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 2023. Your generosity and partnership made our work and our impact possible—from developing innovative health products to preparing health systems for the threats of climate change. Together, we made good health more affordable and more accessible for people all over the world.

We are thrilled to present to you our 2023 annual report, which offers a glimpse into the breadth and depth of our global impact by detailing 15 of more than 380 current PATH projects—from advancing a groundbreaking new drug formulation to vaccinating millions of children against typhoid, polio, malaria, and other deadly diseases.

We were also delighted to further our collaborations with the Pan American Health Organization (PAHO) and the Commonwealth Secretariat. Our new partnership agreement with PAHO will see PATH work alongside governments, health programs, and workforces in the Americas to strengthen primary health care and harness the power of digital and data to improve services and outcomes. And, in partnership with the Commonwealth Secretariat, we launched a new accelerator to support the development and scale-up of climate and health innovations.

2023 marked our third year operationalizing the PATH Strategy 2025, a comprehensive plan that focuses our efforts on three locally defined priorities: preparing for and responding to emerging health threats, improving lives with science and technology, and increasing the capacity and resilience of health systems. Over the past year, PATH teams made incredible progress toward these critical goals—and that progress is detailed throughout the pages of this report. Though we made meaningful strides toward health equity, we also faced great challenges—from geopolitical conflicts in Ethiopia, Myanmar, and Ukraine, to resurgences of deadly diseases like polio, malaria, and dengue fever.

As climate change continues to drive urban migration and the spread of infectious diseases, humanity needs a new wave of health care innovations, stronger health systems, and data to support decision-making. We are proudly committed to supporting climate and health efforts around the world, and to harnessing the power of artificial intelligence to help us advance health equity.

Thank you for your ongoing support of PATH and of our mission. We invite you to explore our 2023 annual report, and as you reflect on the achievements, please recognize they are only possible because of you. Your involvement matters. So please, help us spread awareness. Share our impact. Consider donations. Let’s create a world where good health is within reach for everyone.

With gratitude,

Beth Galetti
Chair, Board of Directors

Nikolaj Gilbert
President and CEO
TOTAL PROJECTS

PROJECTS

LOCATIONS SERVED

CRITICAL MILESTONES REACHED

In the table below, 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 icons noting which of our strategic priorities were advanced by each achievement.

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

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 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 provide global health practitioners with a quantifiable way to hold themselves and their funders accountable to local communities, needs, and priorities. A recent survey of teams that have used the benchmarks revealed more than 50 percent of projects have implemented changes designed to center equity in their work.

DOWNLOAD THE BENCHMARKS

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

IMPACT IN OVERLAP

Our strategic priorities are not mutually exclusive. They work together by design to ensure more holistic, people-centered work.

2023 PATH projects by strategic priority.

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

A more equitable approach to global health

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2023 Achievements

In 2023, PATH continued to support 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 each year, these are just a few examples that demonstrate the breadth and depth of our global team’s impact.

We’ve organized these examples into three broad areas of impact:

- Product development and access
- Health and disease management
- Health systems strengthening

People living with diabetes routinely face barriers in accessing the medicine and supplies they need. To help patients overcome these barriers, PATH developed the Diabetes CarePak, a bundling solution of diabetes supplies to support safe administration of insulin. In 2023, we assessed the CarePak’s impact on clinical outcomes in Mozambique, Tanzania, and Uganda. Now, we are developing a sustainable business model and market introduction strategy to scale up the CarePak’s use.
2023 ACHIEVEMENTS

Product development and access

From vaccines and diagnostics to medical devices and digital tools, PATH develops and scales up health products that address local priorities and improve access.

Why product development and access? Because:

94% of worldwide malaria cases are in the WHO African Region.

400M+ people globally live with diabetes.

160M women have an unmet need for contraception.

450M people are at risk of meningococcal meningitis outbreaks.

Pilot introductions of the RTS,S/AS01 malaria vaccine in Ghana, Kenya, and Malawi concluded in 2023, yielding exciting data about the impact of the vaccine in routine immunization. The pilot evaluations, 46 months in length, showed a 13 percent drop in deaths from all causes (excluding accident and injury) among children age-eligible to receive the vaccine and a 22 percent decrease in severe malaria hospitalizations. These and other data were shared at the annual meeting of the American Society of Tropical Medicine and Hygiene in October 2023 and are expected to be published in 2024.

