

One *by* One

the gains are *won*



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One *by* One

During FY24 The Task Force for Global Health and our partners marked a milestone, celebrating 40 years of impact. During this time, the world saw extraordinary progress: deaths of children under five dropped by 60%; polio cases declined by 99%, nearing eradication; and 50 countries eliminated at least one neglected tropical disease, protecting their communities from horrific diseases that blind, disable and stigmatize.

Behind those numbers are millions of people, each contributing to this progress. The community worker who goes door to door to deliver treatment and health information. The parent who vaccinates her child. The elected official whose policy ensures that all districts have systems to monitor disease outbreaks. The donor whose investment helps build sustainable health systems. The program manager who coordinates a multi-country initiative with data, systems and supply chains that enable health providers to deliver services when and where needed, contributing to global health security.

One by one, the gains are won.

The Task Force is honored to have contributed to these achievements and many others, using the collaborative approach with which The Task Force was founded in 1984 to protect children from vaccine-preventable diseases. Building upon the success of our early years, the scope of our work has broadened to tackle several other audacious challenges. But the core approach remains the same: a strong sense of purpose grounded in the belief that all people have the right to health; a laser focus on results; and a partnership model that drives everything we do.

This year's annual report celebrates those who, one by one, are building a world where all people have the opportunity to lead healthy lives free from preventable suffering, disability and death.

A Personal Note

Each year The Task Force for Global Health discovers new opportunities to expand our global reach—bringing together experts, global health specialists and large organizations into dynamic, goal-oriented coalitions that measurably improve and protect lives both at home and abroad.

But how does this happen, particularly in today's changing global health environment? As this annual report reminds us, it is the sum total of countless individual actions that drive previously unimaginable gains, such as the elimination of dreadful diseases in dozens of countries, or reaching millions of children and nomadic populations in remote areas who previously went without life-saving vaccines. As you read this report, we hope you will enjoy learning more about how this remarkable work unfolds in places around the world, from Burkina Faso, South Sudan and Somalia to India, the United States and more than 130 other countries.

Whether you are a partner, donor or simply a global health enthusiast, please know that your support helps power the tremendous progress of The Task Force and its partners at every turn. Without you, we could not help global health innovators to establish new laboratories, apply modern technology to improve disease outbreak responses, or move transformational research discoveries into the hands of healthcare professionals where they will matter most.

This annual report highlights not only the extraordinary impact that public health professionals have in our world, but also the fragility and interdependence of global health systems. It reminds us that diseases don't stop at borders and that we all share a biosphere where extremely contagious and debilitating diseases pose continuing challenges to our collective health—challenges that require constantly evolving scientific and policy solutions.

As you read on, we hope you will share our great pride and inspiration in the dedicated and inspiring work of global health actors in some of the remotest places on earth—work that reduces diseases, improves health systems, creates resilient communities and helps shield all of us against infectious diseases and other health threats each day.

With gratitude for your partnership,



Kent Alexander, JD
Chair, Board of Directors



Patrick O'Carroll, MD, MPH
President & CEO

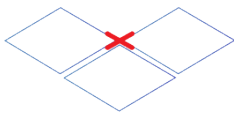




*Dr. Acho presenting his work at The Task Force.
Photo Credit: Sumon Ray*

One Epidemiologist

Equipping Countries to Stop Disease Outbreaks



Dr. Alphonse Acho



Dr. Acho speaking at a training of health workers on Integrated Disease Surveillance and Response in Salima, Malawi

Photo Credit: Mtisunge Yelewa

Epidemiologist Alphonse Acho has spent his career protecting people during outbreaks of cholera, measles, polio and other deadly diseases. Now, he is helping communities prepare for these health threats before they happen.

Dr. Acho helps communities build strong disease detection processes and health systems through a program known as Strengthening Outbreak Notification and Response (SONAR), a Task Force partnership with Africa CDC, WHO and the Global Fund that supports 14 low- and middle-income countries. These systems are paramount in boosting countries' capacity to detect, notify, investigate and respond to emerging outbreaks in a timely manner so they can be contained. This approach has resulted in many successes. For example, due to training, coaching and mentorship from Task Force epidemiologists, a community in Ntcheu, Malawi, was able to promptly detect a measles case from neighboring Mozambique. This activated the response mechanism they put in place, avoiding a surge of

infections that could have spilled over into neighboring districts.

SONAR helps countries establish comprehensive, coordinated surveillance systems to detect emerging outbreaks, track the course of pathogens through the community, link laboratory and epidemiological data from the cases, and make the data accessible in a form readily understandable by decision makers.

Dr. Acho oversees these initiatives in Malawi, Cameroon, the Central African Republic and Burkina Faso, but the benefits extend far beyond those four countries, by reducing the likelihood of disease transmission to other parts of the world.

Dr. Acho says it starts at the community level. "When I visit these countries, I often go to the community," he said. "They often notice things first, like when clusters of animals get sick or die. Since many infectious diseases are zoonotic in nature, that is, they come from animals. It's important to empower communities to be the first to raise concerns."



Above: Dr. Acho and colleagues gathered to train health workers on Integrated Disease Surveillance and Response in Salima, Malawi

Photo Credit: Mtisunge Yelewa

This community-based surveillance, coupled with national disease data, helps Dr. Acho determine which aspects of a country's health system need to be strengthened. It also gives him a sense of what skills could be helpful to local health officials. Once he identifies those gaps, he collaborates with healthcare workers to address them. To facilitate this exchange of information and experiences, Dr. Acho organizes weekly coordination meetings with professionals across the four countries he serves.

Acho is one of more than 60 SONAR consultants who use an online sharing platform called Basecamp to support each other. It's a digital hub they use to ask questions, discuss obstacles and share successes and strategies.

"Countries can share how they've dealt with certain issues, and then others can learn from that," he said.

In addition to providing health workers with information and practices to prevent and control diseases in their communities, Dr. Acho and his colleagues also train Ministry of Health officials on how to maintain and sustain the improved systems.

"We work to ensure that these healthcare systems are resilient. They have to be sustainable," he said.

Below: Task Force for Global Health and Global Fund staff visit Ncheu District, Malawi to discuss community-based surveillance efforts.

Photo credit: Alphonse Acho

"During our monthly calls, we engage with Task Force colleagues working in other SONAR countries. We discuss the challenges they encounter and brainstorm possible solutions based on our common experiences." Dr.

Dr. Acho says his work involves an intense schedule with lots of traveling, but the lasting impact of a safer future motivates him to continue.

"The very first people I think about each time I get up from my bed are the people we serve," he said. "Each time we are able to promptly detect a case, and provide a timely response, we see the smile on that person's face and the community is reassured. I always have that image at the back of my mind."

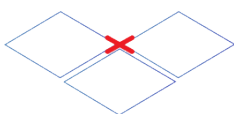




*Lollis playing crash cymbals, chimes, and glockenspiel at a concert.
Photo Credit: Karen Lollis*

One Vaccine Advocate

Sharing her Story to Help Others



Karen Lollis

Karen Lollis relies on other people to keep her safe. Her life changed forever in 2024 after being diagnosed with an incurable blood cancer called multiple myeloma. As part of her treatment, she completed a stem cell transplant, which replaced damaged blood cells with healthy ones. However, the transplant also erased life-saving antibodies from all the vaccines she received throughout her life, even as a child.

"It's such a startling thing to realize that even though I've had all my vaccines, I no longer get the benefit of that experience," said the Oregon mother of two.

She is undergoing chemotherapy and will likely have to continue this treatment for the rest of her life. While this prevents the cancer from spreading, it also makes her immune system more vulnerable and prevents

her from getting vaccinated against deadly diseases she was once protected from, including polio, tetanus and measles.

Since Lollis has lost protection from these diseases, her safety hinges on "herd immunity," when enough people are immune to a disease that the infection is unlikely to spread from one person to another. If everyone in her community got vaccinated against the diseases that put her life at risk she would have a natural safeguard against them, but she said current trends make her fearful of losing this protection.

