“For the past 30 years,
PATH has developed, adapted, and innovated technological solutions for many of the world’s greatest health problems. Applying these solutions to such tremendous challenges has always been PATH’s principal long-range objective.
To many more successes—happy 30th birthday, PATH!”

DR. GORDON PERKIN
CO-FOUNDER
MESSAGE FROM THE BOARD CHAIR

As a member of PATH’s founding board of directors, I had the honor of being one of the birth attendants when the organization first came to life. Thirty years later, as I rejoin the board, it is with the pride of a grandparent that I see PATH has become a recognized leader in global health.

Over those three decades, PATH’s work has expanded, now reaching people in need in more than 65 countries. The scope has also grown, now encompassing reproductive health; AIDS, malaria, and tuberculosis; better health for mothers and children; health equity for women; and universal immunization. PATH’s primary focus—harnessing new science and technology—has been supplemented and augmented through collaboration with individuals and communities, public-private partnerships, and work to strengthen health systems. All of this has been possible because of generous support from donors and friends, for which we are deeply grateful.

PATH has been growing. What was a dream 30 years ago is now becoming a reality. As we enter a new decade of work, we are aware of the challenges. But we also see great opportunities. We can look forward to a brighter future.

Sincerely,

Mahmoud F. Fathalla, MD, PhD

MESSAGE FROM THE PRESIDENT

Last year was a year of considerable growth for PATH. As we greatly expanded our staff, geographic reach, and programmatic impact, we also undertook to reaffirm our strategic vision. Consequently, we are in a stronger position than ever to ensure that innovation reaches those who need it most.

As you’ll read in this report, there are several critical dimensions to this challenge. We need to harness today’s science and technology to solve today’s problems—refusing to be content with the historically slow diffusion of new ideas to poor countries. We need to work closely with individuals and their communities—maximizing the utility of their local knowledge and ingenuity. We need to leverage the capacity of the private sector by partnering with companies to create affordable solutions. Finally, we need to strengthen health systems—both to deliver currently available health interventions and to pave the way for the innovations of tomorrow.

We appreciate the support we receive from all of you as we pursue our ambitious vision of a world where health is within reach for everyone.

Sincerely,

Christopher J. Elias, MD, MPH
WE LIVE IN A TIME of unprecedented opportunity. We also live in a time of unprecedented crisis: AIDS, malaria, and tuberculosis; unnecessary sickness and death among mothers and babies in poor countries; inequities that make women—the backbone of families and communities—the most vulnerable among us. Doing more of what the world has done for years will never produce solutions fast enough to close the gap between rich and poor.

PATH is dedicated to finding creative solutions for some of the world’s greatest challenges. We harness the promise of science and technology, making sure it can be realized for everyone. We invoke the ingenuity of individuals and communities, honoring and empowering their passion and inspiration. We work through the power of public-private partnerships, engaging businesses and governments as champions for innovation. And we dedicate equal time to health systems, ensuring that weak systems will not prevent successful, sustainable solutions from moving into widespread use.

We are working to bring health within reach for people everywhere—regardless of where they are born. After 30 years, what we value remains the same: dignity, strength, and an equal hope of a healthy life.

A world where innovation ensures that health is within reach for everyone.
“Yes, it is very important. Why? Because we are sure that we are giving the children a viable vaccine. We know that it is effective.”

GLADYS WAMBU
NURSE, KIAMBU DISTRICT HOSPITAL
Gladys Wambu: relying on the world’s smartest sticker

North of the Kenyan capital city of Nairobi, at the Kiambu District Hospital, Nurse Gladys Wambu will see dozens of babies today. Their mothers will bring them from homes many miles away, traveling hours by bus and on foot to wait with other moms in the busy immunization clinic. For many babies, it will be their only chance at vaccines that will protect them against measles, tetanus, diphtheria.