Just one month later, on November 22, a shipment of more than 330,000 doses of RTS,S from GSK arrived in Cameroon—the first such shipment to a non-pilot country. Excitement was high, as Cameroon was expected to begin vaccinations early in 2024. Nikolaj Gilbert, President and CEO of PATH, acknowledged the significance of the moment to PATH, saying: “I am thrilled that the RTS,S vaccine, which is the result of so many years of work by PATH, GSK, and African partners, has arrived in Cameroon and will soon reach even more children at risk of malaria.” He went on to acknowledge the strenuous efforts of global partners to accelerate access to RTS,S, saying, “All of us at PATH appreciate the efforts by Gavi, UNICEF, and WHO to accelerate access to this lifesaving vaccine.”

Since 2001, PATH has been instrumental in the development and subsequent pilot introductions of this complementary malaria intervention. PATH continues to support the ministries of health in Ghana, Kenya, and Malawi in their ongoing implementation of RTS,S and is assisting other countries as they prepare to introduce and roll out approved malaria vaccines.
In July 2023, the World Health Organization (WHO) prequalified the MenFive® vaccine—the first conjugate vaccine to protect against the five predominant causes of meningococcal meningitis in the African meningitis belt (serogroups A, C, W, Y, and X). Developed over a decade-plus period by Serum Institute of India Pvt. Ltd. (SIPL) and PATH, with funding from the United Kingdom’s Foreign, Commonwealth & Development Office, MenFive was designed to eliminate annual meningococcal meningitis outbreaks and epidemics in the African meningitis belt—a string of 26 countries from Senegal in the west to Ethiopia in the east—which faces the greatest meningitis burden on Earth.

In 2010, WHO prequalified the MenAfriVac® vaccine, a PATH-supported vaccine that virtually eliminated meningitis A outbreaks for 400 million people. The new MenFive vaccine could end outbreaks of all five major types of meningococcal meningitis (A, C, W, Y, and X) in the African meningitis belt.

Historically, emergency vaccination campaigns have been the only recourse for African countries suffering meningococcal epidemics. However, the polysaccharide vaccines used in these reactive campaigns have limitations that can prevent sustainable impact. As a conjugate vaccine, MenFive overcomes these limitations by protecting children younger than 2 years of age and providing herd protection to the unvaccinated. It was also designed to be more affordable than existing meningococcal conjugate vaccines. Importantly, MenFive is the only vaccine that prevents meningitis caused by serogroup X, a pathogen increasingly implicated in African meningitis outbreaks.

MenFive builds on the legacy of MenAfriVac®, SIPL’s groundbreaking vaccine—developed in partnership with PATH and WHO—that eliminated meningitis A outbreaks in the African meningitis belt following its 2010 introduction. Approved by WHO for individuals 1 to 85 years of age, MenFive was used for the first time in March 2024 to tackle a meningitis C outbreak in Nigeria. Discussions are underway about ways to incorporate MenFive into mass vaccination campaigns and routine immunization schedules.

**Pathway to Success:**

**MenFive Development Timeline:**

- 2008: PATH begins partnership with SIPL
- 2010: WHO prequalifies MenAfriVac®
- 2016: PATH begins work on MenFive
- 2023: WHO prequalifies MenFive®

**MenFive Benefits:**

- Protects children younger than 2 years of age
- Provides herd protection to the unvaccinated
- Prevents meningitis caused by serogroup X
- More affordable than existing conjugate vaccines

**MenFive Challenges:**

-需解决的挑战
- 需要克服的挑战

**MenFive Impacts:**

- Eliminates annual meningococcal meningitis outbreaks and epidemics in 26 African countries
- Prevents millions of cases and deaths

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**Innovating for Access:**

**Heat-Stable Insulin:**

- PATH team files patent for groundbreaking heat-stable insulin

**Scientists from PATH’s formulation team have developed a heat-stable insulin, which has the potential to improve accessibility and adherence for millions of people around the world. In 2023, the team demonstrated their novel formulation achieved lower and sustained glucose levels in diabetic rodents for longer than 8 hours and held up better than liquid insulin at high humidity and temperatures. They will continue testing its stability and effectiveness and are working toward a product that is easy and inexpensive to transport, store, and administer.

“Our aim is to accelerate access to this lifesaving medicine through improvements in stability and storage conditions.”

**Dr. Manjari Lal**

Research and Development Advisor

**PATH team files patent for groundbreaking heat-stable insulin**

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“Our aim is to accelerate access to this lifesaving medicine through improvements in stability and storage conditions.”