"My community at large is at risk of falling under the threshold for herd immunity for diseases like whooping cough and measles, which can be deadly for me," she said, noting the current spread of measles across the U.S. "It's frustrating when I see people



*Above: Lollis and her husband celebrating the holidays.
Photo credit: Karen Lollis*



Photo Credit: Karen Lollis

voluntarily not getting their vaccines when those of us who need them can't get them."

She also noted that many people are not aware of the number of immune-compromised community members who rely on others to keep them healthy.

"It's eye-opening to people to realize that it's not just infants waiting for their vaccines," she said. "I look healthy, I'm in good shape and my hair has grown back, I don't look like a cancer patient. You just don't know who around you is vulnerable."

Lollis has a natural sense of fun and adventure, and says that dealing with cancer has a way of focusing attention on other priorities. She and her husband, who met as teenagers, are working their way through bucket list items that combine their love of music and travel.

"We are going to see the musical Hamilton, take a long overdue trip to Europe, and spend a weekend at a hot springs place in the largest certified Dark Sky Sanctuary in the world, which is here in Oregon," she said.

Lollis is passionate about helping people understand the critical impact that one person's health choices can have on others. That's why she wrote a blog for The Task Force for Global Health's Voices for Vaccines program, whose online resources she has found helpful. The site's blogs, podcasts and toolkits help her share crucial vaccine information, she said, which could lower her chances of falling ill.

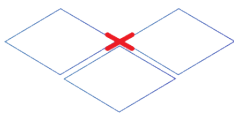
"We really need everybody who is eligible to get vaccinated to reach that herd immunity level, because there's a good chunk of people that can't get immunized," she said. "I think it's important for people to realize that it's more prevalent than they might think, and that we need their support."



*Dr. Kumar V. Udhayakumar doing lab work with Task Force partners.
Credit: Kumar V. Udhayakumar*

One Innovator

Advancing Technology to Detect Diseases



Dr. Kumar V. Udhayakumar



*Dr. Kumar V. Udhayakumar at
The Task Force for Global Health
Headquarters
Photo Credit: Sumon Ray*

A satellite in India in the 1980s inspired Kumar V. Udhayakumar to pursue a life-saving career.

“Professor R.M. Vasagam from my village was the first to build India’s first communications satellite,” said Dr. Kumar V. Udhayakumar, recalling the event from his childhood. “He studied in the village without proper school infrastructure, so that was an eye-opener for me. He was my role model throughout my career.”

From his youth, Dr. Udhayakumar was interested in the wonders of blood and the purpose it serves. A college professor recognized this curiosity and introduced him to Madurai Kamaraj University in southern Tamil Nadu, located in the same state where he grew up. The school’s Department of Immunology was established in 1976, making it the first of its kind among

universities in India. This is where he gained knowledge that led him into the world of global health.

“I was so excited to get this information, and I was lucky enough to be selected to join that master’s program,” said Dr. Udhayakumar, who now leads The Task Force’s integrated serosurveillance program. “That’s how my entry into the field of immunology started. It was very serendipitous.”

Dr. Udhayakumar began his career in the United States in 1985 as a postdoctoral fellow at the University of Kentucky in Lexington. Six years later, he joined the Centers for Disease Control and Prevention (CDC) Malaria Branch and spent more than 30 years there. During this time, he built the CDC’s first research lab in Kisumu, Kenya, with very limited resources.



Dr. Kumar V. Udhayakumar attending a workshop with partners in Peru. Photo credit: Instituto de Investigación de Enfermedades Tropicales

“At the time, there was no CDC lab system in Kenya, so when we went in 1992, we had to build a lab from the ground up,” he said. “There was no equipment, nothing. And our budget at the time was very limited. From this humble beginning, the CDC/Kenya Medical Research Institute was expanded with substantial investment. Now, it is one of the CDC’s biggest labs.”

Dr. Udhayakumar’s experience

building this lab and gradually expanding services to test and treat people for malaria instilled in him a lasting sense of patience. This quality has served him well throughout his career. He eventually headed the Malaria Research and Development team at the CDC in Atlanta before joining The Task Force in 2023.

Dr. Udhayakumar’s team is currently working with partners from the private and public sectors to promote the commercial development of “integrated serosurveillance multiplex assay” kits that can test for hundreds of diseases using blood spots.

This technology will allow public health professionals to understand immunity gaps in entire communities quickly and cost-effectively for preventable diseases. With the support of the Gates Foundation, his team is working with commercial manufacturer Tetracore, Inc. to develop kits for diseases such

as HIV, COVID-19, mpox, and emerging infectious diseases such as Ebola, Marburg and others. His team has conducted pilot testing of mpox kits in the Democratic Republic of the Congo, and is pursuing further collaboration in other parts of Africa, as well as India, Australia and South America. These efforts are just the start of the broad impact they expect this technology to have in strengthening global health security.

“It has a lot of value for the future to understand the different burdens of infectious diseases,” he said. “Hopefully, we can help move this platform to be routinely used in the countries that need it most. That would be a huge achievement.”

Dr. Udhayakumar’s commitment to improving health and serving others runs in his family, as his wife and daughters have also worked for the CDC. He said he is passionate about mentoring the next generation of global health workers, regardless of whether or not they are family.

“I was fortunate to work with great students, fellows, graduate students and postdoctoral students during my CDC career. Many of them are leading public health experts now. So, that’s always a great feeling to see other individuals embrace public health and contribute to improving the lives of others.”

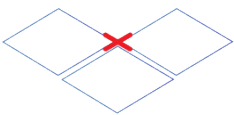


Dr. Kumar V. Udhayakumar and his family in Kenya in 1998. Photo supplied by Dr. Kumar V. Udhayakumar



One Polio Expert

Protecting Children in Somalia



Dr. Tessema Assegid Kebede

Dr. Kebede supporting a polio campaign in Garowe, Somalia
Credit: Dr. Tessema Kebede

Children in Somalia face some of the world's greatest health challenges. But The Task Force for Global Health's Dr. Tessema Assegid Kebede, in collaboration with Global Polio Eradication Initiative (GPEI) partners, is helping to reduce one risk by preventing paralysis, disability and death caused by polio. Somalia's south-central region is one of seven areas in the world considered "consequential geographies" by GPEI. Children there are at the highest risk of encountering and spreading the virus due to persistent polio outbreaks, fragile health systems and ongoing conflicts that hinder immunization efforts. To stop the transmission of type 2 poliovirus, the Somali government works with partners like The Task Force to conduct nationwide polio vaccination campaigns, going door-to-door to ensure that every eligible child is vaccinated.

Between February and March 2024 alone, five million Somali children were vaccinated for polio, reaching more than 90% of the vaccination goal in the two campaigns conducted during this timeline.

Senior Epidemiologist Dr. Kebede and other members of The Task Force's Polio Surge Capacity Team have contributed to this progress in Somalia, as well as in many other countries. Over the last five years, the team's campaigns, detection and response initiatives have helped reduce the disease in 16 countries.

Dr. Kebede has spent decades of his life working toward global polio eradication and he uses the connections, resources and experiences he has built to help children in some of Somalia's hardest-to-reach areas.

"The goal is to ensure no child is left unvaccinated, even under challenging circumstances," he said.

"We start by planning at the lowest possible micro-level, then identify and train local vaccinators and supervisors in those areas. There is a lot of migration that happens in Somalia, and through



Above: Dr. Kebede supporting a polio campaign in Garowe, Somalia
Credit: Dr. Tessema Kebede

thousands of frontline workers, we track population movements as much as possible to include these groups in our planning process and vaccination campaigns.”

To reach unvaccinated people, Task Force Consultants and partners negotiate with influential leaders known as clan elders. Through them, the vaccination team gains permission to protect the communities they lead.

Dr. Kebede’s unwavering commitment comes at a high personal cost. He spends the majority of the year away from his family, living in a converted storage container alongside other humanitarian workers in Mogadishu. When he travels in Mogadishu, he must wear safety gear to protect himself. Despite these challenges, he remains steadfast that his contributions have a global impact.

