

Forward

Our commitment to public
health transformation

PATH STRATEGY 2025

PATH
»◊::▲◊◆//人◻◊



PATH Laboratory Scientist Mulenga Mwenda-Chimfwembe (left) and Project Assistant Tricia Hibwato examine malaria blood slides in Zambia. When the COVID-19 pandemic began, their malaria-focused lab team used genetic sequencing to surveil SARS-CoV-2. Their efforts helped shed light on local virus transmission and inform local response.

We stand at a crossroads in global public health.

COVID-19 has killed millions of people and upended the lives and livelihoods of billions more. It has intensified the world's health inequities and pushed health systems, supply chains, and manufacturing capabilities far beyond current capacities.

For evidence of these facts, we look to the massive global gaps in access to COVID-19 vaccines and diagnostics, the ongoing medical oxygen shortages, and the millions of deaths that have been (and will continue to be) caused by deferred or disrupted care for other life-threatening conditions like malaria, HIV, and tuberculosis.

The world was not ready for this pandemic, but we can be ready for the next.

Though COVID-19 is devastating, it is also creating profound opportunities for advancing health equity by unleashing new funding, bolstering political will, and spurring unprecedented collaborations.

Now is the time for change.

Change is in our DNA

For more than 40 years, PATH has been evolving to address the world’s most pressing health inequities. Recognizing the historic moment our sector is in, we wanted to go further than developing a five-year strategic plan—we wanted to reimagine the role and function of the international nongovernmental organization (INGO) itself, **beginning with the needs and priorities of the people we serve.**

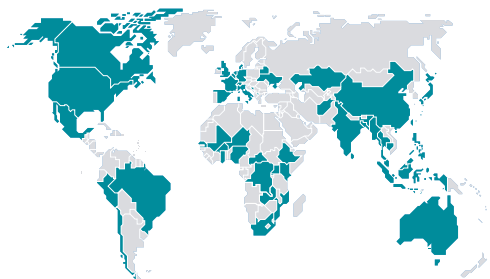
So, we gathered input from **400 stakeholders across 50 countries**, including local health leaders, ministries of health, public- and private-sector partners, funders of public health programs, and members of our own global team. Together, we identified the PATH capabilities most valued by our partners and used those capabilities to frame three areas of focus for our future:

Preparing for and responding to emerging health threats

Improving lives with science and technology

Increasing health system capacity and resilience

These holistic priorities represent **an intentional and responsive shift** away from the siloed health areas and piecemeal approach that have limited our sector’s potential and slowed the rate of progress.



Stakeholders from 50 countries (highlighted) provided input for our strategy.

A clear and resounding call

As we gathered input from our partners, we also heard a clear and resounding call for INGOs like PATH to work differently and help move the sector toward a more equitable and effective model. **To answer that call, our new strategy goes beyond *what we will do* to reimagine *how we will do it*.**

We’ve identified four change strategies that will guide our efforts moving forward and help us become an even better agent of public health transformation.



At PATH, we will still bring **all the same capabilities and expertise** to bear for our partners that we always have, but we will do so in **an even more holistic and sustainable way**—one that seeks to build and enhance local systems, to elevate local knowledge and expertise, and to safeguard everyone everywhere from the devastation of future pandemics like COVID-19.

We are reimagining
the role and function
of the international
nongovernmental
organization.

“Approaching global health in more holistic, inclusive, and equitable ways may make our work complex or require more funding. But it’s *the right thing to do*. Even if it’s harder in the short term, it’s the best way to advance health equity in the long term.”

Nikolaj Gilbert
President and CEO

A bridge to a better sector

As we respond to the crises and inequities of the COVID-19 pandemic, we must do so with an eye to the future—and with the understanding that the challenges we face will only grow in number and complexity in the years ahead. We must find ways for global health to become even more inclusive—and so, more effective—in all its forms: from financing and investment to policy change and multisector partnership.

Working toward equity in health must include **challenging inequities** in current global health programming; **pursuing new approaches** rooted in the determinants of health, human rights, and country and community leadership; building capacity; and **recognizing the assets and strengths** of all countries and regions, so that when health interventions are needed, they can be developed with local science, local technology, and local industry.