Those vaccines make a long journey: manufactured as far away as Europe, transported by air, then shipped by truck on a long, bumpy ride to remote clinics with only intermittent electricity to keep the vaccine refrigerated and cold. There was once no way for nurses like Gladys to know: have the vaccines become too warm? Do they still have the power to protect the children who receive them? Or must they be thrown away, however valuable?

Gladys doesn’t have to worry about giving children vaccine that won’t protect them—or about wasting precious vaccine just because she suspects it may not be good. Before she gives each shot, she checks a purple dot on the vaccine bottle. The center of the dot turns darker in color if the medicine has been exposed to heat, signaling when the vaccine has become unusable.

Developed half a world away from Kenya by PATH and the TEMPTIME Corporation, these stickers—vaccine vial monitors—save money and lives. UNICEF requires them on every vaccine it delivers around the world. In 2006, vaccine vial monitors saved more than 50,000 doses of vaccine after an earthquake in Yogyakarta, Indonesia, cut the supply of electricity to refrigerators in health clinics across the city. The monitors showed that the vaccines were undamaged, despite the heat, and still usable.

For health workers, the vaccine vial monitor means the days of guesswork are over. Nurse Gladys Wambu remembers the days before the sticker was available. Now, with every baby she sees, she also sees real and lasting change.
Vaccine for Africa’s meningitis belt

During a meningitis epidemic in sub-Saharan Africa, this life-threatening infection may strike as many as 1 in every 100 people. Vaccines that protect against developed-world strains of the disease have been used in the United Kingdom for almost ten years. The Meningitis Vaccine Project—a partnership between PATH and the World Health Organization—is translating that success to the type of meningitis that kills so many in Africa. The project is developing a new vaccine, in collaboration with the Serum Institute of India Limited; opening doors in the global health community; and helping governments pinpoint the hardest-hit areas.

In 2006, the Meningitis Vaccine Project successfully completed the first phase of trials to prove that the new vaccine is safe and effective. A surveillance system put in place by the project is delivering up-to-the-moment information from 14 sub-Saharan African countries about outbreaks of the disease, allowing public health systems to focus resources on communities at risk. The stage is set for a vaccine that can protect infants and children throughout the meningitis belt.
Protection designed for women in the developing world

Often overlooked, the diaphragm and the female condom can be vital tools for birth control and infection prevention for women in the developing world. In 2006, PATH readied a diaphragm and a female condom designed specifically for low-resource settings to enter large-scale trials.

We prepared 1,000 of the one-size-fits-most SILCS diaphragm—meant to be used by women who can’t afford or don’t have access to the physician’s fitting required by the traditional design—for pivotal trials that will determine the diaphragm’s contraceptive effectiveness. Once on the market, the SILCS diaphragm will expand contraceptive choice for women with few options.

To demonstrate to manufacturers that our easier-to-use, more comfortable female condom design can be made cost-effectively, PATH developed unique automated machines and produced 6,000 condoms in our Seattle shop. These condoms will be used in a South African trial that directly compares, for the first time, the three new condom designs most likely to be adopted for global use—providing the world’s most vulnerable women protection against infections that threaten their lives and families.

Inroads in HIV prevention: advocacy for microbicides

Gender inequality and simple biological realities make women more vulnerable to HIV and AIDS—especially in the developing world, where many women have no power to negotiate condom use or refuse sex. The Global Campaign for Microbicides, hosted at PATH, is one of the strongest voices speaking out for the development and introduction of microbicides, a tool with great promise for HIV prevention.

In 2006, the Global Campaign extended its advocacy reach both geographically—to Australia, Austria, Eastern Europe, France, and Germany—and among allies working in HIV/AIDS prevention, reproductive health and rights, and women’s organizations. Expansion is paying off. In January 2007, the European Union (EU) committed $5.3 million to fund microbicide trials in Kenya, Rwanda, South Africa, and Zimbabwe, and the EU’s presidency identified the development of microbicides as key to improving global health.
Chhean Toeu: reaching across borders

Chhean Toeu’s home in Thnol Chei village, like most in flood-prone rural Cambodia, rests on stilts, 15 feet or more above the ground. The slatted walls let in sun and a clean breeze, and the space beneath is a cool and protected work area for the family. They’ll prepare this year’s rice harvest there.