“Polio somewhere is polio everywhere,” he said. “We are all connected. We are one. Whatever is happening in one city in one country – Mogadishu, for example – could happen in Washington.”

Dr. Kebede’s work underscores the critical role of healthcare workers serving countries in conflict. He said his motivation stems from being part of a global force to eradicate a disease that has plagued humanity for centuries and is on track to become the second disease in the world to be eradicated. Polio cases have dropped by 99% since 1998.

“This is very special, working for polio. The whole of humankind has been able to eradicate only one disease, which is smallpox. That was when I was a student. Now, the second history is polio, and being part of that is really motivating.” His message for the future is clear: “Let’s keep going, let’s keep strong and finish the job.”

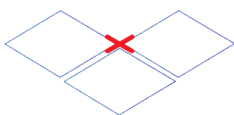


Above: Dr. Kebede supporting a polio campaign in Garowe, Somalia
Credit: Dr. Tessema Kebede.



One Physician

Serving Across Borders



Dr. Meng-Yu Chen

Dr. Meng-Yu checking some details on the logbook during the field visit in Cabanatuan, Philippines. Photo courtesy of Meng-Yu Chen.

Dr. Meng-Yu Chen heard a piece of advice early in her career that paved the way for everything she has done since: “Start working in your country. Learn about public health in your country. Then, you can contribute to global health.”

She worked as a pediatrician in her home country of Taiwan before serving as a medical officer for the Taiwan Centers for Disease Control. While there she did a 2-year fellowship in the U.S. with the Centers for Disease Control and Prevention (CDC), serving as an Epidemic Intelligence Officer, CDC’s globally recognized applied epidemiology training program.

It all came full circle after she returned to Taiwan and the pandemic hit in 2020.

“In the very beginning of the outbreak, I was involved in contact tracing COVID-19 cases,” said Dr. Chen. “Not just as a public health professional and physician, but as a global citizen, we all have a responsibility to safeguard public health. I appreciate the Taiwanese people who were willing to be interviewed and shared their exposure history and other details which helped us alert other countries. This helped us find a way to prevent the spread of the virus.”

At Taiwan CDC, Dr. Chen served as a supervisor at the Taiwan Field Epidemiology Training Program (FETP), which is supported by The Task Force for Global Health’s Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET).

Later she took on another role, traveling to Manila in November 2021 as the Asia Regional Epidemiologist for The Task Force’s COVID-19 Vaccine Implementation Program (CoVIP). There she helped low- and middle-income countries build systems to deploy, use and evaluate COVID-19 vaccines.

“We learned a lot from the COVID-19 pandemic. We really need the community to know how to detect the public health threats and how to protect themselves.



Above: Field visit team posing in front of a Barangay Health Station in Cabanatuan City, Philippines with a Community Event-Based Surveillance Signals poster. (Dr. Meng-Yu is third from the left in the front row.) Photo courtesy of Meng-Yu Chen.



Above: Together with Dr. Ryan Olos (in white shirt), the Subnational Consultant in the Philippines, Dr. Meng-Yu discussed the Community-Based Surveillance Transition and Continuity Plan with partners from the Department of Health. Photo courtesy of Meng-Yu Chen.

In the Philippines, they have this established and regulated workforce of community health workers called the Barangay Health Workers. I remember the Barangay Health Emergency Response Team who supported contact tracing and brought resources to the community. Public health workers, especially during the pandemic, provided community support that the government could not handle by itself.”

She now works in the Philippines as the national lead for the Strengthening Outbreak Notification And Response (SONAR) program – an initiative of The Global Fund that is implemented by The Task Force – where she manages a team of six and partners with the Philippines Department of Health.

The SONAR project aims to build resilient health systems that can effectively identify and respond to emerging outbreaks through strengthened early warning disease surveillance, reporting and response systems. The Task Force for Global Health, in partnership with Africa CDC and the World Health Organization, implements the SONAR initiative in 14 partner countries.

“One key learning from my work with SONAR is the importance of integrating monitoring into the project from the very beginning,” said Dr. Chen. “As part of this, we developed

a monitoring framework and tools in collaboration with the Department of Health as well as national and local consultations. Today, these tools are being used by the Department of Health to track the implementation of surveillance initiatives and identify areas for improvement. This has laid the groundwork for a more sustainable, country-owned monitoring system—something that can continue beyond the life of the SONAR initiative.”

The work she does now builds on everything that came before.



Above: Together with Dr. Tony Mounts from The Task Force for Global Health and Dr. Arun Balajee from the Global Fund, Dr. Meng-Yu is discussing the implementation of Community Event-Based Surveillance with the Community Health Workers and Partners in Cabanatuan, Philippines. Photo courtesy of Meng-Yu Chen.

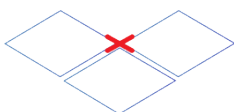
“I want to share what I learned from my previous public health experiences in my country, Taiwan, and share it with my Filipino colleagues,” said Dr. Chen. “You have to learn how to adapt to the local context. I think that type of knowledge-sharing is the value of global health work. It is not about which country’s public health approach is better. People just want to think about new ideas, different approaches.”

Dr. Chen hopes to inspire future generations to take action. She believes that even small efforts can create lasting change in public health. Whenever Dr. Chen goes back to visit Taiwan, she looks through her public health graduate school yearbook and smiles reading the note she predestined, “I hope my career will extend to the fields of public health and global health in the future.”



One Ministry of Health Team

Ending Preventable Blindness



Bior Bol Bior and Yak Yak Bol

Following nearly three decades of global efforts, 23 countries have eliminated the blinding disease trachoma using the World Health Organization's SAFE strategy for trachoma control (The SAFE strategy includes Surgery, Antibiotics, Facial cleanliness, and Environmental improvement interventions). South Sudan hopes to join that list and Ministry of Health staffers are working hard to make that happen.

"I grew up in a trachoma-endemic region. During my childhood, I saw eye infections, but nobody knew it was trachoma," said Bior Bol Bior, South Sudan's Ministry of Health Trachoma Coordinator. "Now we know trachoma is the number one infectious cause of blindness in the world. When the trachoma program started, people were given education about what causes

trachoma and started to understand." More than 4 million South Sudanese are at risk for trachoma. A preventable and treatable disease, trachoma is a painful eye infection caused by bacteria. It can be spread through hands, clothes, bedding or hard surfaces and by flies, especially in areas with limited access to clean water and sanitation.

Before South Sudan's independence in 2011, some trachoma surveys to assess the prevalence of trachoma were completed as early as 1999. In 2007, a trachoma control program was formally launched in South Sudan. In 2024, South Sudan completed its nationwide baseline trachoma prevalence mapping, a 25-year-long effort to understand where to implement the SAFE strategy for eliminating trachoma.

The mapping confirmed that 40 of

Photo courtesy of South Sudan's Ministry of Health.



Above and below: Trachoma MDA activities in South Sudan. All photos courtesy of South Sudan's Ministry of Health.

the 80 counties in South Sudan were trachoma endemic, primarily along the eastern side of the Nile River. This data enabled the country to focus its efforts in these areas. Bior and partners have facilitated large-scale community treatment programs

(known as mass drug administrations, MDAs), surgeries to correct damage caused by trachoma, and water, sanitation, and hygiene activities. As a result of their efforts, six counties have now successfully reduced the prevalence of trachoma below levels that would cause a threat to public health.

The South Sudan Ministry of Health has worked to strengthen community engagement and education efforts, informing communities that blindness from trachoma is preventable and what resources are available to them. One approach is by working through Boma Health Workers – trusted and trained community members who support a number of health interventions.

“We have the Boma Health Initiative where the health workers are trained about trachoma,” said Yak Yak Bol, South Sudan's National Coordinator for Preventive Chemotherapy & Neglected Tropical Disease, who oversees the financing and resource mobilization to combat trachoma and four other neglected tropical diseases: onchocerciasis, schistosomiasis, soil-transmitted helminths, and

lymphatic filariasis. “They are part of the community and go to homes and villages to teach community members about the cause of trachoma and how to prevent it.”

