DESTINATION: HEALTH WITHIN REACH
The journey begins with a spark—of imagination, insight, possibility.
That kernel of an idea takes shape: a vaccine to protect children against a devastating disease; a new strategy to fight malnutrition; a next-generation tool to diagnose illness or provide a new contraceptive option for women.
But on the road from idea to impact, health innovations too often lose their way in the dead ends of market failure, gaps in demand or supply, or regulatory and policy roadblocks.
As the leader in global health innovation, PATH specializes in navigating hurdles like these, ushering health technologies and systems innovations over the threshold between bright idea and breakthrough solution.

Reaching 160 million people in 2014
Our 2014 annual report celebrates the ingenuity, determination, and collaboration that fuel the journey of innovation—and the people living healthier lives as a result.
PATH and our partners and supporters reached more than 160 million people in 2014 with lifesaving vaccines and drug treatments, new health technologies, and strategies to build healthy communities. Together, we paved the way for sustainable health solutions to change lives.

Country needs come first
Those solutions start with the needs of the countries themselves to tackle the challenges they identify as their highest priorities. Our work to support our partners in the fight against the Ebola virus illustrates how much we can achieve by working together.
PATH played a major role in supporting Senegal’s Ministry of Health to set up a national emergency operations center and develop treatment guidelines, surveillance processes, and other systems and procedures to respond to the threat. At the global level, we loaned PATH staff to support the World Health Organization’s (WHO’s) response, provided technical assistance for Ebola vaccine trials, and helped develop more effective tools to diagnose and prevent the spread of the disease.

Hope is rising that the worst of the crisis has subsided. PATH will continue to stand with our partners in West Africa and beyond in the work to rebuild families and health systems battered by the disease.

Health within reach
We thank you, our supporters and partners, for standing with us as we drive innovation to scale to improve health and save lives—and as we reach higher to save even more.
With support from our funders and individual contributors, we will accelerate our work on the nearly 100 promising health technologies and 80 system and service innovation projects in our portfolio.
With more than 1,400 partners around the globe, we will eliminate obstacles so these innovations reach the people who can use them to transform their own health and the health of their families.
Together, we will deliver on our commitment to a world where innovation ensures that health is within reach for everyone.

Thank you for joining us on the journey.

From PATH’s president and board chair

Steve Davis
President and CEO
Dean Allen
Chair, Board of Directors
A BEAUTIFUL CHOICE

IMPACT
Millions of women in Africa, Asia, Latin America, and Eastern Europe will gain access to Sayana Press, an affordable injectable contraceptive.
Meeting women’s need for family planning—wherever they live

Sayana Press is launched in Africa, and a price reduction means millions more women will have access

“Family planning creates love,” says Ahmed Mawejje, a volunteer health worker in Mubende, Uganda. “If there are many children crying for food, attacked by diseases, there is no room for love.”

Ahmed is one of 3,000 health workers in four countries trained by PATH and our partners in 2014 to deliver a groundbreaking new form of contraception. Sayana® Press combines a lower-dose formulation of the widely used injectable contraceptive Depo-Provera® with the Uniject™ injection system.

**Designed for the last mile**

Injectable contraceptives are popular in Africa because they’re discreet and safe, there is almost no risk of unintended pregnancy, and they provide three months of protection. But accessing them can be difficult for women who live far from health facilities.

That’s one reason PATH developed the Uniject injection system—a small bubble of plastic prefilled with a single dose of medication and attached to a short needle. Designed for community health workers like Ahmed, it’s easy to use and transport to remote facilities, villages, and even homes.

PATH championed Sayana Press every step of the way, from the original idea of combining Depo-Provera with Uniject to pilot introductions in 2014. We acted as matchmaker between BD, Uniject’s manufacturer, and the pharmaceutical company Pfizer Inc., and we did research critical for the product’s introduction. We also coordinated the work of a consortium of donors and the governments of Burkina Faso, Niger, Senegal, and Uganda to develop introduction strategies and helped partners navigate complex procurement logistics.

**Just the beginning**

By the end of 2014, Sayana Press was being used by thousands of women across Burkina Faso, Niger, and Uganda, and Senegal was on the verge of introduction.

“Sayana Press removes our biggest challenge,” said Dr. Zainab Akol, focal person for family planning at Uganda’s Ministry of Health. “Enhancing the method that is the number one choice of women is so beautiful.”