The cost of this home was more than financial. Toeu’s husband, Mom Thean, has spent more than a quarter of their marriage across the border, working in the Thai fishing port of Rayong. Without affordable telephone access or a reliable postal system, he’s completely cut off from his wife and daughter when he’s away.

Thean and other migrant workers live at risk of arrest and often work for employers who see little reason to deal fairly with workers with no legal rights. Many alleviate their fear, boredom, and loneliness with alcohol and prostitution. All find it difficult to save the money their families so badly need.

Thean returned empty-handed from his first tour in Thailand. He planned a second trip, but with little hope of a better outcome. Then Toeu met a group of women in her village who had shared her experiences and had something new to offer her.

The women were part of a growing cross-border effort, born of a collaboration between PATH and businesses and community groups in both Thailand and Cambodia. They taught Toeu and her husband how to save money, how to plan to meet their goals. With their support, Thean and Toeu bought their new home and started a small business that has kept Thean from having to return to Rayong. The women also taught Toeu about HIV—and how to keep herself safe from infection.

Today, Toeu’s daughter comes home from school with a brilliant smile on her face. She’s sixth in her class, and she and her parents talk excitedly about the world that’s opening up for her. Her dreams are not impossible—not anymore.

“My family is all together now.”

CHHEAN TOEU

PATH’s cross-border collaborations with organizations and governments in Southeast Asia have inspired support for migrants on both sides of the border—from employers, from health workers, and from their families. In 2006, we began expanding this work to other areas in Thailand, to reach the several million migrants who come there from Cambodia, Laos, and Myanmar.
Stopping violence against Latin America’s women

Violence against women reaches beyond the immediate threat of bruises and broken bones. The violence that women in many parts of the world routinely endure is linked to severe health problems—chronic pain, disability, disease, and mental problems—that also affect the social health of communities and the economic health of nations.

In Latin America, PATH leads the InterCambios Alliance, which is building the health sector’s ability to respond to violence against women. In 2006, the Alliance adapted an innovative training tool to put health workers and service providers into the shoes of women who have experienced violence—and to help these professionals understand the crucial role they play in stopping it and in supporting survivors. After working with activists and survivors of violence from all over Latin America to develop real-life scenarios for the role-playing that is central to the training, the Alliance has widely distributed the interactive tool and provided hands-on training in its use to more than 1,000 health professionals in ten countries, each of whom will go on to train many more. The physicians and nurses who participate come away with a new understanding of what the women they treat must endure—and new ideas about how to help.
Sure footing for new lives

A mother in India is almost ten times more likely to lose her baby at birth than a mother in the United States. India’s infant death rate is slowly declining, but not fast enough to save the 1.3 million babies who died in 2006 and the 1.3 million more who will die in 2007. PATH is working with the people most empowered to prevent those deaths—the communities, families, and women whose children are at risk.

In 2006, PATH began connecting with grassroots organizations in two Indian states, Uttar Pradesh and Maharashtra, to assess the services and information they provide and find ways to offer stronger support to mothers and their newborns. In Uttar Pradesh alone, we reached more than 500 villages. We’re helping families and health care workers ask the right questions about newborn care and identify the barriers that prevent lifesaving tools (like antibiotics and kits to make home deliveries safer) from reaching the women who need them. In the next few years, we’ll build on this knowledge to increase access to skilled birth attendants, strengthen existing networks of health workers, and foster an exchange of vital health information within communities. We estimate that, within five years, the new programs will reach more than 600,000 families.

