Annual Report

2022

PATH

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 2022. As countries around the world began reopening and finding a new normal, your generosity and partnership made it possible for PATH to accelerate COVID-19 recovery efforts, recoup lost progress against deadly diseases, and ready the world for future health threats.

We are thrilled to present to you this 2022 annual report, which highlights some of our most exciting achievements and provides a window into the breadth and depth of our global team's impact—from demonstrating the feasibility of freeze-dried mRNA vaccine formulations to developing safer standard operating procedures for laboratories to advancing the digital transformation of national and subnational health systems across Africa and Asia.

2022 also marked our second year operationalizing the PATH Strategy 2025, a comprehensive plan that focuses our efforts on increasing the capacity and resilience of health systems, improving lives with science and technology, and preparing for and responding to emerging health threats. Over the past year, PATH teams have trained health workforces, co-created new medical devices and health innovations, provided emergency response support in conflict areas, enhanced disease surveillance systems, and so much more. We are proud to have made substantive, measurable progress against our most important goals—and that progress is detailed throughout the pages of this report.

Together, we have made meaningful strides in advancing health equity, but there is still much work to be done. Looking ahead, we remain committed to our vision: a world where good health is within reach for everyone. That's why we're proud to support the global push to achieve universal health coverage by 2030. We believe PATH is uniquely equipped and positioned to support this worldwide effort and the paradigm shifts required to create the sustainably funded, threat-resilient, person-centered primary health care systems that will make universal health coverage possible.

As we continue to face new challenges—from antimicrobial resistance to geopolitical conflicts to climate change—we are confident that our collective efforts will lead to continued progress and impact.

Thank you for your ongoing support of PATH and our mission. We invite you to explore this year's report and join us in our continued efforts to create a healthier, more equitable world.

With gratitude,

Beth Galetti

Beth Galetti
Chair, Board of Directors

Nikolaj Gilbert

Nikolaj Gilbert
President and CEO

President and CEO Nikolaj Gilbert (right) and Board Chair Beth Galetti (center) honor the contributions of long-time Board of Directors member Jo Addy during PATH's annual Global Leaders Meeting in September 2022—our first in-person staff summit since the COVID-19 pandemic began.

PATH/Dave Simpson

PATH Strategy 2025: Year 2

Every organization is guided by a strategy, but the PATH Strategy 2025 is built differently. Back in 2020, as the COVID-19 pandemic upended lives and livelihoods and derailed progress toward global health goals, we wanted to do more than set objectives. We wanted to reimagine the role and function of the international nongovernmental organization, beginning with the needs and priorities of the people we serve.

So, we gathered input from 400 stakeholders across 50 countries, including local health leaders, ministries of health, public- and private-sector partners, funders of public health programs, and members of our own global team. Together, we identified the PATH capabilities most valued by our partners and used those capabilities to frame three strategic priorities that represent an intentional and responsive shift away from the siloed health areas that have limited our sector's potential.

Now, after completing two years of this five-year strategy, we're proud to share an update on its implementation.

In the tables to the right, you can see how many PATH projects contributed to each strategic priority, how many locations those projects served, and how many critical milestones they reached along the way (examples of critical milestones include, but are not limited to, the in-country registration of a health product, drafting a new health policy, launching an awareness campaign, and completing a health worker training).

Throughout the pages of this report, you'll see small colored icons—P1 P2 P3—noting which of our strategic priorities were advanced by each achievement.

2022 BY THE NUMBERS

P1 Preparing for and responding to emerging health threats

127	63	129
TOTAL PROJECTS	LOCATIONS SERVED	CRITICAL MILESTONES REACHED

PROJECTS INCLUDED: climate change adaptation, epidemic preparedness and response, and antimicrobial resistance detection and management.

P2 Improving lives with science and technology

218	63	223
TOTAL PROJECTS	LOCATIONS SERVED	CRITICAL MILESTONES REACHED

PROJECTS INCLUDED: vaccine development and introduction, medical device innovations and introductions, and the deployment of digital information systems.

P3 Increasing health system capacity and resilience

| 224	73	205
TOTAL PROJECTS	LOCATIONS SERVED	CRITICAL MILESTONES REACHED

PROJECTS INCLUDED: health worker trainings, policy advocacy, regulatory harmonization, and integration of multiple health services into single points of care.

"Our strategy is designed to directly respond to the current crises we face as a global community, to the needs and priorities of our local partners, and to their resounding call for the continued transformation of our sector."

NIKOLAJ GILBERT
PRESIDENT AND CEO

IMPACT IN OVERLAP

Our strategic priorities are not mutually exclusive. They work together by design to ensure more holistic, people-centered work. In 2022, 23 of our projects contributed to all three priorities and 144 contributed to two priorities.
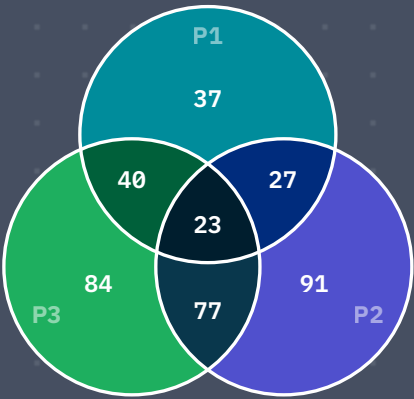
2022 PATH projects by strategic priority.

A more equitable approach to global health

As we gathered input for our strategy, we also heard a clear call for PATH to help move the sector toward more equitable and effective approaches. To answer that call, we identified four change strategies—equity in health, community-focused priorities, inclusive innovation, and respectful partnerships—and then developed a groundbreaking tool that our programs and partners can use to self-assess their proposals and projects: our Equity in Programming Benchmarks.

What gets measured gets done. These benchmarks—available for download on path.org—provide global health practitioners with a quantifiable way to hold themselves and their funders accountable to local communities, needs, and priorities.