The government has also embraced an integrated campaign strategy to reach nomadic populations, like cattle herders, fishers and hunters, who are sometimes missed during community treatment campaigns. The program followed the migration patterns of nomadic groups and conducted treatment campaigns simultaneously with cattle vaccinations. The health workers collaborated with cattle camp leadership to mobilize communities and also expanded outreach to hunting barracks and internally displaced people (IDP) camps to ensure equitable access. Additionally, they led focus group discussions to address gender-based barriers in treatment uptake.

Their efforts are paying off, with increased awareness about trachoma prevention and treatment; improved vision for people who received surgery; the establishment of surgery centers in highly endemic areas; and school-based trachoma education programs.

The Task Force for Global Health's International Trachoma Initiative works with the South Sudan Ministry of Health to support trachoma MDAs through azithromycin donation. Since 2001, 13.4 million treatments of azithromycin have been donated. In 2024 alone, South Sudan distributed more than 1.5 million treatments through 22 MDAs across 19 counties, the country's largest effort to date.

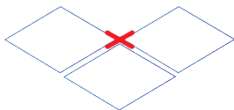
South Sudan's health ministry partners with The Task Force for Global Health's International Trachoma Initiative, Pfizer, ARISE/END Fund, Amref, The Carter Center, CBM and Sightsavers to ensure future generations in South Sudan do not have to endure the pain, suffering, and preventable blindness caused by trachoma.





One Data System

Paving the Way to End Polio in Afghanistan



Razia Mahmodi, Dr. Hashim Ali Elzein Elmousaad and Claudia Moya

From left to right: Photo of APMIS focal point Razia Mahmodi and Claudia Moya, Senior Project Manager for The Task Force for Global Health's TEPHINET program.

More than 25 years later, Afghan data management scientist Razia Mahmodi still remembers the day she almost missed her polio vaccine. A vaccination team had been visiting homes to immunize children but inadvertently missed her. When Mahmodi's father found out, he was so concerned that he tracked down the team and brought Mahmodi to them to be vaccinated. That moment sparked her deep commitment to the importance of vaccination, especially the eradication of polio, and to strengthening Afghanistan's public health system. She studied computer science in school and pursued a career in health data management.

In 2021, after working for five years as a data manager for the Polio Eradication Initiative with the World Health Organization (WHO) in Afghanistan,

Razia learned that the Centers for Disease Control and Prevention (CDC), the WHO, and Afghanistan's National Emergency Operation Center (NEOC) were joining forces to create a new system called the Afghanistan Polio Management Information System (APMIS) for managing polio vaccination data. Recognizing how essential such a platform would be to advancing polio eradication efforts, she sought to get involved. Drawing on her skills, experience and deep familiarity with the data, she provided valuable input to the system's development.

The APMIS is a specialized digital platform developed to support the management, tracking, and coordination of polio eradication efforts in Afghanistan. It is designed to improve data collection, analysis, and reporting related to polio vaccination campaigns.



Above: Data collectors at an APMIS training in Afghanistan. Photo courtesy of Dr. Elmousaad

APMIS helps health authorities and partners monitor vaccination coverage, identify gaps, and respond effectively to efforts aimed at eradicating poliovirus in the country.

Afghanistan is one of just two countries where wild poliovirus has not yet been eradicated (the other is Pakistan) and the eastern part of the country has been deemed a “consequential geography” by the Global Polio Eradication Initiative, as the densely populated home to one of the highest proportions of children who are either unvaccinated or under-vaccinated, and communities that are difficult to reach.

In 2021, Mahmodi became the main focal point for APMIS and teamed up with an international team of scientists, developers and informaticians to create the data system. APMIS was first implemented in the Eastern region of Afghanistan, which had experienced a steady surge in polio cases.

As of May 2025, more than 7,000 health workers across Afghanistan were actively using the APMIS platform to support real-time data collection and tracking of polio vaccination efforts. Through mobile and web-based applications, frontline workers recorded detailed information on vaccinated children, identified missed children,

and flagged areas with low coverage. The system provided supervisors and decision-makers with timely dashboards and geospatial insights, enabling more targeted interventions and rapid follow-up in high-risk zones. This widespread adoption of APMIS strengthened coordination between national and international partners, improved campaign accountability, and significantly enhanced Afghanistan's capacity to reach under-vaccinated populations in its most challenging and remote regions.

“The APMIS web system has a complementary Android app that frontline campaign workers can install on their phones,” said Mahmodi. “They can enter data into the app in real time. Even without a stable internet connection, they can work offline, and once reconnected, submit the data to the system. This ensures we don't miss any data collection deadlines. Decision-making becomes easier for us because the system analyzes the data automatically, showing the status of campaigns and helping us address any issues promptly.”

While developing the system APMIS collaborators realized they needed a strong advocate to ensure that the system would be widely used.

They reached out to the highly regarded polio eradicator Dr. Hashim Ali Elzein Elmousaad, who had cross-border experience with Pakistan and Afghanistan. Dr. Elmousaad is a core team member of the Global Polio Eradication Hub in Amman and a consultant with The Task Force's Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) program which is the global network of field epidemiology training programs strengthening public health systems globally.

“Data timeliness is needed, particularly in campaigns,” said Dr. Elmousaad, who has more than 40 years of experience. “This data management system will help the programs in Afghanistan to really have solid data for organizing

Below: Dr. Hashim checking vaccination data at a cross-border point. Photo courtesy of Dr. Elmousaad





Above: APMIS data collectors in Afghanistan. Photo courtesy of Dr. Elmousaad

their polio campaign. By the end of the day, we need to know which children were missed. You cannot do it with excel sheets. Practically, you can do it, but you cannot get the timeliness. This system is revolutionary for managing the polio program in Afghanistan. People will know which areas were not reached.”

Claudia Moya, Senior Project Manager for TEPHINET, works with CDC on the project management aspect of APMIS.

“What is so inspiring about this data management system is that it has been a long labor of love

between unique partners,” said Moya. “Working with different authorities in Afghanistan, the previous government, the current authorities, working with partners at the Global Polio Eradication Hub in Amman, WHO, CDC, UNICEF, our developers in Nigeria, and being able to be so nimble and be so open and receptive to feedback from all angles was amazing to witness. We came up with a pretty seamless product that is simple enough for any of us to use on our phones, on tablets, on laptops. We are seeing this great data to make decisions and create trust.”

Because of polio eradicators like Dr. Hashim Elmousaad, Razia Mahmodi and Claudia Moya, APMIS is being incorporated in the national polio plan for Afghanistan so that no child will ever miss a polio vaccine and have to suffer from this paralyzing disease.

“I am proud to be a member of this broader polio eradication team and to contribute to the effort—especially through the APMIS data system, the first of its kind for my home country—and to know that it will have a significant impact on eradicating polio and improving the health of the younger generation in Afghanistan,” said Mahmodi. “Data tells a story. It shows us the current state of our polio campaign activities and guides the direction we should take.”

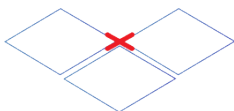
Below: APMIS workshop in Amman, Jordan in 2024. Photo courtesy of Dr. Elmousaad





One Pair of Hepatitis Experts

Positioning Uruguay for Success



**Dr. Victoria Mainardi &
Dr. Solange Gerona**

A disease that's been deemed a "silent epidemic" claims more than a million lives each year. Viral hepatitis—primarily hepatitis B and C—rivals HIV, tuberculosis and malaria in its toll but receives far less attention and funding. It can go undetected for decades until causing severe liver damage or cancer. In 2016, the World Health Organization set an ambitious goal: to eliminate viral hepatitis as a public health threat by 2030. While global progress has been uneven, Uruguay has quietly emerged as a leader in the Americas region, expanding access to testing, treatment and vaccination.