Historic protection for Asia’s children

In 2006, 11 million children were part of historic immunization campaigns in India and Nepal—receiving for the first time a vaccine that protects against Japanese encephalitis, the viral disease that causes more disability among Asia’s children than any other. PATH offered support to the governments and local health workers of both countries in improving surveillance to target communities at risk, planning strategies to reach the largest number of children, and monitoring the success of the campaigns. Through negotiations with a Chinese vaccine manufacturer, we were able to establish an affordable public-sector price—ensuring that developing countries can provide the vaccine to the children who are at highest risk. Before these campaigns, only a small number of children in India and Nepal had access to a Japanese encephalitis vaccine. Now millions are protected against this devastating disease.
“Many babies will benefit… it will make a difference.”

EMILY
NURSE, VIHIGA DISTRICT HOSPITAL
Emily: helping mothers protect their children against HIV

Imagine how helpless an HIV-infected mother feels, knowing that there is one chance in four she’ll pass the deadly infection to her baby. More than half a million children are infected with HIV each year, most of them through transmission from their mothers.

At Vihiga District Hospital in Kenya, a nurse named Emily sees women every day who are HIV positive and pregnant and who must be prepared, by the time they deliver, to protect their babies from the virus the mothers carry. Over the noise and bustle of the hospital, Emily talks to them about risk—and about hope.

With a birth dose of nevirapine, a powerful antiretroviral drug, mothers can cut the HIV threat to their babies by more than half. Boehringer Ingelheim, the developer of the drug, has donated enough nevirapine to Emily’s clinic to save dozens of newborns each month from being infected.

But getting that drug to the women whose children are at risk, many of whom will give birth far from the hospital’s stores of medication, can be so difficult that the lifesaving drug never makes the journey. Many health workers have resorted to makeshift methods to protect the nevirapine during travel, wrapping it and the oral dispenser in tinfoil, paper towels, tape. It’s all too easy for the medicine to be lost or damaged.

PATH made it simple for health workers like Emily to send nevirapine home with mothers-to-be, with a new kind of packaging: a sealable foil pouch that holds a dispenser with the infant’s dose. The medication stays clean and protected until it is used, even if the woman takes it home weeks before her delivery.

In 2006, Emily used the nevirapine pouch for the first time—part of a pilot project to find out how well it would work once off the drawing board and into nurses’ hands. The response was so strong that Kenya’s National AIDS Program will use the pouch nationwide, distributing it alongside the nevirapine from Boehringer and dispensers donated by manufacturer Baxa. Other organizations committed to slowing the spread of HIV among Africa’s children are following suit.

Emily has new hope for the lives of the children in the communities she serves—and for the future of her country.
Finding and stopping a cancer-causing virus

Few milestones in women’s health have been more significant than the 2006 introduction of a vaccine that can prevent cervical cancer by protecting against the virus that causes it. More than 200,000 women in the developing world die of this preventable disease each year.

Last year PATH began the urgent work of bringing the cervical cancer vaccine to poor countries—a challenge, because the most attractive markets are those with the most money, not those with the most need. A case must be made for bringing new vaccines to the developing world. Beginning in India, Peru, Uganda, and Vietnam, we are assessing the best strategies for introduction; increasing awareness about the disease, the vaccine, and the continued need for screening; and convincing governments of women’s pressing need for protection. Soon young women in these four countries will be among the first in the developing world to receive the vaccine, as PATH and our partners begin pilot introduction.

Partnerships with the private sector are helping protect women who are already infected with the cancer-causing virus. PATH is collaborating with biotechnology companies to develop new screening tests for the virus that are cheaper, faster, and more accurate than traditional techniques. In 2006, we reached milestones in research and development that will allow us to send two tests to field studies, in China and in India, in 2007.

“Protection against cervical cancer for women everywhere is now a very real possibility.”