The benchmarks have already been used on many PATH projects, including the Technical Assistance Platform (TAP) Project, a US President's Emergency Plan for AIDS Relief (PEPFAR)–funded collaboration between PATH, Jembi Health Systems, the University of California at San Francisco, and the US Centers for Disease Control and Prevention to improve collaboration and coordination between digital health stakeholders in 14 countries. Brianna Musselman, PATH's Program Manager for the TAP Project, led partners through the benchmark-guided assessments during their 2022 annual work-planning meetings.

"The benchmarks were very well received and generated good discussions about what we could all be doing differently to ensure our efforts are country owned and led," says Brianna. "A lot of what we discussed needing to change has to do with power dynamics: Who's calling the shots overall? Who's calling the meetings and setting the agendas? Who's attending and taking up airtime? These are the things we've started to adjust to make more space for the technical conversation and for local experts who have a local lens to move the work forward. Of course, there's always room for more improvement, but we're making real progress advancing more equitable approaches and the benchmarks helped surface and quantify the need for change."

↓ **Download the benchmarks**

To view the complete Equity in Programming Benchmarks, visit path.org/resources/equity-in-programming-benchmarks/.

EQUITY IN PROGRAMMING BENCHMARKS

Teams self-assess proposals or projects by ranking each indicator. Through this process, we identify opportunities to learn and improve how we center equity in project design.

CHANGE STRATEGIES	Equity in health	Community priorities	Respectful partnerships	Inclusive innovation
INDICATORS	○ Focuses on marginalized populations ○ Challenges inequities ○ Measures equity ○ Learns about equity	○ Addresses community priorities ○ Engages communities	○ Shifts power to partners ○ Transitions project to partners ○ Strengthens partner capacity ○ Invests in respectful partnerships	○ Includes users in innovation ○ Builds inclusive innovation skills
RANKS	① Low ② Medium ③ High ④ Transformative			

2022 achievements

PATH continued supporting country-led initiatives around the world, building on the strengths, capacities, and priorities of governments, ministries of health, and local implementing partners. With an average of 384 active projects a year, these are just a few examples that demonstrate the breadth and depth of our impact in 2022.

PATH'S STRATEGIC PRIORITIES

P1 Preparing for and responding to emerging health threats

P2 Improving lives with science and technology

P3 Increasing health system capacity and resilience

African entrepreneurs design digital innovations

P1 **P2** **P3**   1 of 100 projects advancing P2 and P3

PATH's approach to digital health prioritizes global goods—digital health tools that are adaptable to different countries—and creating an ecosystem of choice, where country stakeholders define what tools are needed rather than donors or external partners. The Bayer Foundation–funded Digital Health Ecosystem (DHE) project is a great example of this approach in action. The DHE project invests in African digital health entrepreneurs to create digital health products and services that are grounded in local needs and requirements.

"We are funding four Africa-based digital health entrepreneurs to collectively build solutions using a global good—Medic's Community Health Toolkit," shares **Parnika Shrivastava**, Project Manager for DHE. "This work is unique and exciting because we are partnering with local entrepreneurs to drive the development of digital tools to support their country's specific health programs and their own

In Sinafala village, Zambia, Odinga Chitonka collects malaria case data using a mobile phone. PATH's Digital Health Ecosystem project helps African digital health entrepreneurs create digital tools for health workers that improve the accessibility and quality of care.

PATH/Gabe Bienczycki

business needs. This shifts the development of digital tools from being donor to stakeholder driven."

The DHE project focuses on using an existing global good as a starting point for developing new features and tools because it gives country-based developers access to a proven, economically viable digital foundation for their applications. Once the entrepreneurs complete their work, health care workers will have the tools needed to improve the quality, speed, and access of equitable care in their communities and contexts.

▶ **LEARN MORE:** path.org/programs/digital-health

Expanded access to malaria vaccine begins

`P1` `P2` `P3`   1 of 50 projects advancing P1 and P2

The RTS,S/AS01 malaria vaccine is a new tool to complement existing measures to reduce malaria illness and deaths and increase access to malaria prevention for at-risk children. Pilot introductions of the vaccine through national immunization programs in parts of Ghana, Kenya, and Malawi since 2019 have resulted in a substantial reduction in deadly severe malaria, a drop in child hospitalizations, and a decline in child deaths.

For more than 20 years, PATH has been instrumental in the vaccine's development and subsequent pilot introductions. We began providing technical and financial support for expansion of malaria vaccination in 2022, following the World Health Organization's (WHO's) recommendation for widespread use of the vaccine. PATH has been a key partner in the pilots and played an even greater role in 2022, supporting preparation for the expansion in all three countries, in collaboration with WHO and other in-country partners.

Malawi launched their expansion in November 2022. Notes PATH's **John Bawa**, Team Lead, Vaccine Implementation in West Africa, "As a long-standing partner to these countries, it is gratifying to have helped expand access to this lifesaving vaccine."

▶ **LEARN MORE:** path.org/programs/center-for-vaccine-innovation-and-access

Ukraine maintains tuberculosis care during wartime

`P1` `P2` `P3`   1 of 23 projects advancing P1, P2, and P3

PATH's Support TB Control Efforts in Ukraine project kicked off in 2019, with aims to reduce the tuberculosis (TB) epidemic in Ukraine through prevention, detection, and appropriate care for people living with TB, drug-resistant TB, and TB/HIV coinfection. Russia's military invasion of Ukraine in February 2022 presented unique challenges to the project's ability to strengthen capacity for health care workers; improve early TB detection, diagnosis, treatment, and management;

"...it is gratifying to have helped expand access to this lifesaving vaccine."

LEFT: Dr. Charles Mwansambo, Malawi's Secretary for Health, administers the RTS,S malaria vaccine to Hastings Joseph as his mother, Anamiya Daniel, holds him during a launch ceremony in Mchinji District.

BELOW: During a multidisciplinary health visit to a village in Ukraine, health care providers use a Fuji portable X-ray unit to screen a patient for tuberculosis. PATH procured several of these units on behalf of the health system to help screen groups at risk of tuberculosis in remote locations.

Africa Region update

Dear colleagues and partners,

In 2022, the PATH Africa Region continued accelerating health equity and contributing to solutions for the continent's most pressing health challenges.

