During the eight years that I have served on PATH’s board, I have come to recognize that PATH’s ability to forge successful partnerships and to work in genuine collaboration is one of the organization’s greatest strengths. Partnership has contributed immensely to the reach and success of PATH’s programs, which have shown that partnership can be an important key to creating a sustainable impact on global health.

My own global health work has shown me that the ability to work effectively with individuals, communities, governments, and international bodies takes a special inclination and perspective. PATH brings just the right touch to these relationships, and as the following pages show, its approach is generating many important results.

I invite you to enjoy this year’s report and its profiles of PATH’s latest work. Each of you has been an essential partner in these efforts. We are immensely grateful for it. Together, we truly are making a difference.

Sincerely,

Halida Hanum Akhter, MD, MPH, DrPH

Awarding PATH its second four-star rating, Charity Navigator’s Executive Director Trent Stamp noted that “PATH outperforms most charities in America in its efforts to operate in the most fiscally responsible way possible.”

PATH made Forbes’ list of the 200 largest US charities, a high-water mark for stability and staying power.

Amazon.com selected PATH as one of the ten most innovative nonprofits in the world.
I am pleased to share with you PATH’s 2005 annual report. Its “partnering for impact” theme reflects the reality that the success of our work depends on forging strong partnerships with a range of individuals and agencies across the globe.

At PATH, “designing” the right partnership is often a critical element for meeting our mission to improve health by advancing technologies, strengthening systems, or encouraging healthy behaviors. We spend significant energy understanding the complex dynamics of partnerships and strategic alliances, planning our steps in the dance of collaboration. Like any intricate dance, this requires skill and practice but is rewarded with elegant execution. For PATH, such elegance comes in using resources in the most efficient and effective manner. Partnership is central to this effort.

Many voices are needed to sustain the global community’s attention. Innovation is often a spark jumping between institutions. Its maturation into a solution that meets the needs of those who need it most requires the participation of many organizations.

I hope you enjoy reading about our recent work. We welcome your interest, ideas, and involvement, and we thank you for your support as we seek to bring health within reach of everyone.

Sincerely,

Christopher J. Elias, MD, MPH

For the third consecutive year, Fast Company magazine named PATH one of the world’s top social entrepreneurs.

The United Nations Association of the United States of America Seattle Chapter presented PATH with the 2005 Distinguished Citizen Award for Human Rights.

Recognizing the innovation, scope, and impact of his work, the Schwab Foundation selected Dr. Christopher Elias as the Social Entrepreneur of the Year in the United States.
Partnership has always been at the core of PATH’s work. The interventions we advance are developed with the communities who will use them and taken to scale by a spectrum of collaborators, from grassroots organizations to private-sector companies to multilateral agencies.

Working closely with these partners, we are bringing urgent health needs to the world’s attention and infusing new momentum into promising ideas. Success comes from working together to turn these ideas into effective, affordable, and sustainable solutions.

Together, we can make a difference in global health.
we can
TOGETHER WE CAN MAKE IT VISIBLE
Understanding global health problems—what they are, how big they are, whom they affect, and how they are shaped by cultural constructs—is an essential step in finding solutions. PATH increases understanding of some of the most urgent issues facing underserved populations, making the issues visible and, ultimately, more likely to be overcome.

Domestic violence as a health issue

It wasn’t a single partnership but thousands that produced the world’s most ambitious research on violence against women. PATH worked with the World Health Organization (WHO) and the London School of Hygiene & Tropical Medicine to design a ten-country study on women and violence, train local researchers and community groups to administer the study surveys, and develop manuals that cover all aspects of the research process. But the most essential partners were the 24,000 women who emerged from anonymity to convey the toll that gender-based violence has on their lives.

The study clearly demonstrated that the violence women routinely endure—especially in the home—significantly degrades their health, their communities, and national economies. Now policymakers have the national-level data they need to support efforts that prevent violence, and researchers have practical guides for undertaking similarly rigorous research. Groups who took part in the research are using the information to change community norms that perpetuate violence.
Immunization for defined needs

Deciding which vaccines to include in a national immunization program means balancing precious lives against scarce resources. PATH partnered with the West African country of Senegal to assess the need for a new addition to their immunization program: a vaccine against *Haemophilus influenzae* type b, a cause of severe bacterial infection in very young children. We supplied training and expertise that expanded and developed surveillance capacity by the Government of Senegal and seven sentinel hospitals. The information they are gathering will help other countries in West Africa prepare to introduce the vaccine and guide efforts by international organizations, such as the GAVI Alliance, to strengthen immunization programs worldwide.

“The Scouting for Solutions project is giving us visibility and the ability to support the local associations in the districts.”