PAUL EDER
DIRECTOR, ASSAY DEVELOPMENT, DIGENE CORPORATION

Partnerships against a debilitating childhood disease

In October 2006, Nicaragua introduced a rotavirus vaccine that will help reduce the number of children who die from debilitating diarrhea each year. Approximately 135,000 children will receive the vaccine annually. It was the first time in history that a new vaccine was introduced in the developing world and in the United States in the same year, erasing a delay that can be longer than a decade. PATH’s work with Nicaragua’s government, providing information and charting a comprehensive strategy for handling diarrheal disease, helped open the door to vaccine introduction. (Nicaragua’s president is pictured below, administering vaccine to one of the many infants who will benefit.)

In November, the GAVI Alliance—a coalition that brings together global health institutions, the vaccine industry, national governments, and nongovernmental organizations committed to global access to immunization—pledged financial support to bring lifesaving rotavirus vaccines to the developing world. PATH collaborated with the World Health Organization and the US Centers for Disease Control and Prevention to conduct clinical
trials, expand the surveillance networks that serve as watchdogs for disease, and provide the Alliance with both persuasive data and a compelling plan for rapid introduction. Their investment has the potential to prevent 370,000 childhood deaths in the world’s poorest countries by 2015.

A map for malaria prevention

Malaria kills more than one million people every year, the majority of them young children who live in sub-Saharan Africa. The world urgently needs a safe and effective vaccine to prevent these deaths. The PATH Malaria Vaccine Initiative (MVI) brings together partners from government, business, and research to advance vaccine candidates and ensure that successful vaccines will be available in the developing world.

In 2006, MVI joined forces with a small vaccine company to begin work on an entirely novel approach to a malaria vaccine, one that incorporates a live, weakened malaria parasite and offers the hope of broader immunity. In sub-Saharan Africa, we supported Phase 2 clinical trials of the world’s most advanced malaria vaccine candidate, RTS,S, that will move the vaccine one vital step closer to approval.

MVI also collaborated with global health experts, researchers, and vaccine developers to finalize the Malaria Vaccine Technology Roadmap—a solid blueprint for getting a malaria vaccine into communities within the next ten years, based on the experience and knowledge of both the private and the public sectors. An effective vaccine is closer than ever; MVI’s work will make certain that developing countries have the information they need to introduce a malaria vaccine quickly and with maximum impact.

Essential clean water

Finding new ways to make clean, safe water available where local infrastructure cannot is a critical focus for the global health community. Water is in every home, used for drinking, washing, and cooking—and it brings with it the potential for waterborne diseases, including severe diarrhea, which kills approximately 5,000 children every day. In 2006, PATH entered the field of safe water for the first time, with a project that uses commercial market forces to bring water treatment and storage options to households where safe water is hard to come by.

The heart of this work will be with commercial partners—identifying and improving products that can be adapted to the needs of low-income families, removing obstacles between manufacturers and the marketplace, training retailers, and using marketing and promotion to change the way people think about the water they use. By establishing a commercial market for safe household water supplies, we hope to catalyze the creation of a system with lasting momentum, giving families the power to make water safe in their own homes.
DEDICATING EQUAL TIME TO STRONGER HEALTH SYSTEMS

Issa and Towarias: extending the protection of immunization

Three-month-old Towarias is ready for her second immunization. Not long ago, she might have missed this opportunity for a healthy start to life. Her mother, Issa, wouldn't have been able to make the long trip from their village to a city clinic. The privilege of lifesaving childhood immunization is out of reach for many families in Cambodia, a country recovering from decades of war and civil strife.

In 2002, PATH and the Cambodian government teamed up to identify populations missed by immunization services and design new strategies to include them. Strengthening this area of the country’s health system sometimes meant finding inventive ways for health teams to reach remote areas—for example, hosting village events where parents can get information and access to immunization close to home.

“It is a great joy to help the children…”

LA-SEAN
VILLAGE VOLUNTEER

One of these events is held within walking distance of where Issa and Towarias live. From a crowd of women, men, and children, mothers ask questions about the benefits and risks of immunization. Then they line up for the shots, delivered by 55-year-old village volunteer La-Sean, whose training was sponsored by the PATH collaboration. Like a lot of new moms, Issa says it makes her nervous for her baby to get an injection, so she has a friend hold Towarias… then quickly scoops the child up to comfort her.

