



From PATH's board chair and president



David King  
Chair, Board of Directors

Friends, supporters, colleagues:

On behalf of the board and our entire global team, thank you for supporting PATH in 2020. Partners and donors like you were the driving force behind our far-reaching COVID-19 response and our continued pursuit of health equity.

As the novel coronavirus spread, PATH worked with governments and ministries of health around the world to adapt disease surveillance systems, establish emergency operations centers, train health workers, and prepare and introduce COVID-19 vaccines. We established a COVID-19 biorepository to de-risk the development of new diagnostics, facilitated research collaborations for affordable and transportable COVID-19 vaccine candidates, and advocated for equitable access to vaccines, medical oxygen, and other critical tools through the Access to COVID-19 Tools Accelerator.

Thanks to your generosity and collaboration, we also continued essential efforts to strengthen national and global health systems; to control and eliminate infectious diseases like HIV, tuberculosis, and malaria; to commercialize affordable medical devices and health interventions; to advance childhood immunization; and to adapt all our existing health programs to continue meeting community needs during social distancing measures and lockdowns.

We also continued PATH's greatest tradition—evolving to better serve the people and communities we support.

In 2020, we launched a crosscutting Primary Health Care program that unites historically siloed efforts under a single leadership team. This new program will help accelerate global progress toward universal health coverage by offering governments and ministries of health demand-driven technical assistance and fit-for-purpose interventions that increase the capacity and resilience of primary health care systems.

Last year we also began a reorganization of PATH itself—creating new regional leadership positions that shift decision-making and resources to the places where we work. Now, for the first time in PATH history, all our Africa-based programs are led by an Africa-born, Africa-based executive. We are excited to support the vision for all of PATH's Africa-based programs and to continue our organizational transformation in the years ahead.

To that end, in 2021 we have unveiled a new, five-year [PATH Strategy](#); launched a multiyear diversity, equity, and inclusion strategy to guide the intentional restructuring of our teams, our programs, and our approach to funding; and begun interviews to appoint PATH's first-ever chief of the Asia, Middle East, and Europe Region.

Thank you again to the board, to PATH's dedicated staff, and to all of you, our many partners and donors. Though we face new challenges in global health, we rise together to meet them as one global team.

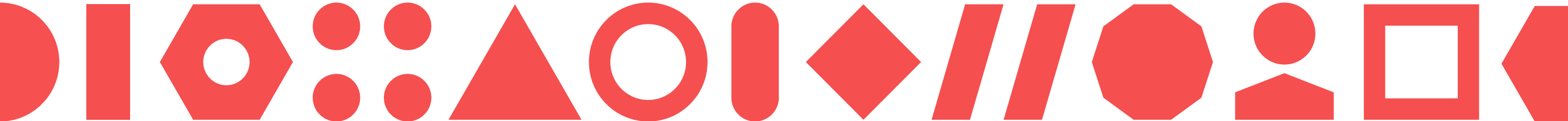
With gratitude,

David King  
Chair, Board of Directors

Nikolaj Gilbert  
President and CEO

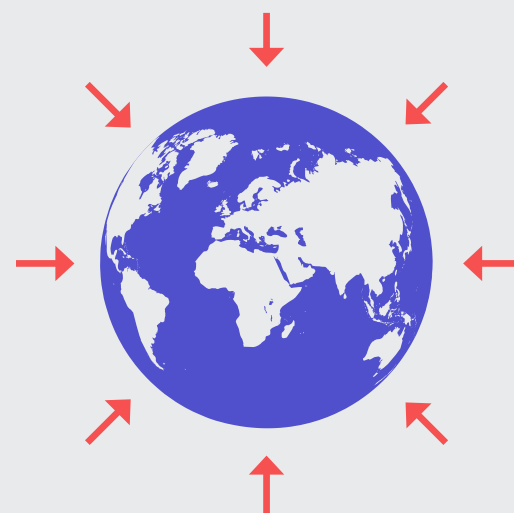


Nikolaj Gilbert  
President and CEO





Laboratory technicians inspecting eggs at the Institute of Vaccines and Medical Biologicals (IVAC) in Vietnam. PATH worked with IVAC, other emerging vaccine manufacturers, and medical researchers in the United States to advance the development of NDV-HXP-S—a low-cost COVID-19 vaccine candidate that can be produced in the same facilities that make more than a billion doses of flu vaccine every year. Photo: PATH/Matthew Dakin.