Our teams worked to advance the PATH Strategy 2025 by directly responding to crises, to the needs and priorities of our local partners, and to their resounding call for the continued transformation of our sector. We made great strides in the many countries where we work, and we also strengthened our partnerships with regional agencies, including signing a memorandum of understanding with the Africa Centres for Disease Control and Prevention, and worked closely with the African Union Commission.

We also leveraged PATH expertise across our region and around the world to strengthen African health systems, markets, and regulators; to grow our regional footprint; and to enhance the impact of our programs. Our diverse teams continued to play an impactful role in shaping the continent's

trajectory on health systems innovation, digital health, regulatory oversight, health product manufacturing, and delivery of public programs that contribute to the attainment of universal health coverage.

Looking ahead, we will continue working with regional entities to advance the African Union Commission's "Africa's New Public Health Order: Rejuvenating the Global Health Security Agenda."

I want to thank our colleagues and collaborators for the great work they have done across the region engaging diverse stakeholders to move humanity toward equitable health. Our people and partners understand the continent's needs and have shown resilience and commitment to serving them the best way they know how. I am proud of all we've accomplished, and that we're pursuing a healthier future together.

Sincerely,

Nanthalile Mugala, MD, MMed
Chief of the Africa Region

In Homabay County, Kenya, Nanthalile Mugala speaks to members of a savings and internal lending community during a visit to the US Agency for International Development's Nuru Ya Mtoto project, which brings HIV prevention, treatment, and economic services to orphans, adolescent girls, and young women.

PATH/Charles Wanga

REGION HIGHLIGHTS

In Ethiopia, PATH successfully concluded the Early Childhood Development (ECD) project, exerting significant influence on the formulation of Ethiopia's ECD policy framework. This forward-thinking policy supports seamless integration of ECD into maternal and child health programs and fosters effective collaboration across sectors.

In Senegal, PATH spearheaded the Self-Care Pioneers Group, a collaboration comprising patient, women's, and youth associations; local and international civil society and nongovernmental organizations; health care professionals; and ministry officials. The collaboration drove the development and passage of the country's self-care guidelines, a historic achievement for Francophone Africa.

In Tanzania, PATH supported the renovation of the country's Center of Digital Health and the development of its first-ever electronic sample referral system, which links the country's laboratory system with Posta Kiganjani (the courier system), improving sample tracking from collection to testing.

and support civil society, TB advocacy, and stigma reduction. Many project regions were at the center of military conflicts—though all people in Ukraine affected by TB were forced to urgently seek care in new facilities or regions, interrupting their existing treatment plans and increasing the likelihood of TB spreading and higher rates of infection.

Our project adapted to the emerging needs and requests of TB patients and partners in war-affected areas, including evacuating them to safer regions and procuring food supplies for inpatient medical wards, as well as furniture, warm clothes, mattresses, warm blankets, and heaters for medical ward bomb shelters. Learn more about how the project team supported logistics for transporting drugs and biosamples, restoring lost medical records, providing accommodation and reemployment of displaced TB specialists, and supporting patients who had lost access to specialized TB services.

▶ **LEARN MORE:** path.org/programs/primary-health-care

Ghana creates insulin cold chain to meet growing demand

`P1` `P2` `P3`   1 of 63 projects advancing P1 and P3

Improving supply security for key noncommunicable disease (NCD) medicines is critical to improve overall outcomes for people living with NCDs like heart disease and diabetes. PATH worked with the ministries of health in Ghana, Kenya, and Vietnam to conduct assessments to expose barriers and vulnerabilities in access to NCD medicines. These assessments found that secure access to insulin and other cold-sensitive medicines was a pain point.

PATH, in partnership with the Bill & Melinda Gates Foundation, identified ample cold chain storage for vaccines, but medicines like insulin are often unavailable in many parts of the world due to lack of cold storage. In Ghana, PATH and Ghana Health Service are leading the charge to use excess vaccine cold storage to store insulin. We developed standards of practice and guidelines to help facilities safely integrate and store these medicines. Now, we're piloting the integration in one district. Given the already high and still growing global burden of diabetes, consistent access to insulin will be a critical step toward the global goal of universal health coverage.

▶ **LEARN MORE:** path.org/programs/noncommunicable-diseases

Ugandan veterinarians join the outbreak response system

`P1` `P2` `P3`   1 of 63 projects advancing P1 and P3

In recent years, global headlines have featured zoonotic diseases such as COVID-19, Ebola, avian influenza (bird flu), and monkeypox. Three out of every four new, emerging, or reemerging infectious diseases in humans come from animals—mostly wildlife species. In the Africa Region, there has been a 63 percent increase in zoonotic

outbreaks over the past decade. Uganda is reversing this trend by harmonizing disease surveillance and reporting through the One Health approach, which integrates activities to improve the health of humans, animals, and the environment. Compared to the human health sector, data for decision-making are limited in the animal health sector in Uganda.

The US Agency for International Development (USAID)–funded and ICF-led Infectious Disease Detection and Surveillance project supported the implementation of Uganda's One Health Strategic Plan (2018–2022) by strengthening the capacity of veterinary laboratories to achieve international accreditation (ISO 17025) for the first time in Uganda, and by conducting biosafety and biosecurity trainings. Forty staff from various animal health offices and partner organizations were trained in the implementation of coordinated surveillance using the One Health approach. **Aliziki Wasagali,** Assistant Warden at Mount Elgon Wildlife Conservation Area, said, "This training in One Health was long overdue. Zoonotic threats do not know the boundaries of our sectors. It is high time we collaborated more closely."

▶ **LEARN MORE:** path.org/health-areas/epidemic-preparedness

"Zoonotic threats do not know the boundaries of our sectors. It is high time we collaborated more closely."

