Annual Report

2024

PATH

In Ghana, a health worker records blood pressure readings during a community screening organized by PATH.

PATH/Charles Wanga

From PATH's Board Chair and President

Friends, supporters, and partners,

We are proud to share PATH's 2024 annual report with you. It highlights a small sample of our more than 350 active projects that range from cutting edge innovations to tried-and-true products and services that have been used for decades to save lives.

This year, PATH helped accelerate progress toward malaria elimination in Togo and Mali through seasonal prevention campaigns, supported ministries of health in delivering lifesaving vaccines and medicines, and provided urgent technical assistance to health systems impacted by humanitarian crises. We also expanded our work with the African Union and other regional bodies to strengthen supply chains, digital systems, and pandemic preparedness. This report offers a window into how PATH teams brought these goals to life in 2024, often under extraordinary circumstances.

We are deeply grateful for the partnership of our partners, donors, and, importantly, the communities where we work. Every scientific breakthrough, every life changed, and every community strengthened—these are only possible through collaboration. Together, we are pushing the boundaries of what is possible in global health. As you explore this year's report, we hope you see partnership reflected in every story.

Beth Galetti

Nikolaj Gilbert

We are grateful to all who helped make 2024 a year of meaningful progress.

With appreciation,

Beth Galetti
Chair, Board of Directors

Nikolaj Gilbert
President and CEO

Impact in 2024

PATH makes good health easier to access by creating affordable health products, strengthening health services, and advancing effective health policies. We focus on countries and communities with fewer resources because everyone needs access to basic health care, no matter where they live.

In 2024, with the help of like-minded partners and generous donors, our global team implemented 350+ projects across 70+ countries, supporting 332 local organizations and reaching 34.8 million people with quality health care. That's 66+ lives improved every minute, all year long.

We thank every partner and donor who made this impact possible. Together, we are bringing better health to everyone, everywhere.

PATH

"Behind every statistic is a person—mothers survive, children thrive, and communities grow stronger when equitable access to health care is achieved."

NANTHALILE MUGALA
Chief of the Africa Region

332 local organizations SUPPORTED

34.8 million people REACHED WITH QUALITY HEALTH CARE

66+ lives improved EVERY MINUTE

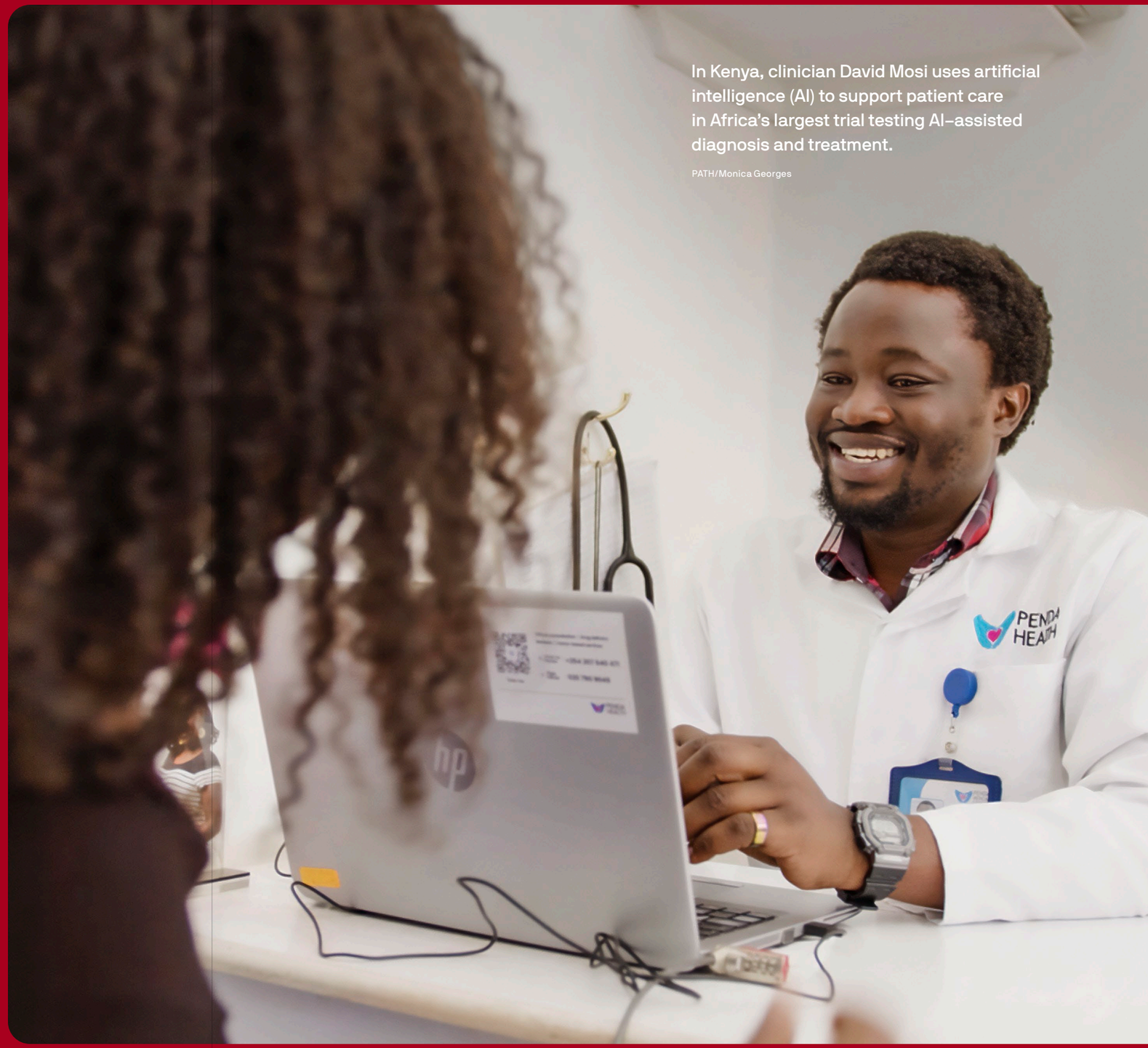
2024 Achievements

In 2024, PATH partnered with countries and communities around the world to help more people access the care they need to live healthier lives. With 350+ active projects each year, we highlight in this report just a few examples of how our global team made a difference.