Two doctors have become driving forces behind the country's efforts, combining scientific expertise with an unwavering commitment to improving access to care, with their sights set on elimination. Dr. Victoria Mainardi and Dr. Solange Gerona worked with the Coalition for Global Hepatitis Elimination, a program of The Task Force for Global Health, to include Uruguay in the Coalition's Hepatitis Evaluation to Amplify Testing and Treatment (HEAT) project, which supports countries by

creating a modeling tool to combine epidemiological data and laboratory capacity assessments to develop a budget-based plan to eliminate viral hepatitis.

In 2021, in response to a call from Uruguay Ministry of Health's HIV/STI Program Coordinator Dr. Renée Diverio, and with support from The Pan American Health Organization/World Health Organization, Dr. Mainardi and Dr. Gerona led the development of Uruguay's first national hepatitis B and C clinical guidelines.

"This process revealed major barriers, such as fragmented data and lack of coordination," said Dr. Mainardi. "The HEAT modeling tool helped us define the problem, project scenarios and craft evidence-based strategies."

Their work has allowed for greater access to testing, treatment and care for hepatitis B and C, resulting in a healthier, more informed population. Both Dr. Mainardi and Dr. Gerona were named Elimination Champions by The Task Force for Global Health's Coalition for Global Hepatitis Elimination for their achievements.

Dr. Mainardi, an internist and hepatologist, has dedicated more than a decade to Uruguay's National Liver Transplant Program and the Hepatology Service at the Central Hospital of the Armed Forces. She has played a pivotal role in developing Uruguay's first national hepatitis guidelines, advocating for expanded access to diagnosis and treatment, and simplifying administrative processes.

"We hope to help Uruguay achieve the elimination of viral hepatitis as a public health threat," she said. "That includes strengthening hepatitis policies, updating national guidelines, expanding vaccination and screening, and ensuring surveillance and care remain robust and sustainable."

As the first hepatologist to formally join the Ministry of Health's HIV/AIDS-Sexually Transmitted Infections

Photos courtesy of Dr. Victoria Mainardi and Dr. Solange Gerona



Above: Dr. Mainardi (second from the left) and Dr. Gerona (first from the right) speaking at the official celebration of World Hepatitis day by the Ministry of Health in Uruguay in 2023. Photo courtesy of the Ministry of Public Health, Uruguay.

Below: Dr. Gerona, Chief of The National Liver Transplant Program of Uruguay, along with Dr. Mainardi, Dr. Olivari (co-leaders of the Viral Hepatitis Unit) and the rest of the staff. Photo courtesy of Dr. Victoria Mainardi.



Program, Dr. Mainardi has played a key role in securing two major policy advances. Due to her efforts, the national policy requires that she ensure a recommendation for all adults to be tested at least once for hepatitis C. Also, to ensure that patients did not have to pay for testing, Dr. Mainardi successfully promoted the inclusion of hepatitis C testing into Uruguay's Comprehensive Health Care Plan (PIAS).

Dr. Gerona, a specialist in gastroenterology and hepatology, has been at the forefront of Uruguay's liver health initiatives and also played a key role in developing the first national hepatitis guidelines with Dr. Mainardi. As the Chief of the National Liver Transplant Program since 2009 and Head of Hepatology at the Central Hospital of the Armed Forces, Dr. Gerona spearheaded Uruguay's first epidemiological study on hepatitis C and promoted vaccination against hepatitis A and B. As an advisor to the Ministry of Public Health, Dr. Gerona continues to enhance hepatitis diagnosis and treatment strategies.

"Our work has had a national impact by helping shape public health policies that improve population health," said Dr. Gerona. "These policies are long-term, system-wide, and are owned and implemented by the country, not just by individuals or teams."

Thanks in part to these two remarkable doctors, Uruguay is setting an example for other countries to follow, with evidence that hepatitis elimination is achievable, especially when policymakers are invested. "By developing and institutionalizing protocols, clinical guidelines, and public health policies that are integrated into the national health system and budgeted at the country level, we are building local capacity and ensuring national ownership," said Dr. Gerona. "This is essential for sustainability."

One Voice

The Task Force contributes our expertise to advance effective public health policies in the U.S. and globally, through our formal partnerships with the United Nations and World Health Organization (WHO). We advocate for policy and funding decisions and build partnerships with key policymakers, including in the U.S. Congress.



Task Force at 40: DC Congressional Reception Celebrates Task Force's 40 Years of Impact



WHO Director-General Dr Tedros Adhanom Ghebreyesus giving his remarks at Task Force's 40th anniversary congressional reception on April 16 in D.C. Photo credit: Emily Pelton for The Task Force for Global Health.

In April 2024 on Capitol Hill in Washington, DC, key Task Force partners – including congressional, federal agency, multilateral, NGO, and private-sector partners – gathered at the Senate Visitors Center to celebrate the 40th anniversary of The Task Force. The April 16 reception, organized with the support of the office

of Senator Reverend Raphael Warnock of Georgia, featured keynote remarks from World Health Organization (WHO) Director-General Dr. Tedros Adhanom Ghebreyesus, who focused on the power of partnership in advancing global health equity.



Above: From left to right: Task Force CEO Dr. Patrick O'Carroll, WHO Director-General Dr. Tedros Adhanom Ghebreyesus, Task Force's Coalition for Global Hepatitis Elimination Director Dr. John Ward, and former Task Force CEO Dr. Dave Ross. Photo credit: Emily Pelton, for The Task Force for Global Health.

"WHO is a proud co-founder of the Task Force for Global Health, and remains a proud partner," said Dr. Tedros, whose WHO headquarters office is in Geneva, Switzerland. "We have a long and shared history, dating back to the eradication of smallpox...and the leadership of [Task Force founder] Dr. Bill Foege [who orchestrated the smallpox campaign]."

Dr. Tedros noted that since 2019 The Task Force has been in official relations with WHO, designated as a non-State actor, "a status given to organizations that have engaged substantially with WHO and made a significant contribution to public health. So I'm very pleased to be here to celebrate your 40th birthday with you."

Dr. Tedros shared his remarks on the WHO website.

More than 60 guests included representatives from WHO, the U.S. State Department Bureau of Global Health Security and Diplomacy, the President's Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development

(USAID), the U.S. Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services Office of Global Affairs, the National Institutes of Health (NIH), the embassies of Egypt and Portugal, the Bill & Melinda Gates Foundation, DeBeaumont Foundation, Rockefeller Foundation, Merck & Co, Inc., Abbott, NGOs, and congressional offices advancing U.S. leadership in global health, including delegations from both Georgia senators (The Task Force headquarters office is in Decatur, GA, neighboring Atlanta).

Task Force CEO Dr. Patrick O'Carroll highlighted the critical role of partnership, as collaboration has always been central to the organization's approach. He noted that The Task Force has worked with partners to accomplish the following global health successes:

- Stewarding the donation of nearly 13 billion tablets to treat the neglected tropical diseases river blindness and lymphatic filariasis, and treating more than 300 million people for blinding trachoma, as the trusted partner of companies like Merck, Pfizer, and GSK—facilitating some of the oldest and most successful public-private partnerships in global health;
- Helping 40 low- and middle-

income countries deploy COVID-19 vaccines at the peak of the pandemic, and working to ensure that countries have effective immunization and early-warning disease surveillance systems for future health emergencies

- Equipping more than 20,000 field epidemiologists, or "disease detectives," through training programs in more than 100 countries—who've responded to more than 14,000 disease outbreaks;
- Supporting the last mile of polio eradication efforts, deploying surge capacity support within 72 hours of any new case detection;
- Driving the elimination of viral hepatitis, in the U.S. and around the world
- Leading operational research to address key challenges facing NTD control and elimination programs;

"We never stop looking for new partners who share our values and have their own expertise to contribute," Dr. O'Carroll said "New friendships, new partnerships, and new perspectives are needed now more than ever. There are no strangers here, then—just partners we've yet to collaborate with."

This sentiment was echoed by WHO Director-General Dr. Tedros.

"No single agency alone can meet the scale of health challenges we face globally," he said. "We can only do so by leveraging our combined strength to support countries to meet their goals. In other words, we need each other. And we are more than the sum of our parts."

The Task Force will be hosting other events with partners throughout the year.