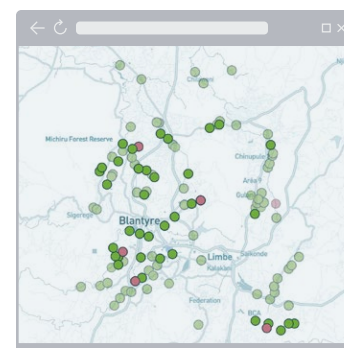### Using sewage as an early indicator of COVID-19 outbreaks

P1 **P2** P3   1 of 50 projects advancing P1 and P2

In 2022, PATH advanced projects to identify and control COVID-19 using environmental surveillance (ES) of sewage systems. As viruses are shed in feces, public health programs can assess their presence in communal wastewater to determine local trends in disease prevalence.

ES was proven to be a powerful tool in helping countries with limited capacity to perform clinical testing. PATH partnered with public institutions in Africa, Brazil, and the Indo-Pacific to conduct ES for SARS-CoV-2 and connect them with the Wastewater SPHERE data center. The Wastewater SPHERE hosted ES data from more than 40 countries on a dashboard that provided a real-time review of the virus. Analysis of routine surveillance data has proven that ES can be used as an early detection system to reflect upticks in prevalence before clinical cases increase, and in Malawi, sequencing of ES samples identified the introduction of the Delta and Omicron variants. PATH also helped evaluate the cost-effectiveness of ES in Malawi and Nepal.

"Environmental surveillance for SARS-CoV-2 is an effective and affordable tool for countries to better track the prevalence of the virus where clinical testing was not widely available," says **David Boyle,** Laboratory Director and Diagnostics Program Leader, PATH.

▶ **LEARN MORE:** path.org/programs/diagnostics

ABOVE: Public health staff in Kathmandu, Nepal, take wastewater samples to test for viruses like SARS-CoV-2 and polio. In 2022, PATH helped health systems around the world demonstrate the effectiveness and affordability of environmental surveillance.

RIGHT: A nurse administers a COVID-19 vaccine at Entebbe Referral Hospital in Uganda. To support the vaccine's rollout and combat misinformation, PATH developed an advocacy and demand generation handbook for the Ministry of Health and equipped nearly 150 journalists with key messages and points of contact to verify vaccine information before publication.

Wastewater sample data plotted on a map on the Wastewater SPHERE website. Between May 2020 and May 2022, 2,524 samples were taken from 112 sites in Blantyre, Malawi.

Zambian community health workers reduce malaria incidence

P1 **P2** **P3**   1 of 23 projects advancing P1, P2, and P3

Since 2011, the Zambian Ministry of Health, through the National Malaria Elimination Centre (NMEC), has been expanding the use of community health workers (CHWs) to improve access to malaria case management.

To further enhance the program's effectiveness, PATH's Program for the Advancement of Malaria Outcomes (PAMO Plus), funded by the US President's Malaria Initiative in collaboration with the NMEC, has been supporting a two-year trial since 2021 to assess the impact of adding proactive Community Case Management (proCCM). In proCCM, CHWs conduct weekly household visits to identify people with malaria symptoms and offer testing and treatment. For the trial, PATH developed new tools to enable continuous activity monitoring; identify challenges; and provide timely supervision, feedback, and troubleshooting assistance for CHWs where needed.

In 2022, CHWs conducted nearly 200,000 visits to around 5,000 households in Chadiza District, averaging 40 visits per household per year, to screen for malaria and provide treatment. According to **Bupe Kapamba**, ProACT Project Specialist, proCCM was preferred over the routine case management approach (which is passive, rather than proactive): "Though it requires more time and travel, proCCM reaches hard-to-reach people." Interim results show CHW efforts have contributed to lowering malaria test positivity rates and shifting case management away from health facilities, potentially reducing facility workloads. This highlights the potential impact of proCCM in reducing malaria incidence in Zambia and has significant implications for malaria control in other settings.

▶ **LEARN MORE:** path.org/programs/malaria

Mpika

Chadiza district

Zambia

Mozambique

Zimbabwe

In Mpika, Zambia, community change agents John Bwalya Mulenga (left) and Gostal Mumbi work with the Neighborhood Health Committee to develop a community engagement plan. Since 2021, PATH has supported the development of 1,239 such plans across Eastern, Luapula, Munchinga, and Northern Provinces to aid in the implementation of social and behavior change approaches that aid malaria elimination.

PATH/Elizabeth Chiyende

In Kampala, Uganda, more than 160 district cold chain technicians and assistants attend a PATH-led training on the Cold Chain Information System (CCIS) app. The deployment of digital tools such as CCIS significantly reduces the costs of manual inventory data collection, improves data visibility of cold chain equipment, and strengthens the ability of national immunization programs to provide critical, lifesaving routine immunizations.

After one year of implementing the Cold Chain Information System (CCIS) in Uganda:

136
districts with CCIS deployment

6,531
cold chain equipment devices monitored

97%
functionality rate of cold chain equipment

PATH

Uganda strengthens vaccine cold chain with nationwide app

P1 **P2** **P3**   1 of 100 projects advancing P2 and P3

Ensuring temperature-sensitive vaccines remain potent requires lots of cold chain equipment. Imagine trying to manage paper maintenance records for thousands of cold rooms, refrigerators, and parts spread across a country. These paper records lack standardization, quickly go out of date, and are often inaccessible (or unhelpful) to decision-makers. That's why PATH and the University of Washington developed the Cold Chain Information System (CCIS): a mobile-based, open-source, digital application that captures actionable data on cold chain inventory, maintenance, and repair activities, and makes those data available to decision-makers through a real-time dashboard.

In 2022, after a successful pilot in Kampala, Waisiko, and Nakaseke Districts, Uganda's Ministry of Health decided to scale CCIS across all 136 districts. PATH led the deployment—the first national rollout of a cold chain inventory in any low- or middle-income country—and trained more than 160 cold chain technicians on the CCIS app. Today, CCIS data are used by the Uganda National Expanded Program on Immunization to help track vaccine storage capacity and availability, and by Uganda's National Medical Service for tracking maintenance and repair activities.