At PATH, we intend to lead by example. For 40 years, we’ve been a bridge *between* public and private, global and local. Now, we want to be **a bridge to a better sector**. If we can turn in this new direction—not only at PATH, but at all INGOs—then our shared future will be one in which the world’s health systems have the capacity to respond to global crises and effectively meet the needs of all people. We believe that is the only future worth pursuing.

In the next section, you’ll learn more about our **three strategic priorities**, our **four change strategies**, our **six enablers**, and our **new, organization-wide diversity, equity, and inclusion (DEI) strategy**.

Thank you for taking the time to read this document—and thank you for sharing the journey.

Our strategy: 2021–2025

Our five-year strategy is designed to respond to the current crises we face as a global community and to the needs and priorities of our local partners and ministries of health in low- and middle-income countries.

Along the way, we will transform PATH into an even better agent of change within the global health sector.

Key terms to know as you explore our new PATH strategy:

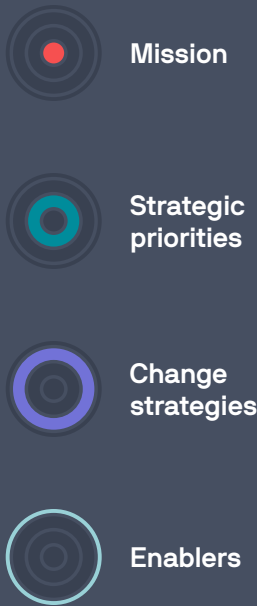
Capacity-building: The process by which PATH and our partners acknowledge local strengths and assets as the essential building blocks of sustainable public health programming and innovation. Leveraging the skills and expertise of local people, the influence of local institutions, and the political will and demand of local communities, capacity-building partnerships draw on existing country and community strengths and make investments that reinforce and power public health systems.

Community: People living in one area, or people who are considered as a unit because of common interests, characteristics, or geography. An “affected community” is any community with

a shared health experience that may be affected by products, tools, policies, or interventions.

Determinants of health: The social, systemic, and physical *environment*; political, institutional, and economic *forces*; and individual *behaviors and biology* that in combination determine the health outcomes of individuals and communities. Individual behaviors and biology are often products of environment and other factors.

Resilience: Related to processes and skills that result in good individual and community health outcomes despite negative events, serious threats, and hazards; at PATH, we generally use this term to describe systems rather than individuals or communities.



VALUES
Respect Equity Integrity Innovation Collaboration Impact

OUR MISSION

Why PATH exists

Our mission remains unchanged:

Advance health equity through innovation and partnerships.

Over the next five years, we will continue our work but will evolve our approaches in response to the needs and priorities of our local partners.



Ravdeep Gandhi (left), deputy director of marketing and field operations for PATH's tuberculosis program in India, speaks with Suman Gupta, project coordinator. As part of the Joint Effort for Elimination of Tuberculosis, Ravdeep builds bridges between the public and private sectors to help identify unreported patients, boost case notifications, and improve treatment adherence.

STRATEGIC PRIORITIES

What we will do

Our strategic priorities reflect the vision and priorities of our local partners and the PATH capabilities they most value.

P1 Prepare for and respond to emerging health threats

Over the next five years, PATH will continue to prepare for and respond to emerging health threats—from new outbreaks of ancient diseases like malaria, to novel diseases like COVID-19, to climate change, antimicrobial resistance, and the growing burden of noncommunicable disease.

In the years ahead, emerging health threats will only grow more intense and interconnected. That’s why our first strategic priority is to co-create and enact global, national, and local interventions to address emerging threats to health and health equity—whatever form those threats may take.



- In Zambia, PATH Laboratory Scientist Conceptor Mulube analyzes data from the genetic sequences of SARS-CoV-2 samples. The PATH lab team recently introduced genetic sequencing technology to Zambia to find vulnerabilities in different strains of malaria. Today, their malaria research continues, but they’ve also partnered with the University of Zambia’s School of Veterinary Medicine to monitor SARS-CoV-2 samples and surveil for zoonotic diseases.
- Abdoulaye Bousso, MD, (right) is the coordinator for Senegal’s Health Emergency Operations Center (EOC), which was created in collaboration with PATH following the 2014 Ebola crisis. PATH also helped establish the Democratic Republic of the Congo’s EOC and worked with both governments to support their efforts against Ebola, malaria, and—most recently—COVID-19, by adapting disease surveillance systems, training health workers, and advising on national response plans.
- Escherichia coli* bacteria (shown) are among the microorganisms that can develop antimicrobial resistance (AMR), a growing global threat. With support from the United Kingdom’s Fleming Fund, PATH is working on AMR in Kenya, Sri Lanka, Vietnam, and Zambia. Under One Health principles, the projects will help strengthen laboratories, increase information sharing, and support AMR surveillance systems for both human and animal health.