Issa learned about immunizations from a community volunteer, who gave her compelling reasons to bring Towarias in for care. She can afford to do it, because the community event puts immunization within reach of her home. Before the partnership between PATH and the Cambodian government, this wouldn’t have been possible. But by 2006, 67 percent of all children in Cambodia were receiving essential vaccines, a stunning increase over the 39 percent of five years ago. Through this and other new programs led by the local government, Cambodia has cut infant deaths by half.

As Issa carries Towarias home, they represent the future—and confirm PATH’s belief that where there is health, there is hope.
Vaccine coverage in India: systems that deliver

In the Indian state of Andhra Pradesh, as in Cambodia (pp. 18–19), many children would miss out on the basic defense good immunization programs offer—if not for health system improvements made through a collaboration between the state government and PATH. This partnership produced changes that boosted immunization rates across the entire state, made the hepatitis B vaccine routinely and freely available for the first time, led to the adoption of safer syringes that can’t be reused, and won full financial support from the government over the long term. Although the partnership concluded in 2006, these historic and sustainable strides in immunization will continue to protect the more than 1.6 million children born in Andhra Pradesh each year.

Combined care for tuberculosis and HIV

Once considered to be on track for global eradication, tuberculosis has made a startling comeback. Eight million people develop tuberculosis every year, and almost a quarter of them die. Many live in Africa and Eastern Europe, where high HIV rates and the emergence of drug-resistant tuberculosis strains are conspiring with challenged health systems to spread infection and disease. Because HIV and tuberculosis often go hand in hand—tuberculosis takes hold when HIV weakens the immune system—PATH has pursued opportunities to integrate available health and social services, making HIV service providers a first line of defense against tuberculosis, and vice versa. In 2006, we helped establish services for people living with both HIV and tuberculosis in 32 districts in Tanzania where no such care had been available. A government training program supported by PATH, the first of its kind in the country, will continue to expand the reach of these integrated services. In Ukraine, we began facilitating changes in the public health system that will allow the country to meet the challenges of co-infection, promote early diagnosis and treatment, and reduce stigma that can stop people from getting the care they need.
Keeping avian influenza caged

When avian influenza leapt from farm fowl to farmers, public health leaders recognized the need to strengthen the systems that could help stave off a pandemic, should the virus become contagious among humans. Last year, PATH worked with local partners to design and implement a surveillance and response system in Georgia and began similar work in Ukraine, both of which have had cases of infected fowl.

Georgia's system helps identify potential cases of bird flu in humans, monitors those at high risk, and triggers the public health system's containment strategies when necessary. All public health workers and more than 100 frontline physicians around the country were trained to identify the early warning signs of infection—and in turn to train their colleagues.

To support the new system, we helped identify and purchase laboratory equipment and supplies that can detect new virus strains, as well as personal protective equipment for bird handlers and health workers. We also trained spokespersons and the media to respond to a disease outbreak, cementing the links between citizens, health workers with vital local knowledge, and a system that can respond to and contain a potential epidemic.

Malaria control:
saving lives and resources

In 2006, the Malaria Control and Evaluation Partnership in Africa (MACEPA)—a groundbreaking partnership between PATH, the Government of Zambia, and the Zambia Roll Back Malaria partners—continued its quest to dramatically reduce deaths and sickness from malaria.

MACEPA completed widespread distribution of insecticide-treated bednets that provide essential protection against malaria-carrying mosquitoes, in the process strengthening the chain of national, regional, and local involvement required to prevent malaria in the country's farthest corners. The World Bank estimates that the distribution system established by MACEPA will reduce the cost of delivering each million bednets by more than $800,000.