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

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

Read the online report



In Kenya, clinician David Mosi uses artificial intelligence (AI) to support patient care in Africa's largest trial testing AI–assisted diagnosis and treatment.

PATH/Monica Georges

2024 ACHIEVEMENTS

Product development and access

From vaccines and diagnostics to medical devices and digital tools, PATH creates and introduces health products that meet local needs and save lives.

Joyce Nuhu, a clinical officer at Nguvumali Health Center in Tanzania, attends to a sick baby using a handheld pulse oximeter.

PATH/Olgah Odek

Read about product development and access in the online report

An improved vaccine to help end polio

A next-generation oral polio vaccine, developed by PATH and partners, is bringing the world closer to ending polio—only the second human disease in history that could be wiped out completely.

The original oral polio vaccine was a major success in reducing global polio cases. However, in rare situations—especially in areas where few people have been vaccinated—the weakened virus in the vaccine could mutate and cause outbreaks. To tackle this, PATH scientists and partners advanced the novel oral polio vaccine type 2 (nOPV2), a more genetically stable version of the vaccine. It's designed to protect with reduced risk of reverting into a harmful form.

Gates Foundation/Riccardo Gangale

A nurse vaccinates a child against polio.

Since 2020, over 1 billion doses of the new vaccine have been given to children at risk from poliovirus outbreaks. PATH led the consortium that developed nOPV2, coordinating partners and efforts across the globe. This leadership ensured fast and effective progress, from early research to real-world impact.

In November 2024, PATH's Dr. John Konz accepted the Innovating for Impact Partnership Award on behalf of the project. The award, presented by the Global Health Technologies Coalition, honors scientific innovations that address urgent global health needs. "It has been an honor to help move this vaccine from a lab idea to a global health solution," said Dr. Konz. "We do this work to save lives and create a healthier future."

1B+

oral polio vaccine doses delivered since 2020

"We do this work to save lives and create a healthier future."

DR. JOHN KONZ
Global Head, Viral Diseases, Center for Vaccine Innovation and Access

PATH/Dave Simpson

Delivering hope to islolated children in the DRC

Delivering vaccines is no small feat in Haut Lomami, a remote province in the Democratic Republic of the Congo (DRC). The province's isolated islands and riverbank villages are hard to reach, except by canoe or rugged paths. As a result, many children here have never received even a single vaccine.

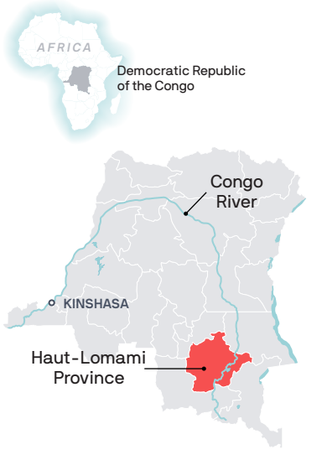
To change that, PATH supported the DRC government and its Expanded Programme on Immunization to launch the Congo River Strategy—a bold campaign to reach isolated children with lifesaving vaccines.

The effort began with mapping hard-to-reach communities and deploying 54 special vaccination teams by land and river.

One of those teams is led by Héritier, a community health worker and vaccination team leader who travels hours by canoe to reach distant islands, where children have little or no access to health care. "Every time we go on a mission, we know we're not just vaccinating. We are bringing hope," says Héritier.

On one island, a mother named Marie waited two days for the team's arrival. "Vaccination is the only way to protect our children," she said, as her four children received the polio vaccine.

Over 11 months, the campaign vaccinated more than 30,000 children with over 100,000 doses of routine vaccines. By supporting the DRC's vaccination goals, PATH is helping children have brighter futures.



PATH/Yves Ndjadi

Teams travel by boat to reach remote island communities and vaccinate children against polio and other preventable diseases.

30K+
children vaccinated

Héritier, a vaccination team leader, administers a dose of polio vaccine to a young child.

PATH/Yves Ndjadi

A tiny patch that protects kids from measles and rubella

Measles is one of the most contagious diseases in the world. Rubella, while less known, can cause serious birth defects. But both are entirely preventable with vaccines.

To stop measles from spreading, at least 95 percent of people need to be vaccinated. Yet globally, only about 85 percent of people have been vaccinated. One challenge is that current measles-rubella vaccines must be kept cold—making it hard to reach remote communities.

PATH and partners are working on a new solution: microarray patches (MAPs). These tiny patches deliver the vaccine through small projections that dissolve into the skin—no needles required. And, because MAPs are more heat-stable than traditional vaccines, they may not need constant refrigeration. That could make it easier to bring vaccines to remote areas and hard-to-reach communities.

In fact, MAPs could help prevent 35 percent of measles cases and reach up to 80 million additional children between 2030 and 2040.

In 2024, PATH gathered input on two MAP options in the DRC, Kenya, and Nepal. Feedback from health workers and caregivers was overwhelmingly positive—they found the patches easy to use, less painful, and safer than traditional shots.

Their input is now shaping the design of further research, bringing this promising tool closer to the children who need it most.

Microarray patches could help prevent 35 percent of measles cases and reach up to 80 million additional children between 2030 and 2040.

PATH

A user study participant applies a microarray patch to a manikin as part of a simulated use assessment.

A new test transforms the fight against malaria

A new blood test is transforming the fight against one of malaria's most persistent forms: *Plasmodium vivax*. Unlike other types, *P. vivax* can hide in the liver and trigger relapses weeks or months after treatment. To fully cure it, patients need a special medication that targets these dormant parasites.

But there's a catch. This medication can cause serious harm to people with a genetic condition called G6PD deficiency, which affects over 400 million people worldwide. Without a way to test for G6PD deficiency, many patients either miss the full treatment or face dangerous side effects.

That's changing with the STANDARD G6PD Test, developed by SD BIOSENSOR and PATH. It's the first point-of-care G6PD test to be prequalified by the World Health Organization (WHO), meeting global standards for safety and accuracy.

PATH/Spike Nowak

Health workers in Laos test the usability of a prototype G6PD point-of-care test.

The test uses a simple finger-prick blood sample to deliver results in just two minutes. It's, easy to use and designed for remote and low-resource settings where most malaria cases occur and traditional lab-based testing isn't feasible.

