

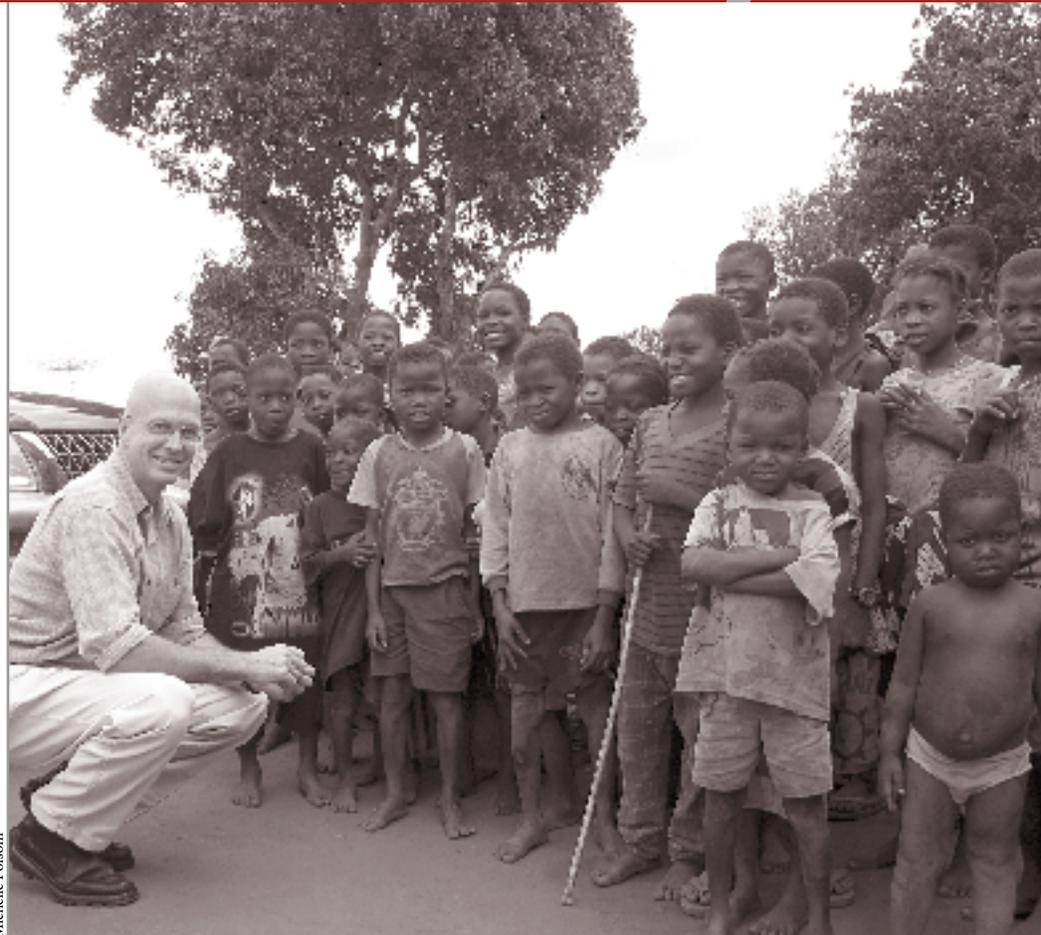
On the trail of new solutions

Board member Steve Davis reflects on visiting PATH in Africa

LAST FALL, I HAD THE GOOD FORTUNE to spend two weeks in Africa, where I visited several of the 83 projects PATH conducts on that continent. My tour was a deeply enriching journey. It helped me better understand the challenges of our ever-shrinking world as well as the enormous promise and opportunity that new technologies offer. The tour also contributed to my appreciation of PATH—an organization of committed people who combine smart strategy with hard work and responsible use of financial resources.

Encouraging open discussion to prevent HIV and AIDS

In western Kenya, near the Uganda border, my PATH tour guides and I met with families from devastated villages where the HIV prevalence is as high as 22 percent. In these communities, PATH's communication and education efforts facilitate open discussions about behaviors that may contribute to infection. One father told us that he had just talked about love, sexuality, and mortality with his 18-year-old son for the first time. The conversation, he said, was transformative. PATH's efforts are small but positive pebbles dropping into a large pond. The villagers are optimistic because of this work. It is creating ripples—and hope.