**Dr. Manjari Lal**

Research and Development Advisor

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**PATH**

**2023 Annual Report**
PATH is a pioneer of rice fortification technology and has helped many countries scale up rice fortification programs to meet localized micronutrient needs. To date, these efforts have enhanced nutrition for approximately 800 million people around the world, but our work is far from over.

PATH teams are still strengthening the capacities of rice millers, fortified rice kernel manufacturers, food safety officials, and other government officials to increase access to this affordable and impactful nutrition intervention. During the Micronutrient Forum’s 6th Global Conference in 2023, PATH India launched a global rice fortification resource hub called FortiRice. This information platform is helping to create an ecosystem that promotes local production of fortified rice and its integration into food systems.

In addition to the launch of FortiRice, PATH provided key technical support to India’s BigBasket online supermarket toward successful launch of its BB Royal Fortified private label assortment. The introduction of BB Royal fortified rice has enabled access to fortified rice in the open market and is a significant milestone in addressing the issues of anemia and malnutrition, which are not confined solely to marginalized populations.

In 2023, PATH launched a new phase of the Access Collaborative to advance introduction and scale-up of the contraceptive subcutaneous DMPA (DMPA-SC), including through self-injection. The Access Collaborative provides data-driven technical assistance, coordination, resources, and tools to ensure that women and girls have increased access to DMPA-SC and self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming.

Since 2017, the Access Collaborative has supported 66 countries with technical assistance, resources, and skills building. These efforts have contributed to increased uptake, with more than 1.7 million client self-injection visits in the 14 countries that share self-injection data with the Access Collaborative. Formerly known as the DMPA-SC Access Collaborative, the new Injectables Access Collaborative includes an expanded focus on global market management and analytics for DMPA-SC as part of the broader injectable contraceptive market. This initiative is led by PATH in partnership with the Clinton Health Access Initiative, InSupply Health, Jhpiego, and JSI.

By putting the power of protection in women’s hands, self-injection with DMPA-SC has the potential to reduce access-related barriers, increase contraceptive continuation rates, and enhance women’s autonomy. Monica Mutesa, Technical Advisor, Zambia, recently shared that one area in Zambia reported high rates of clients self-injecting DMPA-SC, and when she followed up with the local health care team to learn more, the team highlighted the dangers women face when traveling to clinics. Particularly during the rainy season, wild animals pose a threat along these routes, which women often travel by foot. Self-injection emerged as a solution, significantly reducing the number of clinic visits required. Having access to a self-injectable contraceptive option can not only save women time and money but also enable them to use family planning safely at their convenience.
2023 ACHIEVEMENTS

Health and disease management

PATH advances people-centered primary health care to make good health more accessible for everyone—especially those living with (or at risk of) infectious or noncommunicable diseases.

Why health and disease management? Because:

- **60M** lives could be saved by scaling up primary health care interventions.
- **67%** of those living with HIV globally are in the WHO African Region.
- **91%** of people in urban areas are estimated to breathe polluted air.
- **1.3M** lives were lost from tuberculosis in 2022.

Spearheading urban primary health care initiatives in India

PATH collaborates with the City Programme Management Unit in Bhubaneswar, Odisha, to organize regular outreach camps through mobile health units. The camps bring high-quality, comprehensive primary health care services closer to urban communities.

By 2035, 43 percent of India’s population—more than 675 million people—will live in cities. This rapid urbanization brings with it many challenges, from strained health systems to environmental degradation.

In the face of these challenges, PATH is spearheading urban primary health care (PHC) initiatives across the states of Jharkhand, Madhya Pradesh, Maharashtra, Manipur, and Odisha, including:

- Creating a network of 3,800 Urban Health and Wellness Centres and 278 polyclinics with the aim of enhancing access to care in urban slums and slum-like settlements.
- Training 100 health and urban department officials in joint planning, implementation, and bolstering of urban governance and health systems resilience.
- Using behavioral science approaches to understand the enablers of and barriers to access to care across different urban populations, and developing a community mobilization strategy that spans self-governance, localized planning, and community engagement.
- Harnessing cutting-edge technologies like Geographic Information System mapping, and championing integrated models of care for mental health and tuberculosis.
- Closing gaps in current supply chains by analyzing existing shortcomings and developing a roadmap for ensuring the availability of drugs and diagnostics.
- Supporting adoption of a One Health approach by bringing together key stakeholders from human and animal health at state and city levels.
- Promoting climate health resilience among urban communities and workplaces.