— Dr. Meggie Kigozi, Chief Commissioner, Uganda Scouts Association
Understanding what youth think

Gender inequalities that put young girls at risk of HIV are still widespread in Kenya and Uganda. Negative social norms inhibit girls’ access to education and force them into marriage at a young age. Girls say that it is difficult for them to grow up safely in their communities. Gender-based violence is still acceptable among youth—rape, sexual coercion, and incest abound.

This is some of what PATH learned after a thorough assessment to kick off Scouting for Solutions, a collaboration between PATH, other nongovernmental organizations, and the national Scouts associations in Kenya and Uganda. Using the results as a basis for designing interventions, the partners will now reach an estimated 325,000 youth with life-changing ideas and information that supports positive relationships and healthy behaviors.

A common but little-known killer

PATH serves as an information nexus for rotavirus, a common but under-recognized cause of diarrheal disease and a killer of infants in the developing world. We partnered with WHO and the US Centers for Disease Control and Prevention (CDC) to establish surveillance activities in more than 40 countries and share the resulting estimates of disease burden with ministries of health and other international health experts. Through websites, news briefs, and presentations at international symposia, we also reported the results of clinical trials and cost-effectiveness analyses.

This information allows governments to make evidence-based decisions about the best methods for controlling rotavirus as new vaccines are becoming available. PATH is also assisting with vaccine-development efforts, supporting clinical trials of vaccine candidates and working with WHO and the CDC, as well as vaccine manufacturers and local partners in Africa and Asia, to identify sites for the trials.
TOGETHER WE CAN MAKE IT POSSIBLE
Global malaria control

The Malaria Control and Evaluation Partnership in Africa (MACEPA)—a unique partnership between PATH, the Government of Zambia, and the Zambia Roll Back Malaria Partnership—has infused new commitment and leadership into the control of malaria, a deadly disease that takes the life of an African child every 30 seconds. In 2005, the team developed and began implementing an ambitious national plan to reach 80 percent of the Zambian population and cut malaria-related deaths by 75 percent within three years. More than 525,000 insecticide-treated bednets and 500,000 insecticide retreatment tablets (used to refresh bednets) were distributed to remote communities before the start of the malaria season.

Already acknowledged as a prototype for the World Bank’s Global Strategy and Booster Program and the US President’s Malaria Initiative, the model is providing a much-needed record of African success to catalyze national, regional, and global investment in malaria control.

The world’s intellectual, financial, and human resources are enough to meet its needs—when these resources come together. Essential steps toward solutions are providing evidence that drives investment and creating models for others to follow.
A conjugate vaccine for meningitis

The Meningitis Vaccine Project (MVP)—a collaboration between PATH and WHO—offers a new model for vaccine development. The project coordinates a global consortium of drug developers to manufacture a high-quality, affordable conjugate vaccine that is expected to eliminate meningococcal epidemics, which have plagued sub-Saharan Africa for more than 100 years. Unlike existing vaccines, the conjugate vaccine will be offered preventively, instead of in response to outbreaks, so widespread use can be planned and financed without the fear and confusion that characterize meningitis epidemics.

In 2005, the project supported a Phase 1 clinical trial that showed that the candidate vaccine is safe and immunogenic. Other accomplishments include enhancing meningitis surveillance in 14 African countries, setting the stage for introducing the new vaccine in Africa, and laying the groundwork for the pivotal Phase 2 clinical study that will be conducted in two African countries in 2006.

“MVP has set a precedent for the development of vaccines for developing countries. The PATH-WHO partnership made it possible to develop a vaccine that would not have been developed otherwise.”

— Dr. Marie-Paule Kieny, Director, WHO Initiative for Vaccine Research
The pursuit of a malaria vaccine

Through dynamic partnerships with researchers, governments, major pharmaceutical companies, and others, the PATH Malaria Vaccine Initiative (MVI) helps remove scientific and financial barriers to developing a malaria vaccine. For example, with MVI’s management support, the Malaria R&D Alliance drew global attention to the underfunding of malaria research and development, relative to the disease’s human and economic toll. MVI also commissioned industry-standard modeling to identify the factors driving the demand for a malaria vaccine. This tool was used to build an investment case model that examines how different vaccine profiles, funding, and use scenarios might affect the industry’s financial returns.

Continued collaboration among MVI, Mozambique’s Manhiça Health Research Centre, and others produced evidence of the longer-term effectiveness of GlaxoSmithKline’s RTS,S vaccine—evidence that attracted new funding for the vaccine’s development. MVI and research institutions in the United States and Kenya also launched a Phase 2 pediatric trial of a vaccine that targets the malaria parasite during the most destructive phase of its life cycle. These advances provide hope and a compelling reason to invest in malaria vaccines.

“In this project we’ve truly harnessed the best of the private and the public sectors.”