▶ **LEARN MORE:** path.org/programs/mdht

United States passes critical global health security legislation

P1 **P2** **P3**   1 of 63 projects advancing P1 and P3

Another key advocacy win was passage of the Global Health Security and International Pandemic Prevention, Preparedness and Response Act as an amendment to the US National Defense Authorization Act. PATH was engaged at every stage of this policy process—working with the

Asia, Middle East, and Europe Region update

Dear colleagues and partners,

As the Chief of the Asia, Middle East, and Europe (AMEE) Region, I am immensely proud of the progress we have made in advancing health equity through innovation and partnerships.

In 2022, we developed a strategy for the region that focuses on a "concert of hubs" as part of a decentralized approach. This approach has been instrumental in our success, and I am pleased to report that our income and our teams have grown as a result. This growth will be crucial for building our regional capacity and enhancing our impact.

Of course, the past year has not been without its challenges. The conflict in Ukraine has been particularly significant, but we have remained committed to delivering on our mission in the face of adversity. We have advanced our infectious disease programs, built wastewater surveillance capacity for detecting emerging threats, and enhanced the resilience of health systems. I am proud to say that our efforts have not gone unnoticed, and we have received positive feedback from our partners, our collaborators, and the communities we support.

We have also expanded our reach in Myanmar, working alongside WHO to address critical health challenges, and we are moving toward registration in Bangladesh and the implementation of local programs in Sri Lanka, steps that will enhance our impact in the region. Looking ahead, we have several exciting initiatives on the horizon, from new rice fortification work in South Asia to nascent partnerships in the Middle East, particularly in Qatar and Saudi Arabia, where we believe there is significant potential to address critical health challenges.

I offer my gratitude to the many partners and stakeholders who have supported us throughout the year. Thank you for your trust in our teams and your belief in our mission. Together, we are moving humanity forward.

Sincerely,

Nabeel Goheer, PhD
Chief of the AMEE Region

Nabeel Goheer speaks at an event to raise awareness for the intersection of human health and climate change. The event was hosted by the United Kingdom's Commonwealth Secretariat, PATH, and Reaching the Last Mile, an initiative of the President of the United Arab Emirates.

Commonwealth Secretariat/Josephine Latu–Sanft

leading congressional offices, building alignment across the community, and engaging our technical experts to inform recommendations as we advocated for its passage with decision-makers.

"With the passage of this legislation, Congress is ensuring that the US government's leadership on global pandemic preparedness and response is institutionalized and maintained across agencies and administrations," says **Heather Ignatius**, PATH's Managing Director of Advocacy and Public Policy. "Now, when the next crisis strikes—and it will—we stand a better chance of leading an equitable and efficient response."

PATH advocacy was particularly critical in boosting the draft bill's initial authorization of $3 billion to $5 billion over five years in support of global health security activities, including the newly established Pandemic Fund. Critically, the bill authorizes US participation in the Pandemic Fund, which we believe will be an important complementary source of funding for Gavi, the Vaccine Alliance (as an implementing partner); includes support for immunization as a component of global health security; and creates a more aligned whole-of-government approach for preparing for and responding to future pandemics.

▶ **LEARN MORE:** path.org/programs/advocacy-and-policy

Throughout our advocacy, PATH abides by all federal regulations pertaining to our status as a 501(c)(3) organization, and we comply with funder restrictions, including those around the use of grant funds for lobbying.

India creates platform for climate-adaptive health solutions

`P1` `P2` `P3`   1 of 23 projects advancing P1, P2, and P3

Robust and climate-resilient health systems are the primary line of defense against climate-related shocks and stressors. They provide much-needed care to communities affected by impacts of changing climate, such as increasing vector-borne and diarrheal diseases as well as climate-related hazards such as heat waves, floods, wildfires, and air pollution.

The Climate X Health challenge hosted by PATH India provided a platform for innovators with low-cost, scalable, and replicable innovations that build health system capacity, resilience, and adaptability to extreme climate change risks and related health effects to present themselves and get the opportunity to be adopted and implemented in existing public health facilities.

After a competitive process, 13 promising innovations were selected and are now deployed in the public health ecosystem for adoption and scale-up. The winners include an ultraviolet-free LED technology for lighting health facilities, an affordable indoor air purification system that can be retrofitted onto ceiling fans, a low-power cooling system for health care facilities and for emergency use during heat waves, and eco-friendly, biodegradable menstrual hygiene products.

▶ **LEARN MORE:** path.org/media-center/join-the-climate-x-health-challenge/

A laboratory technician in India prepares a sample for genome sequencing—a crucial PATH-supported surveillance measure for tracking infectious diseases like tuberculosis and COVID-19.

India and Ukraine strengthen genome sequencing capacity

P1 **P2** **P3**   1 of 23 projects advancing P1, P2, and P3

PATH leveraged donor investments in HIV, TB, and viral hepatitis to advance new tools and integrated service-delivery models that enable stronger pandemic preparedness and response systems. With support from The Rockefeller Foundation and USAID in India and Ukraine respectively, PATH equipped and advised COVID-19 and TB laboratory networks to strengthen genome sequencing capacity to rapidly detect COVID-19 and antimicrobial resistance in TB, respectively.

"Innovative technologies like gene sequencing enable providers to identify resistance patterns to 13 [TB treatment] drugs in less than 24 hours, crucial for starting treatment early and reducing transmission," notes PATH Project Leader **Praveen Kandasamy**. Access to genome sequencing is essential for standing up adaptive responses to curb emerging and endemic infectious diseases by optimizing treatment while supplying countries with real-time information to get ahead of TB, COVID-19, and other diseases.

Self-testing is another key tool that facilitates more convenient pathways to diagnosis, care, and prevention, critical for slowing onward transmission and shifting from disease response to longer-term epidemic control. With Unitaid and through PEPFAR platforms, PATH laid the foundation to scale HIV, hepatitis C, and COVID-19 self-testing in six countries across Africa, Asia, and Latin America by facilitating in-country registration and market introduction while generating demand through user-informed distribution models and community-driven campaigns.

▶ **LEARN MORE:** path.org/programs/hiv-aids-tuberculosis

"Innovative technologies like gene sequencing enable providers to identify resistance patterns...in less than 24 hours..."