Through these efforts, and a shared commitment to excellence and collaboration, we’re not only supporting the future of urban health in India—we’re redefining it.
Integrated, person-centered care is central to strong PHC. This approach means putting people and communities—not diseases—at the center of health systems and designing services that meet their unique needs. In the Democratic Republic of the Congo, Ethiopia, Ghana, India, Indonesia, Kenya, Mozambique, Senegal, Ukraine, Vietnam, and Zambia, PATH supports local partners working to increase access to high-quality health services through integrated, person-centered approaches.

In Mozambique, PATH assisted the Maternal and Mental Health Departments at the Ministry of Health in testing the country’s first-ever protocol for screening and managing postpartum depression within routine postnatal care. Instituted in eight health facilities, the pilot showed the effectiveness of integrating mental health screening for new mothers: more than 70 percent of symptomatic cases of postpartum depression referred by nurses were confirmed by mental health technicians.

In Vietnam, PATH supported the development and scale-up of sustainable social enterprise PHC clinics that offer key populations a suite of integrated services, including HIV testing, pre-exposure prophylaxis (PrEP), antiretroviral treatment, and services for tuberculosis, viral hepatitis, sexually transmitted infections, noncommunicable diseases, mental health counseling, addiction management, and transgender health care through fixed, mobile, and telemedicine-based services adapted to the needs of clients in each locality.

In Kenya, our support to the Ministry of Health in developing and rolling out integrated PHC and community health worker policies transformed the way in which services are being offered. And in Uganda, we supported adolescent-led design of integrated family planning and HIV prevention (PrEP) services with the Ministry of Health.

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Economic insecurity is a risk factor for HIV transmission. While biomedical HIV prevention interventions are key, truly effective HIV prevention programs must simultaneously address economic and social factors as well. That's why since 2016, PATH has been working with county governments and partners in western Kenya to enhance access to HIV and preventive health services that integrate economic empowerment activities. The goal? To build individual and household resiliency and improve HIV and broader health outcomes for adolescent girls and young women (AGYW) and orphans and vulnerable children (OVC).

Programs for OVC provide parents and other caregivers with emergency cash transfers and business start-up support, and the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program connects AGYW to entrepreneurship and professional training. In 2023, PATH’s DREAMS and OVC programming reached more than 106,000 youth and 28,004 OVC households.

The Chak a Chaka program, which was completed in 2023, took the DREAMS initiative a step further. The program employed an integrated approach to support 12,225 DREAMS-graduated young women in Kenya to form and register savings groups and build access to entrepreneurship opportunities and finances to address the structural economic barriers that contribute to increased HIV vulnerability. This integrated approach included economic empowerment activities to build financial capability as well as complementary, gender-sensitive health, professional, and community networking and education interventions.

The results were far-reaching: across 49 savings groups, young women were able to grow their businesses and use savings for everything from funding their own health insurance to paying school fees, and reported positive changes in household decision-making power with their partners and knowledge about HIV prevention.

As part of the Chak a Chaka program, adolescent girls and young women meet with their economic empowerment group to discuss savings, and how to increase their financial independence, start businesses, and pursue educational opportunities.

“Economic empowerment, gender norms transformation, and consistent access to [high-quality] health services—it’s through this nexus that young women can continue to be HIV free.”

OLUOCH-MADIANG’ DANIEL
Senior Technical Advisor

25K
Kenyan adolescents and youth reached through tailored PHC

20K
Ghanaians screened for hypertension during COVID-19 vaccination

12K
displaced Ukrainians received tailored mobile and in-clinic PHC
Ukraine creates spaces and systems for children with TB to reach cure and thrive

While physicians, psychologists, and social workers provide treatment and education to children with tuberculosis and their caregivers, the kids can be kids in a child-friendly resource room with toys, games, and books. The rooms have been a big hit with families and helped them to overcome the social and psychological challenges associated with the disease.

"This approach makes it possible for children to overcome fear, stigma, and everyday life challenges in order to successfully complete TB treatment."

NATALIA ZAIKA
Senior Program Officer

Ethiopia integrates maternal mental health and early childhood development into primary health care

The conflict in northern Ethiopia (2020–2022) resulted in mass casualties and displacement, while also devastating the PHC system. Conflict, loss of loved ones, displacement, and trauma are associated with poor maternal mental health (MMH) and developmental delays in children. However, too often, PHC reconstruction does not include MMH and early childhood development (ECD) support. Through 2022 and into early 2023, PATH partnered with the Amhara Regional Health Bureau and six woredas affected by the conflict to integrate MMH and ECD into rebuilding efforts at 18 health centers and 81 health posts.