WHO prequalification paves the way for more countries to adopt the test widely and integrate it into national malaria programs. With this innovation, health workers can safely provide full treatment for *P. vivax* to women, men, and children, helping prevent relapses and moving us closer to a malaria-free future.

PATH

The STANDARD G6PD Analyzer, a point-of-care test that protects patients and aids malaria elimination.

400M+

people worldwide
with G6PD deficiency, preventing full treatment

Simple devices, big impact: Improving child health outcomes

In northeastern Tanzania, clinical officer Joyce Nuhu remembers a mother named Aisha who brought her child to Nguvumali Health Center in distress. The child was struggling to breathe and wouldn't eat. The diagnosis: pneumonia. Thanks to Aisha's quick action and timely care, the child recovered. But in many places, children facing similar symptoms aren't as fortunate.

Across low- and middle-income countries, severely ill children often go undiagnosed or mistreated due to a lack of basic tools like pulse oximeters, which detect dangerously low blood oxygen levels. Without them, health workers may miss signs of severe illness.

1,400+
providers trained

200K+
children received improved care

PATH/Olgah Odek

Fatina Msangi, a doctor at Duga Health Center in Tanzania, attends to a sick child using a pulse oximeter.

PATH's Tools for Integrated Management of Childhood Illness (TIMCI) project addressed this gap between 2019 and 2024 in India (Uttar Pradesh), Kenya, Senegal, and Tanzania. The project introduced pulse oximeters and digital decision-support tools in frontline clinics, making it easier for health workers to diagnose and treat childhood illnesses accurately.

Across the four countries, more than 1,400 providers were trained and over 200,000 children received improved care. Joyce says these tools now help her assess children faster and more confidently.

The TIMCI project proves that simple, cost-effective technologies—combined with training—can save lives. It offers a roadmap for expanding access to quality child health care.

One dose, many lives: Expanding access to HPV vaccines

Cervical cancer kills more than 350,000 women each year—mostly in low- and middle-income countries. The primary cause is infection with the human papillomavirus (HPV), but the disease is preventable with vaccination.

Unfortunately, many countries face barriers to HPV vaccination, including high costs, limited supply, and logistically challenging multi-dose schedules. PATH is working to change that.

Partnering with the vaccine manufacturer Innovax, PATH helped evaluate a more accessible option: the Cecolin® bivalent HPV vaccine (bivalent vaccines stimulate an immune response against two virus variants). PATH supported Innovax through Cecolin's WHO prequalification and initiated clinical trials in Bangladesh and Ghana.

PATH/Maksudur Rahman

School girls in Bangladesh line up to be vaccinated against HPV during a PATH-supported vaccine introduction campaign.

The results, shared with WHO in 2024 and published in 2025, were game-changing. The study showed that just one dose of Cecolin can trigger a strong immune response. This evidence informed WHO's recommendation of a single-dose schedule for Cecolin, making it easier and more affordable to protect more girls.

By making HPV vaccines more affordable and easier to deliver, PATH is helping prevent cervical cancer and protect millions of girls—one dose at a time.

Cecolin is a registered trademark of Xiamen Innovax Biotech Co., Ltd.

By making HPV vaccines more affordable and easier to deliver, PATH is helping prevent cervical cancer and protect millions of girls—one dose at a time.

2024 ACHIEVEMENTS

Health and disease management

From primary health care to support services for deadly diseases, PATH helps countries improve the care people receive.

In Assam, India, a bank manager and a community health worker enroll a pregnant mother in a state-funded compensation program to improve nutrition and access to care.

PATH

Read about health and disease management in the online report

Strengthening Kenya's fight against HIV and TB

In Nyamira County, Kenya's government is strengthening HIV and tuberculosis (TB) health services by bringing them closer to people's homes.

With support from the Astellas Global Health Foundation, PATH partnered with Nyamira County to improve HIV and TB services delivered by community health promoters—the county's 1,379 frontline health workers. The project built a comprehensive community health workforce database, identified training gaps, and launched mentorship visits to build health promoters' skills and reach.

In 2024 alone, health promoters screened over 114,000 people for TB and referred nearly 7,800 people for HIV testing. The project also equipped community health teams with smartphones and tablets, upgraded data systems, and enabled faster, more informed decision-making.

Crucially, the initiative supported advocacy activities for new policies on long-term financing of community health, including fair compensation for health promoters. As Mathew Abuto, Nyamira's Community Health Services Coordinator, said, "This support came at a time when the county was intentional in revamping community-level HIV and TB service delivery."

Nyamira's success now serves as a model for other counties—showing that investing in community health systems is key to advancing universal health coverage and defeating HIV and TB.

114K+
people screened for TB

PATH/Caroline Wangire

Community health promoters listen while a nurse provides mentorship and training during a monthly meeting.

Bringing services home for children with disabilities

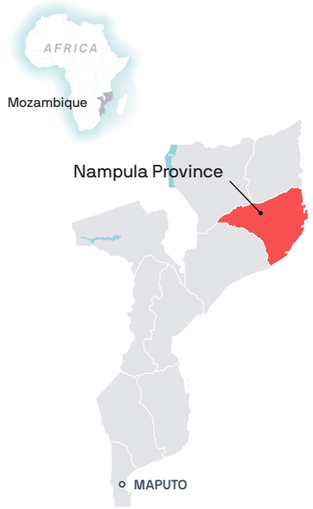
In sub-Saharan Africa, about 10 percent of children under age five have developmental delays or disabilities. But in Mozambique, less than 1 percent are identified by health services—meaning most go without early support that could change their lives.

To close this gap, PATH partnered with the Associação dos Deficientes Moçambicanos (ADEMO) to improve care for children with disabilities. Together, we launched an enhanced community-based rehabilitation model in Monapo District, Nampula Province, bringing vital services directly to families.

Through home visits, peer parenting groups, and better referral systems, the project increased the number of children receiving support. Volunteers were trained to build low-cost rehab tools from local materials and guide caregivers in simple techniques to help their children thrive at home.

The impact was profound: early detection rose, referrals for clubfoot within one month of birth grew from 25 to 40 percent, the number of children receiving physiotherapy nearly tripled, and nearly all caregivers enrolled saw improvements in their children's conditions.