## 2020: The pandemic year

Here are just a few examples of our global efforts—turn the page to see how we supported local COVID-19 response.

### Global impact

Globally, we partnered with multilaterals and normative bodies to accelerate vaccine and diagnostic development, streamline global supply chains, and advocate for equitable access to critical COVID-19 tools and interventions. In 2020, PATH:

“To end this pandemic, we need a vaccine that is safe, affordable, and created with all people in mind. We hope that NDV-HXP-S could be that vaccine.”

BRUCE INNIS, MD, GLOBAL HEAD OF RESPIRATORY INFECTIONS AND MATERNAL IMMUNIZATIONS

### NDV-HXP-S

Accelerated the development of vaccines—including NDV-HXP-S, a novel, affordable COVID-19 vaccine candidate that can be manufactured in flu vaccine facilities using chicken eggs. NDV-HXP-S is projected to be a game-changer for health systems unable to import mRNA vaccines because of the high cost.

### COVAX Facility

Advocated for the COVAX Facility and contributed expertise to its design and operationalization. The Facility is a global mechanism for distributing COVID-19 vaccines. It sent its first doses to countries with low- and middle-income economies in March 2021.

### Washington COVID-19 Biorepository, Diagnostics Benchmarking Panel, and Diagnostics Dashboards

Established the Washington COVID-19 Biorepository and created a COVID-19 diagnostics benchmarking panel—both which sped the creation of quality-assured diagnostics—and launched a set of COVID-19 diagnostic dashboards health officials can use to identify available tests and their regulatory approval status.

### COVID-19 Essential Health Services Policy Tracker

Created the COVID-19 Essential Health Services Policy Tracker by rapidly collecting and reviewing more than 200 policies for governments maintaining and adapting essential health services.

### COVID-19 Respiratory Care Response Coordination Project

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





At PATH's laboratory in Zambia, technologist Rachael Kasaro (seated) shows her colleagues Mulenga Mwenda-Chimfwembe and Tricia Hibwato how to use the AIScope reader for malaria blood slides. When the COVID-19 pandemic began, their malaria-focused lab team used genetic sequencing to surveil SARS-CoV-2 instead. Those efforts helped shed light on local virus transmission and inform local response. Photo: PATH/Kavindelejr.



## 2020: The pandemic year

### Local impact

Locally, we partnered with national governments and ministries of health to establish emergency operations centers; to advise on testing, treating, and managing the outbreak; to train health workers; to stand up digital and data systems that support real-time disease surveillance; to plan for COVID-19 vaccine introduction; and more.

“By studying SARS-CoV-2 genomes, we hope to understand local transmission and determine the effectiveness of Zambia’s containment measures.”

DANIEL BRIDGES, PHD, SCIENTIST,  
PATH ZAMBIA

### Democratic Republic of the Congo, Senegal, and Vietnam

PATH advised on the national response, trained health workers, and helped governments adapt existing disease surveillance systems for use against COVID-19.

### India

PATH provided technical support to multiple state governments to enhance laboratory capacity, inform testing strategies, strengthen respiratory care response, improve COVID-19 surveillance systems, and leverage our network of partners in support of COVID-19 response. We also supported the adaptation of Qure.ai’s artificial intelligence chest X-ray reading technology for diagnosing COVID-19, and joined C-CAMP’s COVID-19 Innovations Deployment Accelerator to support the advancement of COVID-19 innovations stuck in last-mile issues.

### Kenya and Zambia

Our Living Labs team engaged community health workers to gather feedback on the World Health Organization’s (WHO’s) proposed universal labels and packaging for COVID-19 vaccines; and to support routine immunizations during the pandemic.

### Nigeria

Frontline health workers tracked COVID-19 outbreaks on mobile phones using SORMAS—a digital Surveillance Outbreak Response Management and Analysis System co-developed and co-funded through PATH’s Digital Square initiative.

### Vietnam

PATH and the Ministry of Health worked together to rapidly assess respiratory care capacity, including the availability of and use of medical oxygen and respiratory equipment as part of the COVID-19 Respiratory Care Response Coordination project.