LEFT: Blackfrog Technologies' Emvólio Portable Medical Grade Refrigerator—one of the cutting-edge innovations entered in PATH India's Climate X Health challenge, which provided a platform for innovators to secure funding for new tools that build health system capacity, resiliency, and adaptability to extreme climate change risks and related health effects.

BELOW: Racquel Nunes (left) shares information on COVID-19 self-testing with community member Alan (right) in Porto Velho, Brazil. PATH laid the foundation for the scale-up of self-testing for HIV, hepatitis C, and COVID-19 in six countries across Africa, Asia, and Latin America.

Kenya and Mozambique provide millions with integrated child development services

P1 P2 **P3** 1 of 224 projects advancing P3
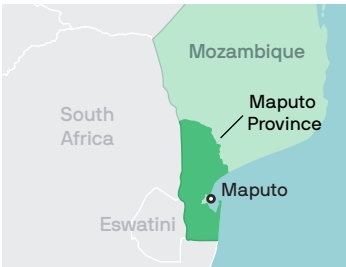
Nurturing care—defined as good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning—is necessary for optimal child development. Historically, primary health care (PHC) has focused on child survival without promoting comprehensive nurturing care. 2022 was a banner year for advancing nurturing care through PHC. PATH's efforts to integrate developmental monitoring and counseling into PHC resulted in more comprehensive nurturing being provided at every government health facility and by every government CHW in two major geographies— Siaya County in western Kenya (population 1 million) and Maputo Province in southern Mozambique (population 2 million).

To date, these represent the first and only examples of provision of child development–supportive services at this level of scale through the health sector. Furthermore, in Siaya County, PATH joined forces with renowned Kenyan nongovernmental organization KMET and other partners to cultivate the Governor and First Lady of Siaya County as executive champions to facilitate multisectoral action around nurturing care and lead a behavior change communication campaign using mass media.

Beatrice Oyugi, PATH's Regional Technical Advisor for Early Childhood Development, says, "By layering capacity-building on national policy action and subnational executive-level leadership, we are setting the foundations needed in the long run for the health system to promote child development in addition to child survival."

LEARN MORE: path.org/programs/primary-health-care/early-childhood-development-integrated-nurturing-care

Bentina Eliseu watches as baby Edimilson explores toys brought by Márcia Pedro Onório Nacaia, a PATH-trained community health worker, during a home visit in Nampula, a northern province of Mozambique. PATH helped the country increase access to such services for millions of people in 2022.

Countries advance rights-based family planning and immunization services

P1 **P2** **P3** 1 of 100 projects advancing P2 and P3

In 2022, PATH renewed its commitment to family planning (FP) through the FP2030 initiative. "A rights-based approach to advancing health equity is central to our FP2030 commitment," says **Ashley Jackson**, Team Lead, Sexual and Reproductive Health. "We believe all people have the right to information, products, and quality family planning services—regardless of where they live, their age, their marital status, or their wealth."

One example of this commitment in action is the PATH-JSI DMPA-SC Access Collaborative, which supports countries integrating the self-injectable contraceptive DMPA-SC* alongside other methods in national family planning programs. In 2022, the project provided technical assistance to 18 countries and collected data from 13 countries showing more than 1 million self-injection client visits since 2018.

In Zambia, PATH collaborated with the Ministry of Health to develop person-centered service-delivery models for integrating family planning services into childhood immunization programming. Across 40 facilities in four districts, public-sector health workers reached postpartum women who wished to space or limit births and rarely interacted with the health system. PATH's Living Labs team facilitated human-centered program design workshops with women, male partners, and leaders in PHC, family planning, and immunization. "Together, we have reimagined integration of services to more holistically meet the needs of mothers and infants," says **Monica Mutesa**, Project Director, Sexual and Reproductive Health, Zambia.

▶ **LEARN MORE:** path.org/programs/reproductive-health

*DMPA-SC: subcutaneous depot medroxyprogesterone acetate

"Together, we have reimagined integration of services to more holistically meet the needs of mothers and infants."

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 or the ClinicalTrials.gov registry. PATH reports progress toward this commitment annually.

Monitoring results of PATH clinical trials for the period November 1, 2021, through October 31, 2022, are summarized as follows:

- 4 clinical trials were initiated. All are registered in a WHO Network primary registry.

- 4 clinical trials are 12 months past primary study completion, of which:
  - 4 have summary results submitted to a clinical trial registry.

- 5 clinical trials are 24 months past study completion, of which:
  - 4 have submitted manuscripts for peer-reviewed journal publication.
  - 1 is in process of submitting for publication.

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Reflects board membership and officer positions in 2022, and executives as of January 2023.

2022 financial summary

Figures are presented in US dollars.

Revenue (in thousands)	
Foundations	$163,998
US government	111,756
Other governments, nongovernmental organizations (NGOs), multilaterals	60,612
Corporations	12,083
Individuals/other	4,950
Investments	−3,776
TOTAL REVENUE	**$349,623**

Expenses (in thousands)	
Program-related:	
Programs & Innovation	$ 86,134
Essential Medicines	45,880
Africa	42,663
Asia, Middle East, and Europe (AMEE)	30,668
Other	4,451
Program development	3,056
Subawards to program partners	107,189
Subtotal program-related	**$320,041**
Administrative	$ 33,092
Fundraising	2,521
TOTAL EXPENSES	**$355,654**

Assets (in thousands)	
Cash and cash equivalents	$ 55,244
Invested grant funds	198,170
Contributions and awards receivable	39,838
Right-of-use assets	34,762
Other	15,148
TOTAL ASSETS	**$343,162**

Liabilities and net assets (in thousands)	
Total liabilities	$290,687
Net assets:	
Without donor restrictions	$ 23,390
With donor restrictions	29,085
Total net assets	**$ 52,475**
TOTAL LIABILITIES AND NET ASSETS	**$343,162**

Sources of revenue

- 46.9% Foundations
- 32.0% US government
- 17.3% Other governments, NGOs, multilaterals
- 3.5% Corporations
- 1.4% Individuals/other
- −1.1% Investments

Use of funds*

- 39.9% Programs & Innovation
- 29.1% Essential Medicines
- 16.1% Africa
- 12.4% AMEE
- 2.5% Other