PATH’s Innovation Platforms

<table>
<thead>
<tr>
<th>PATH’S INNOVATION PLATFORMS</th>
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<td>Vaccines</td>
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<td>Devices</td>
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<tr>
<td>System and Service Innovations</td>
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**KEY FUNDERS:** Bill & Melinda Gates Foundation; Children’s Investment Fund Foundation; US Agency for International Development; individual contributors and family foundations.

Sayana Press and Depo-Provera are registered trademarks of Pfizer Inc. and/or its affiliates. Uniject is a trademark of BD.

Health workers offer Sayana Press as one of a number of family planning methods. We believe all women should have access to a range of contraceptive options that allow them to make an informed choice.

In 2014, Pfizer, the Bill & Melinda Gates Foundation, and the Children’s Investment Fund Foundation announced a significant price reduction for Sayana Press that will give millions more women access to the contraceptive at reduced or no cost. PATH is also laying the groundwork for new research into the feasibility of self-injection to give women even more autonomy.

The launch of Sayana Press was the result of years of planning, but it is only the beginning for women who deserve more control over the timing and spacing of their pregnancies and a better chance at a healthy life.
CAUSE FOR CELEBRATION

IMPACT
The Japanese encephalitis vaccine is expected to reach nearly 290 million people throughout Asia by 2017.
Parents and children lined up on a primary school playground in Xiangkhouang Province, Laos, in 2014, anticipating the arrival of some most welcome guests: health workers on motorbikes.

Carefully strapped to the back of their bikes were cold storage boxes full of vaccine vials that would protect the children from Japanese encephalitis, an incurable and deadly disease known as “brain fever.”

It was a celebratory, joyful scene repeated in communities across Asia last year as this long-awaited vaccine began reaching more families. An estimated 14 million children received the vaccine in 2014 through expanded vaccination efforts supported by PATH in Cambodia, India, and Laos.

Dismantling barriers
At each step in the vaccine’s 11-year journey from the Chinese manufacturer to villages and districts in Laos and beyond, PATH and our partners were there to dismantle the barriers that threatened to keep it from reaching children at risk.

We identified a vaccine little known outside China, even helping the manufacturer build a state-of-the-art facility to ensure a high-quality vaccine supply. We worked with WHO and ministries of health to prove it was safe and effective. We negotiated an affordable price for public health programs and provided technical support to help the manufacturer gain WHO approval for the vaccine.

That approval qualifies the vaccine for international financial support, making it affordable for countries where it is needed most.

Supporting vaccine rollout
Many countries moved ahead with immunization programs even before WHO approval, with PATH supporting six countries as they vaccinated an estimated 221 million children between 2003 and 2014.

In Cambodia, India, and Laos, PATH supported government efforts to train thousands of health workers to carry out successful immunization campaigns. We also helped India open more than 100 encephalitis treatment centers and establish an ambulance system to transport patients.

Ensuring a safe arrival
PATH technologies played a key role in ensuring the vaccine’s safe arrival in each community—from the containers that kept the vaccine at the right temperature during transport to the vaccine vial monitor affixed to each vial that ensured each dose had not been exposed to heat that could damage its potency.

When the vaccine finally reached Xiangkhouang Province last year, families walked for miles to protect their children. More than 500 children received vaccinations that day, and after swabbing the last small arm to receive the shot, one health worker smiled. “I feel like I’m celebrating a movement,” she said.
TOWARD A MALARIA-FREE WORLD

IMPACT
PATH-pioneered approaches to malaria elimination have contributed to 4.3 million lives saved since 2000.
Across Africa the trucks rumbled, carrying precious cargo—more than 1.7 million malaria treatments. The shipments to Burundi, Liberia, Niger, and other African countries signaled a new era of lifesaving drugs made with a groundbreaking ingredient called semisynthetic artemisinin, which PATH played a central role in developing.

A dependable and affordable supply of malaria drugs is just one part of PATH’s approach to eliminating malaria.

We’re bringing the best of PATH to bear in the fight against malaria, from strengthening local health systems to advancing the world’s largest portfolio of malaria vaccine projects. Indeed, PATH is not only accelerating progress toward malaria elimination. We are leading the way.