Health facility-level providers were trained to set up play areas in waiting rooms, monitor child development, screen for maternal depression, and counsel caregivers on psychosocial well-being and ECD topics like responsive care and early learning. Health extension workers were trained to conduct mother-baby support groups for pregnant women and mothers of young children, which aimed to improve MMH and parenting practices in nutrition, responsive caregiving, and early learning.

In total, more than 700 health care providers were trained, and more than 100,000 under-5 children were developmentally monitored—of whom 1,310 had suspected developmental delays. All health centers and 31 health posts established play areas. In addition, 16,222 women were screened for maternal depression, of whom 218 were confirmed to have mild depression and subsequently linked to support groups. Participation in mother-baby support groups was associated with reduced mild depressive symptoms: from 44 percent of women at the start to only 4 percent at the end. Participants’ knowledge of how to support their children’s development and nutrition also increased, with average scores rising from 31 percent to 61 percent.

"The presence of a space where children receive a friendly attitude, psychological support, the opportunity to play and learn something new, gives them the opportunity to take bright memories of childhood into the future. This approach makes it possible for children to overcome fear, stigma, and everyday life challenges in order to successfully complete TB treatment," shared PATH’s Natalia Zaika, Senior Program Officer.

In the first six months of use, the resource rooms have already been a success, with parents reporting that the services are appreciated and useful. To date, 109 children and adolescents and 31 parents have used the available services, and 12 children have successfully completed TB treatment. The integrated approach of the multidisciplinary teams, combined with the introduction of modern TB diagnostics, adherence support tools, and treatment methods, has enabled a people-centered approach at the PHC level that supports families with TB on all fronts.
Health systems strengthening

From policy advocacy and financing to technical assistance and workforce training, PATH partners with governments and local nongovernmental organizations to enhance health system capacity and resilience.

Why health systems strengthening? Because:

10M
health worker shortfall is estimated by 2030.

3.6B
people are living in areas highly susceptible to climate change.

4.5B
people were not fully covered by essential health services in 2021.

75%
of newly emerging human diseases come from animals.

In 2021, India's National Health Authority launched the Ayushman Bharat Digital Mission (ABDM). The aim of ABDM is to create a comprehensive national digital health ecosystem for India's 1.3 billion citizens that bolsters the push for universal health coverage and revolutionizes health care delivery. Given India's substantial reliance on private-sector health care services, it is imperative to involve the private sector in this nationwide push for digitalization. To address the challenge of bridging public and private, in October 2022, PATH supported the National Health Authority and state and city governments to pilot a scalable model for private-sector engagement and digitalization in Mumbai.

Preparation for the pilot involved intensive training of on-site managers, awareness about the benefits of ABDM, review of health management information system options, and effective communication with health care providers. To enhance awareness and encourage adoption, PATH developed outreach materials including video messages from influential figures and held mass outreach sessions in partnership with local authorities and doctors networks. PATH, through an interface agency, provided individualized support for installing and utilizing ABDM's approved digital applications for appointment booking, digital record keeping, and seamless data exchange with patient consent.

"The Mumbai microsite prototype has now been transitioned to the state government for continued operations," said Sameer Kanwar, Director of Digital Health for PATH South Asia. "This project introduced a sustainable, adaptable, and scalable private-sector engagement model, swiftly propelling the nationwide uptake of digital health practices and reshaping the National Digital Health Incentive Scheme, rendering clinics eligible for financial incentives."
In 2023, PATH participated in “The Climate and Us,” a new series presented by the Global Climate and Health Alliance and produced by BBC StoryWorks. This groundbreaking series explores how the climate crisis is impacting human health and highlights emerging solutions. Spanning six continents and comprising 31 compelling stories, “The Climate and Us” highlighted PATH’s work in Uganda to address the delayed dangers that often follow devastating floods—including the threat of disease outbreaks, such as the deadly bacterial infection anthrax, which affects both humans and animals. By implementing innovative approaches, including the vaccination of cows and educational efforts, PATH has been supporting veterinarians and medical professionals in Uganda to protect lives and livelihoods while preventing the spread of zoonotic diseases.

“Preventing zoonotic diseases like anthrax is critical, as many families depend on their animals for their livelihoods,” said Dr. Laura Lydia Adong, Laboratory Manager and Veterinary Officer at Mbale Veterinary and Diagnostic Laboratory. “When families lose their animals, they may lose a source of income required to pay for school fees or tuition for their children.”