Expense allocation

- 90.0% Program
- 9.3% Administrative
- 0.7% Fundraising

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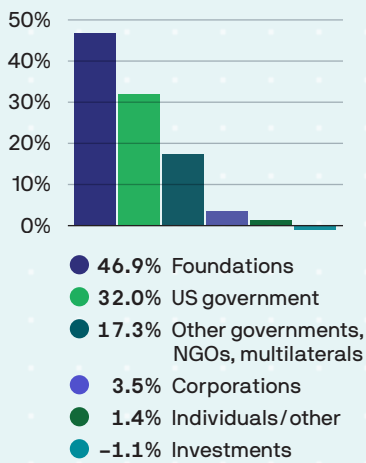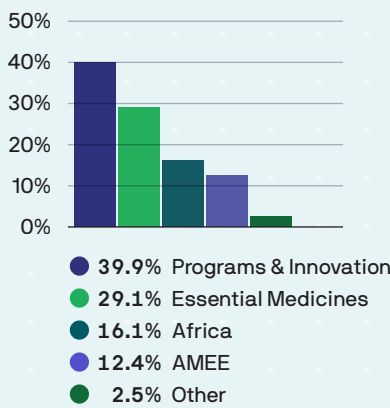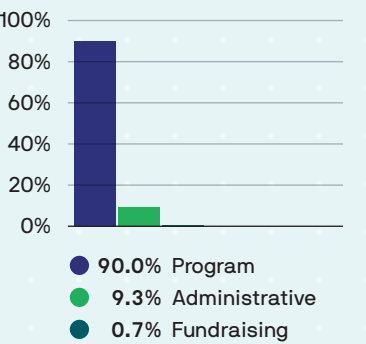
*Use of funds includes direct expenses and funds subawarded to partners.

Diversity, equity, and inclusion

A message from our DEI Director

Throughout 2022, we successfully reimagined inclusion at PATH. This would not have been possible without teams across our global organization. Thanks to all my colleagues for their tireless efforts and for helping to create a workplace where every perspective is valued and people belong.

Together, we made measurable progress against each of our diversity, equity, and inclusion (DEI) priorities: diversifying leadership through sponsorship, cultivating a culture of inclusion, building a shared understanding of DEI, and rolling out our Equity in Programming Benchmarks. We also saw our People Resource Groups create community and belonging, our DEI councils ensure our work reflects local contexts, our Gender and Equity in Programming Champions promote more equitable practices, our Human Resources team drives inclusive recruitment, and our people managers and individual contributors advance our mission and our values.

What's more, we launched the ELEVATE Sponsorship Program, which saw 12 Black and Asian emerging leaders receive sponsorship, coaching, and leadership training through a partnership with McKinsey & Company. We also rolled out an employee engagement survey to measure how connected and committed our staff are to PATH and our goals, led cultural competence workshops for PATH Global Leaders in Seattle, and held DEI listening sessions in the Democratic Republic of the Congo, Tanzania, Vietnam, and Zambia.

As a result of these efforts, 74 percent of PATH staff are highly engaged, with 90 percent stating that they are proud to work for PATH. DEI was the highest upward mover; in comparison to PATH's 2020 results, our 2022 survey registered a 23-point improvement in employees' perceptions of diversity and a 17-point improvement in a feeling of belonging. PATH was rated a very high performer by Global Health 50/50, which analyzes the gender-related policies and practices of 200 organizations active in global health.

The future looks promising; let's discover the possibilities together.

Best,

Levis Nderitu
Director, Global Diversity, Equity, and Inclusion

Director of Global Diversity, Equity, and Inclusion Levis Nderitu presents to PATH colleagues during our Global Leaders Meeting in Seattle, Washington, in September 2022.

PATH/Dave Simpson

ELEVATE Sponsorship Program

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 takes a small group of participants, provides each with tailored leadership training, and leverages the influence of PATH's Executive Team to support their development. **Geneva Pham**, Senior Director for Partnerships Development based in Washington, DC, was among ELEVATE's second 12-person cohort. She describes the experience as fantastic and transformational.

"The program raised the awareness that I don't have many Asian peers in my network. Being in this program made me realize that there are unique challenges that people who look like me face, and hence, I need to expand my network and find more opportunities to learn from and share my knowledge with other Asian leaders," says Geneva. "ELEVATE reminded me that, in my leadership role at PATH, it's my responsibility to help others."

Geneva says that, of the many workshops that formed the ELEVATE program, "My favorite was focused on building core capabilities ne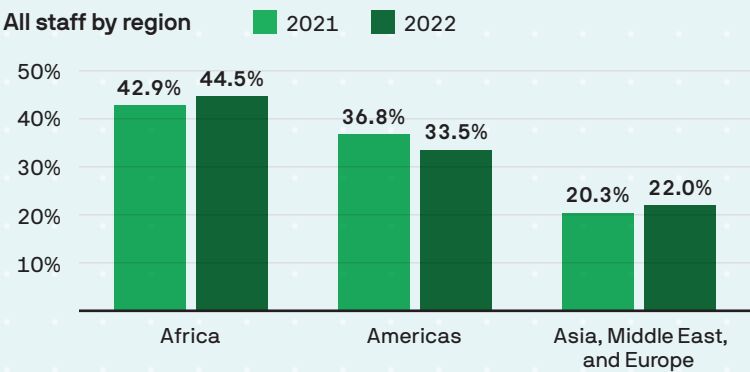eded to lead high-performing teams. This session was full of practical tools and helpful discussions with other program participants, and topics included creating a psychologically safe working environment, deepening trust with your team, and being aware of accidental diminishers (negative tendencies) that could have a harmful impact on a team's performance."

Looking ahead, Geneva would like to see future cohorts made up of more senior Asian leaders. "ELEVATE was really good and I am grateful for the opportunity to participate in it."

Geneva Pham, a member of ELEVATE's second cohort.