Next-generation strategies and tools
In 2014, we began testing a number of approaches to root out malaria in Ethiopia, Senegal, and Zambia. In Zambia, we trained nearly 1,000 community health workers and data collectors who went house to house, testing and treating more than 158,000 people in just one month. Our goal is to end the cycle of transmission from human to mosquito and back again. We also expanded rapid reporting systems using mobile technology to gain real-time information and better manage any resurgences of the disease.

PATH is pioneering the use of diagnostics for malaria elimination—improving access to available tests while developing new ones that provide access to proper treatment and that can detect low levels of malaria infection that might otherwise be missed. In 2014, we increased the use of high-quality malaria diagnosis and treatment in 15 countries in Africa and the Mekong Region.

The quest for malaria vaccines
We also passed two critical milestones on the road to a malaria vaccine. The pivotal phase 3 trial of the RTS,S malaria vaccine candidate concluded in 2014, and our development partner, GlaxoSmithKline, submitted the file for regulatory review. If the vaccine candidate receives a positive opinion from European regulators, a recommendation by WHO is expected in late 2015, paving the way for subsequent decisions by African countries on vaccine adoption and introduction. At the same time, we’re accelerating the development of more than 20 other malaria vaccine candidates and approaches.

To coordinate our malaria work across our innovation platforms, PATH launched a new Malaria Center of Excellence. This cross-PATH initiative will accelerate momentum toward achieving the audacious goal of a world without malaria.

With our broad portfolio of malaria vaccines, drugs, tools, and approaches, PATH is working to make malaria history.
IMPACT
By 2020, the MenAfriVac vaccine is expected to protect more than 400 million people, preventing 1 million cases of meningitis A, 150,000 deaths, and 250,000 cases of severe disability.
It might be easy to miss the significance of the latest headlines about the MenAfriVac® vaccine, developed by PATH in partnership with WHO and Serum Institute of India Ltd.: “WHO decision paves the way for routine immunization of infants.”

The news was anything but routine.

Rather, it was the capstone of a 14-year effort to protect children and young people from a disease that previously killed or disabled thousands every year.

The vaccine’s journey began with a plea from African health ministers for help in their battle against epidemics of meningitis A that regularly swept across their nations. It continued over a decade, driven by PATH and a public-private partnership of scientists, public health experts, vaccine manufacturers, and donors from four continents.

Together, the partners focused on a singular mission: to create an affordable, effective, tailor-made vaccine against meningitis A.

Banishing the threat

Today, that vaccine—developed, tested, approved, and rolled out in record time—has all but rid Africa’s meningitis belt of the major cause of those deadly epidemics. Mass immunization campaigns in 15 countries have reached more than 217 million people since the vaccine was launched in 2010, with 64 million vaccinated in 2014 alone.

Twelve more countries will continue or launch vaccination campaigns over the next two years. Not a single case of meningitis A has been found among those vaccinated.

A lasting legacy of health

Beyond the millions of people now protected from the disease, the development and rollout of the MenAfriVac vaccine has had a profound impact across Africa, creating stronger immunization, public health, and disease surveillance systems.

The partnership’s most recent milestone is perhaps its most important: WHO approval of the vaccine for use in infants.

That allows the vaccine to become part of routine immunization at the country level starting in 2015 to ensure disease control for generations to come, sustained by the countries themselves.
RICE REIMAGINED

IMPACT
Through US food assistance programs, fortified rice could reach up to 6.3 million people in Africa, Asia, and Latin America by 2016.
Boosting nutrition with fortified rice

By creating new ways to reach consumers, PATH increases access to fortified rice to help break the cycle of malnutrition.

 Brazilians stocking up on food essentials at their local markets discovered a new kind of product on store shelves in 2014.

It’s known as “vitamin rice” in Brazil, and it features an extra boost of vitamins and minerals, a national seal of quality assurance, and an innovative fortification technology developed by PATH that could help break the cycle of malnutrition.

More than 2 billion people worldwide suffer from micronutrient malnutrition, which compromises the immune system and impairs children’s physical and cognitive development. PATH has played a catalytic role in improving the nutritional value of rice through our Ultra Rice® fortification technology and our work to expand access to fortified rice.

An innovative alliance

In Brazil, PATH built an alliance that brings together the national rice miller association, one of the most respected agribusiness universities, and key supply chain and retail partners to make fortified rice available to consumers.

Together, we bolstered local production, established the national quality assurance system for rice fortification, and developed an eye-catching social media campaign to increase the product’s visibility and appeal.