Notably, 60 percent of children identified by ADEMO had never been referred to a health facility before. ADEMO's improved capacity has readied them for expansion into additional districts in 2025. This local partnership model proves that bringing care closer to home can drive powerful, inclusive change for children and families.



PATH/Debjeet Sen

PATH and partners piloted a community-based rehabilitation model to meet the needs of disabled children.

60 percent of children identified by ADEMO had never been referred to a health facility before.

Supporting mothers' mental health in wartime Ukraine

In war-torn Ukraine, the emotional toll on pregnant women and new mothers is immense. Displacement, trauma, and isolation have made this vulnerable time even more difficult—yet maternal mental health services remain scarce, particularly in frontline and rural areas.

To address this need, PATH launched a maternal mental health initiative in three Ukrainian regions. The program focuses on practical ways to increase support for women facing perinatal depression—starting with frontline health workers.

88
nurses and doctors trained

PATH/Mike Wang

A mother holds her newborn at a birthing center in a maternity hospital in Mykolaiv, Ukraine.

In 2024, PATH trained 88 nurses and doctors—many without prior mental health care experience—to identify signs of perinatal depression and provide early, compassionate support during pregnancy and postpartum care.

Support extends beyond clinics. Workshops and peer-led self-help groups offer women safe spaces to connect, share, and support one another—breaking isolation and normalizing mental health conversations.

Importantly, the initiative is designed for long-term impact. By integrating mental health into routine maternal care, it ensures ongoing support without needing specialized providers. Since the initiative began, at least 70 percent of mothers have received postpartum support.

70 percent of mothers have received postpartum support.

School children in Vietnam play football as part of the Community Sport and Health Cooperation Initiative.

PATH

Boosting health and well-being through community sports

Regular physical activity offers powerful benefits—from reducing the risk of health conditions such as high blood pressure and diabetes to boosting mental health, well-being, and brain function. Yet most people aren't moving enough: 81 percent of adolescents and over a quarter of adults worldwide fall short of recommended activity levels, putting their health at risk.

To address this challenge, PATH leads implementation of the Community Sport and Health Cooperation Initiative in Ghana, Nepal, Peru, Tanzania, and Vietnam. The initiative is led by the International Olympic Committee and the WHO and aims to bring together groups working on sport, education, and health to co-create community programs that promote regular physical activity and lifelong health.

At its core is collaboration. National and local groups—including government ministries, National Olympic Committees, WHO, youth clubs, schools, and health facilities—identify local priorities and deliver activities together, embedding sport into daily life.

Since launch, 628 practitioners have been trained in sport-based community programming, and 189 organizations have strengthened their ability to deliver healthy, inclusive activities. More than 112,000 people have participated directly, and over 1 million have been reached with messages promoting the value of staying active.

By making sport a part of everyday life, the initiative is helping people move more and live healthier—proving the power of partnership to transform community well-being.

189
organizations strengthened

112K+
people participated

PATH

People in Ghana participate in aerobics as part of the Community Sport and Health Cooperation Initiative.

Improving care for underserved mothers and children

The US government–funded Saksham project reached over half a million pregnant women across India with lifesaving maternal and newborn health care in 2024. Focused on underserved regions like Assam's tea plantations and tribal districts in Chhattisgarh and Odisha, the project combined community-led efforts with stronger health facility services.

In Assam, early antenatal care registration rose by 22 percent, and more than 150 tea garden hospitals saw quality improvements, prompting the state government to request the Saksham team's support in applying similar efforts across all 15 tea-growing districts and establishing learning forums to sustain progress.

In Chhattisgarh, high-risk pregnancy identification rose by 300 percent at trial sites, leading to statewide expansion. And in Odisha's Rayagada district, the project's community approach led to a 70 percent drop in home births, with more deliveries taking place in safer health facilities. The success led the state to recommend expanding the program to 29 blocks across 16 districts.

With over 4,200 health workers trained and services improved in more than 280 facilities across 64 districts, the Saksham project is driving lasting impact. Next: broadening these efforts in close collaboration with state governments.

4,200+
health workers trained

280+
facilities with improved services

Guwahati Art Club/Nilloy Jyoti Talukdar

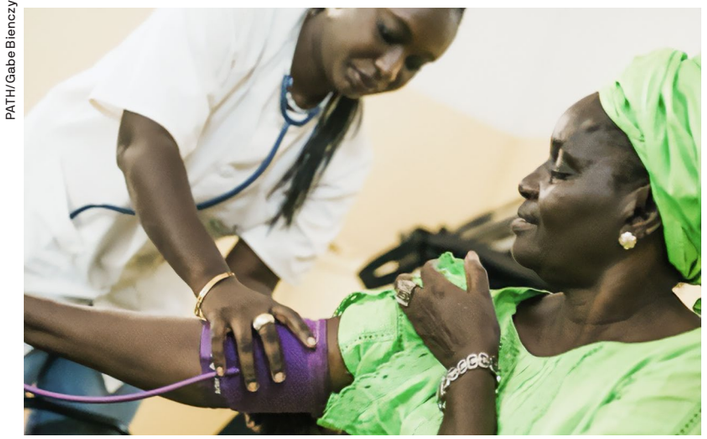
An anganwadi (frontline) worker informs an expectant mother about the government's wage compensation scheme.

Transforming NCD care in Africa through service integration

Chronic health conditions like high blood pressure, diabetes, and kidney disease are rising rapidly across Africa. By 2030, these noncommunicable diseases (NCDs) are projected to cause nearly half of all deaths on the continent. The burden could soon overwhelm health systems—but PATH and partners are working together to address the growing need. For example, PATH works with AstraZeneca on their Healthy Heart Africa (HHA) program.

Through HHA, PATH integrates NCD care into existing services like those for HIV and malaria in Burkina Faso, The Gambia, Mozambique, and Zambia. This means people can get screened and treated for multiple conditions in a single visit—saving time and improving outcomes.

PATH/Gabe Bienczycki



A health worker participates in a training on noncommunicable diseases. More than 400 health workers in Ghana received such training through PATH-supported projects and programs.

In Ghana, Rwanda, and Senegal, the program brings hypertension and chronic kidney disease care closer to communities by training health workers and equipping more clinics with the necessary tools. So far, PATH and HHA have screened over 5 million people and connected many to long-term treatment.