One Milestone: 40 Years of Impact



2024 marked The Task Force's 40th anniversary! Throughout the year our Dispatches newsletter shone a spotlight on people, partners and programs who have contributed to 40 years of impact. In May 2024 issue we highlighted our May 9 Atlanta celebration where more than 170 guests – including Task Force Co-Founder Dr. William Foege, Hilton Foundation Board Member Conrad N. Hilton III, former Merck CEO Dr. Roy Vagelos, WHO Director-General Dr. Tedros Adhanom Ghebreyesus (virtually), Ambassador Dr. John Nkengasong (virtually), Congresswoman Nikema Williams (virtually), Decatur Mayor Patti Garrett, District 2 Commissioner Michelle Long Spears and other global health champions – gathered to celebrate and launch the William H. Foege Collaboration Center.

Task Force at 40: Task Force launches the William H. Foege Collaboration Center at 40th Anniversary Celebration in Atlanta



More than 170 Task Force partners – from government, nonprofits, foundations, the private sector and philanthropy – gathered May 9 at The Task Force for Global Health headquarters in Decatur (Atlanta, Georgia) to unveil The William H. Foege Collaboration Center and celebrate four decades of collaboration and global health impact. The center, named for Task Force Co-Founder Bill Foege, who spoke at the event, will bring together partners to tackle the world's most pressing global health challenges – a commitment The Task Force has honored since it was established in 1984.



Hilton Foundation Board Member Conrad N. Hilton III and Task Force President and CEO Dr. Patrick O'Carroll. Photo credit: Dean Hesse.

"The Task Force for Global Health and its partners exemplify what can be achieved when we work together

with humanity, clarity of purpose, and humility," said Hilton Foundation Board Member Conrad N. Hilton III. "It's a simple concept, but the impact has been tremendous. Speaking of impact, there is no way that we can celebrate The Task Force's 40 years of life-saving work without recognizing the remarkable Dr. Bill Foege. Dr. Foege's decades of leadership, commitment, passion, and helping people facing disadvantage across this country and around the world have been truly transformative."

The Hilton Foundation in 2016 awarded The Task Force the Hilton Humanitarian Prize, the world's

largest annual humanitarian award presented to a nonprofit organization judged to have made extraordinary contributions to alleviating human suffering. The award marked a significant milestone for the organization that was created In March 1984, when a group of 34 global health experts met to discuss a critical challenge:

how to reduce the number of children contracting and dying of preventable diseases like measles, polio, and diphtheria. With five sponsoring agencies – the World Health Organization, UNICEF, the World Bank, the United Nations Development Programme and the

Rockefeller Foundation – participants launched The Task Force for Child Survival, with Dr. Foege at the helm. He established The Task Force as an affiliate of Emory University and brought on two co-founders, former CDC colleagues Bill Watson and Carol Walters. Within just six years, Task Force partners had quadrupled the share of children worldwide who had received at least one vaccination to 80 percent. Dr. Foege oversaw the growth of The Task Force for 16 years, before retiring in 2000. In 2009, the organization was renamed The Task Force for Global Health.

The May 9 40th anniversary celebration featured remarks from dignitaries such as Task Force Co-Founder Dr. William H. Foege, who devised the strategy that eradicated smallpox in 1980 and served as CDC director; U.S. State Department Ambassador Dr. John Nkengasong, who leads the Bureau of Global Health Security and Diplomacy;



Attendees listen as Task Force President and CEO Dr. Patrick O'Carroll delivers remarks at Task Force's 40th Anniversary celebration on May 9. Photo credit: Dean Hesse.

World Health Organization Director-General Dr. Tedros Adhanom Ghebreyesus; Congresswoman Nikema Williams, who represents Georgia's Fifth District, home to The Task Force; Task Force CEO Dr. Patrick O'Carroll; Task Force Board Chair Kent Alexander; and Dr. Malembe Ebama, who leads a Task Force program known as SONAR, which helps countries in Africa and Asia build early-warning disease surveillance systems to respond to outbreaks.



Ambassador Dr. John Nkengasong joins virtually via Zoom and delivers remarks at Task Force's 40th Anniversary celebration on May 9. Photo credit: Dean Hesse.

Dr. Foege provided insights on the trajectory of global health over the last 100 years, which will be published in his upcoming book *Change Is Possible: Reflections on the History of Global Health*.

"Forty years ago The Task Force came, and they used a somewhat different approach, which I call a hybrid organization," said Dr. Foege. "It did not answer to any global institution, it answered to an expert committee. And now we have dozens of those hybrid organizations and I see that as the future of public health. [The organization] asks 'How do we attack a problem?' and then develops the structure afterward, with public, private, everyone involved in doing this. And the glue is not that you belong to an organization; the glue that holds us together is that everyone shares an outcome that's been defined."

Guests included representatives from the Centers for Disease Control and Prevention, Emory University, The Carter Center, the Gates Foundation, CDC Foundation, City of Decatur, Agnes Scott College, Morehouse School of Medicine, Georgia State University, Georgia Tech, Merck, Spelman College, DeKalb Public Health Department, and other Task Force partners.

Ambassador Dr. Nkengasong participated virtually from DC, following his Senate confirmation hearing earlier in the day. In his remarks, he shared reflections from his experience serving as the first director of the Africa Centres for Disease Control and Prevention, as well as his work leading the

U.S. President's Emergency Plan for AIDS Relief, connecting the lessons of smallpox eradication—led by The Task Force for Global Health co-founder Dr. Bill Foege, who he named as one of his heroes in global health—to the path forward for the global HIV response.

"The question is, how do we move the last number of countries to achieving that goal which we have all stated clearly, and rallied behind—to bring HIV/AIDS to an end by the year 2030?" Dr. Nkengasong reflected. "I think the lessons that are learned from the eradication of smallpox are so essential: be creative. We have to be creative and learn some lessons, some tricks, that Bill Foege and others used in the eradication of smallpox, which is: believe in yourself. Be adventurous in making decisions that may not be popular at the time, but that will yield the impact."

Task Force Board Chair Kent Alexander acknowledged the many donors who contributed to the capital campaign to fund the William H. Foege Collaboration Center, where Task Force programs and partners from around the world work together on complex issues, not only current global challenges but emerging ones. New signage at The Task Force headquarters honors Dr. Foege and the donors and board members who contributed to the Center and the state-of-the-art building in which The Task Force now operates.

DeKalb County Commissioner Michelle Spears joined the event, bringing with her an official proclamation from the Commission recognizing The Task Force for its extraordinary contributions to global health and designating May 9, 2024 "Task Force for Global Health Day" in DeKalb County. Commissioner Spears personally presented the proclamation to CEO Patrick O'Carroll and Co-Founder Dr. William Foege.



Guests went on guided tours of the William H. Foege Collaboration Center, visited program stations to learn about The Task Force's nearly 20 programs, and explored a new, permanent lobby exhibit with interactive features that provides a history of The Task Force as well as global health milestones from the last four decades. photo credit: David Hesse.

During the program Dr. Malembe Ebama, director of The Task Force's SONAR program that helps countries in Africa and Asia build early-warning disease surveillance systems to respond to outbreaks, spoke of a unique link that she shares with Dr. Foege.

Dr. Malembe Ebama, Director of Task Force's SONAR program, delivers remarks at Task Force's 40th Anniversary celebration on May 9. Photo credit: Dean Hesse.



Both participated in the 1990 United Nations Summit for Children, where heads of state from 71 countries joined leaders from UNICEF, WHO and others to celebrate progress in childhood immunization and pledge further support. In a video shown during the program, Dr Foege called the 1990 event a high point in his life since "you had something for children in this world that had not existed the day before." Dr. Ebama spoke about her role in the UN Summit, when she was 12 years old, participating as part of the delegation from Zaire (now the Democratic Republic of the Congo), and escorted the Zairian prime minister to his seat in the United Nations gallery.