Michelle Folsom

Steve Davis in sub-Saharan Africa: "PATH's work is offering hope to the children of Africa for a healthier future."

Conducting clinical trials for a malaria vaccine

Near Kisumu, Kenya, we visited pediatric clinical trials of a malaria vaccine. PATH and its public- and private-sector partners—the Kenyan government, Walter Reed Army Institute of Research, and local health groups—have overcome numerous obstacles to conduct these complex trials. Even if the vaccine candidate proves effective, a vaccine is several years away. Still, it is exciting to think about the impact the vaccine could have in sub-Saharan Africa, where malaria kills approximately one million people each year, most of them children younger than five years old.

Getting vaccines to remote areas

I also visited Pemba, Mozambique. Mozambique is one of the world's poorest countries. Only ten years have passed since the end of a horrible civil war, and the country has few economic engines, many infrastructure challenges, and much poverty and disease. Children in villages all over Mozambique die from vaccine-preventable childhood diseases. The problem is that the vaccines can lose their potency if they are not kept at the right temperature during transport to the villages.

Continued inside

DEAR FRIENDS,

Welcome to the new *PATH Today*. Over the past year, PATH has engaged board members, collaborators, and staff in renewing our mission and reinvigorating our visual identity.



PATH's new tagline, "A catalyst for global health," describes our role as the spark that initiates and nurtures global health activities.

Our new mark evokes our goal of bringing together governments, organizations, companies, and individuals to effect lasting improvement. Its molecular resemblance connotes our commitment to research, discovery, and innovation.

In January, PATH received an honor for the characteristics our mission and logo reflect. The popular business magazine *Fast Company* named us one of the nation's top 20 "social capitalists" for our entrepreneurship, innovation, social impact, and aspiration, as well as for the sustainability of our work.

We would like to show you some of the exciting ways we are living up to this honor. If you are in the Seattle area, we invite you to take a tour of our product-development shop. Please contact us if you are interested in our monthly tours: 206.788.2470 or tour@path.org.

As always, thank you for your interest in and support of PATH.

Christopher J. Elias, MD, MPH
President



Blaise Judja-Sato

Each year malaria kills about one million people—the majority of whom are in Africa and are children younger than five. PATH is working with private-sector partners to develop a vaccine against the malaria parasite.

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In Pemba, PATH has provided financial and technical assistance to Village Reach, a small, nongovernmental organization that has designed a reliable vaccine distribution system that includes refrigerator units fueled by propane. The organization imports the propane and packages it in small cans that attach to the refrigerators (or to lights, sterilizers, and other necessary medical equipment) for monthly distribution throughout remote areas. The refrigerators keep the vaccine at the right temperature, and the sale of propane makes this independent vaccine distribution economically sustainable. This is only one example of the ingenuity that individuals and organizations apply to the economic and logistical complexities of global health reform.

Of course, the larger technological aspiration is to create new, effective vaccines that will not need refrigeration. PATH is currently working on that.

Returning renewed

I have returned from Africa a more informed PATH board member who is better able to help guide PATH's activities. I am also more compelled to help PATH's fundraising efforts because I have seen what a difference it can make. The problems that Africa and the rest of the global community face are immense, but so are the opportunities to overcome them. ●

Steve Davis is a member of PATH's board of directors, the chair of our development committee, and president and chief executive officer of Corbis, an international provider of visual solutions headquartered in Seattle.

Preventing HIV and AIDS in the Philippines

While HIV and AIDS prevalence increases in many countries, the Philippines has maintained a prevalence of less than one percent in the general population, at least in part because of PATH's work.

Between 1993 and 2003, PATH and our partners trained 2,169 community workers who collectively reached 423,093 individuals at high risk of contracting sexually transmitted infections (STIs), including HIV; provided 33,177 medical referrals; distributed 7,477,361 condoms; encouraged more than 500 "entertainment establishments" to promote condom use without exception; and distributed 1,673,290 copies of educational brochures. In addition, the project conducted award-winning, mass-media campaigns to increase knowledge about STIs.