By embedding NCD services into everyday health care, this approach strengthens entire health systems and helps millions get the care they need—right in their own communities.

Noncommunicable diseases are projected to cause nearly half of all deaths in Africa by 2030.

2024 ACHIEVEMENTS

Health systems strengthening

From training health workers to advancing effective policies, PATH partners with governments and local organizations to strengthen health services at every level.

Strong health systems require local manufacturing capacity and efficient regulatory processes. Here, workers at PATH-partner SINAPI Biomedical assemble chest drains in South Africa.

PATH/Charles Meadows

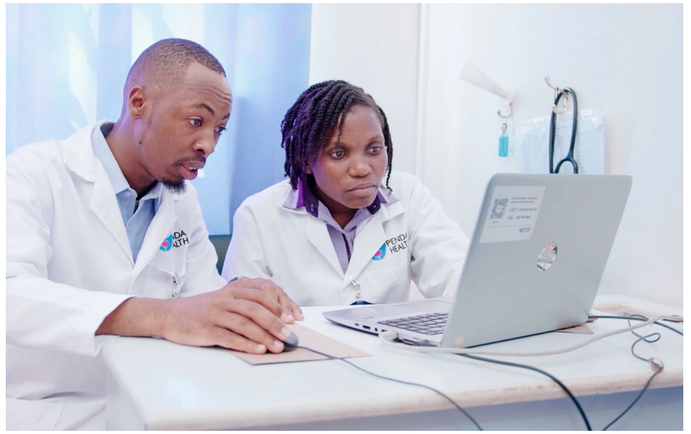
Read about health systems strengthening in the online report

Kenya hosts Africa's largest AI health trial

In a major leap for digital health, PATH and partners launched a groundbreaking Phase 3 clinical trial in Nairobi, Kenya—the largest of its kind in Africa—testing how artificial intelligence (AI) can support frontline clinicians in diagnosing and treating patients.

At the center of the trial is a large language model-based tool designed to support primary health care providers in clinical decision-making by offering timely, guideline-informed suggestions to help improve patient care.

PATH/Monica Georges



Oscar Macharia (left) and Naomi Nduitha (right), clinical staff at Penda Medical Centre in Nairobi, use AI to help diagnose patients and determine treatment plans.

"By studying AI in real-world clinical settings, the trial seeks to answer big questions," says Bilal Mateen, PATH's Chief AI Officer. "Can AI reduce missed diagnoses? Can it improve care quality in low-resource environments? The answers could shape health care delivery across the continent—and beyond."

This collaborative initiative includes PATH, the Kenya Paediatric Research Consortium, the University of Birmingham, and Penda Health. Kenya's Ministry of Health has welcomed the trial as a milestone in the country's digital health leadership.

The study is part of PATH's broader efforts to explore how large language models can advance health equity in Kenya, Nigeria, and Rwanda.

"By studying AI in real-world clinical settings, the trial seeks to answer big questions."

BILAL MATEEN
Chief AI Officer

PATH

From Honduras to Zambia: Digital tools drive vaccine equity

The COVID-19 pandemic disrupted routine immunizations worldwide, leaving millions of children unprotected and fueling vaccine hesitancy.

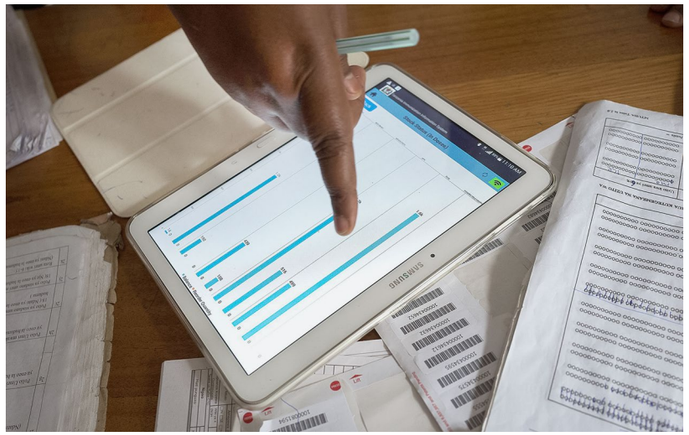
In response, PATH launched the DRIVE Demand project with support from The Rockefeller Foundation and Digital Square—harnessing the power of digital tools to boost vaccine access and trust across six countries.

In Honduras, digital "situation rooms" gave health workers real-time insights, helping reach remote areas. And in Mali, SMS and WhatsApp messages in local languages brought accurate health messaging to vaccine-hesitant communities.

In Tanzania, more than 300,000 vaccine-awareness messages reached caregivers, and in southern Thailand, tailored messaging built trust for routine vaccination among caregivers in hard-to-reach communities.

Uganda trained 147 biostatisticians in geographic information systems (an advanced data tool), and Zambia modernized its immunization registry to support a unified digital platform.

PATH



In Tanzania, a health worker reviews vaccine supply data on a tablet.

300K+
vaccine-awareness messages delivered

147
biostatisticians trained

What unites these diverse efforts? A belief in community-first, data-smart solutions. By combining behavioral science with digital innovation, DRIVE Demand helped close immunization gaps and laid the foundation for stronger, more responsive health systems.

This is more than a pandemic response—it's a blueprint for resilient health care that reaches everyone.

Health services return to conflict-torn communities in northern Ethiopia

In Ethiopia's Afar Region, where conflict once silenced health services, a powerful recovery is underway. Thanks to a partnership between PATH and Gavi, the Vaccine Alliance, vital care is returning to 70,000 people through restored health posts and services.

For Derbew Abebaw, head of the Lihada Health Post, the aftermath of war was deeply personal. His health post and home were ransacked, forcing him to hide medical tools across the community just to keep care alive. "We never stopped trying," he said.

For Hawa Ali, a mother of three, the collapse of health services meant walking 6 kilometers to the nearest clinic—an impossible journey for many. "We had to beg for help just to carry a sick family member," she recalled.

Today, the story is changing. Fourteen health posts across Afar's Ewa, Tellalak, Ada'ar, and Chifra districts have been renovated and reopened, protecting thousands of children from deadly diseases like measles and pneumonia. But this recovery is more than brick and mortar.