"Just as Dr. Foege said he looks back on that 1990 summit as a pivotal moment in child health that shaped the decades to follow, I believe that someday we'll look back at this post-pandemic era and the work happening now and realize that this, too, was a turning point," said Dr. Ebama. "Thank you, Dr. Foege, for setting a high bar for all of us who work in public health. And thank you all for your partnership as we work to ensure a world where all people have access to the systems and services that lead to healthy lives."

Dr. Tedros of the World Health Organization shared his remarks via video, as did Congresswoman Nikema Williams, both of whom spoke about their commitment to global health and appreciation for the work of The Task Force.

Dr. Foege expressed his gratitude to the global health community and offered some advice for the future.

"Continue to combine science and do the best you can on science," he said. "[British scientist Thomas] Huxley said, 'Science is simply common sense at its best.' You will make mistakes. Correct those

mistakes. Don't try to hide them. And then, in addition to the science, add art. So that you have creative common sense at its best. And finally, add a moral compass, so that you have moral creative common sense at its best."

Task Force President and CEO Dr. Patrick O'Carroll concluded the program with a toast.

"Dr. Bill Foege charted a course 40 years ago that has literally and directly benefited millions of people around the world," said Dr. O'Carroll. "So, here's to Dr. Foege, surely one of the best and wisest people that any of us has ever known."

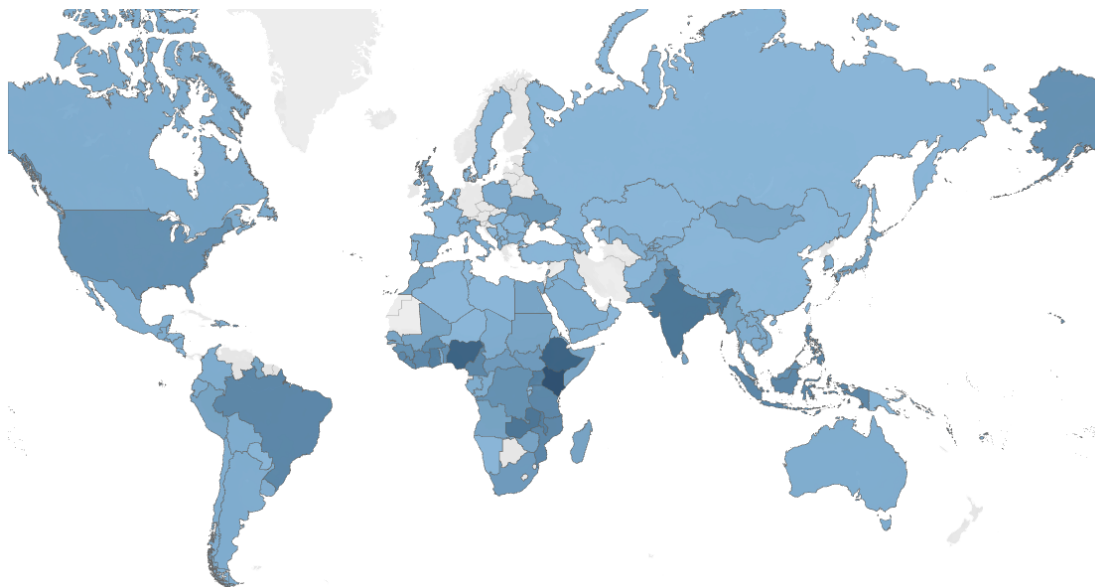


Decatur Mayor Patti Garrett with a copy of "The Task Force for Child Survival" book. Photo credit: Dean Hesse.



Dr. John Amuasi, Executive Director of the African Research Network for Neglected Tropical Diseases looks at a copy of Dr. Bill Foege's book, "The Task Force for Child Survival: Secrets of Successful Coalitions" which documents the origin story of The Task Force for Global Health's work.

Where We Work



Our Programs



Eliminate Diseases

Eliminating diseases means reducing the incidence of infections in a specific geographical area, either to zero for some infections or to a point where the public health impact of the disease is no longer evident. This involves comprehensive strategies encompassing prevention, treatment, and healthcare improvements, and it often requires collaboration between countries and organizations.

- Children Without Worms
- Coalition for Global Hepatitis Elimination
- Coalition for Operational Research on NTDs
- International Trachoma Initiative
- Mectizan® Donation Program
- Polio Eradication Surge Support Program

Ensure Access to Vaccines

Ensuring access to vaccines means making sure everyone has the opportunity to get vaccinated, regardless of their location, income, or other barriers to access.

- Brighton Collaboration
- Partnership for International Vaccine Initiatives
- Strengthening Outbreak Notification and Response
- Universal Influenza Vaccine Development
- Voices for Vaccines

Strengthen Health Systems

Strengthening health systems is a multifaceted process focused both on improving public health systems (which protect whole communities, like outbreak detection and control) and improving access to high quality, efficient healthcare systems, aiming for better health outcomes for the population.

- Focus Area for Compassion and Ethics in Global Health
- Health Campaign Effectiveness Coalition
- MedSurplus Alliance
- Public Health Informatics Institute
- Training Programs in Epidemiology and Public Health Interventions Network



Children Without Worms

Children Without Worms (CWW) is dedicated to accelerating the global effort to eliminate soil-transmitted helminthiasis (STH) as a public health problem. We do this by supporting national STH control programs to optimize the allocation and distribution of deworming medicines using evidence-based approaches and by facilitating the exchange of information, best practices, and research needs within the STH community.

- 5 National Programs provided with programmatic and technical support to control STH.
- ~50 million fewer deworming tablets needed for school-aged children in two CWW-supported countries following the generation of epidemiological evidence.



Coalition for Global Hepatitis Elimination

The Coalition for Global Hepatitis Elimination works to eliminate viral hepatitis by strengthening the capacity of elimination programs around the world through technical assistance, knowledge generation and advocacy among partners.

- 350+ Global Partners in 69 Countries.
- 72% of partnerships are in low- and middle-income countries.



Coalition for Operational Research on NTDs

The Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) facilitates research on tools and techniques to control and eliminate neglected tropical diseases (NTDs). The program provides a platform for researchers, program managers, and country partners to identify shared priorities and coordinate technical innovations that accelerate progress toward the elimination of these diseases. COR-NTD connects researchers, funders, and country leaders—ensuring countries have the tools, partnerships, and data to succeed.

- 336 operational research studies supported across 66 countries— with ongoing work in 9 countries
- Launched the Ending Neglected Diseases initiative, a 5-year USAID program advancing data-driven research
- Partnered with PAHO to co-develop a monitoring & evaluation framework for elimination in the Americas
- Convened regional COR-NTD meetings in Southeast Asia & the Pacific
- Planned the first international COR-NTD meeting in Africa — InCORNTD, January 2025, Kigali, Rwanda



International Trachoma Initiative

International Trachoma Initiative (ITI) contributes to the ultimate elimination of trachoma by stewarding Pfizer's donation of azithromycin to treat and prevent the condition, building and strengthening partnerships to accelerate progress and developing innovative tools to share data.

- 306 million individuals: estimated number of individuals reached with donated azithromycin.
- 175.2 million individuals in 1,017 districts: estimated number of individuals living in districts confirmed "free from trachoma" since 1999.



Mectizan® Donation Program

The Mectizan Donation Program (MDP) oversees the donation of Mectizan® by Merck & Co., Inc.* for the elimination of river blindness and lymphatic filariasis (LF). As the longest-running drug donation program of its kind, MDP ensures that Mectizan reaches communities in countries where LF and/or river blindness are endemic to eliminate the two diseases for good. *Merck & Co., Inc., is known as MSD outside the USA and Canada.

- 62 countries and 5.9 billion treatments approved
- 337.8 people no longer need treatment for lymphatic filariasis.
- 47.5 million people live in areas where treatment for river blindness has stopped.



Polio Eradication Surge Support Program

The Center contributes to the polio eradication efforts by supporting the development of antiviral agents, strengthening global polio surveillance and vaccination efforts, helping countries sustain current and post-eradication immunization programs and supporting containment certification activities in the United States.

- 9 countries across Africa where provided technical support during Polio vaccination campaigns.
- 115,934,012 children vaccinated with the oral polio vaccine.