### United States

Our Seattle workshop manufactured personal protective equipment for frontline health workers, our experts advised on equitable vaccine access in Black American communities, and we supported two states in the design and evaluation of contact tracing programs.



PATH supported the global response to COVID-19 while rolling out new vaccines, faster data systems, affordable devices, equitable policies, and so much more. These are just a few examples that demonstrate the breadth and depth of our impact in 2020.

Increasing health system resilience with digital and data

PATH's Center of Digital and Data Excellence applied its expertise to support COVID-19 response and enhance the resiliency of health systems globally. We supported the Democratic Republic of the Congo, Senegal, Vietnam, and other countries as they applied health data to COVID-19 monitoring and response. With partners, we advanced global data standards and helped identify existing digital and data tools that countries need for pandemic response. PATH also supported the use of digital health and data to maintain essential health services and address long-standing health challenges—from antimicrobial resistance surveillance in Vietnam, to HIV/AIDS in India, to tuberculosis in Myanmar.

A nurse prepares a dose of the AstraZeneca/Oxford COVID-19 vaccine at Greater Accra Regional Hospital in Ghana in March 2021. As the global rollout of COVAX vaccines accelerates, PATH is supporting ministries of health in Africa and Asia as they plan for introduction.



Nana Kofi Acquah

Developing and introducing vaccines for all

We quickly mobilized to advance COVID-19 vaccines by readying clinical trial sites around the world and developing template study protocols, by helping design the COVAX funding mechanism that is making COVID-19 vaccines available and affordable for all countries, by conducting in-depth assessments of manufacturing and supply gaps and challenges, by researching fit-for-purpose vaccine candidates, and by supporting countries as they planned and implemented COVID-19 vaccine introduction.

PATH/Gabe Blenczycki



At the Mopani Chamboli Clinic in Zambia, nurse Rebecca Saiko provides nutrition assessment and counseling to a patient through the PATH-supported Thrive Project—a multiyear initiative to improve nutrition for people living with HIV or tuberculosis.

While responding to COVID-19, PATH also contributed to several other critical vaccine and immunization advances. PATH helped generate key evidence and supported the manufacturer's successful application for WHO Emergency Use Listing (EUL) of a novel oral polio vaccine against type 2 poliovirus (nOPV2)—the first-ever EUL for any vaccine; supported Liberia to introduce typhoid vaccines; supported applications to Gavi, the Vaccine Alliance for typhoid conjugate vaccine introduction in Malawi and Nepal; developed vaccine cost calculators to assist national leaders with decision-making; and partnered with WHO and the ministries of health in Ghana, Malawi, and Kenya, among others, on pilot implementation of the world's first malaria vaccine.

“To end the COVID-19 pandemic, we must have community-based surveillance, community-based advocacy, and equitable access to vaccines and diagnostics.”



**LINDA VENCZEL, PHD, MSPH**  
Director of Global Health Security  
United States

When the pandemic began, Linda and her team rapidly pivoted to help countries around the world strengthen their capacity to respond to COVID-19. Together, Linda's team and national governments developed response plans, adapted disease surveillance systems, and increased access to diagnostics.



Photo: PATH/Christopher Nelson

### Prioritizing primary health care

We launched a new Primary Health Care (PHC) program that unites six health area teams in the development of people-centered, data-driven systems that give everyone a fair chance at health. This new program links our efforts in maternal, newborn, and child health and nutrition; early childhood development; sexual and reproductive health; health systems strengthening; and the prevention, management, and treatment of infectious diseases such as HIV, tuberculosis, and viral hepatitis, as well as noncommunicable diseases like hypertension, diabetes, and mental health conditions.

Specific PHC achievements in 2020 included fostering continuity and resiliency in essential health services and systems while protecting facility and community health workers and contributing to the COVID-19 response. We assisted country partners in rapidly adapting PHC services to promote safety, access, and client-centeredness, including standing up home and community delivery of diagnostics, medications, and health care through mobile teams, community health workers, self-care, and digital platforms like telemedicine. We also advocated for global access to medical oxygen through the Access to COVID-19 Tools Accelerator; collaborated with health workers in sub-Saharan Africa to increase immunization coverage and speed the rollout of COVID-19 vaccines; developed a catalog of training resources for health care workers responding to COVID-19 and expanding access to medical oxygen; and performed 493 health care facility assessments across five countries—India, Kenya, Myanmar, Senegal, and Tanzania—to understand the available infrastructure and ready plans for increasing access to tools for the integrated management of childhood illness.