“We are constructing a platform for cross-sector AMR information sharing, strengthening AMR surveillance systems, and establishing two-way mechanisms for linking clinical data to hospital lab results.”

Nguyen To Nhu, PhD
Program Director of Global Health Security and Malaria
PATH Vietnam

P2 **Improve lives with science and technology**

Over the next five years, PATH will continue our 40-year history of improving lives with science and technology by creating and advancing new vaccines, quality-assured diagnostics, and affordable medical devices.

PATH is known for impactful innovations that move humanity forward. We intend to leverage our decades of experience conceptualizing, developing, commercializing, and introducing science and technologies to address the most pressing health challenges in the countries and communities we support.

That’s why our second strategic priority is to advance the research, development, and scale-up of health interventions that address the most inequitable burdens of disease.



- PATH Regional Technical Advisor Huong Vu Minh, MD, prepares a Japanese encephalitis vaccine at an immunization drive in Laos. PATH worked with governments, manufacturers, and other partners to protect more than 300 million children from Japanese encephalitis, a crippling disease also known as “brain fever.” PATH is also making crucial contributions to the eradication of polio—advancing a novel, type 2 oral polio vaccine (nOPV2) urgently needed in countries dealing with outbreaks.
- Senior Program Officer Jessica White, PhD, (left) and Program Advisor Manjari Lal, PhD, look at test samples in PATH’s Seattle laboratory. As part of PATH’s Medical Devices and Health Technologies program, Jessica and Manjari develop new formulations of vaccines and drugs to increase accessibility in low- and middle-income countries. Often that means making a vaccine or drug thermostable, but it also involves offering new delivery methods like dissolvable sublingual tablets.
- CEO Nikolaj Gilbert speaks with colleagues in the PATH workshop in Seattle pre-COVID-19. The PATH workshop helps develop lifesaving medical devices—from a NIFTY cup for nourishing babies unable to breastfeed, to the uterine balloon tamponade (UBT), a simple and affordable medical device designed to stop postpartum hemorrhage (excessive bleeding after childbirth). With widespread adoption, the UBT alone is projected to save 169,000 lives by 2030.

“We are optimistic that the novel OPV strains—which leveraged decades of scientific research for their design and the latest genetic sequencing technology for their development—will be a major enabler of polio eradication.”

John Konz, PhD
Global Head of Polio Projects
Center for Vaccine Innovation and Access

Photos, clockwise from left: PATH/Aaron Joel Santos, PATH/Patrick McKern, PATH/Dave Simpson

P3 **Increase health system capacity and resilience**

Over the next five years, PATH will continue working with ministries of health and local partners to develop health system capacity, increase health system resilience, and expand global access to equitable, accessible, high-quality care.

COVID-19’s massive toll has made it clear that—even in countries with the greatest financial resources and most advanced infrastructure—health systems, supply chains, and laboratories are ill-prepared for the emerging health threats they will face. That’s why our third strategic priority is to partner with governments and local organizations to increase local capacity for equitable, accessible, high-quality care.



- Nurses scan child health cards into an electronic immunization registry at the Ngarenaro Health Center in Tanzania. Digital systems help health workers anticipate disease spikes, better direct resources to underserved areas, and deliver more targeted patient care. PATH has supported the development and rollout of digital systems in countries around the world, from Tanzania to Zambia to Vietnam.
- A worker uses an oxygen concentrator in Siaya County, Kenya. PATH has been increasing access to medical oxygen for years, but with the COVID-19 pandemic, that work has taken on new urgency and gained new support through the Access to COVID-19 Tools Accelerator. PATH’s teams around the world are supporting ministries of health, state governments, and other local partners to build and maintain the infrastructure required for resilient oxygen systems.
- PATH Living Labs Designer Sue Wairimu interviews Triza, nurse-in-charge at a clinic in Kisumu, Kenya. When Kenya’s Ministry of Health requested help improving provider responses to postpartum hemorrhage, PATH’s Living Labs team hosted 20 human-centered design workshops, directly engaging more than 300 health workers, health officials, and health system stakeholders. Our team used that input to identify solutions the Ministry could implement across the entire health system.