To date, we have reached more than 2 million Brazilians with fortified rice, and demand is on the rise.

On the menu in Asia

In India, our work paved the way for 100,000 children in one state to receive fortified rice as part of their midday meal at school. Work is under way to reach nearly 600,000 more schoolchildren in 2015 in two other states.

In Myanmar, PATH is working with government, multilateral, and private-sector partners to build rice fortification capacity and consumer demand, with distribution expected to start in 2015.

Global reach

Evidence is growing that fortified rice can play an important role in improving children’s health and development. A large research study of 10,000 Cambodian schoolchildren co-authored by PATH found that children had significant improvement in vitamin A status and scored higher on cognitive tests after six months of regularly eating fortified rice.

Findings from the study helped inform a 2014 decision by the US Department of Agriculture to include fortified rice on its approved commodity list for food assistance programs. By 2016, up to 6.3 million undernourished people around the world could benefit from the micronutrients that fortified rice delivers.

A mother in Myanmar taste-tests fortified rice while her daughter looks on, part of our work to build a sustainable market for the product.

Ultra Rice is a registered US trademark of Bon Dente International, Inc.

PATH’S INNOVATION PLATFORMS

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VACCINES

VACCINES

DRUGS

DRUGS

DIAGNOSTICS

DIAGNOSTICS

SYSTEM AND

SERVICE

INNOVATIONS

PATH’S INNOVATION PLATFORMS

VACCINES

VACCINES

DRUGS

DRUGS

DIAGNOSTICS

DIAGNOSTICS

SYSTEM AND

SERVICE

INNOVATIONS

KEY PARTNERS: Adorella Alimentos Ltda.; Akshaya Patra Foundation; Global Alliance for Improved Nutrition; Institut de Recherche pour le Développement; Karuna Trust; United Nations World Food Programme; Urbano Agroindustrial Ltda.; Usher Agro Ltd.

KEY PARTNERS: Adorella Alimentos Ltda.; Akshaya Patra Foundation; Global Alliance for Improved Nutrition; Institut de Recherche pour le Développement; Karuna Trust; United Nations World Food Programme; Urbano Agroindustrial Ltda.; Usher Agro Ltd.

KEY FUNDERS: Abbott and the Abbott Fund; Bill & Melinda Gates Foundation; Livelihoods and Food Security Trust Fund; Margaret A. Cargill Foundation; US Department of Agriculture’s Foreign Agricultural Service and National Institute of Food and Agriculture; individual contributors and family foundations.

PATH’S INNOVATION PLATFORMS

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KEY PARTNERS: Adorella Alimentos Ltda.; Akshaya Patra Foundation; Global Alliance for Improved Nutrition; Institut de Recherche pour le Développement; Karuna Trust; United Nations World Food Programme; Urbano Agroindustrial Ltda.; Usher Agro Ltd.

KEY FUNDERS: Abbott and the Abbott Fund; Bill & Melinda Gates Foundation; Livelihoods and Food Security Trust Fund; Margaret A. Cargill Foundation; US Department of Agriculture’s Foreign Agricultural Service and National Institute of Food and Agriculture; individual contributors and family foundations.
IMPACT
More than 200,000 river blindness diagnostic tests are forecast to be sold in Africa by fall 2015.
Zeroing in on neglected tropical diseases

A new diagnostic tool promises to transform the fight against river blindness—the first in a suite of tools aimed at a group of devastating diseases

A parasitic worm invisible to the human eye is so feared in Africa that families have sometimes fled their homes and farmland to escape the devastating disease it causes.

Now a breakthrough diagnostic tool developed by PATH is accelerating efforts to stamp out river blindness, or onchocerciasis, putting global elimination within reach.

In 2014, PATH and our partners launched the affordable, easy-to-use diagnostic test that can detect previous exposure to the parasite in minutes. The test is tailored for use in poor, rural communities that sit next to the streams and rivers that are the breeding ground for the blackfly, which transmits the parasite to humans.

Going to market

River blindness is a leading cause of preventable blindness in Africa, where more than 25 million people are infected with the disease. An estimated 123 million people are at risk globally.

Since 2010, PATH has worked with our partners to develop the test and bring it to market. We tested and refined the diagnostic based on user feedback, conducted lab and field evaluations, identified the manufacturer, and helped ensure the test would meet quality and performance requirements.

