facilitated, small group, deep-dive sessions have provided a safe space to be vulnerable, discuss challenges, and get input from others.”

Carolyn says the discussions covered topics such as energy management, network mapping, psychological safety with regard to vulnerability in leadership, and even storytelling: “Leadership is a meaning business where one creates meaning for those that you lead. Stories help create meaning and galvanize action. Mastering that art is vital for any leader, and for me, the most memorable activity was the one that got us practicing how to structure a compelling change story using a storyboard. This was so practical, simple, timely, and useful.”

Looking ahead, Carolyn expects future cohorts to benefit as well. “ELEVATE enables participants to think outside the box as leaders and to develop their personal networks across the region and the globe. The experiences it provides are so valuable—especially during disruptive times like those we are facing today.”

“ELEVATE enables participants to think outside the box as leaders and to develop their personal networks across the region and the globe.”

Carolyn Njuguna was among the inaugural cohort in PATH’s new talent development and leadership acceleration initiative.



Moving humanity forward—together

The following list of supporters includes those who gave \$1,000 or more in funding to PATH in 2021 through grants, donations, and in-kind contributions. We are deeply grateful to you all for your generous investment and collaboration and your commitment to improving public health.

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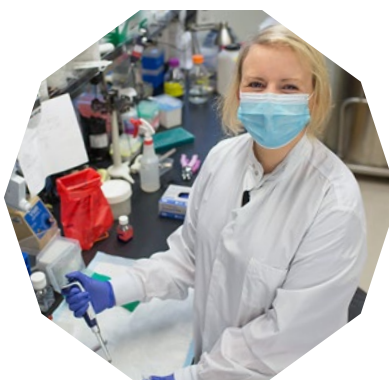
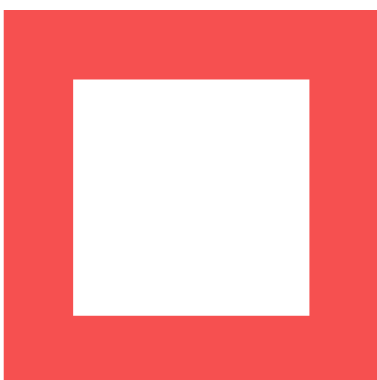
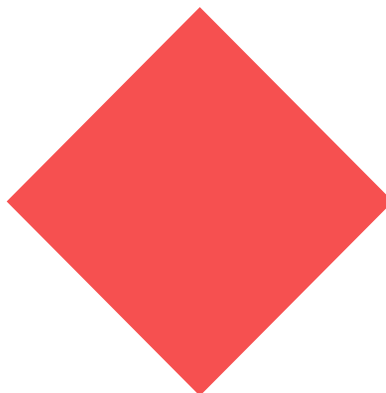
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