### Curbing noncommunicable disease

We worked with governments around the world to curb noncommunicable disease (NCD). In Vietnam, we scaled a proven primary health care model to three new provinces and screened 50,155 people for hypertension. In Ghana, in partnership with the government, we launched the NCD Navigator, a first-of-its-kind digital information system on NCD programming. The NCD Navigator is also in use in Kenya. And in India, PATH developed a report on the barriers and facilitators to accessing quality NCD care to help inform government choices.



PATH/Gabe Blenczycki

A doctor meets with a diabetes patient for a routine checkup and blood pressure check at the Marc Sankale Diabetes Center in Dakar, Senegal.



**50K**  
people screened  
for hypertension  
in Vietnam





PATH/Aaron Joel Santos

Huong Minh Vu, MD, PATH's regional technical advisor, prepares Japanese encephalitis vaccine at an immunization drive in Xieng Khouang Province, Laos.

### Preventing, detecting, and responding to outbreaks

Our Epidemic and Pandemic Preparedness and Response team played a central role in COVID-19 response in countries around the world—from India and Vietnam to Senegal, Tanzania, Uganda, and the Democratic Republic of the Congo. We advised on response strategies, stood up disease surveillance systems, established emergency operations centers, and trained frontline responders.

In Senegal and the Democratic Republic of the Congo, PATH is working to integrate data visualization dashboards used by the national emergency operations centers and national malaria control programs. These efforts will help health department decision-makers track trends in malaria (and other important public health priorities) that might be affected by the COVID-19 pandemic and response, while establishing and refining an interoperable data architecture that can track and respond to routine diseases and epidemics.

In addition to our work against malaria and COVID-19, our teams continued combatting antimicrobial resistance, assessing and developing laboratory capacity, coordinating multisector approaches to zoonotic diseases, and supporting regional and local leaders around the world to develop innovative and effective epidemic and pandemic response plans, policies, and frameworks.

### Engineering lifesaving tools and interventions

Our Medical Devices and Health Technologies team focused on accelerating equitable global access to COVID-19 vaccines through collaboration with UNICEF and the Coalition for Epidemic Preparedness Innovations, as well as with colleagues from PATH's Center for Vaccine Innovation and Access. Together, we assessed the global supply chain for vaccine components, vaccine manufacturing capacity, syringe availability, and cold chain and ultra-cold chain capacity. PATH teams also facilitated human-centered assessments of COVID-19 vaccines with regard to new packaging and delivery technologies, WHO labeling guidelines, and e-learning modules.

Beyond our pandemic response, other milestones included beginning the world's first freeze-preventive cold box evaluation in Nepal; completing a three-year introduction and scale-up of 7.1 percent chlorhexidine for umbilical cord care in Francophone West Africa; receiving regulatory approval in Ghana and Kenya for the Ellavi uterine balloon tamponade—a PATH-developed, lifesaving medical device for postpartum hemorrhage; and serving as a key partner on the Gavi-led Vaccine Innovation Prioritisation Strategy to overcome barriers to equitable vaccine access in low- and middle-income countries.

### De-risking diagnostics

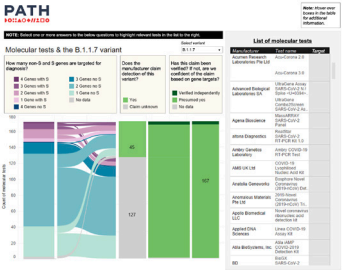
Our Diagnostics team continued its pioneering work developing, validating, evaluating, and commercializing tests, reference assays, and tools, and conducting rapid test performance evaluations and clinical studies to inform patient care.