— Jean Stéphenne, President, GlaxoSmithKline Biologicals

Safer births

A partnership between PATH and the Vietnam Ministry of Health is laying the groundwork for reducing postpartum hemorrhage, the world’s leading cause of maternal mortality. The team’s study produced the first data showing that administration of oxytocin—a drug that helps prevent postpartum hemorrhage—can be carried out by midwives in low-resource settings, reducing the incidence of postpartum hemorrhage by as much as a third.

The study focused on oxytocin administration through traditional syringes or with the Uniject™ device, which midwives said was much easier to use. Dolphin Pharmaceuticals joined the partnership in a technical role, filling the Uniject devices with oxytocin, and Columbia University provided essential financial support. The partners’ work led to a recommendation that oxytocin administration be used in all midwife-attended births. The evidence will catalyze similar changes in other countries.

Uniject is a trademark of BD.
TOGETHER WE CAN MAKE IT BETTER
The convergence of ideas and expertise that occurs through partnerships can put old ideas in new contexts, giving life to inspired improvements in interventions and systems. PATH works across the full spectrum of health needs, as part of a network—a global trust of minds working to improve health.

**Vaccines that travel**

Protecting sensitive vaccines requires a complex network of refrigeration and transportation equipment and infrastructure. This “cold chain” protects vaccines as they travel to remote outposts—but if any component malfunctions, delicate vaccines can be damaged along the way.

PATH is orchestrating teams of expert players—vaccine manufacturers, stabilization technology companies, universities, and public-sector stakeholders—to help develop vaccines that can handle both heat and cold. PATH completed preliminary work on a freeze-protective vaccine formulation and conducted laboratory testing to confirm the technique’s success with hepatitis B vaccine. We also collaborated with five technology companies to study the feasibility of their approaches for improving vaccine resistance to temperature damage. These efforts are bringing us closer to vaccines that will be free from the constraints of constant refrigeration, allowing them to be delivered safely and cost-effectively to more remote areas—reaching children who might not otherwise have a chance of protection.
A fix for cervical cancer treatment

PATH’s extensive work in cervical cancer prevention and treatment brought a small but important problem to our attention: the tools most often used for cryotherapy—a freezing treatment for precancerous lesions—often stop working when ice forms in the equipment, effectively halting treatment for women who may have traveled many miles for care.

Our solution is an attachment that helps reduce the conditions that allow ice to form between the cryoprobe and the cylinder that feeds it coolant. JHPIEGO tested this device under controlled conditions in Ghana and found it highly effective—a collaborative step that may help drive further investment in a tool that can eliminate up to 100 percent of such equipment failures. Other partners are now testing it in Peru and Kenya, helping to refine a simple device that can contribute to cervical cancer prevention.

Clean injections without needles

Creative collaborations between PATH and two private-sector companies are bringing the world closer to immunization without needles—and away from the accompanying risks of unsafe medical waste and inadvertent infection.

PATH is working with Felton International and Bioject Medical Technologies to produce new designs for jet injectors, devices that force a thin stream of vaccine through the skin without a needle. With Felton International, we have produced a prototype that incorporates a protective cap to prevent cross-contamination between patients—allowing the quick changeover that is vital during mass immunization campaigns and pandemics. We began project work in China to test its safety on a large scale. At the same time, we partnered with Bioject to develop a design that uses disposable cartridges, best for routine immunizations. Evaluations by health care workers in developing countries are already under way.
Increased access to Japanese encephalitis vaccine

PATH’s work to advance a vaccine produced in China to the point of introduction in India and other countries in the region will help prevent Japanese encephalitis (JE), the leading cause of viral encephalitis and disability in Asia.

PATH’s partnerships with ministries of health, national governments, and public health officials allowed us to provide information about the safety and efficacy of the Chinese vaccine, helping India’s government decide to introduce it. The government used information about other countries’ experiences to design a strategy for introduction in high-risk areas. PATH partnered with the vaccine’s manufacturer to reach an affordable price for India’s public sector.

JE vaccine is now being introduced in 11 high-risk districts in India. Over the next five years, coverage will expand to more than 100 districts—providing protection to the largest at-risk population in the world.

“Speaking on behalf of both of WHO’s Asia regions, I would like to thank PATH’s JE Project for its work to move forward JE control. This has been a high priority for countries in the region, and without their involvement we would not be where we are today.”

— Dr. Pem Namgyal, Medical Officer, New Vaccines, WHO Southeast Asia Region
TOGETHER WE CAN

MAKE IT HAPPEN
The road from identifying a health need to implementing an effective solution involves many players, including scientists, public health workers, policymakers, and communities. PATH partners with these and other groups to turn the most promising ideas into practical, sustainable successes—navigating political, programmatic, and financial obstacles to bring solutions to life.

**Healthy choices, healthy lives**

By the end of 2005, PATH and the China Family Planning Association had reached nearly six million youth with reproductive health information and services. PATH provided technical expertise, while the association provided the person power needed to implement activities in 12 provinces.