The first 15,000 tests to roll off the manufacturing line were shipped to Nigeria and Togo for use in demonstration studies. Countries can use the tool for community-wide testing to determine if control strategies have been successful or if they need to be continued to achieve elimination.

The test requires just a drop of blood from a finger prick—a vast improvement over the existing test, which involves a painful skin snip procedure.

Stamping out neglected tropical diseases

The river blindness test represents the first in a suite of diagnostics aimed at eliminating a group of illnesses known as neglected tropical diseases, which affect more than 1 billion people worldwide.

Together with our partners, we are expanding our work to bring to market a new dual-detection test for both river blindness and lymphatic filariasis, a disease that causes disfigurement and disability and often affects the same communities.

PATH is also leveraging our expertise and global network of partners to speed development of additional diagnostic tools to tackle other neglected tropical diseases, such as schistosomiasis and soil-transmitted helminthiasis.

These tools will be pivotal in reaching the goal set by WHO—to control, eliminate, or eradicate 17 neglected tropical diseases, including river blindness, by 2020.

A new diagnostic test could help eliminate river blindness.
# 2014 Financial Summary

## Revenue (in thousands)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations</td>
<td>$167,528</td>
</tr>
<tr>
<td>US government</td>
<td>$75,905</td>
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<tr>
<td>Other governments, nongovernmental</td>
<td>$46,177</td>
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<tr>
<td>organizations (NGOs), multilaterals</td>
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</tr>
<tr>
<td>Investments</td>
<td>$8,452</td>
</tr>
<tr>
<td>Individuals/other</td>
<td>$5,576</td>
</tr>
<tr>
<td>Corporations</td>
<td>$1,910</td>
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</table>

**Total Revenue** $305,548

## Expenses (in thousands)

**Program services**

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Product development</td>
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<tr>
<td>Public health impact</td>
<td>$47,544</td>
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<tr>
<td>International development</td>
<td>$21,836</td>
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<tr>
<td>Cross-program initiatives</td>
<td>$6,069</td>
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</tbody>
</table>

**Subtotal programs** $139,025

**Program subawards** $119,985

**Subtotal program services** $259,010

**Support services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and general</td>
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<tr>
<td>Fundraising</td>
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<tr>
<td>Bid and proposal</td>
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</tbody>
</table>

**Subtotal support services** $48,753

**Total Expenses** $307,763

## Assets (in thousands)

<table>
<thead>
<tr>
<th>Asset</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$154,206</td>
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<tr>
<td>Invested grant funds</td>
<td>$198,636</td>
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<tr>
<td>Contributions and awards receivable</td>
<td>$297,908</td>
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<tr>
<td>Other</td>
<td>$21,425</td>
</tr>
</tbody>
</table>

**Total Assets** $672,175

## Liabilities and Net Assets (in thousands)

<table>
<thead>
<tr>
<th>Liability</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Total liabilities</td>
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<td>Net assets</td>
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<td>Temporarily restricted</td>
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<td>Unrestricted</td>
<td>$20,179</td>
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<tr>
<td>Permanently restricted</td>
<td>$3,387</td>
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</tbody>
</table>

**Total net assets** $616,571

**Total Liabilities and Net Assets** $672,175

## Sources of Revenue

- 54.8% Foundations
- 24.9% US government
- 15.1% Other governments, NGOs, multilaterals
- 2.8% Investments
- 1.8% Individuals/other
- 0.6% Corporations

## Use of Funds

- 55.4% Product development
- 27.4% Public health impact
- 14.5% International development
- 2.7% Cross-program initiatives

## Expense Allocation

- 84.1% Program services
- 14.0% Management and general
- 1.1% Fundraising
- 0.8% Bid and proposal