Having increased the capacity of our partners to respond to the HIV and AIDS epidemic, PATH recently transitioned this work to government offices, AIDS councils, pharmacies, and other local groups.

Improving the care of newborns in Indonesia

From 2000 to 2003, PATH expanded elements of our model Healthy Start program to four districts with a combined population of 6.2 million people in East and West Java, Indonesia. An important goal was to cultivate newborn health by improving the care that infants receive from their mothers and health workers.



ASUH Project Staff

PATH and our partners (particularly the Indonesian Ministry of Health) worked to build the capacity of village midwives to provide essential newborn care and to encourage community involvement in the health system. Among other achievements, these efforts increased the proportions of mothers who started breastfeeding immediately, of newborns who received a home visit by a trained midwife, and of newborns who received hepatitis B vaccination within seven days of birth—all indicators of essential newborn care, which leads to decreased infant mortality.

Throughout this effort, PATH worked to strengthen district health offices. At the end of 2003, PATH transferred project activities to these offices, leaving behind tools and a solid platform from which to expand this approach and apply it to other health issues.

PATH board member to roll back malaria

PATH board member Awa Marie Coll-Seck, MD, PhD, has been appointed executive secretary of the Roll Back Malaria Partnership secretariat, which is hosted by the World Health Organization. The Partnership aims to increase global awareness of malaria, generate resources, and scale up successful prevention and control efforts.

Welcome to PATH's new development director

Jan Jacobs joined PATH as development director this month. Jan's breadth of experience spans 20 years at the forefront of many eminent nonprofit organizations—most recently the Seattle Symphony. Prior to the Symphony, she was vice president and director of western regional operations for Charles H. Bentz Associates, Inc., a national fundraising consulting firm. Jan is a certified fundraising executive, and she is active in the Association of Fundraising Professionals and Washington Planned Giving Council. Welcome, Jan! ●

PATH'S MISSION

*is to improve
the health of people
around the world by
advancing technologies,
strengthening systems,
and encouraging
healthy behaviors.*



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Vaccine vial monitors have arrived

MANY VACCINES LOSE THEIR potency when exposed to heat over time. Before PATH's work on a simple gauge for heat exposure, health workers had to be conservative in handling vaccines during transport. In countries that lack consistent power supply and widespread refrigeration, health workers had to discard vaccine they suspected of being overexposed. Even with such precautions, there was always the risk that some individuals would receive inactive vaccine.

Finding a solution

Starting in the late 1970s, PATH worked with the World Health Organization (WHO) to identify a theoretical solution and then teamed up with TEMPTIME Corporation to produce vaccine vial monitors—time-temperature indicators printed on vial labels that darken with greater exposure to heat. In 1996, the first monitors became commercially available for oral polio vaccine, adding only a few cents to the price of each vial.



Vaccine vial monitors are printed directly on vial labels or the packaging of prefilled syringes. They prevent vaccine wastage and immunization with inactive vaccine.

Today monitors are available for all vaccines used in immunization programs in developing countries. Health workers can now make informed decisions about whether vaccine vials need to be thrown away due to heat exposure. In addition, they can feel confident that vaccine they use is not heat-damaged.

Saving lives and resources

PATH estimates that over the next ten years vaccine vial monitors will allow health workers to recognize and replace more than 230 million doses of inactive vaccine and to deliver 1.4 billion more doses in remote settings—actions that could

save more than 140,000 lives and reduce morbidity for countless others. UNICEF and WHO have estimated that the use of monitors on just basic vaccines could save the global health community \$5 million per year.

Recently, PATH and WHO developed and tested materials for health workers about how to read the monitors. In addition, PATH continues to provide technical assistance to vaccine manufacturers who are working to incorporate monitors into their labeling. By the end of this year, nearly all manufacturers who supply vaccine to UNICEF will put monitors on vial labels. ●

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