The project tested a range of approaches—training in life skills, counseling, interactive educational games, and information hotlines—for helping youth learn how to protect themselves from a host of health risks, including sexually transmitted infections, unintended pregnancies, and sexual coercion. Evaluation data show that youth—whether they were in school, at work, or visiting health or community centers—felt the project provided a supportive environment for learning. The activities increased youths’ knowledge and, among sexually active youth, reinforced their intention to practice safe sex. Thousands of peer educators, health care providers, and other professionals trained during the project will continue this innovative programming long after PATH’s project ends.

“The practical knowledge and skills in the project may change not only the fate of a person, but also the fate of a nation.”

— Peer educator, China Adolescent Reproductive Health Project
Tuberculosis control

Once thought to be nearly eliminated, tuberculosis is a major killer in Africa, Asia, and Eastern Europe, where drug-resistant strains, weak health systems, and HIV contribute to epidemics.

Since 2001, PATH has been working in Ukraine to support tuberculosis legislation and policy reform, create information systems to track progress in control, update laboratory and clinical skills, and strengthen health workers’ skills in supportive patient and family communication, counseling, and education. We also focus on education and outreach to reduce stigma associated with tuberculosis and encourage people to seek care for symptoms quickly. In 2005, we expanded these activities to five new regions within Ukraine.

In Kenya and Tanzania, PATH launched programs to strengthen tuberculosis control among people living with HIV and increase HIV testing among those diagnosed with tuberculosis. In Cambodia, we expanded an innovative program that trains pharmacy staff to improve referrals of people suspected of having tuberculosis. PATH also began supporting several countries to develop advocacy and communications strategies to enlist all sectors of society in the fight against tuberculosis.

HIV prevention on the road

With so many passers-through, communities with truck stops often have high rates of HIV and AIDS, so they may serve as sources of additional infections. PATH participated in two projects seeking to prevent HIV while offering hot food and promoting health.

Along busy transportation corridors in East and Central Africa, numerous governments, businesses, and local groups teamed up to launch the first of 25 planned “SafeTStop” communities. PATH flagged the campaign with a series of bold billboards using traffic light imagery to convey the Kiswahili message, “Kaa, Chonjo, Epuka Ukimwi” (“Stop, Take Precautions, Prevent AIDS”). The campaign is designed to help truckers and other mobile populations make healthy choices about sexual behavior to protect themselves and their families from HIV infection.

In India, we are helping local partners develop the skills they need to make similar efforts a success. In 2005, we trained more than 1,000 individuals to use innovative, dialogue-based methods, including interpersonal communication and interactive theater, to help truck drivers, sex workers, and other vulnerable populations reduce their risk of HIV infection.

“We’re offering the community something new: healthy interventions that will reduce the vulnerability of the population to diseases like HIV and AIDS by offering them an array of services beyond the norm and helping to create jobs as a means for AIDS prevention.”

— Dr. Jeff Ashley, US Agency for International Development, on the SafeTStop project
**Saving mothers’ lives**

Global health experts know what it takes to save mothers’ lives: prevent postpartum hemorrhage. A widely accepted, inexpensive protocol—active management of the third stage of labor, or AMTSL—can eliminate at least half of all postpartum hemorrhage cases. In addition to our work in the field, PATH is collaborating on an international level to get this proven solution into broader use.

As a leader of the Prevention of Postpartum Hemorrhage Initiative—a coalition of several international health organizations—PATH is researching the use of AMTSL in ten countries and providing policy advice to United Nations programs and WHO. The team presented technical briefs and developed policy resources, such as the *Postpartum Hemorrhage Toolkit*, which was distributed in 77 countries, and convened a coalition of bilateral, multilateral, and public- and private-sector partners that are developing approaches to increasing the safety and effective field use of oxytocin. Through a small-grants program, the team helped professional associations of obstetricians/gynecologists and midwives from 16 countries advance policy changes that expand the use of AMTSL. Changes are already in place in Ecuador, Ghana, Malawi, Nepal, and Zambia.

**Reducing the HIV burden**

Mothers who are infected with HIV don’t have to pass it on to their newborns. Evidence-based approaches to reducing mother-to-child transmission of HIV exist, but mothers need better access to them.

Working with the Elizabeth Glaser Pediatric AIDS Foundation and the World Food Programme, PATH is informing decisions for achieving the highest possible rates of HIV-free—and malnutrition-free—infant survival. Through training and informational materials, the team assisted health ministries in Côte d’Ivoire and Rwanda to provide the support—including nutritional support—mothers need to achieve and prolong exclusive breastfeeding, which can lead to improved health outcomes and up to a 75 percent decrease in the rate of postnatal HIV transmission.
Made the need visible

PATH’s visibility is on the rise. Last year, more than 500 people who care passionately about global health visited PATH’s headquarters to learn about our work, hear experts speak, and talk with others with equal passion. Attention to our website exploded, with traffic nearly doubling. The attention of the national press—The New Yorker, The New York Times, TIME Magazine, The Washington Post—also brought PATH’s work to the world’s attention.