MACEPA also provided expert leadership in designing and implementing a survey to measure the nation's malaria burden and find out how well vital malaria control strategies are working. Health care workers used handheld computers to gather and submit baseline data that are informing Zambia's latest action plan for malaria control. Already, other malaria-stricken countries are using Zambia as a model for their own malaria control efforts.
The Catalyst Fund

An equal chance at a healthy life: helping us balance the scales

Access to essential medicines and effective technologies. Health systems that support the people who depend on them. The ability to make good choices about health and life. These basic elements of good health are so readily available in the industrial world—and so out of reach in countries struggling with poverty, famine, war.

“...PATH outperforms most charities in America in its efforts to operate in the most fiscally responsible way possible.”

Trent Stamp
President, Charity Navigator
Gifts from individual donors are key to redressing this imbalance. That support is what makes it possible for us to be innovative and responsive to global health needs—exploring opportunities, testing new strategies, and developing prototype technologies that lead to enormous impact.

Many of the projects featured in this report were fueled by support from individual donors: the Malaria Vaccine Initiative (pg. 17), a program to pave the way for rotavirus vaccine (pg. 16), our work in cervical cancer prevention (pg. 16). Such funding also helped us build a stronger presence in India, where projects new and old are improving the health of millions of children (pp. 13 and 20).

In 2006:

- Charity Navigator named PATH a four-star charity for the third year in a row, underscoring our commitment to the highest standards for financial stewardship.
- More than 1,000 individuals, couples, and families made gifts to PATH, helping level the playing field for people like them in the developing world.
- Donations to PATH’s Catalyst Fund—our primary source of the unrestricted funds that support our most innovative work—more than doubled, reaching $1.7 million.
- Individual donors helped us meet not one but two challenges from the Bill & Melinda Gates Foundation, directing almost another $350,000 to our work in the field.
- Seattle’s Pigott family helped make our second annual Breakfast for Global Health a success with a challenge contribution of $250,000, inspiring gifts of more than $300,000 from other guests.
In 1977, PATH began its work in the developing world with the help of a single institutional supporter. Today, PATH receives funding from more than 100 institutions and 1,000 individuals each year. Our endowment has grown from nothing to over $6 million. A new source of flexible resources from individual contributions, the Catalyst Fund, has provided almost $2 million of innovation capital.

Nine years ago, when I had the honor of being appointed to the PATH Board of Directors, our annual budget was approximately $17 million. For 2006, our budget grew to $130 million. The impact of our work has grown with our budget.

We are not just managers of these funds, but stewards. It is our charge to use them to their fullest effect in the places where help is most needed. As treasurer of PATH, I am proud to say that we have become a model for nonprofit financial management. Our oversight processes have grown to match our institutional growth. We track the investment of each member of PATH’s staff in each of our projects, and we measure the health benefits that our work produces throughout the developing world. Detailed independent yearly audits guarantee that we are accurate in our accounting.

It is in the spirit of service that we continue to refine these systems. Every year we work harder to fulfill our role as stewards—to ensure the most transparent, effective, and responsible use of the funds that are entrusted to us.

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**2006 Financial Summary**

**REVENUES**

- Foundations $84,011,105
- US Government 28,200,820
- Other governments, NGOs, multilaterals 12,989,433
- Individuals/other 2,450,489
- Investments 2,615,482*

**Total revenues** $130,267,329**

**EXPENSES**

**Program services**

- Reproductive health $6,086,500
- Emerging and epidemic diseases 24,028,310
- Health technologies 6,449,323
- Vaccines and immunization 20,288,693
- Maternal and child health 3,918,159
- Other 424,713

- Subtotal programs 61,195,698
- Program subawards 49,889,449

**Total program services** $111,085,147

**Support services**

- Fundraising 566,834
- Bid and proposal 1,836,920
- Management and general 13,775,067

**Total support services** $16,178,821

**Total expenses** $127,263,968

* $10,502,000 of additional investment income is recorded in temporarily restricted net assets.

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

Total revenues include other miscellaneous revenues and do not include restricted gifts to the endowment.
NOTES

The above financial summary is an excerpt from PATH’s audited financial statements. Full copies are available on request.

