Forward
Our commitment to public health transformation

PATH STRATEGY 2025
COVID-19 has killed millions of people and upended the lives and livelihoods of billions more. It has intensified the world’s health inequities and pushed health systems, supply chains, and manufacturing capabilities far beyond current capacities.

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

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

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

Now is the time for change.
Change is in our DNA

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

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

- Preparing for and responding to emerging health threats
- Improving lives with science and technology
- Increasing health system capacity and resilience

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

A clear and resounding call

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

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

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

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

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

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

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

Nikolaj Gilbert
President and CEO

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

Thank you for taking the time to read this document—and thank you for sharing the journey.
Our strategy: 2021–2025

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

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

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

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

Community: People living in one area, or people who are considered as a unit because of common interests, characteristics, or geography. An "affected community" is any community with a shared health experience that may be affected by products, tools, policies, or interventions.

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

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

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Prepare for and respond to emerging health threats

Increase health system capacity and resilience

Improve lives with science and technology

Advance health equity through innovation and partnerships

Equity in health

Inclusive innovation

Respectful partnerships

Expertise and evidence

Community-focused priorities

Operational and financial agility

Continuous learning and improvement

Diversity, equity, and inclusion

Mission

Strategic priorities

Change strategies

Enablers

VALUES

Respect

Equity

Integrity

Innovation

Collaboration

Impact
Our mission remains unchanged:

Advance health equity through innovation and partnerships.

Over the next five years, we will continue our work but will evolve our approaches in response to the needs and priorities of our local partners.
Our strategic priorities reflect the vision and priorities of our local partners and the PATH capabilities they most value.

What we will do

**STRATEGIC PRIORITIES**

Prepare for and respond to emerging health threats

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

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

In Zambia, PATH Laboratory Scientist Mulenga Mwenda-Chimfwembe analyzes data from the genetic sequences of SARS-CoV-2 samples. The PATH lab team recently introduced genetic sequencing technology to Zambia to find vulnerabilities in different strains of malaria. Today, their malaria research continues, but they’ve also partnered with the University of Zambia’s School of Veterinary Medicine to monitor SARS-CoV-2 samples and surveil for zoonotic diseases.

Abdoulaye Bousso, MD, (right) is the coordinator for Senegal’s Health Emergency Operations Center (EOC), which was created in collaboration with PATH following the 2014 Ebola crisis. PATH also helped establish the Democratic Republic of the Congo’s EOC and worked with both governments to support their efforts against Ebola, malaria, and—most recently—COVID-19, by adapting disease surveillance systems, training health workers, and advising on national response plans.

*Escherichia coli* bacteria (shown) are among the microorganisms that can develop antimicrobial resistance (AMR), a growing global threat. With support from the United Kingdom’s Fleming Fund, PATH is working on AMR in Kenya, Sri Lanka, Vietnam, and Zambia. Under One Health principles, the projects will help strengthen laboratories, increase information sharing, and support AMR surveillance systems for both human and animal health.

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

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

Photos, clockwise from left: PATH/Mirriam Chimba, PATH/Gabe Bienczycki, National Institute of Allergy and Infectious Diseases.
PATH is known for impactful innovations that move humanity forward. We intend to leverage our decades of experience conceptualizing, developing, commercializing, and introducing science and technologies to address the most pressing health challenges in the countries and communities we support.

That’s why our second strategic priority is to advance science and technology with science and technology by creating and advancing new vaccines, quality-assured diagnostics, and affordable medical devices.

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

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

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

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

PATH Regional Technical Advisor Huong Vu Minh, MD, prepares a Japanese encephalitis vaccine at an immunization drive in Laos. PATH worked with governments, manufacturers, and other partners to protect more than 300 million children from Japanese encephalitis, a crippling disease also known as “brain fever.” PATH is also making crucial contributions to the eradication of polio—advancing a novel, type 2 oral polio vaccine (nOPV2) urgently needed in countries dealing with outbreaks.

Senior Program Officer Jessica White, PhD, (left) and Program Advisor Manjari Lai, PhD, look at test samples in PATH’s Seattle laboratory. As part of PATH’s Medical Devices and Health Technologies program, Jessica and Manjari develop new formulations of vaccines and drugs to increase accessibility in low- and middle-income countries. Often that means making a vaccine or drug thermostable, but it also involves offering new delivery methods like dissolvable sublingual tablets.

CEO Nikolaj Gilbert speaks with colleagues in the PATH workshop in Seattle pre-COVID-19. The PATH workshop helps develop lifesaving medical devices—from a NIFTY cup for nourishing babies unable to breastfeed, to the uterine balloon tamponade (UBT), a simple and affordable medical device designed to stop postpartum hemorrhage (excessive bleeding after childbirth). With widespread adoption, the UBT alone is projected to save 169,000 lives by 2030.

Nurses scan child health cards into an electronic immunization registry at the Ngarenaro Health Center in Tanzania. PATH’s teams around the world are supporting ministries of health, state governments, and other local partners to build and maintain the infrastructure required for resilient oxygen systems.

“Africa is the birthplace of polio. We need to protect more than 300 million children from the virus.”

Nanthalile Mugala, MD, MMed
Chief of Africa Region

PATH School Health Advisor Zachary Clemence, MD, (left) speaks with colleagues in the PATH workshop in Seattle pre-COVID-19. The PATH workshop helps develop lifesaving medical devices—from a NIFTY cup for nourishing babies unable to breastfeed, to the uterine balloon tamponade (UBT), a simple and affordable medical device designed to stop postpartum hemorrhage (excessive bleeding after childbirth). With widespread adoption, the UBT alone is projected to save 169,000 lives by 2030.