Important achievements included accelerating the development and validation of new COVID-19 diagnostic tests with a free biorepository of COVID-19 clinical specimens; ensuring the quality of COVID-19 rapid diagnostic tests with a benchmarking panel and laboratory-based assessments; developing interactive COVID-19 diagnostic dashboards to support data-driven product selection and procurement decisions; supporting national COVID-19 monitoring and management plans with environmental surveillance data collection projects in four countries; facilitating a G6PD Operations Research Community of Practice; and publishing 15 peer-reviewed journal articles.



PATH/Patrick McKern

In Francophone West Africa, PATH supported the introduction and scale-up of chlorhexidine gel for newborn umbilical cord care—a proven intervention for reducing neonatal mortality.



A static image of PATH's new variant-specific molecular diagnostic dashboard. To see the live dashboard, go to our website: [path.org/COVID-DX-dashboards](https://path.org/COVID-DX-dashboards).

PATH



1.7M

doses of the RTS,S/  
AS01 malaria  
vaccine have been  
administered to  
children across Ghana,  
Kenya, and Malawi

## Eliminating malaria and neglected tropical diseases

Our malaria and neglected tropical disease teams worked to ensure continuity of services during the pandemic and contributed directly to COVID-19 response by leveraging existing systems and expertise such as genomic surveillance and community health worker networks.

Important milestones included the training of more than 3,000 community health workers to improve malaria diagnosis and treatment in Zambia; completing Phase 1 of our Malaria Radical Cure Opportunities Assessment in India; supporting a Japanese encephalitis vaccination campaign in the Indian state of Bihar; advancing efforts against acute encephalitis syndrome, lymphatic filariasis (LF), and visceral leishmaniasis in the Indian state of Uttar Pradesh; supporting Bangladesh's efforts to eliminate LF; conducting trainings on new G6PD diagnostics in Vietnam; and celebrating the one-year anniversary of the phased introduction of the world's first malaria vaccine. To date, more than 1.7 million doses of the RTS,S/AS01 vaccine have been administered to children across parts of Ghana, Kenya, and Malawi.

## Decentralizing HIV and tuberculosis services

As the pandemic hindered access to clinics, our HIV team rapidly shifted toward integrated, virtual, and private-sector delivery models to ensure people at risk of and living with HIV in the Democratic Republic of the Congo, India, Kenya, Uganda, and Ukraine could continue to access lifesaving prevention, testing, and treatment services. Adaptations included equipping pharmacies to deliver HIV self-testing and treatment services, integrating HIV testing in multi-disease screening campaigns, partnering with social media influencers to direct clients to online ordering platforms, and introducing Skype-based HIV treatment initiation and monitoring for prisoners living with HIV.

Our tuberculosis (TB) team facilitated integration of TB and COVID-19 diagnosis in selected facilities and supported doubling the TB diagnostic network in Central Asia; accelerated case finding by scaling up artificial intelligence for reading chest X-rays and supported the national TB program's rollout of their Integrated Digital Adherence Technology platform in India; supported virtual training sessions and ramp-up of referral laboratories for genome sequencing in Ukraine; trained community health workers to support patients on treatment and maintain adherence in Zambia; and facilitated the procurement of COVID-19 testing devices and training of laboratory personnel in Vietnam.



Afya Ziwani/Jackson Ulira

In Kenya, PATH's Daniel Oluoch-Madiang was named a 2020 Hero by the US President's Emergency Plan for AIDS Relief for his innovative work to create mobile and WhatsApp Safe Spaces—venues for adolescent girls and young women to continue receiving health and social services outside clinics during COVID-19.

PATH



## Protecting essential services through policy

Our Advocacy and Public Policy team worked to protect essential health services during the COVID-19 pandemic while keeping sight of our long-term efforts to advance health equity through policy. In addition to advising governments on COVID-19 response, our team directly contributed to the adoption of 23 policies and guidelines, the financing of 49 budget lines for health, and 25 policy implementation activities in the Democratic Republic of the Congo, Kenya, South Africa, Uganda, Europe, and the United States.

Key wins included helping secure more than US\$9 billion for COVAX, vaccine preparedness, and global health security via US emergency supplemental funds; the DRC's complete fulfillment of its Gavi co-financing commitments; a 7.4 percent increase in Uganda's PHC funding; development and dissemination of guidelines for protecting essential health services during COVID-19 in Uganda and Kenya; and establishing a multi-stakeholder platform in Kenya to elevate civil inputs on the Global Financing Facility. We also strengthened capacity of local organizations to conduct advocacy, including transitioning leadership of our research and development advocacy coalitions in South Africa and Kenya to African-led organizations.