These restored health posts represent resilience, healing, and a return to routine for families who have endured the unimaginable.

PATH/Saba Ermyas

Derbew Abebaw points to broken health post windows damaged during conflict.

PATH/Saba Ermyas

A renovated health post during its August 2024 handover ceremony. PATH and Gavi, the Vaccine Alliance supported repairs to help restore health services in conflict-affected areas.

"We never stopped trying."

DERBEW ABEBAW
Lihada Health Post

Improving access to safe medicines in Africa

In Africa, getting lifesaving medicines approved and delivered can be a complicated and costly process. Each country has its own regulatory system, requiring drug makers to fill out separate applications in each country, and making it difficult to move medical products quickly and safely across borders.

To change this, the African Union launched the African Medicines Agency (AMA)—a bold initiative to streamline medicine regulation across the continent.

AMA's mission is simple but powerful: ensure that every African can access safe, effective, and affordable medical products by establishing one unified regulatory system that supports local production and speeds up approval processes for priority health needs.

African countries that have signed the AMA Treaty. Source: Health Policy Watch.

PATH

(Left to right) Vuyo Mjekula (Merck Sharp & Dohme), Dr. Abebe Genetu Bayih (Africa Centres for Disease Control and Prevention), Susan Lin (PATH), Chimwemwe Chamdimba (African Medicines Regulatory Harmonization programme), and Dr. Evans Sagwa (US Pharmacopeia) pictured together at the 2024 African Union Summit.

39/55

African countries have signed
the AMA Treaty

Since the AMA's conception, PATH has played a key role in making it a reality. For more than five years, PATH has built awareness, trained advocates, and developed toolkits that help governments adopt AMA in their national systems.

The result? 39 out of 55 African countries have already signed the AMA Treaty, signaling widespread support for this transformative effort.

Thanks to strong collaboration between the African Union agencies, PATH, and national leaders, AMA is paving the way for regulatory harmonization—and a future where safe, high-quality medicines reach every person, in every corner of the continent, faster and more affordably than ever before.

Local heroes lead the fight against polio in the DRC

As poliovirus threatened communities in the DRC, a powerful force stepped up: the people themselves. PATH and partners launched a community-driven effort to improve disease surveillance and protect against outbreaks—revitalizing 13,000 community advisory committees and placing local champions at the heart of the response.

Community health workers, known as *relais communautaires* (ReCos), were selected by local leaders and trained to identify cases of acute flaccid paralysis—a key sign of polio. These trusted neighbors became the eyes and ears of the health system in areas where formal access is limited. And their impact has been remarkable.

1,000%+

increase in reports

In their first 39 weeks:

- Acute flaccid paralysis case reports increased by over 1,000 percent from the previous year.
- More than 90 percent of those reports came directly from ReCos.
- Lab results were faster and more reliable, with most cases investigated the same day they were flagged.

But this is about more than just numbers. It's proof that communities don't just receive care, they deliver it. Local surveillance is not a backup plan—it's a frontline defense, strengthening the entire health system from within.

In the DRC, neighbors are protecting neighbors. And that's changing everything in the fight against polio.

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 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, 2023, through October 31, 2024, are as follows:

- Five clinical trials were initiated, and all five are registered in a WHO Registry Network primary registry or ClinicalTrials.gov.
- Eleven clinical trials are 12 months past primary study completion, and nine have summary results submitted to a clinical trial registry. One clinical trial is in data analysis and is ongoing, with summary results expected to be posted in the third quarter of 2026. One clinical trial is in progress of posting its summary results but is delayed with submission.
- Nine clinical trials are 24 months past study completion, and all nine have published manuscripts in peer-reviewed journals.

2024 financial summary

Figures are presented in US dollars.

Revenue (in thousands)	
Foundations	$ 168,552
US government	128,180
Other governments, nongovernmental organizations, multilaterals	45,860
Corporations	17,233
Investments	8,198
Individuals/other	3,265
TOTAL REVENUE	**$ 371,288**

Expenses (in thousands)	
Program-related:	
Global Health Programs	$ 78,317
Product Development	64,919
Africa	46,654
Asia, Middle East, and Europe	35,995
Other	4,949
Program development	3,130
Subawards to program partners	97,163
Subtotal program-related	**$ 331,127**
Administrative	$ 34,377
Fundraising	1,679
TOTAL EXPENSES	**$ 367,183**

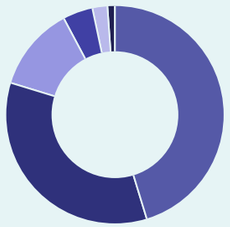
Assets (in thousands)	
Invested grant funds	$ 239,814
Cash and cash equivalents	65,009
Right-of-use assets	55,359
Contributions and awards receivable	36,945
Other	28,222
TOTAL ASSETS	**$ 425,349**

Liabilities and net assets (in thousands)	
Total liabilities	$ 367,683
Net assets:	
With donor restrictions	$ 28,899
Without donor restrictions	28,767
Total net assets	$ 57,666
TOTAL LIABILITIES AND NET ASSETS	**$ 425,349**

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

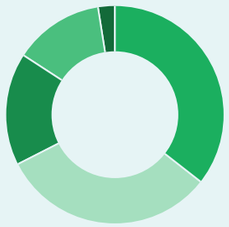
PATH is an international, nonprofit, nongovernmental organization. Our mission is to advance health equity through innovation and partnerships. Contributions to PATH are tax-exempt under US IRS code 501(c)(3).