Made solutions possible

The number of individuals and families who offered their financial support more than tripled in 2005. This assistance enabled us to meet a challenge from the Andrew W. Mellon Foundation that brought $1.5 million to PATH’s endowment, and we exceeded our goals for the flexible funds we use to improve, invent, and innovate. This commitment drives answers to global health problems around the globe.

Made our work better

The trust of those who support us is one of our most valuable resources—and a constant inspiration to use those funds wisely and well. For the second consecutive year, Charity Navigator (America’s largest independent evaluator of nonprofit organizations) named us a “four star” charity for our financial stewardship. And we were included for the first time on Forbes’ list of the top 200 charities, with high marks for keeping operating costs low and channeling supporters’ investments into the real work of improving global health.

Made change happen

Individual donors are our partners at the earliest stages of our work, a vital source of flexible start-up funds for new projects. Flexible funding sparked many of the accomplishments highlighted in this report: a study that reveals the global impact of gender-based violence in the developing world (page 7), early research on the market for a malaria vaccine (page 13), and our Scouting for Solutions project (page 9). The generosity of our donors will open the door to future opportunities like these.
2005 FINANCIAL SUMMARY

Revenues

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Foundations</td>
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<td>US Government</td>
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<td>Governments, NGOs, multilaterals</td>
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<td><strong>Total revenues</strong></td>
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Expenses

Program services

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<tr>
<th>Category</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
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<td>Infectious diseases</td>
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<tr>
<td>Children's health and nutrition</td>
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<tr>
<td>Vaccines and immunization</td>
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<tr>
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<tr>
<td>Program subawards</td>
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<td><strong>Total program services</strong></td>
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Support services

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<td>Management</td>
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<tr>
<td><strong>Total support services</strong></td>
<td><strong>12,779,133</strong></td>
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</tbody>
</table>

**Total expenses** $104,031,273

PATH is an international, nongovernmental, nonprofit organization. Contributions to PATH are tax-exempt under US IRS code 501(c)(3).

Notes:

Revenues are recognized as net assets released from deferred program revenues that cover current-year expenditures.

Total revenue includes other miscellaneous revenues and does not include restricted gifts to the endowment.

Copies of PATH’s audited financial statements are available on request.
“PATH is a skilled and innovative organization. Its commitment to ethical, transparent operating principles makes PATH a natural partner for Global Impact.”

— Renée S. Acosta, President and CEO, Global Impact

INSTITUTIONAL SUPPORTERS

Foundations
Andrew W. Mellon Foundation
Atlantic Philanthropies
Ayudar Foundation
Bill & Melinda Gates Foundation
Brush Foundation
Channel Foundation
Compton Foundation
Crystal Springs Foundation
DJB Foundation
Doris Duke Charitable Foundation
Elizabeth Glaser Pediatric AIDS Foundation
Elton John AIDS Foundation
Epstein Philanthropies
ExxonMobil Foundation
First Data Western Union Foundation
The Ford Foundation
Foundation for Advanced Studies on International Development
Fred H. Bixby Foundation
Harrington-Schiff Foundation
John D. and Catherine T. MacArthur Foundation
The Lemelson Foundation
Lynn Foundation
The McKnight Foundation
Moriah Fund
Nike Foundation
The Overbrook Foundation
Pride Foundation
The Rockefeller Foundation
Rodman Foundation
Sapling Foundation
Stavros S. Niarchos Foundation
Teagle Foundation
Tides Foundation
United Nations Foundation
Wallace Alexander Gerbode Foundation
Wallace Global Fund
Wellcome Trust
William and Flora Hewlett Foundation
Anonymous donors (2)

Governments and international agencies
European Commission
GAVI Alliance
Joint United Nations Programme on HIV/AIDS
Ministry of Public Health, Thailand
National Institutes of Health
Swedish International Development Cooperation Agency
The World Bank
United Kingdom Department for International Development
United Nations Children’s Fund
United Nations Development Fund for Women
United Nations Development Programme
United Nations Population Fund
US Agency for International Development
US Centers for Disease Control and Prevention
US Committee for United Nations Population Fund
World Health Organization

Other organizations and corporations
Bio Farma
Calvert Group
Dade Behring
Global Impact
HLSPI
Mercer Management Consulting
Anonymous donor (1)