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Equity in health

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

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

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

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

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

Neeraj Jain, MBA
Country Director, India.

In India, private health care providers manage an estimated 1.1 million “missing” — diagnosed but unreported — TB cases. Alongside two community-based organizations, and with funding from the Bill & Melinda Gates Foundation, PATH supported the development of a pilot project in Mumbai called the Private Provider Interface Agency (PPIA). The project helps TB patients in the private sector gain access to free public-sector drugs and subsidized state-of-the-art TB diagnosis. By bringing to light previously “missing” TB patients, PPIA helped increase TB case notifications and treatment adherence. PPIA proved so successful that a pan-India version called the Joint Effort for Elimination of Tuberculosis was created with the support of the Global Fund.

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

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

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

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

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

“Everyone working in global health needs to trust in the lived experience of local leaders and communities and focus on the needs and priorities that they identify. That is how we will move humanity forward.”

Katya Gamazina, MD
Country Director, Ukraine

**Respectful partnerships**

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

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

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

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

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

Neha Agarwal
Associate Director, Diagnostics

**IN PRACTICE**

**Providing country-defined, demand-driven technical assistance**

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

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

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

**IN PRACTICE**

Partnering to solve a global supply problem

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

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

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

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

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

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

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

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

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

David Kaslow, MD
Chief Scientific Officer

IN PRACTICE
Assessing options at the onset

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

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

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

Photo: PATH/Gabe Binnerczyk

We will become an even better agent of public health transformation.
Our enablers are internal initiatives that will help us deliver on our strategic priorities and change strategies by increasing our ability to achieve results for the people we serve—and to deliver greater value with the funds our donors entrust to us.

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

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

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

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

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

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

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

### HEALTH AREAS

#### INFECTIOUS DISEASE
- Antimicrobial resistance
- COVID-19
- Diarrheal disease
- Ebola
- HIV/AIDS
- Human papillomavirus
- Influenza
- Japanese encephalitis
- Malaria
- Measles
- Meningitis
- Neglected tropical diseases
- Pertussis
- Pneumonia
- Polio
- Respiratory syncytial virus
- Tuberculosis
- Yellow fever

#### NON-COMMUNICABLE DISEASE
- Cancer
- Diabetes
- Heart disease
- Hypertension
- Nutrition
- Sexual and reproductive health

#### PREVENTION AND PROMOTION
- Early childhood development
- Maternal and newborn care
- Nutrition
- Sexual and reproductive health

### CAPACITIES

- Advocacy and public policy
- Diagnostics
- Digital health and data systems
- Drugs
- Epidemic and pandemic preparedness and response
- Health system strengthening
- Medical devices and health technologies
- Modeling and analytics
- Monitoring and evaluation
- Primary health care
- Public health and science communications
- Vaccines

### GEOGRAPHIES

PATH works in 70 countries around the world and is continuously adding new locations. Below are examples of our offices and hubs:

**AFRICA**
- Democratic Republic of the Congo
- Ethiopia
- Ghana
- Kenya
- Madagascar
- Malawi
- Mozambique
- Senegal
- South Africa
- Tanzania
- Uganda
- Zambia

**AMERICAS**
- AMERICA
- Bangladesh*
- China
- India
- Myanmar
- Nepal*
- Vietnam
- Peru
- United States

**EUROPE**
- Belgium
- England*
- Switzerland
- Ukraine

**ASIA-PACIFIC**
- Bangladesh*
- China
- India
- Myanmar
- Nepal*

*New office opening soon

### Example Projects

#### Alternatives to insecticides
- As mosquitoes develop resistance to common insecticides, PATH is supporting the development of attractive targeted sugar baits that contain an oral toxicant (rather than the insecticide used in spraying and treated bed nets).

#### Developing diagnostics
- PATH helped develop and introduce a rapid, point-of-care blood test for G6PD enzyme deficiency. Providers need this information before treating Plasmodium vivax malaria, as patients with G6PD deficiency are at risk for severe reactions to the treatment.

#### Fit-for-purpose vaccines
- PATH’s Center for Vaccine Innovation and Access supported the development of NDV-HXP-S, a low-cost COVID-19 vaccine candidate that, if successful, could be produced and distributed using the same factories and supply chains as flu vaccines.

#### Genomic surveillance
- PATH scientists in Zambia are using genomic sequencing to monitor for new COVID-19 variants, to better understand the effectiveness of the country’s pandemic response efforts, and to guide the implementation of an effective vaccination response.

#### Using data against disease
- PATH supported the introduction of preprogrammed mobile phones that community health workers now use to gather and report data about malaria cases—improving data quality and shortening the time to treatment for patients.

#### Accelerating access
- To accelerate global access to COVID-19 vaccines, PATH is supporting capacity enhancements at clinical trial sites in Burkina Faso, Colombia, Costa Rica, Haiti, Honduras, Kenya, Malawi, Mali, Mozambique, Niger, and Pakistan.

#### Human-centered design
- PATH’s Living Labs team in Zambia is engaging frontline immunization health workers to ensure improved vaccine delivery and coverage. The initiative builds upon other vaccine data and supply chain strengthening projects.
We think and work across the entire value chain—and the entire world.

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

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

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

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

Carla Costa Sandine  
Chief of External Affairs

Together, we outlined three pillars of focus:

DEI PILLAR 1
PATH people

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

DEI PILLAR 2
Business practices

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

DEI PILLAR 3
Programming and public health approach

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

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

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

Everyone deserves a healthy life, and that is our aim. Let's move forward together.
PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world’s most pressing health challenges.