“Enhancing health system resiliency begins with investing in local talent and building the capacities of local partners. That’s exactly what we aim to do over the next five years.”

Nanthalile Mugala, MD, MMed
Chief of Africa Region

Photos, clockwise from top left: Bill & Melinda Gates Foundation/Riccardo Gangale, PATH/Zachary Clemence, PATH/Faith Mbai

CHANGE STRATEGIES

How we will do it

At PATH, elements of these change strategies have been applied in our projects and programs for years. But we are now taking the necessary step of formalizing them, identifying specific objectives, and holding ourselves accountable for the outcomes.

S1 **Equity in health**

We will challenge inequities in global health programming and pursue new approaches rooted in determinants of health, human rights, and country and community leadership.

At PATH, we have increasingly focused on root causes of health inequities to better understand the drivers of our greatest challenges. For example, economic insecurity, pollution, and discrimination are just as harmful as any pathogen. So long as these threats to equity persist, a fair chance at health will not be possible for everyone.

Though we’ve been advancing equity for decades, over the next five years, we will do even more to:

- **Co-create projects that challenge social and structural inequities** and pursue more sustainable approaches that build on the determinants of health and support human rights.
- **Develop guidance for and incorporate measures of equity** into all projects and programs.
- **Prioritize projects and programs** that are designed to improve the health and well-being of populations that have been historically marginalized by health systems.
- **Advocate with donors and partners** to shift power, decision-making, and funding to entities and organizations in affected communities.
- **Invest in PATH’s culture of learning and improvement**, with a focus on ethical and equitable public health practices and approaches.

“Multi-stakeholder project design is key for equity in health. PPIA’s success was rooted in the close partnerships between PATH and our local partners from both the public and private sectors.”

Neeraj Jain, MBA
Country Director, India



IN PRACTICE

Finding the missing millions: Linking public and private tuberculosis (TB) care in India

In India, private health care providers manage an estimated 1.1 million “missing”—diagnosed but unreported—TB cases. Alongside two community-based organizations, and with funding from the Bill & Melinda Gates Foundation, PATH supported the development of a pilot project in Mumbai called the Private Provider Interface Agency (PPIA). The project helps TB patients in the private sector gain access to free public-sector drugs and subsidized state-of-the-art TB diagnosis.

By bringing to light previously “missing” TB patients, PPIA helped increase TB case notifications and treatment adherence. PPIA proved so successful that a pan-India version called the Joint Effort for Elimination of Tuberculosis was created with the support of the Global Fund.

PPIA staffer Afreen Shiekh fills out a voucher that will allow a private-sector TB patient to access subsidized care and treatment.

S2 Community-focused priorities

We will determine priorities and approaches based on unmet health needs defined by countries and communities.

Global health priorities have too often been shaped by donors rather than by the countries or communities being served. That’s why at PATH, we strive to focus our efforts on unmet needs that ministries of health and local partners have defined for themselves. And that’s why we’re constantly seeking opportunities to leverage existing strengths, elevate local voices, and learn from lived experiences.

Over the next five years, we will do even more to:

- **Identify and validate needs, priorities, and approaches** with country and community stakeholders, end users, and patients, when possible—as each project is conceptualized.
- **Dedicate time, resources, and accountability** to actively engage with affected communities throughout the project.



IN PRACTICE
Providing country-defined, demand-driven technical assistance

With funding from our partners at the United Kingdom’s Foreign, Commonwealth & Development Office, PATH’s nutrition experts provided demand-driven technical assistance to more than 50 governments and local organizations—creating local support teams, guiding national nutrition assessments, developing multisector plans, and pursuing funding to advance their nutrition goals.

Throughout the engagements, our staff carefully customized their technical assistance to meet the specific needs of each ministry of health—and to ensure sustainability of the work through investment of time and resources in local partners.

PATH advances local nutrition objectives by fortifying rice with micronutrients. After a successful pilot program adding fortified rice to school lunches in Lucknow, India, we’re now partnering with the national government to supply fortified rice through the public distribution system.