Universities and nongovernmental organizations
Alliance for Microbicide Development
AMREF
Cambodian Women for Peace and Development
Columbia University
Concept Foundation
Family Planning Association of Uganda
Infectious Disease Research Institute
International HIV/AIDS Alliance
International Partnership for Microbicides
Ipas
KEMRI–Wellcome Trust Research Programme
Population Action International
Population Council
Practical Action
Raksthai Foundation
RESULTS Educational Fund
Save the Children
University of California, Berkeley
University of Washington
VillageReach
## International organizations

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<th>Organization</th>
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<tr>
<td>Bangladesh</td>
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<td>Belarus</td>
<td>Ministry of Health</td>
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<tr>
<td>Belgium</td>
<td>GlaxoSmithKline Biologicals</td>
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<td>Benin</td>
<td>Ministry of Health</td>
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<tr>
<td>Bolivia</td>
<td>Ministry of Health, Sociedad Boliviana de Ginecología y Obstetricia</td>
</tr>
<tr>
<td>Brazil</td>
<td>Camil Alimentos, Instituto Promundo</td>
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<tr>
<td>Bulgaria</td>
<td>Ministry of Health, National Center of Infectious and Parasitic Diseases</td>
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<tr>
<td>Burkina Faso</td>
<td>Ministry of Health, World Health Organization, Multi-Disease Surveillance Centre, Ouagadougou</td>
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<tr>
<td>Cambodia</td>
<td>Action IEC, Battambang Provincial Health Department</td>
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<tr>
<td>China</td>
<td>Beijing University First Hospital, Cancer Institute, Chinese Academy of Medical Sciences, Center for Public Nutrition and Development, Chengdu Institute of Biological Products, China Children and Teenagers’ Fund, China Family Planning Association, China National Biotec Corporation, Chinese Center for Disease Control and Prevention, Guangxi Women’s Federation, Ministry of Health, National Institute for the Control of Pharmaceutical and Biological Products, National Vaccine and Serum Institute, Second Military Medical University, Shaanxi Province Center for Disease Control and Prevention, Shanghai Changhai Hospital, Shanghai Family Planning Association, Wanjing Bio-Pharmaceuticals Co., Ltd.</td>
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<tr>
<td>Costa Rica</td>
<td>Armonie</td>
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<tr>
<td>Côte d’Ivoire</td>
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<tr>
<td>Denmark</td>
<td>Danish Technological Institute, Vestfrost</td>
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<tr>
<td>Dominican Republic</td>
<td>PROFAMILIA/Dominican Republic</td>
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<tr>
<td>Ethiopia</td>
<td>Ethiopian Society of Obstetricians and Gynecologists, Ministry of Health</td>
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<td>Finland</td>
<td>Department for International Development Cooperation, National Public Health Institute (KTL)</td>
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<tr>
<td>France</td>
<td>Association pour l’Aide à la Médecine Préventive, Institut Pasteur, Le Centre Léon Bérard, Sanofi Pasteur, World Health Organization Meningitis Reference Laboratory</td>
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<tr>
<td>The Gambia</td>
<td>Medical Research Council Laboratories, The Gambia</td>
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<tr>
<td>Georgia</td>
<td>Bemoni Public Union, Curatio International Foundation, National AIDS Center, Research Institute on Addiction, Save the Children, Sukhumi HIV/AIDS Center, Sukhumi Narcology Dispensary, Sukhumi Youth House, Tanadgoma Center for Information and Counseling on Reproductive Health</td>
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<tr>
<td>Argentina</td>
<td>Instituto Biológico Argentino</td>
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<td>Australia</td>
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</table>

## Other organizations

- Instituto Promundo
- GTZ Proklima
HUMAN
Pfeiffer

Ghana
Centre for the Development of People
GSMF International
Navrongo Health Research Centre
Noguchi Memorial Institute for Medical Research
Planned Parenthood Association of Ghana
Voluntary Service Overseas

Guatemala
CONAPREVI Comisión Nacional para la Prevención de la Violencia
Grupo Guatemalteco de Mujeres

India
All India Institute of Medical Sciences
Andhra Pradesh State AIDS Control Society
B. Y. L. Nair Charitable Hospital and Topiwala National Medical College
Bharat Biotech International, Ltd.
Christian Medical College and Hospital
Government of Andhra Pradesh, Ministry of Health and Family Welfare
Government of India, Department of Biotechnology
Government of India, Ministry of Health and Family Welfare
Hindustan Latex Family Planning
ICICI Bank
Ideopraxist
iGATE Clinical Research International
IMRB International
India Academy of Paediatrics
India Campaign for Microbicides
India HIV/AIDS Alliance
Indian Council of Medical Research
Indian Institute of Science
Indian Medical Association
Indo–US Vaccine Action Program
International Centre for Genetic Engineering and Biotechnology
INTOX Pvt., Ltd.
IT Power India
J. Mitra & Co., Ltd.
Karnataka Health Promotion Trust
Karnataka State AIDS Control Society
Maharashtra State AIDS Control Society
Nargis Dutt Memorial Cancer Hospital
National AIDS Research Institute
National Institute of Virology
National Neonatology Forum
Niloufer Hospital Institute of Child Health
Nizam’s Institute of Medical Sciences
Orchid Biomedical Systems
Project ORCHID
Rachana Consultants
Research Pacific India
Saving Newborn Lives
Serum Institute of India, Ltd.
Seth GS Medical College & King Edward Memorial Hospital
Shantha Biotechnics
Social and Rural Research Institute
Society for Applied Studies
Sound Picture Communications
Span Diagnostics, Ltd.
Tamil Nadu AIDS Initiative Voluntary Health Services
Tata Memorial Centre
TNS India Pvt., Ltd.
Urban Health Resource Centre
White Ribbon Alliance, India
Xcyton Diagnostics Limited