“To contribute to India's efforts in containing the pandemic and being a part of and leading a diverse team has been a dream come true as a public health professional.”

In India, PATH Technical Officer Nimmy Dominic, MD, led teams through two crucial efforts—transitioning a public-private linkage for tuberculosis patients to government ownership and supporting state governments across the country in strengthening systems for COVID-19. Today, she and her team are still supporting the pandemic response, introducing new technologies at hospitals and laboratories, and identifying partners that can help the government accelerate the scale-up of new solutions.



## Diversity, equity, and inclusion at PATH



Advancing health equity requires pursuing equity in our own organization as well as in our work. To that end, we recently completed a two-year process that included creating a formal diversity, equity, and inclusion (DEI) governance structure, conducting a PATH-wide DEI staff survey, adding and strengthening policies and practices to increase safety and belonging, launching employee-led People Resource Groups, and establishing a DEI Advisory Group—a collective of 20 PATH people from around the world and from all levels of our organization.

With the results of that PATH-wide survey and with input from the DEI Advisory Group, our Executive Team, our Human Resources department, our Black PATH Employee Network, and our LGBTQIA+ People Resource Group, we crafted our new, organization-wide DEI strategy for 2021–2023.

Our DEI strategy outlines **three pillars** for progress:

### Our 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.

### Our business practices

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

### Our 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.

LGBTQIA+: lesbian, gay, bisexual, pansexual, transgender, genderqueer, queer, intersex, agender, asexual, and ally.

“With partnership and collaboration, emerging threats to health and health equity can be contained.”



NGUYEN TO NHU, PHD

Program Director, Global Health Security and Malaria  
Vietnam

Nhu has dedicated her entire career to public health and has responded to outbreaks of HIV, tuberculosis, and other life-threatening diseases. When COVID-19 arrived in Vietnam, Nhu and her team established an online case-tracking system with real-time reporting so the government could use data to inform its response.





Factory workers produce fortified grains of rice in Yangon, Myanmar. Fortified grains are mixed in with regular rice to help address vitamin and mineral deficiencies in local communities. PATH has been advancing fortified rice for years and provides technical assistance to support its introduction and distribution.

### Accelerating nutrition progress

In India, we worked with central and state governments as a technical partner to establish distribution of fortified rice throughout India’s public distribution system. This effort has the potential to address vitamin and mineral deficiencies for more than 800 million people in India. During lockdown, PATH helped health facilities provide counseling and breastfeeding support to more than 10,000 mothers and their families to ensure optimum nutrition and a healthy start for newborns.


2020 also marked the final year of the Maximising the Quality of Scaling Up Nutrition Plus project. This international collaboration between the United Kingdom’s Foreign, Commonwealth & Development Office, the United Nations, and PATH, saw PATH experts provide adaptive, demand-driven technical assistance to more than 40 countries working to accelerate nutrition progress. This ranged from conducting nutrition policy framework reviews and stakeholder analyses to the development of costed multisector nutrition plans that could be used to garner budget commitments from national governments and international funders.

### Pursuing health equity for women and girls

Our breast cancer team partnered with the Ministry of Health in Trujillo, Peru, to design and implement a real-time digital patient tracking system for breast cancer detection. Our Sexual and Reproductive Health program helped co-create the first-ever national self-care guidelines with governments in Uganda, Senegal, and, with John Snow, Inc. (JSI), Nigeria. Through our PATH-JSI DMPA-SC Access Collaborative, we launched a cadre of “self-injection ambassadors” to advance self-injection and self-care options more broadly, and worked with ministries of health and partners to collect and visualize data from 11 countries showing nearly 300,000 client visits for contraceptive self-injection in 2020.