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

Assets and liabilities

ASSETS
Cash $42,105,000
Invested grant funds 239,261,000
Grants receivable 266,369,000
Other 10,762,000
Total assets $558,497,000

NET ASSETS AND LIABILITIES

Net assets
Unrestricted assets $14,347,000*
Grant funds temporarily restricted 528,283,000**
Permanently restricted assets 3,333,000
Total net assets 545,963,000
Current liabilities 12,534,000
Total liabilities and net assets $558,497,000

* Undesignated unrestricted assets equaled $2.7 million on December 31, 2006.
** These funds are restricted to specific projects, defined by the funder or donor and to be carried out in future years.

Expense allocation

Program services 87.4%
Management and general 10.8%
Bid and proposal 1.4%
Fundraising 0.4%

Use of funds, by program category

Emerging and epidemic diseases 39.3%
Vaccines and immunization 33.2%
Health technologies 10.5%
Reproductive health 9.9%
Maternal and child health 6.4%
Other 0.7%

Sources of revenue

Foundations 64.5%
US Government 21.6%
Other governments, NGOs, multilaterals 10.0%
Investments 2.0%
Individuals/other 1.9%
“PATH is leading the way in developing innovative solutions to some of the world’s toughest health challenges. Their efforts are showing the world that a strong commitment to global health can produce extraordinary results.”

WILLIAM H. GATES, SR.
CO-CHAIR OF THE BILL & MELINDA GATES FOUNDATION
ORGANIZATIONAL HIGHLIGHTS

Last year was another year of tremendous growth for PATH: new offices, new programs, new links with the global community and with others in the United States who share our commitment to health equity. Each step forward brings us closer to a world where everyone has an equal chance to live a healthy life.

**Expansion and expertise**
- We opened offices in Peru and Uganda and expanded our work in India, South Africa, and Tanzania, reaching deeper into these communities to establish new projects and scale up existing effective programs.
- Worldwide, we increased our staff by nearly 100 people, to a total of 546—adding experts in almost every important health area on which we focus.

**New initiatives**
- We launched a new focus on advocacy, a way to improve global health by influencing issues, legislation, public policy, and public opinion. We are strengthening our presence in the United States and Europe, with those who have the power to allocate global resources fairly and with people who drive opinion and influence global issues everywhere.
- We played an enhanced role as a leader in global health activities in Seattle and Washington State, helping to forge a strong community of global health organizations.

**Visibility and recognition**
- PATH was present at the Clinton Global Initiative, the White House Malaria Summit, and the World Economic Forum, representing the concerns of the people we serve throughout the world.
- Media as varied as *Newsweek, Glamour*, National Public Radio, and *The Lancet* highlighted our work, raising the visibility of the inequities PATH and organizations like us work to redress.
- PATH was selected to join Global Impact, one of the most successful and trusted organizations in international philanthropy. That and our rating by Charity Navigator as a four-star charity—for the third year running—have given us even greater credibility among our donors and funders.
- For the fourth year in a row, *Fast Company* magazine named PATH one of the top social entrepreneurs that are changing the world.
- PATH’s president, Dr. Christopher J. Elias, was chosen by the Paul G. Rogers Society for Global Health as one of the inaugural class of Global Health Research Ambassadors—a group of the nation’s foremost experts in global health.
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We are grateful to all of our supporters. This list includes institutions that contributed $1,000 or more.

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The Global Campaign for Microbicides’ work is endorsed by more than 250 nongovernmental organizations worldwide, of which 55 are currently working on microbicide advocacy in active partnership with the Campaign.

**REACHING ACROSS BORDERS (pp. 10–11)**

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HISTORIC IMMUNIZATION
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MAP FOR MALARIA
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CLEAN WATER (pg. 17)
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of safe water, particularly the
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International Network to
Promote Household Water
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EXTENDING
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KEEPING AVIAN
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MALARIA
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