Indonesia
Dr. Sardjito Hospital
Frontiers for Health
Gadjah Mada University
Ministry of Health
Pusat Penelitian dan Pengembangan Pelayanan dan Teknologi Kesehatan
University of Indonesia, Center for Family Welfare
University of Indonesia, Center for Health Research
Yayasan Hati Sehat
Yayasan Kusuma Buana
Yayasan Pariwara

Japan
Otsuka Pharmaceutical Co., Ltd.
Twinbird Corporation

Kenya
African Population and Health Research Centre
Aga Khan Health Services
ApeX Productions
Community Aid International
Family Planning Association of Kenya
Gifted Hands
Gina Din Corporate Communications
Jabaranda Designs
Kenya Association for the Prevention of Tuberculosis and Lung Diseases
Kenya Scouts Association
Ministry of Education
Ministry of Gender, Sports, Culture, and Social Services
Ministry of Health
Mobile Planet
National AIDS and STD Control Programme
National Leprosy and Tuberculosis Program
SafariCom, Ltd.
Strika Entertainments
Teenwise Media, Ltd.
US Army Medical Research Unit–Kenya
Uzima Foundation

Kyrgyzstan
Department of Sanitary and Epidemiological Surveillance

Malawi
Association of Malawian Midwives
University of Malawi College of Medicine

Malaysia
APCASO
Venture Technologies

Mali
AMSOPT
Centre pour le Développement des Vaccins–Mali
Ministry of Health

Mexico
Comité para la Salud de los Personas con VIH y Sida
Comité para la Salud de los Personas con VIH y Sida
Ministry of Health

Moldova
National Center of Preventive Medicine

Mozambique
Manhiça Health Research Centre (CISM)
Ministry of Health

Myanmar
Department of Medical Research Lower Myanmar

Nepal
Center for Research on Environmental Health and Population Activities
Family Planning Association of Nepal
General Welfare Pratishthan
His Majesty’s Government, Ministry of Health, Family Health Division
His Majesty’s Government, Ministry of Health, National Health Education, Information, and Communication Centre
Infectious & Tropical Disease Research & Prevention Centre
Namuna Integrated Development Council
Nepal Society of Obstetricians and Gynecologists
Reproductive Health Training and Research Academy

The Netherlands
Biomedical Primate Research Center
Elsevier
Royal Netherlands Tuberculosis Association (KNCV)
SynCo Bio Partners B.V.

Nicaragua
AMNLAE León
Centro de Estudios y Promoción Social
Colegio Farmacéutico, Filial León
Facultades de Farmacia y Medicina, UNAN León
Federación Red NicaSalud
IXCHEN León
Ministry of Health
Puntos de Encuentro
Red de Mujeres Contra la Violencia

Niger
Centre de Recherche Médicale et Sanitaire
Ministry of Health
Nigeria
Big Sisters Club
Bioscience and Agriculture Network
Journalists Against AIDS
Ministry of Health
Okon Widows Network

Norway
World Health Organization Meningitis Reference Laboratory

Pakistan
Aga Khan University
Society of Obstetricians and Gynecologists of Pakistan

Peru
Dirección Regional de Salud San Martín
Peruvian Midwifery Association

Philippines
Research Institute for Tropical Medicine

Rwanda
Ministry of Health

Senegal
Albert Royer Children’s Hospital
Aristide Le Dantec Hospital
Cheikh Anta Diop University Faculty of Medicine and Pharmacy
Government of Senegal
Ministry of Health
Regional hospitals of Diourbel, Kaolack, St. Louis, Tamba Kunda, Thies, and Ziguinchor
Senegal National Laboratories Network

South Africa
AIDS Foundation of South Africa
Clinical Research Centres SA Pty., Ltd.
Gender AIDS Forum
Madibeng Centre for Research
Medical Research Council, Gender and Health Unit
Medical University of Southern Africa
University of Cape Town
University of Limpopo
University of Witwatersrand, Reproductive Health Research Unit
South Korea
International Vaccine Institute