DEI by the numbers

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

All staff by region ■ 2021 ■ 2022

Region	2021	2022
Africa	42.9%	44.5%
Americas	36.8%	33.5%
Asia, Middle East, and Europe	20.3%	22.0%

Pride at PATH

The Pride at PATH resource group celebrates, empowers, and amplifies the LGBTIQ+ community by promoting LGBTIQ+ inclusion, allyship, and diversity in our organization. To achieve this, the Pride at PATH resource group members held an open discussion for all staff in June 2022 (Pride month) that registered more than 300 attendees.

"Pride at PATH gave me the chance to share my story during our Pride month event," says PATH Communications Officer **Hope Randall**. "The positive feedback I got after sharing my story made it so worthwhile; a woman whose son identifies as gay thanked me for sharing my story—that was so meaningful and gratifying."

Pride at PATH was also represented at RAHM, an LGBTIQ+ organization and annual event based in Germany. "Being a panelist at RAHM—where the discussion was focused on equity in global health as it relates to queer populations—gave me an opportunity to talk about PATH's work in eliminating vaccine inequity," says **Jessie Schwartz**, Senior Program Assistant with PATH's Center for Vaccine Innovation and Access.

In 2023, Pride at PATH will be focused on informal community building by providing a space for group members to get to know each other and share about their lives.

Africa DEI Regional Council

PATH's DEI regional councils work to ensure that our DEI efforts are intentional and contextualized to each of our operational regions: Africa; Asia, Middle East, and Europe; and the Americas. Each of these three councils develops region-specific DEI priorities and works to apply PATH's global DEI strategy in appropriate ways.

The Africa DEI Regional Council is co-chaired by Nelly Muindi, PATH's Human Resources Director for the Africa Region, and Maximillian Musunse, PATH's Pre-elimination Program Coordinator for PAMO Plus in the Zambia Country Program. Here they share their experiences and hopes for the council.

What is the goal of the council?

Nelly: The council serves as a representative team across the Africa Region and its goal is to

Nelly Muindi, Co-chair, Africa DEI Regional Council.

chart the direction of DEI, keep the conversation going on all matters DEI, and create a shared understanding of the same. It also creates a platform for employee-led initiatives that resonate with the context of the Africa Region.

What is your hope for the council?

Maximillian: My hope for the council is to complete our charter process and begin to see people from the various African countries contribute and react to issues of diversity, equity, and inclusion at the local level. We want to see meaningful participation from people and an understanding of the same.

How do you see the council helping to contextualize global DEI so it is relevant to Africa?

Maximillian: We want to unpack DEI and its principles to create an understanding of what exactly it is in the Africa Region. We want people to understand that DEI is much broader than what most people think it is; poverty and exclusion are two of the issues embedded in DEI that most people don't know.

Nelly: All of us are working toward the strategic objectives of the organization, which include DEI as an enabler toward achieving our goals. Since we are on a growth trajectory as far as DEI is concerned, we will leverage the strengths we

Maximillian Musunse, Co-chair, Africa DEI Regional Council.

have as a region, pick lessons, and grow from the Americas or AMEE councils.

What is your vision?

Maximillian: My vision is to see a fully engaged PATH Africa DEI Regional Council and a region in which all people feel appreciated, valued, and that they are powerful contributors.
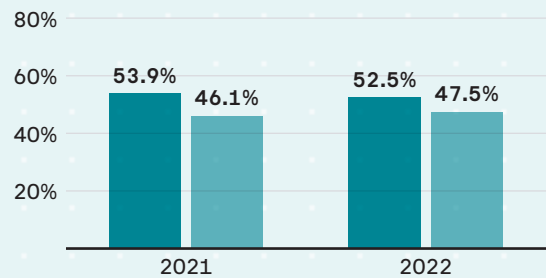
What challenges do you foresee in this journey?

Nelly: The greatest challenge has been dedicating time for the Africa DEI council. We are working through it while understanding that it is not unique to our council.
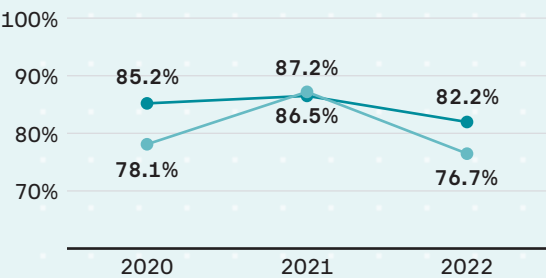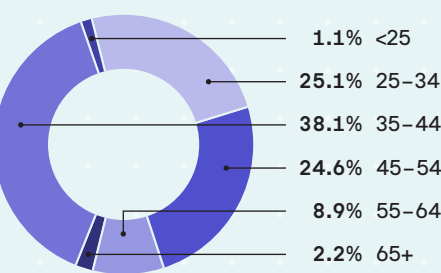

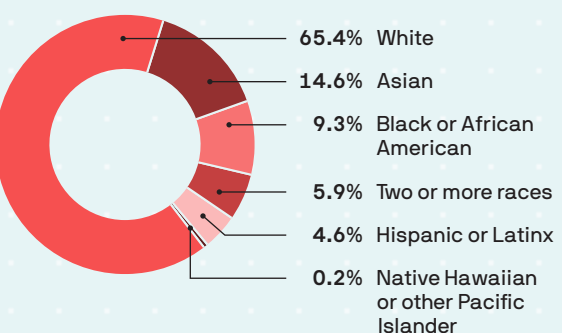**All staff by gender** ■ Female ■ Male

Total staff

Retention rates

All staff by age band, 2022

- 1.1% <25
- 25.1% 25–34
- 38.1% 35–44
- 24.6% 45–54
- 8.9% 55–64
- 2.2% 65+

US-based staff by ethnicity/race, 2022

- 65.4% White
- 14.6% Asian
- 9.3% Black or African American
- 5.9% Two or more races
- 4.6% Hispanic or Latinx
- 0.2% Native Hawaiian or other Pacific Islander

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

Moving humanity forward—together

The following list of supporters includes those who gave $1,000 or more in funding to PATH in 2022 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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US Centers for Disease Control and Prevention
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Coalition for Epidemic Preparedness Innovations
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