Photo: PATH/Minzayar Oo

S3 Respectful partnerships

We will partner with public- and private-sector actors at the global, regional, national, and local levels, respecting diverse expertise and country and community knowledge and decision-making.

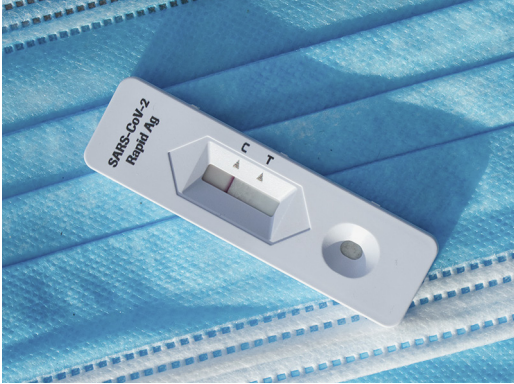
Respectful partnerships are essential to public health and the pursuit of health equity. Respecting and elevating local expertise, local knowledge, and local decision-making results in more sustainable, relevant, and fit-for-purpose solutions.

PATH is already known for exemplifying the principles of respectful partnerships, but over the next five years, we will do even more to:

- **Establish and prioritize respectful and diverse partnerships** that increase representation of regional, national, and subnational government, private sector, and civil society in global health.
- **Build, implement, and evaluate a collaboration model** with local partners that recognizes local strengths and assets and provides demand-driven technical and operational assistance to complement local efforts.
- **Adapt and transition asset and project ownership** to national and subnational government leaders, local partners, and civil society, establishing greater control and sustainability for affected communities.

“Leveraging local assets and investing in local leadership not only creates supply security for low- and middle-income countries—it also provides a foundation for a stronger response against future epidemics and other emerging threats to health equity.”

Neha Agarwal
Associate Director, Diagnostics



IN PRACTICE
Partnering to solve a global supply problem

COVID-19 diagnostic tests are not reaching all the people who need them—often because global markets are unfavorable to low- and middle-income countries. In partnership with (and with funding from) the Islamic Development Bank, PATH is taking a regional, country-led approach to addressing this global supply problem.

The aim is to build a robust, evidence-based investment framework to support the Islamic Development Bank and its member countries in identifying high-impact investments that build local technical and manufacturing capacity. PATH will identify potential manufacturing and distribution partners; map regulatory, procurement, and distribution avenues; and conduct needs assessments to outline the investments and technical assistance required to locally produce quality-assured diagnostics products.

PATH’s Diagnostics team created a set of COVID-19 Diagnostic Dashboards to help the world’s health departments make sense of which COVID-19 tests (like the one shown above) are available in their regions.

Photo: Unsplash/Guido Hofmann

S4 Inclusive innovation

We will engage countries and communities in the end-to-end design process to create fit-for-purpose health interventions.

There are many ways PATH engages stakeholders in inclusive innovation—from convenings, consultations, and co-creation workshops, to advisory groups, steering committees, and human-centered design processes.

The approach may differ from project to project, but the critical components are (1) defining the inclusion in collaboration with the affected countries and communities and (2) requiring inclusion from conceptualization through completion.

We are heartened that much of our work already incorporates the principles of inclusive innovation, but over the next five years, we will do even more to:

- **Involve and listen to national and subnational governments,** local private-sector partners, health care providers, civil-society organizations, and members of affected communities during project and innovation design, implementation, and transfer.
- **Leverage national and subnational skills, experiences, and resources** through inclusive innovation in project scoping, implementation, and sustainable transfer to governments and other stakeholders.

“Too often seeking the voice of the community and country came as the last step in the innovation design process. Not surprisingly, acceptance and uptake suffered. Our new PATH Strategy repositions community and country engagement where it belongs—at the onset of design and during the whole innovation effort thereafter.”

David Kaslow, MD
Chief Scientific Officer



IN PRACTICE

Assessing options at the onset

As part of our commitment to inclusive innovation, PATH recently reached out to 71 national stakeholders and 64 health care providers in Ghana, Kenya, Malawi, Peru, Senegal, and Sri Lanka, as well as 20 global stakeholders, to assess their preferences for different rotavirus vaccine options. PATH has been instrumental in ensuring widespread access to rotavirus vaccines, and while the current live, oral rotavirus vaccines are reducing severe diarrhea in all settings, they are not as effective in places with the highest burden.