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 P.S. Full copies are available on our website at www.path.org. PATH is an international, nonprofit, nongovernmental organization. Our mission is to improve the health of people around the world by advancing technologies, strengthening systems, and encouraging healthy behaviors. Contributions to PATH are tax-exempt under US IRS code 501(c)(3).
# Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Company/Location</th>
<th>Location</th>
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<tbody>
<tr>
<td>Jo Addy, MBA, MPA</td>
<td></td>
<td>United States</td>
<td>United States</td>
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<tr>
<td></td>
<td></td>
<td>Founder and Managing Director, Asweb Business Advantage</td>
<td>Woodside, CA USA</td>
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<tr>
<td>Dean Allen</td>
<td>CHAIR</td>
<td>United States</td>
<td>United States</td>
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<tr>
<td></td>
<td></td>
<td>CEO, McKinstry</td>
<td>Seattle, WA USA</td>
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<tr>
<td>Kofi Amegashie, MSc</td>
<td></td>
<td>Ghana</td>
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<td></td>
<td></td>
<td>Executive Director, Strat Afrique Development Ltd.</td>
<td>Johannesburg, South Africa</td>
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<tr>
<td>Phyllis Campbell, MBA</td>
<td></td>
<td>United States</td>
<td>United States</td>
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<td></td>
<td></td>
<td>Chairman, Pacific Northwest, JPMorgan Chase &amp; Co.</td>
<td>Seattle, WA USA</td>
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<tr>
<td>Alex Chika Ezeh, PhD, MSc</td>
<td></td>
<td>Nigeria</td>
<td>Nigeria</td>
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<td></td>
<td></td>
<td>Executive Director, African Population and Health Research Center</td>
<td>Nairobi, Kenya</td>
</tr>
<tr>
<td>George Gotsadze, MD, PhD</td>
<td>VICE CHAIR</td>
<td>Republic of Georgia</td>
<td>Republic of Georgia</td>
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<td></td>
<td></td>
<td>Director, Curatio International Foundation</td>
<td>Tbilisi, Georgia</td>
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<tr>
<td>David King, JD</td>
<td>TREASURER</td>
<td>United States</td>
<td>United States</td>
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<td></td>
<td>Chairman and CEO, LabCorp</td>
<td>Burlington, NC USA</td>
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<td>Tsitsi Masiyiwa, MBA</td>
<td></td>
<td>Zimbabwe</td>
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<td></td>
<td>Cofounder and Executive Chair, Higher Life Foundation</td>
<td>Johannesburg, South Africa</td>
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<tr>
<td>Vincent McGee</td>
<td></td>
<td>United States</td>
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<td></td>
<td></td>
<td>Former Senior Advisor, The Atlantic Philanthropies</td>
<td>New York, NY USA</td>
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<td>Felix Olale, MD, PhD</td>
<td>SECRETARY</td>
<td>Kenya</td>
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<td></td>
<td></td>
<td>Executive Chairman, Excelsior Group</td>
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<td>New York, NY, USA, and Nairobi, Kenya</td>
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<tr>
<td>Kevin Reilly, MBA</td>
<td></td>
<td>United States</td>
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<td></td>
<td></td>
<td>Former President, Wyeth Vaccines and Nutrition</td>
<td>Rosemont, PA USA</td>
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<tr>
<td>Rajendra Vattikuti, MS</td>
<td></td>
<td>United States</td>
<td>United States</td>
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<tr>
<td></td>
<td></td>
<td>Founder and Former President and CEO, Covansys, and Founder, Vattikuti Foundation</td>
<td>Southfield, MI USA</td>
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<tr>
<td>Irene Vittal, MBA</td>
<td></td>
<td>India</td>
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<td>Former Partner, McKinsey and Company</td>
<td>New Delhi, India</td>
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<td>Vehong Zhang, PhD, MBA</td>
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<td>China</td>
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<td>General Manager, Greater China</td>
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<td></td>
<td>Aetna International</td>
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<tr>
<td></td>
<td></td>
<td>Shanghai, China</td>
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</tbody>
</table>

# Executive Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Company/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amie Batson, MBA</td>
<td>Chief Strategy Officer</td>
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<td>Vice President, International Development</td>
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<td>Steve Davis, MA, JD</td>
<td>President and CEO</td>
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<td>David Fleming, MD</td>
<td>Vice President, Public Health Impact</td>
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<td>David C. Kaslow, MD</td>
<td>Vice President, Product Development</td>
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<td>Michael Kollins</td>
<td>Chief Operating Officer</td>
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<td>Daniel Laster, JD</td>
<td>General Counsel</td>
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<td>Mark D. Murray</td>
<td>Vice President, Global Engagement and Communications</td>
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<td>Kathryn O’Driscoll</td>
<td>Chief Human Resources Officer</td>
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<td>Olivia Polius</td>
<td>Chief Financial Officer</td>
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PROGRAM LEADERS