Sources of revenue



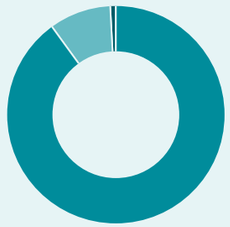
- **45.4%** Foundations
- **34.5%** US government
- **12.4%** Other governments, nongovernmental organizations, multilaterals
- **4.6%** Corporations
- **2.2%** Investments
- **0.9%** Individuals/other

Use of funds*



- **35.7%** Global Health Programs
- **32.0%** Product Development
- **16.6%** Africa
- **13.2%** Asia, Middle East, and Europe
- **2.5%** Other

Expense allocation



- **90.2%** Program
- **9.3%** Administrative
- **0.5%** Fundraising

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

Leadership

Board of Directors

Lisa P. Anderson
President
Norcliffe Foundation
United States

SECRETARY
Carole T. Faig
Board Member
Cue Health, Affinia Therapeutics, and Quva Pharma
United States

Karin M. Finkelston
Impact Investment and Development Leader
United States

CHAIR
Beth Galetti
Senior Vice President, People, Experience, and Technology
Amazon
United States

Lutz Hegemann, MD, PhD
President, Global Health
Novartis International AG
Switzerland

Joel Holsinger
Co-Head, Partner, and Portfolio Manager of Alternative Credit
Ares Credit Group
United States

Heidi J. Larson, PhD
Founding Director
The Vaccine Confidence Project
Belgium

TREASURER
Sanford M. Melzer, MD, MBA
Principal
Melzer Healthcare Advisors
United States

Raman Rao, MD, MBA
CEO
Hilleman Laboratories
Singapore

Boitumelo Semete-Makokotlela, PhD, MMFI
CEO
South African Health Products Regulatory Authority
South Africa

Sylvana Sinha, JD
Founder and Chair of the Board
Praava Health
Bangladesh and United States

Abayomi Sule, MBBS, MBA
Founder and Managing Director
Tillit MSME Microservices
Nigeria

Helena Wayth, MSc
Founder
A Bird's Eye View
United Kingdom

VICE CHAIR
Fredrick Were, MBChB, MMed, PhD
Professor, Pediatrics and Child Health
University of Nairobi
Kenya

Executive Team

Nikolaj Gilbert
President and CEO

Ben Aliwa
Chief Business and Finance Officer

Meïssa Diaw
Chief People Officer

Nabeel Goheer, PhD
Chief of the Asia, Middle East, and Europe Region

Heather Ignatius
Chief of External Affairs

Nanthalile Mugala, MD, MMed
Chief of the Africa Region

Sabrina Powers
Chief of Legal, Awards, Research & Compliance, and General Counsel

Melanie Saville, MBBS
Chief Scientific Officer

Kammerle Schneider
Chief Global Health Programs Officer

The way to better health

This list of supporters includes those who gave $1,000 or more to PATH in 2024, through grants, donations, and in-kind contributions. We are grateful they chose to be the way to better health for millions.

Your generosity creates healthier futures. **Become a supporter today**.

Foundations

Benevity
Bhatia Foundation
BNY Mellon Charitable Gift Fund
Boger Family Foundation Inc.
Branson Family Foundation
Children's Investment Fund Foundation
The Chisholm Foundation
Community Foundation of North Central Florida
Conrad N. Hilton Foundation
David and Lucile Packard Foundation
Donald A. Pels Charitable Trust
Dovetail Impact Foundation
The Eakin Family Foundation
Fidelity Charitable Gift Fund
Fondation Botnar
Gates Foundation
Give Lively Foundation
GiveWell
Hinduja Foundation
The KuehIthau Family Foundation
The Laurence and Michele Chang Foundation
Mandula Family Foundation
Mayer-Nyeu Charitable Fund
Merrill Schneider Foundation
Minderoo Foundation
Nararo Foundation
National Philanthropic Trust
Porticus
Potrero Nuevo Fund
Pride Foundation
Raven Trust Fund
Raymond James Charitable
RIGHT Foundation
The Rockefeller Foundation
Seattle Foundation
Shickman Family Foundation
Silicon Valley Community Foundation
TIAA Charitable
Tides Foundation
Van Leer Foundation
Washington Gives (GiveBIG)
Wellcome Trust
William and Flora Hewlett Foundation

Governments and international agencies

Asian Development Bank
Australian Department of Foreign Affairs and Trade
Deutsche Gesellschaft für Internationale Zusammenarbeit
Gavi, the Vaccine Alliance
German Federal Ministry for Economic Cooperation and Development
Global Affairs Canada
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Health Innovative Technology Fund
Irish Aid
KfW Bankengruppe
Lives and Livelihoods Fund
Pan American Health Organization
UK Department of Health and Social Care
Unitaid
United Nations Children's Fund
United Nations Office for Project Services
United Nations Office for the Coordination of Humanitarian Affairs
United Nations Population Fund
US Agency for International Development
US Centers for Disease Control and Prevention
US National Institutes of Health
The World Bank
World Health Organization

Nongovernmental organizations and universities

AltaMed Health Services
Asia Pacific Leaders Malaria Alliance
Coalition for Epidemic Preparedness Innovations
Cornell University
Global Digital Health Network
Indira Foundation
Open Philanthropy
Resolve to Save Lives
World Diabetes Foundation

Corporations and corporate foundations

Ameriprise Financial
Ares Management Corporation
AstraZeneca
athenahealth
AvaxziPen
Bank of America Charitable Gift Fund
Bessemer Trust
Box, Inc.
Caterpillar Foundation
Charles Schwab
Edward Jones
Edwards Lifesciences
Effective Ventures Foundation
Fidelity Brokerage Servies
Foundation S – The Sanofi Collective
Gates Ventures
GlaxoSmithKline UK
Godrej Consumer Products
Google LLC
Greater Horizons
Hotchkis & Wiley Capital Management LLC
Johnson & Johnson Foundation
LEGO Foundation
lululemon
Merck & Company
Merrill Lynch Global Wealth Management
Microsoft Corporation
Morgan Stanley
Northern Trust Corporation
Novartis International AG
Pershing Advisor Solutions LLC
Pfizer
Revital Healthcare (EPZ)
Robert W. Baird & Co.
Salesforce, Inc.
Sanofi
SD Biosensor
Serum Institute of India
T. Rowe Price Retirement Plan Services
Takeda Pharmaceutical Company
Temptime, a Zebra Technologies company
Tudor Investment Corporation (Tudor Group)
UBS Optimus Foundation
U.S. Charitable Gift Trust
Vanguard
The Walt Disney Company
Wells Fargo Private Client Services

Individuals

Anonymous (59)
The Alcott Giving Fund
Dean and Vicki Allen
Lisa and Michael Anderson
Lynda and Dean Anderson
Brian Arbogast and Valerie Tarico
Frederick and Mary Jo Armbrust
Megan and Joshua Barnard
Jillian Barron and Jonas Simonis
John Bates and Carolyn Corvi
Christine Beck and Dana Locniskar
Judi Beck
Michael and Ruth Berry
Rajiv Bhatia
Fraser and Deirdre Black
Steven Bolliger and Candace Smith