Spain
Hospital Clinic i Provincial de Barcelona
Hospital Clinic of the University of Barcelona
Institut Català d’Oncologia
La Fundació Clinic per a la Recerca Biomèdica

Sri Lanka
Ministry of Health

Sweden
Lund University, Division of Social Medicine and Global Health
Multilateral Initiative on Malaria
Umeå University, Epidemiology and Public Health Sciences

Switzerland
Foundation for Innovative New Diagnostics
Galerie Visages du Monde
Swiss Tropical Institute

Tanzania
Association of Private Health Facilities in Tanzania
Chama cha Uzazi na Malezi Bora Tanzania

Thailand
AIDS Access Foundation
Bangplay
Bundit Center
Center for AIDS Rights
Chiang Mai Provincial Public Health Office
Chiang Rai Provincial Public Health Office
Concept Foundation
Faculty of Pharmacy, Chiang Mai University
Health Counterparts Consulting
Khon Kaen University
King Mongkut’s University of Technology Thonburi
Lampang Rajabhat University
Mae Hong Son Provincial Public Health Office
Ministry of Education
Ministry of Public Health
Office of Basic Education Commission
Office of Vocational Education Commission
Pra Sri Mahapothi Hospital
Prince of Songkla University
Raks Thai Foundation
Rayong Provincial Health Office
Sexually Transmitted Infection (STI) Center
Tak Provincial Health Office
Thailand Health Promotion Fund
Wellcome Trust–Mahidol University Oxford Tropical Medicine Research Programme

Togo
Ministry of Health

Uganda
Family Planning Association of Uganda
Malaria Consortium
Ndere Troupe
Raising Voices
Straight Talk Foundation
Uganda Private Midwives Association
Uganda Scouts Association

Ukraine
Academy of Medical Sciences of Ukraine, F. G. Yanovsky Institute of TB and Pulmonology
All-Ukrainian Network of People Living With HIV/AIDS
Alternativa
Charitable Foundation Unitus
International HIV/AIDS Alliance in Ukraine
Kyiv International Institute of Sociology
Mangust
Ministry of Health
National AIDS Center
National Coordination Council on the Prevention of the Spread of HIV/AIDS
New Social Technologies
Oblast health departments
School of Equal Opportunities
Sevastopol City Youth NGO
Simferopol Coalition of HIV-Service Organizations
Ukrainian Association of Obstetricians and Gynaecologists
Ukrainian Red Cross Society
Vinnysia City Center of Social Services for Youth
Vinnysia Family Planning Association
Vinnysia Oblast HIV/AIDS Centre
Vinnysia Regional Department of Education
Youth Centre Forum

United Kingdom
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Brunel University
Films of Record
Health Protection Agency
Imperial College of Science, Technology, and Medicine
Insense
Interact Worldwide
London School of Hygiene & Tropical Medicine
Medical Research Council
Medical Scientific Advisory Services, Ltd.
National Institute for Biological Standards and Control
Practical Action
Reproductive Health Matters
Rockhopper TV
Star Syringe
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Applied Strategies
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Felton International
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Pfizer
Planned Parenthood Affiliates of Washington/NWMC
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POLICY Project
Population Action International
Population Council
Population Reference Bureau
Population Services International
PortaScience Inc.
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Statistics Collaborative, Inc.
TEMPTIME
Thai NGO Coalition on AIDS
The Health Federation of Philadelphia
US Centers for Disease Control and Prevention
US Centers for Disease Control and Prevention Foundation
US Food and Drug Administration
US Food and Drug Administration, Center for Biologics Evaluation and Research
US National Institute of Health Office of Technology Transfer
US President’s Malaria Initiative
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University of California, Davis
University of Chicago Press
University of Colorado
University of Maryland
University of Massachusetts
University of Virginia
University of Washington
VillageReach
Voxiva
Walter Reed Army Institute of Research
Washington State Coalition Against Domestic Violence
Washington University
World Education
World Health Organization Meningitis Reference Laboratory
Yale School of Nursing

Uzbekistan
National Reference Laboratory of Republic of Uzbekistan

Vietnam
Center for Mother and Child Health Protection and Family Planning, Ha Tay Province
Center for Mother and Child Health Protection and Family Planning, Kien Giang Province
Ha Tinh Preventive Medicine Center
Ministry of Health
Ministry of Health, Health Education Center
Ministry of Health, Reproductive Health Department
National Institute of Hygiene and Epidemiology
Quang Tri Provincial Health Department
Thanh Hoa Pharmacy & Medical Association
Thanh Hoa Preventive Medicine Center
Thanh Hoa Provincial Health Department
Thanh Hoa Youth Union

Zambia
Churches Health Association of Zambia
Government of Zambia
Ministry of Health
National Malaria Control Centre
Zambia Roll Back Malaria Partnership
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