Dr. Jeni Miller, Executive Director of the Global Climate and Health Alliance, emphasized the importance of addressing climate change’s impact on health, stating, “Every day, those of us in the health community witness the toll that climate change and its impacts—extreme storms, heat waves, droughts, sea level rise, and flooding—take on people’s lives, their health, and wellbeing. While the threats and challenges are significant, hope lies in the many efforts people all around the world are making to respond to every aspect of the crisis.”

In 2018, the Vietnamese government launched the Vietnam Animal Health Information System (VAHIS) to facilitate the reporting and management of animal disease data. Present in each of Vietnam’s 63 provinces, VAHIS was designed for government animal health personnel at national, regional, and provincial levels. Though the system was far-reaching, it faced challenges in timeliness and completeness in reporting animal disease outbreaks.

In response to a support request from the Vietnam Department of Animal Health, from September 2022 to October 2023, the USAID-funded Infectious Disease Detection and Surveillance (IDDS) project collaborated with relevant authorities to assess needs and organize training courses for district staff in Binh Dinh, Can Tho, Dong Thap, Khanh Hoa, and Thai Nguyen Provinces. PATH’s IDDS staff also worked with the software developers who originally created VAHIS to craft new demo software and a new reporting layer for district-level staff, and to provide technical support and coaching to ensure correct reporting of data into VAHIS.

The IDDS project is also supporting the development of a VAHIS mobile app to allow district staff to report data into VAHIS when they go to the field to conduct outbreak investigation. With direct access to VAHIS, district staff can report information accurately and in a timely manner, which aids in the prevention and control of animal disease outbreaks.

District staff in IDDS-supported provinces can now practice entering data into the VAHIS demo software to master their reporting skills. “IDDS is a pioneer in extending VAHIS reporting to the district level,” said Dang Van Hung, the chief epidemiologist at Regional Animal Health Office No. 4. “By facilitating direct reporting of animal disease data into VAHIS from the district level, the quality of animal disease data will be improved significantly, and the animal health events will be reported sooner because district staff are often the first-line responders to animal outbreaks.”

During a routine vaccination drive to immunize farm animals against anthrax, Vincent Kanyanya, local council chairperson of Namawanga village, completes paperwork for the Mbale District veterinary laboratory. As part of the USAID-funded Infectious Disease Detection and Surveillance project, PATH staff provide technical support to Uganda’s veterinary laboratories and help them forge connections between animal and human health systems.

As part of the Infectious Disease Detection and Surveillance project, district staff receive training on the PATH-supported Vietnam Animal Health Information System, which spans all 63 of the country’s provinces and makes it easier to report and manage animal disease data.

Provinces in Vietnam where the Infectious Disease Detection and Surveillance project collaborated with local authorities.
Community health workers (CHWs) are contributing immensely to the fight for a malaria-free Zambia through the data they collect. Accurate reporting of data helps policymakers and implementors make evidence-based decisions related to distribution of insecticide-treated bednets and strategies used to prevent stockouts of lifesaving drugs.

Grace Lungu is one of more than 4,000 health worker heroes who test, treat, and track malaria cases in Eastern Province, one of four provinces where PAMO Plus, a US President's Malaria Initiative project, works. She is one of the CHWs responsible for data reporting, ensuring that malaria cases reported at the national level from the community are real, timely, and accurate. In Zambia, one in five patients with malaria is seen by a CHW, which explains the need for data accuracy in reporting of malaria cases.

In her data register, Grace records whether a patient tested positive or negative. She also collects data from three other CHWs and feeds the information into a national malaria data management platform, District Health Information Software 2 (DHIS2), on a mobile phone.

“CHWs meet regularly at a central location to review data recorded in the national malaria database. This process, referred to as mentorship and technical support supervision, or simply MTSS, affirms CHWs and accurate. In Zambia, one in five patients with malaria is seen by a CHW, which shows that their work is noticed and appreciated,” explained Dr. Caroline Phiri-Chibawe, PAMO Plus Chief of Party.

Grace actively verifies figures in her register against data entered into the DHIS2 platform. For Grace, the most rewarding part of her work is seeing how every bit of information she records influences decision-making processes at the national level. High-quality data help streamline processes around lifesaving interventions like the distribution of insecticide-treated bednets, administration of indoor residual spraying, and procurement and stocking of malaria prevention medication for pregnant women in Zambia.

2023 malaria reporting by community health workers in Zambia’s Eastern Province.