INTERNATIONAL DEVELOPMENT

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India

To be announced
South Africa

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Reproductive Health

Dana Terry
Malaria Control and Elimination Program

Kate Wilson, MA, MBA
Digital Health Solutions

PATH OFFICE LOCATIONS

Belgium  |  Brussels
China    |  Beijing
Democratic Republic of the Congo  |  Bunia, Kinshasa, Kisangani, Lubumbashi
Ethiopia |  Addis Ababa
Ghana    |  Accra, Kpaguri, Kumasi
India    |  Lucknow, Mumbai, New Delhi
Kenya    |  Bungoma, Busia, Kakamega, Kisumu, Migori, Nairobi, Nyamira
Mozambique |  Maputo
Myanmar  |  Yangon
Peru     |  Lima
Senegal  |  Dakar
South Africa  |  Empangeni, Johannesburg, Kuruman, Sedibeng, Witbank
Switzerland |  Geneva
Tanzania |  Arusha, Dar es Salaam
Uganda  |  Kampala
Ukraine |  Kyiv
United States |  Seattle, South San Francisco, Washington, DC
Vietnam  |  Hanoi, Ho Chi Minh City
Zambia   |  Livingstone, Lusaka
Nothing PATH does would be possible without our supporters—key partners in our work to accelerate lifesaving innovations.

In 2014, more than 2,600 individual donors, foundations, corporations, and institutions invested in that work. We are deeply grateful for their support.

For a complete list of our supporters, please visit [www.path.org/annual-report/2014/](http://www.path.org/annual-report/2014/).
The future of innovation

PATH’s portfolio is filled with health technologies, system and service innovations, and initiatives with transformative potential, including the ones featured here.

Innovation means more than the invention of new products or services. We bring innovation to every stage of development—from incubating ideas in our Seattle shop and laboratory to ensuring that lifesaving vaccines, drugs, diagnostics, devices, and system and service innovations reach the people who need them.

By tapping the tremendous potential of inventive ideas, scientific discovery, and groundbreaking collaborations, we create better health and opportunity for all.

Health within reach for all

In 2015, PATH publicly launched the Reach Campaign with the goal of raising $100 million from individuals, family foundations, and corporations to drive the most promising innovations farther and faster. The campaign will target the four areas we believe are most essential to improving the health of vulnerable women and children: malaria, women’s reproductive health, maternal and newborn health, and child health, focusing on the leading killers of children under age five.

Fueling homegrown innovation

PATH’s Global Health Innovation Hub initiative seeks innovation wherever it may occur to accelerate access to health solutions. Starting in India and South Africa, we are supporting an emerging network of scientists, entrepreneurs, companies, and investors focused on health innovation. We are teaming up to evaluate local innovations; support product development, research, and introduction; and link innovators with investment opportunities and global partners. The goal: to scale up technologies and products that will create significant health impact in low-resource communities.
A new contraceptive option for women

A new single-size diaphragm offers women a safe, easy-to-use, nonhormonal contraceptive choice. The Caya® contoured diaphragm was developed by PATH and our partners, informed by input from women and health care providers, and has been introduced in more than 15 countries. Recent market clearance by the US Food and Drug Administration—a gold standard of regulatory approval globally—will make the diaphragm available in the United States in 2015 and could pave the way for introduction in developing-country markets.

Caya is a registered trademark of Kessel medintim GmbH.

Innovation Countdown 2030

The PATH-led Innovation Countdown 2030 initiative is reimagining what’s possible in global health. The initiative aims to identify, evaluate, and showcase high-impact technologies and ideas that can transform global health by 2030. By engaging entrepreneurs, investors, innovators, and experts across sectors and around the world, we aim to help drive decision-making and investments in game-changing innovations and accelerate progress toward achieving the United Nations Sustainable Development Goals and related health targets.

The PATH Innovation Fund

PATH’s Innovation Fund grant, supported by the Bill & Melinda Gates Foundation, inspires and supports ideas proposed by PATH staff that could lead to new global health innovations. In 2014, PATH staff proposed 114 ideas, with nine selected for funding. They include a novel water treatment technology to tackle diarrheal disease, a top killer of young children; an antiretroviral medicine formulation for children that combines HIV treatment with micronutrients to address child malnutrition; and edible insects as a community-based solution to undernutrition that could also create income-generating opportunities for women.