Karen Bowen and Dirk Irmhof
Kristi Branch and Jim Moore
Kenneth and Cheryl Branson
John and Alice Britt
Margaret Britton
Katherine Brown
Margaret Bull
Kristine Campbell and David Sandweiss
Stephen Carr
Bruce and Janna Chandler
Brian and Allayne Chappelle
Charlie Cleveland
Jason and Alison Cohen
Gordon and Christina Collins
Lowell Cook
Keith Cowan and Linda Walsh
Brenda Crowe and Jan Erik Backlund
Susanna Cunningham
Peter and Elizabeth Dahlberg
Gordon Davidson
Stephen Davis and Bob Evans
Gordon and Katherine Day
Katherine and David De Bruyn
de Jonge Family
Steph Dietzel
Lisa and Bob Donegan
Barton and Andrea Duncan
Kay Dusek
Leroy Eakin
Kathleen and George Edwards
Christopher Elias and Therese Caouette
Michael Ernst and Carol Weisbecker
Carolyn Evans
Carole Faig

Eric Feldman and Susan Folk
William and Karen Feldt
Niels and Denise Ferguson
Scott Finfrock
Jac Fitzgerald
Bert and Candace Forbes
Andrew Frey
Kirsten and Jamie Frits
Beth Galetti and Jeff Vanlaningham
Jason Gans
Barbara and Joseph Gartner
Katharyn Alvord Gerlich
John Giglio and Susan Winckler
Catherine Gleason
Allen and Carol Gown
Curtis and Nancy Grant
Patrick Griffin and Lauren Cadish
Doug and Harumi Guiberson
Jessica Hatzistratis
Henry and Lynne Heilbrunn
Robert Henry and Lee Foote
Susan Herring
Renee and Josh Herst
Janet Hesness
Kathy Hettick
Linda and Robert Hildreth
Jens Hilscher and Monica Singhal
Joel, Michelle and Peyton Holsinger
Eric Hooper and Kristie Gibney
Jessica Hu and Jonathan Eddy
Heather Ignatius
William and Ellen Ireland
Glenn Ishioka
Joyce and John Jackson
Lawrence Jordan
Robert and Sandra Khan

David and Cynthia King
Peter Kirby and Hau Tse
Scott and Christel Koedel
John and Traudi Krausser
Anne and Michael Krepick
Hosanna Krienke
Sanjiv Kumar and Mansoora Rashid
Toni Langlinais
Lutz and Camellia Latta
Lyn and Douglas Lee
Ann Lin and Lucienne Wu
Michael Liu
Joan Lombardi
Jan-Willem Maessen and Andrea Humez
Richard and Dianna Mahoney
David and Sally Mantooth
James Mason and Danna Klein
B. William Maxey
Brian McAndrews and Elise Holschuh
David and Pamela McDonald
Erinn Mcintyre and John Wechkin
Bruce McKinney
Bruce McNamer
Sandy Melzer and Ellen Evans
Lawrence and Bernice Meurk
Donald Milligan
Anthony Moore
Peggy Morrow
Sandra Moss
Michael Murray
Sally Mussetter
Scott and Erica Myers
Mary and Richard Nelson
Constance Niva and Judsen Marquardt

Kathy O'Driscoll
Mary Pat and John Osterhaus
Kevin Pakravan
Geoffrey Peitz
Sandra Perkowitz
John and Megan Pigott
Ashok Rajadurai
Susan Ranney and Lee Edlefsen
Johnhenri Richardson
Christoph Richey
Richter International Consulting
Evelyne Rozner and Matt Griffin
Carole Rush and Richard Andler
Michael and Mary Louise Rust
Issa Sakho
Jean and Jack Sargent
John and Kathleen Schreiber
Jean Schweitzer
Amy Scott and Stephen Alley
Benjamin Segal and Jacqueline Mahal
Leslie and Daniel Shapiro
Susan Shih
Sameer and Nida Shikalgar
Paul M. Silver and Christina Marra
Sylvana Sinha
Keith and Michelle Sink
Susan Snover
Richard Sommers
Krishnaswamy Srinivasan and Ramya Grama

Brian* and Karen Taliesin
David Tarshes and Deborah Kerdeman
Stephen Taylor
Brian Theyel and Elizabeth Sullivan
Robert Torretti
David Trimmer
Shirley Tsai
Atul Vaidyanathan
Thukalan and Preeti Verghese
Josh and Alisa Vitello
Joseph Wallin and Andrea Begel
Ruth and Todd Warren
David and Marsha Weil
Thomas Weisenburger
Sally and Andrew Westbrook
Chad and Beth Withers
Carol Wolf
William and Elissa Wolf-Tinsman
Susan Sheppard Wyckoff
Nathan and Susan Yost
Craig Zajac
Lisa Zwerling and Ron Birnbaum

PATH Futures

The following donors have generously committed to including PATH in their estate plans.

June Barrick
John and Alice Britt
Ann Brudno and Kenneth Routh

Roy and Carolyn Chapel
Sharon Cooper and Daniel Koebel
Stephen Davis and Bob Evans
Katherine and David De Bruyn
Lance Eisenberg
Castle Funatake
John Giglio and Susan Winckler
Jessica Hu and Jonathan Eddy
Lee Hwang
Janet Jacobs and Bernie Jacobs Jr.
Marlene and Howard Koons
Nancy and Gary Lande
Georgeanne Lindquist
James J. and Kathleen C. Lippard
Amy MacIver
Matthew Meko
John and Irene Meulemans
David Montgomery
Paul Moore
Peggy Morrow
Brian and Ashley Neville
Erick and Marta Rabins and Family
Evelyne Rozner and Matt Griffin
Susan Safer
Patrick and Karen Scott
Michael Sullivan
Wells/Burdick Family

*Deceased

437 N 34th Street
Seattle, WA 98103
USA

info@path.org
www.path.org

Photos, left to right:
Front cover: Ai Health Highway, PATH/Gnima Diop
Back cover: PATH/Gnima Diop, PATH