<table>
<thead>
<tr>
<th>1,500,000 tested</th>
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<tbody>
<tr>
<td>754,420 positive tests</td>
</tr>
<tr>
<td>737,561 treated</td>
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Kenya took significant strides advancing PHC in 2023, and PATH was a technical partner to the government every step of the way. One of the biggest milestones was passage of the Primary Health Care Act 2023, which aims to strengthen universal health coverage in Kenya and expand equitable access to PHC. PATH provided technical inputs into the legislation via technical working group meetings and working with a local partner, HENNET, to engage civil society partners in developing a memo for the national Senate Health Committee.

Another piece of legislation enacted at the national level, the Facility Improvement Financing Act 2023, was based on a model law PATH developed with the Council of Governors and partners. This law ensures revenue raised at the health facility level can be retained to improve service provision and ensure less disruption of services when there are funding gaps.

At the same time, PATH partnered closely with the Ministry of Health and county-level officials on the expansion of primary care networks (PCNs) and data reporting of data helps policymakers and implementors make evidence-based decisions related to distribution of insecticide-treated bednets and strategies used to prevent stockouts of lifesaving drugs.

Grace Lungu, a community health worker (left), and Mukomela Banda, PAMO Plus Surveillance Officer (right), show Dr. David Walton, US Global Malaria Coordinator (center), how health workers verify data in their malaria rapid diagnostic test registers.

248 master primary care network trainers trained by PATH and partners

Kenya’s “hub-and-spoke” model for PHC, in which multidisciplinary teams at hospitals serve as “hubs” and support several “spokes,” including pharmacies and community clinics. With PATH support, PCNs are now operational in Kitui, Machakos, and Makueni Counties, as part of a countrywide roll-out and scale-up plan.

PATH also joined WHO, UNICEF, and Lwala Community Alliance to train and deploy 248 master PCN trainers to strengthen PHC implementation across all 47 counties. Finally, PATH helped lay the groundwork for a large increase in PHC funding (up to 1.412 billion Kenyan shillings) made by the Ministry of Health late in 2023.

248 master primary care network trainers trained by PATH and partners

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 for the period of November 1, 2022, through October 31, 2023, are summarized as follows:

- 5 clinical trials were initiated and all 5 are registered in a WHO Network primary registry or ClinicalTrials.gov.
- 6 clinical trials are 12 months past primary study completion and all 6 have summary results submitted to a clinical trial registry.
- 4 clinical trials are 24 months past study completion and all 4 have published manuscripts in peer-reviewed journals.

“The PCN model is a sure pathway to advancing health equity by enhancing the delivery of [high-]quality, well-coordinated, and integrated PHC services for all people.”

RACHEL NDIRANGU
Project Director for Advocacy and Public Policy

At the same time, PATH partnered closely with the Ministry of Health and county-level officials on the expansion of primary care networks (PCNs) and documentation of this process, a key step toward implementing Kenya’s “hub-and-spoke” model for PHC, in which multidisciplinary teams at hospitals serve as “hubs” and support several “spokes,” including pharmacies and community clinics. With PATH support, PCNs are now operational in Kitui, Machakos, and Makueni Counties, as part of a countrywide roll-out and scale-up plan.

PATH also joined WHO, UNICEF, and Lwala Community Alliance to train and deploy 248 master PCN trainers to strengthen PHC implementation across all 47 counties. Finally, PATH helped lay the groundwork for a large increase in PHC funding (up to 1.412 billion Kenyan shillings) made by the Ministry of Health late in 2023.

“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 for the period of November 1, 2022, through October 31, 2023, are summarized as follows:

- 5 clinical trials were initiated and all 5 are registered in a WHO Network primary registry or ClinicalTrials.gov.
- 6 clinical trials are 12 months past primary study completion and all 6 have summary results submitted to a clinical trial registry.
- 4 clinical trials are 24 months past study completion and all 4 have published manuscripts in peer-reviewed journals.
In Ukraine, PATH’s Unitaid-funded Adherence Support Coalition to End TB (ASCENT) project implemented digital technologies to support tuberculosis treatment adherence. These digital adherence technologies remind patients to take their daily medication at a time and place that suits them, and provide real-time information to health care providers, which helps in determining the most appropriate treatment approach for each individual. Here, Lebid Yana (right), a nurse, and Tetian Odariuk, a staff member, prepare medicine for a patient at Poltava Regional Clinical Tuberculosis Dispensary.

2023 financial summary

Figures are presented in US dollars.