In India, PATH worked with the Odisha State government to leverage the nation’s postal service to deliver contraceptives by mail—and so maintain access throughout the movement restriction phases imposed during COVID-19. And in Myanmar, PATH supported the creation of the National Strategic Plan for Reproductive, Maternal, Newborn, Child, and Adolescent Health; drafted a national operational plan for screening and treatment of cervical precancer as well as a training curriculum for health workers on sexual and reproductive health and rights (SRHR), including self-care interventions; held media advocacy workshops for journalists and advocates working to advance SRHR; developed SRHR awareness toolkits for people living with disabilities; and partnered with local civil-society organizations in Rakhine and Shan States to respond to COVID-19 by distributing infection prevention supplies and informational materials in refugee camps and hard-to-reach areas.



  
**300K**  
client visits for  
contraceptive self-  
injection in 2020

Phiona Nakabuye, a village health worker trained by the Ministry of Health/PATH DMPA-SC pilot introduction program, counsels a client in family planning and administers a DMPA-SC dose in Kibyayi Village, Mubende District, Uganda.



“Country-led decisions and priorities must come first. To make this a reality, our sector must focus on strengthening the capacities of local partners and ministries of health.”



**NANTHALILE MUGALA, MD, MMED**  
Chief of the Africa Region  
Zambia

Nanthalile is a pediatrician, a renowned public health expert, and a recognized leader within PATH and in global health. After years directing one of PATH's most impactful programs—our Zambia country program—Nanthalile was named PATH's first-ever Chief of the Africa Region in 2020.



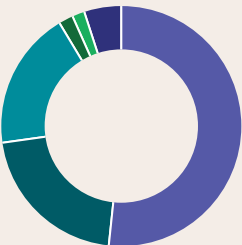
Photo: PATH/Kavindelejr

2020 financial summary

Revenue (in thousands)	
Foundations	\$157,000
US government	64,169
Other governments, nongovernmental organizations (NGOs), multilaterals	55,645
Investments	14,872
Individuals/other	5,305
Corporations	6,232
<b>TOTAL REVENUE</b>	<b>\$303,223</b>
Expenses (in thousands)	
<b>Program-related:</b>	
Global health programs	\$ 87,506
Essential medicines	42,496
Technology, analytics, and market innovation	24,282
Other	5,504
Program development	2,308
Subawards to program partners	92,348
<b>Subtotal program-related</b>	<b>\$254,444</b>
Administrative	\$ 37,600
Fundraising	2,325
<b>TOTAL EXPENSES</b>	<b>\$294,369</b>
Assets (in thousands)	
Cash and cash equivalents	\$ 17,141
Invested grant funds	211,221
Contributions and awards receivable	39,743
Other	15,756
<b>TOTAL ASSETS</b>	<b>\$283,861</b>
Liabilities and net assets (in thousands)	
<b>Total liabilities</b>	<b>\$233,297</b>
<b>Net assets:</b>	
Without donor restrictions	\$ 23,544
With donor restrictions	27,020
<b>Total net assets</b>	<b>\$ 50,564</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$283,861</b>

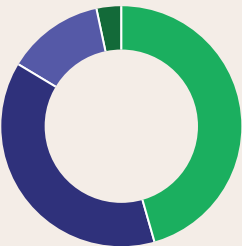
\*Use of funds includes direct expenses and funds subawarded to partners.  
Figures are presented in US dollars.  
Notes: The above financial summary is based on PATH's audited financial statements, which are audited by the firm Clark Nuber PS. Full copies are available on our website at [www.path.org](http://www.path.org).  
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



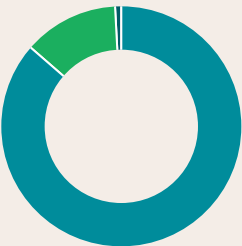
- 51.8% Foundations
- 21.2% US government
- 18.4% Other governments, NGOs, multilaterals
- 4.9% Corporations
- 1.7% Individuals/other
- 2.0% Investments

Use of funds\*



- 45.6% Global health programs
- 38.1% Essential medicines
- 13.2% Technology, analytics, and market innovation
- 3.1% Other