As we continue clinical studies of the next generation of rotavirus vaccines, we’re also conducting research to consider the views of the countries and communities where these vaccines will ultimately be used.

A health worker in Madhya Pradesh, India, readies doses of oral polio vaccine (OPV). Over the last 50 years, OPV has prevented more than 18 million cases of paralysis and brought the world to the brink of eradication.

Photo: PATH/Gabe Bienczycki

We will become an even better agent of public health transformation.

ENABLERS

What will be required from our team

Our enablers are internal initiatives that will help us deliver on our strategic priorities and change strategies by increasing our ability to achieve results for the people we serve—and to deliver greater value with the funds our donors entrust to us.

E1 Expertise and evidence

We will continue our 40-year history of providing our partners with the technical expertise required to address their most pressing health challenges, and along the way, generate and disseminate evidence to advance public health efforts worldwide.

E2 Diversity, equity, and inclusion

We will become more diverse and representative as an organization; more equitable in our policies, systems, and procedures; and more community-led in our programming.

E3 Continuous learning and improvement

We will continue to promote and advance evidence-based approaches; refine our organizational governance, risk, and compliance; and build on the strengths, capacities, and leadership in all countries where we work.

E4 Trusted relationships

We will continue to invest in and sustain relationships at every level and in every sector, with a particular focus on building trust and collaboration with governments, ministries of health, and local organizations.

E5 Operational and financial agility

We will continue to responsibly steward the financial resources our donors entrust to us and improve our operational efficiency.

E6 Advocacy and influence

We will use our local and global influence to advocate for policies, solutions, and investments that address the root causes of inequity at scale, and to promote models for local priority setting and leadership of health agendas.

Crosscutting by design

Rather than focusing on a few specific areas, our new **strategic priorities are crosscutting by design**. The lists below demonstrate the breadth and depth of our expertise, while the chart to the right uses three examples—malaria, vaccines, and Zambia—to demonstrate how our strategic priorities cut across health areas, capacities, and geographies.

| | | | | | | | | | |
|--------------|---|---|--|--------------------------|---|---|--|--|--|
| HEALTH AREAS | INFECTIOUS DISEASE | Influenza | Pneumonia | NON-COMMUNICABLE DISEASE | PREVENTION AND PROMOTION | Alternatives to insecticides | Developing diagnostics | Training health workers | |
| | Antimicrobial resistance | Japanese encephalitis | Polio | Cancer | Early childhood development | As mosquitoes develop resistance to common insecticides, PATH is supporting the development of attractive targeted sugar baits that contain an oral toxicant (rather than the insecticide used in spraying and treated bed nets). | PATH helped develop and introduce a rapid, point-of-care blood test for G6PD enzyme deficiency. Providers need this information before treating <i>Plasmodium vivax</i> malaria, as patients with G6PD deficiency are at risk for severe reactions to the treatment. | Since 2015, the PATH-implemented Program for the Advancement of Malaria Outcomes has trained more than 3,000 community health workers in Zambia and bolstered local capacities in malaria diagnosis, treatment, and data-driven decision-making. | |
| | COVID-19 | Malaria | Respiratory syncytial virus | Diabetes | Maternal and newborn care | | | | |
| | Diarrheal disease | Measles | Tuberculosis | Heart disease | Nutrition | | | | |
| | Ebola | Meningitis | Yellow fever | Hypertension | Sexual and reproductive health | | | | |
| | HIV/AIDS | Neglected tropical diseases | | | | | | | |
| | Human papillomavirus | Pertussis | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| CAPACITIES | Advocacy and public policy | Health system strengthening | Public health and science communications | | Fit-for-purpose vaccines | PATH's Center for Vaccine Innovation and Access supported the development of NDV-HXP-S, a low-cost COVID-19 vaccine candidate that, if successful, could be produced and distributed using the same factories and supply chains as flu vaccines. | Introducing immunization | Accelerating access | |
| | Diagnostics | Market development | Vaccines | | PATH spent a decade co-creating the world's first malaria vaccine (RTS,S). One year since its country-led pilot introduction in Ghana, Kenya, and Malawi, more than 1 million children have received the vaccine. | | | | To accelerate global access to COVID-19 vaccines, PATH is supporting capacity enhancements at clinical trial sites in Burkina Faso, Colombia, Costa Rica, Haiti, Honduras, Kenya, Malawi, Mali, Mozambique, Niger, and Pakistan. |
| | Digital health and data systems | Medical devices and health technologies | | | | | | | |
| | Drugs | Modeling and analytics | | | | | | | |
| | Epidemic and pandemic preparedness and response | Monitoring and evaluation | | | | | | | |
| | | Primary health care | | | | | | | |
| GEOGRAPHIES | PATH works in 70 countries around the world and is continuously adding new locations. Below are examples of our offices and hubs: | | | | | Genomic surveillance | Using data against disease | Human-centered design | |
| | AFRICA | Malawi | AMERICAS | ASIA-PACIFIC | EUROPE | PATH scientists in Zambia are using genomic sequencing to monitor for new COVID-19 variants, to better understand the effectiveness of the country's pandemic response efforts, and to guide the implementation of an effective vaccination response. | PATH supported the introduction of preprogrammed mobile phones that community health workers now use to gather and report data about malaria cases—improving data quality and shortening the time to treatment for patients. | PATH's Living Labs team in Zambia is engaging frontline immunization health workers to ensure improved vaccine delivery and coverage. The initiative builds upon other vaccine data and supply chain strengthening projects. | |
| | Democratic Republic of the Congo | Mozambique | Peru | Bangladesh* | Belgium | | | | |
| | Ethiopia | Senegal | United States | China | England* | | | | |
| | Ghana | South Africa | | India | Switzerland | | | | |
| | Kenya | Tanzania | | Myanmar | Ukraine | | | | |
| | Madagascar | Uganda | | Nepal* | | | | | |
| | | Zambia | | Vietnam | | | | | |
| | | | | | | | | | *New office opening soon |
| | | | | | | | | | |
| | | | | | | | | | |