Revenue (in thousands)
- Foundations $161,651
- US government 114,966
- Other governments, nongovernmental organizations (NGOs), multilaterals 52,571
- Corporations 11,006
- Investments 10,090
- Individuals/other 2,429
TOTAL REVENUE $352,714

Expenses (in thousands)
Program-related:
- Programs & Innovation $95,807
- Essential Medicines 46,392
- Asia, Middle East, and Europe (AMEE) 34,824
- Other 4,811
Subawards to program partners 93,335
Subtotal program-related $318,639
- Administrative $31,536
Fundraising 1,521
TOTAL EXPENSES $351,796

Sources of revenue
- Foundations 45.8%
- US government 32.6%
- Other governments, NGOs, multilaterals 14.9%
- Corporations 3.1%
- Investments 2.9%
- Individuals/other 0.7%

Use of funds*
- Programs & Innovation 42.2%
- Essential Medicines 27.3%
- Africa 14.8%
- AMEE 13.1%
- Other 2.6%

Expense allocation
- Program 90.6%
- Administrative 9.0%
- Fundraising 0.4%

Assets (in thousands)
- Invested grant funds $188,619
- Cash and cash equivalents 85,582
- Contributions and awards receivable 36,286
- Right-of-use assets 29,441
- Other 15,230
TOTAL ASSETS $355,158

Liabilities and net assets (in thousands)
- Total liabilities $301,561
- Net assets:
  - With donor restrictions $26,972
  - Without donor restrictions 26,625
TOTAL NET ASSETS $53,597

TOTAL LIABILITIES AND NET ASSETS $355,158

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 Global Head of DEI

At PATH, 2023 was a year of curiosity and open conversation, of forming new communities and broadening perspectives. It was also a year of measurable progress. When I first joined PATH’s diversity, equity, and inclusion (DEI) journey in 2021, the organization was already one year into its data-driven approach. By the end of 2023, the data began showing real and substantive progress:

- For the first time since 2020, we achieved gender parity across all levels of the organization.
- Since 2020, we have seen the number of Black staff in the United States increase by 25.6 percent, demonstrating our steadfast commitment to racial equity.
- Since 2021, we’ve seen movement at the executive level: a 12.5 percent increase in the number of woman leaders, as well as a 12.5 percent increase in regional representation as more leadership roles move outside of the United States.
- From 2021 to 2023, we saw a 75 percent increase in the number of women in PATH groups. These numbers are important because they are evidence that our DEI initiatives—such as the ELEVATE talent development and leadership acceleration program for Asian, Black, and Hispanic/Latinx staff—are really working. Though the data are impressive, the lived experience behind these numbers is what matters most.

It matters most that more women at PATH now have communities to support one another and advocate for advancement; that genders (and the different perspectives they bring) are equally represented in our organization—even hiring practices and project planning.

For example, in 2023, our Human Resources department took an important step to remove a barrier to pay equity: PATH no longer asks future hires about their previous salaries. This means that the new, international approach to job grading PATH recently implemented can serve as a corrective, ensuring people are paid equitably for the job being performed.

In our project planning, PATH’s groundbreaking Equity in Programming Benchmarks are leading to real change. A recent survey of teams that have used the benchmarks revealed more than 50 percent of people are paid equitably for the job being performed.

When intentional inclusion is applied across our people, our business practices, projects, and programs, it enables us to better understand each other as colleagues and better meet the needs of the communities we serve—which, ultimately, leads to more impactful health care innovations and better outcomes.

My heartfelt thanks to all my PATH colleagues for creating a workplace where people truly belong, and every perspective is valued. The future looks ever brighter; let’s continue this journey together.

Best,
Levis Nderitu
Global Head of Diversity, Equity, and Inclusion

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 page show self-reported employee data from some of the dashboards.

These lived experiences reflect a growing culture of intentional inclusion that extends into every aspect of our organization—even hiring practices and project planning.

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Global Head of Diversity, Equity, and Inclusion

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Levis Nderitu
Global Head of Diversity, Equity, and Inclusion
Reflects board membership and officer positions as of 2023, and executives as of January 2024.

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Melanie Saville
Chief Scientific Officer

Kammerle Schneider
Chief Programs and
Innovation Officer

At PATH’s Global Leaders Meeting in Nairobi, Kenya, Neha Agarwal, Diagnostics program
co-lead (center), and Nishabh Chopra, Global
South Partnerships Liaison (right), discuss
working across teams and borders with
Pat Lennon, Medical Devices and Health
Technologies program lead (left).
The following list of supporters includes those who gave $1,000 or more in funding to PATH in 2023 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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