Expense allocation



- 86.4% Program-related
- 12.8% Administrative
- 0.8% Fundraising

Board of Directors

<b>Jo Addy, MBA, MPA</b> <i>Ghana &amp; United States</i> Founder and Managing Director Continuum Advantage	<b>Bruce McNamer, JD, MBA</b> <b>TREASURER</b> <i>United States</i> President The Builders Initiative	<b>Rachel Sibande, MSc</b> <i>Malawi &amp; South Africa</i> Founder and Director mHub
<b>Lisa Anderson</b> <i>United States</i> President Moccasin Lake Foundation	<b>Sanford Melzer, MD, MBA</b> <i>United States</i> Principal Melzer Healthcare Advisors	<b>Abayomi Sule, MBBS, MBA</b> <i>Nigeria</i> Founder and Managing Director Tillit MSME
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<b>David King, JD CHAIR</b> <i>United States</i> Operating Partner Pritzker Private Capital		<b>Yehong Zhang, PhD, MBA</b> <b>SECRETARY</b> <i>China &amp; United States</i> CEO Luye Pharmaceutical Group (International)

Reflects board membership and officer positions in 2020.

Moving humanity forward—together

The following list of supporters includes those who gave \$1,000 or more in funding to PATH in 2020 through grants, donations, and in-kind contributions. In past reports we’ve categorized individual donors according to giving level but, in the interest of inclusion, this year we are listing all individual donors together in a single list. We are deeply grateful to you all—for your generous investment and collaboration, for your commitment to improving public health, and for sharing the journey to health equity.

Interested in joining our global team? Become a supporter today.

<b>Foundations</b>	Stiftung Auxilium	<b>Nongovernmental and health organizations and universities</b>
Anonymous (5)	United Nations Foundation	Amref Health Africa in Kenya
Bainum Family Foundation	Wellcome Trust	Arogya World
Bill & Melinda Gates Foundation	William and Flora Hewlett Foundation	Baylor College of Medicine
Bloomberg Philanthropies	The Wilson Family Foundation	Centre for Health Research And Innovation
Children's Investment Fund Foundation		FHI 360
Conrad N. Hilton Foundation	<b>Governments and international agencies</b>	The Global Fund
The David and Lucile Packard Foundation	Coalition for Epidemic Preparedness Innovations	Global Innovation Fund
Donald A. Pels Charitable Trust	Gavi, the Vaccine Alliance	International Federation of Pharmaceutical Manufacturers Association
Echidna Giving	Global Health Innovative Technology Fund	Liberia Medicine and Health Products Regulatory Authority
EndHep2030	Green Climate Fund	Lives and Livelihoods Fund
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**Clinical trial registry monitoring – 2020 reporting**

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 studies due as of November 1, 2020, are summarized as follows:

- Of the 46 clinical trials initiated on or after September 1, 2016 (when PATH's policy took effect), all were registered in a WHO Registry Network primary registry.
- 22 of the 46 clinical trials were 12 months past primary study completion, of which:
  - 20 have summary results submitted to a trial registry; and
  - 2 have yet to have summary results submitted.
- 16 of the 46 clinical trials were 24 months past study completion, of which:
  - 14 have manuscripts submitted for peer-reviewed journal publication; and
  - 2 have yet to have a manuscript submitted.



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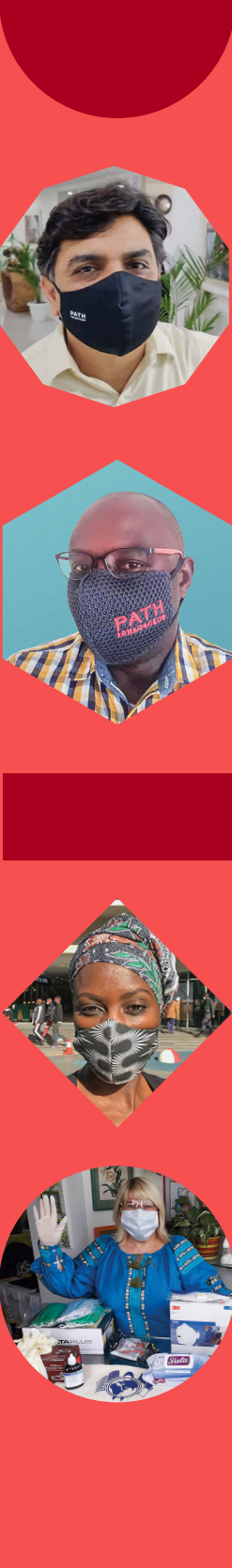
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Thank you for reading our 2020 annual report.

Though we face great challenges, we face them together — one global community, united in the pursuit of health equity.





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