Data Collector Odinga Chitonka uses mobile technology to track malaria cases in Zambia. PATH has been advancing malaria control and elimination efforts for years, including through the introduction of mobile phones for community health workers.



We think and work
across the entire
value chain—and
the entire world.

Diversity, equity, and inclusion at PATH



Advancing health equity requires pursuing equity within our own organization as well as in our work. That's why we're launching a new, PATH-wide diversity, equity, and inclusion (DEI) strategy.

Our DEI strategy was developed and informed by leaders and employees across PATH, including our Executive Team, our Human Resources department, employee-led DEI working groups, and our DEI Advisory Group—a collective of 20 PATH people from around the world and from all levels of our organization.

“To create real change, DEI efforts must be measured, evaluated, and refined. Our new equity framework is an essential and exciting step in that direction—not only for PATH, but for all of global health.”

Carla Costa Sandine
Chief of External Affairs

Together, we outlined **three pillars** of focus:

DEI PILLAR 1

PATH people

We will become a more diverse and representative team at every level, and we will strengthen and sustain a culture of respect and inclusion to make PATH a safer, more just, and anti-racist institution.

DEI PILLAR 2

Business practices

To achieve lasting equity in our organization, we will pursue structural, sustainable improvements in the way our business operates, from our policies and procedures to our systems and processes.

DEI PILLAR 3

Programming and public health approach

We will confront the inequities embedded in global health and design an even better way forward that is rooted in human rights, community leadership, and doing no harm.

The **four change strategies** outlined earlier in this document—**equity in health, community-focused priorities, respectful partnerships**, and **inclusive innovation**—will be central to DEI Pillar 3. Taken together, these change strategies will form **an equity framework** we will use to evaluate our approach to each of our projects, programs, and potential partnerships.

We stand at a crossroads, but we stand here together.

The past year has been marked by incredible loss, but also by unprecedented partnership. If we can hold onto this spirit of cooperation and carry it through the Decade of Action and beyond, then the future will be bright—not only for *some* people, but for *all* people.

Everyone deserves a healthy life, and that is our aim. Let's move forward together.



At a school in Shan State, Myanmar, a health worker marks a student's fingernail to show the student has been vaccinated against Japanese encephalitis (JE). PATH partnered with a manufacturer in China and governments across Asia to increase access to an affordable JE vaccine. Thanks to those collaborations, more than 300 million children have been vaccinated against the deadly disease.

PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world's most pressing health challenges.