Ensure Access to Vaccines



Brighton Collaboration

Brighton Collaboration's global network of vaccine safety experts supports the development of safe vaccines and builds trust in vaccine safety through rigorous science.

- 1,300 members in 110 countries
- Two lists created of adverse events of special interest for the response to the mpox and Marburg virus disease emergencies in Africa



Partnership for International Vaccine Initiatives

The Partnership for International Vaccine Initiatives (PIVI) is a key program of The Task Force for Global Health. A public/private program, PIVI works in partnership the Centers for Disease Control and Prevention, Ministries of Health, corporate partners, and others to create sustainable respiratory virus vaccination programs in low- and middle-income countries (LMICs). PIVI's work has expanded, and its name change reflects this broader mission. Launched in 2013 as the Partnership for Influenza Vaccine Introduction, PIVI successfully built seasonal influenza programs to help protect communities from the annual impact of influenza while building the vaccine delivery systems critical for endemics and pandemics. PIVI continues to collaborate with LMICs to reliably and quickly deliver respiratory virus vaccines across all age groups, saving lives.

- 6 new partner countries - a 21% increase in program participation.
- 8 childhood and adult vaccines supported as a result of expanded PIVI program activities



Strengthening Outbreak Notification and Response

Through SONAR, The Task Force for Global Health, in collaboration with The Global Fund, is leading the way in strengthening countries' outbreak responses. SONAR (Strengthening Outbreak Notification and Response) is a comprehensive suite of tailored technical assistance to which supports 14 countries in strengthening Early Warning Surveillance (EWS). Because when communities are equipped with stronger EWS systems, they are able to respond more quickly to threats – limiting spread of disease.

- SONAR has successfully improved workforce capacity at the regional, national and subregional levels - including establishing One Health committees at the national and subnational levels.
- 1200+ Trainers trained in Event-based surveillance
- 4800+ Community Health Workers and key informants trained with job aids to recognize signals of illness in their communities



Universal Influenza Vaccine Development

The Global Funders Consortium for Universal Influenza Vaccine Development is a mechanism to bring together major funders of research and development of universal and pandemic influenza vaccines along with key stakeholders to accelerate progress in the field through creating a common landscape, identifying critical gaps, and coordinating around a common vision.

- 39 organizations and industry partners collaborating to accelerate influenza vaccines
- 215 next-generation influenza vaccine candidates and 42 in clinical trials



Voices for Vaccines

Voices for Vaccines is a family-led organization that serves as a catalyst to spark positive conversations about vaccines and the diseases they prevent by supporting communities, building networks, and developing fact-based content that enables parents to make healthy, informed decisions about vaccination for their families and their communities.

- 1400 Volunteers trained for 14 immunization coalitions
- 1400 students enrolled in our online courses

Strengthen Health Systems



Focus Area for Compassion and Ethics in Global Health

The Focus Area for Compassion and Ethics (FACE) works with global partners across fields, industries, and sectors to address the need for compassion and ethics in action. FACE strives to raise awareness, generate evidence, and provide support & strengthen capacity to bring ethics and compassion to the center of global health practice.

- 2,100+ global health officials, practitioners, and students in 90+ countries joined webinars, participated in compassion trainings and workshops, or attended FACE classes on compassion and/or ethics, since its founding.
- 144 Task Force projects supported with FACE's systematic ethics review process, since initiation in 2022.



Health Campaign Effectiveness Coalitions

The Health Campaign Effectiveness Coalition (HCE Coalition) is a Task Force program that fosters collaboration between health campaign partners, facilitates learning and knowledge exchange, and advances systems and policy change to contribute to efforts to improve the integration, efficiency, and effectiveness of health campaigns such as those targeting neglected tropical diseases, malaria, immunizations, and nutrition.

- 2 Countries developed and are prepared to implement their customized Collaborative Action Strategy for Campaign Effectiveness (CAS)
- 139 Participants in HCE Coalition work groups



MedSurplus Alliance

The mission of the MedSurplus Alliance is to engage and inspire cross-sector medical product donation partners to advance equitable access to health by providing quality medical products when and where they are needed.

- Donations to 39 countries, 15 US States and Territories developed and are prepared to implement their customized Collaborative Action Strategy for Campaign Effectiveness (CAS)
- 6,429,000 donations of medical supplies, devices and technology



Public Health Informatics Institute

The Public Health Informatics Institute leverages the best practices of informatics to help domestic public health and global health organizations effectively use data and information to improve public health.

- 4 Countries transformed their public health disease surveillance by using PHII's Collaborative Requirements Development Methodology (CRDM™) framework.
- 9 Countries where PHII and partners identified and analyzed causes of childhood death to inform programs and policies that reduce preventable death.
- 105 state, tribal, local and territorial public health agencies represented as part of the Data Modernization Learning Community.



Training Programs in Epidemiology and Public Health Interventions Network

TEPHINET strengthens public health systems in more than 100 countries by building, supporting and connecting Field Epidemiology Training Programs (FETP) to enhance epidemiological capabilities and public health interventions. TEPHINET is the only global network of FETPs and the secretariat for the Global Field Epidemiology Partnership (GFEP) with co-chairs CDC and WHO.

- 83 Member FETPs train the public health workforce across more than 165 countries and territories.
- 22,000 FETP Graduates
- 14,190 outbreaks investigated
- 8,680 Surveillance Systems evaluated and/or designed
- 27 Programs Accredited or Reaccredited
- TEPHINET coordinated and co-hosted the 11th TEPHINET Regional Scientific Conference of the Americas in Brasilia, Brazil in September 2023. 172 participants attended with FETP trainees and graduates contributing 75 abstracts to the scientific literature.
- TEPHINET's Global Accrediting Body (GAB) accredited two advanced-level FETPs, India and Namibia, and reaccredited four advanced-level programs including the United States, Brazil, the Philippines and Zimbabwe.

Leadership Team



Patrick O'Carroll, MD, MPH
President & CEO



Ellen Wild, MPH
Chief Operating Officer



Kenya Casey, MSW
Deputy Chief
Operations Officer



Alicia Fry, MD, MPH
Director, Center for
Vaccine Excellence



Lynn Heinisch, MA
Chief External Relations
Officer



Nancy Knight, MD
Chief Science and Programs
Officer



Patrick Lammie, PhD
Director, Neglected Tropical
Disease Support Center



**Slavomira "Cici" Roberts,
MBA, SPHR**
Sr. Director of
Human Resources

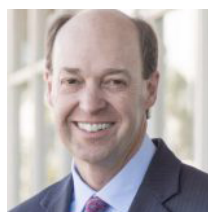
Board of Directors



Kent Alexander, JD
Chair, Board of
Directors



**Walter "Sonny"
Deriso, Jr., JD**
Former Chairman,
Atlantic Capital Bank



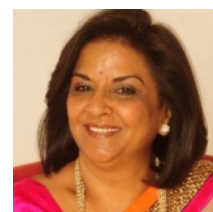
James Jackson, MBA
Chief Marketing
Officer, Hewlett
Packard Enterprise



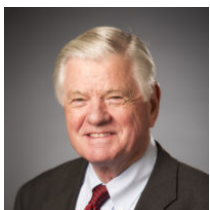
**Stephen N. Keith,
MD, MSPH**
Senior Medical
Director, Syneos
Health



Steven Linowes
Executive and
Entrepreneur,
Healthcare
Companies



Geeta Manek
Real Estate
Development



**Charles "Pete"
McTier**
Retired President,
Robert W. Woodruff
Foundation



**Patrick O'Carroll,
MD, MPH**
President & CEO



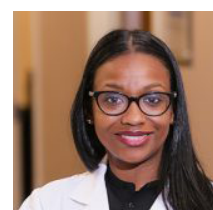
Edwina Payne
Board Director,
Federal Home Loan
Bank of Atlanta



Charles Knirsch
Independent
Consultant



Faye Evans, MD
Assistant Professor of
Anaesthesia, Boston
Children's Hospital



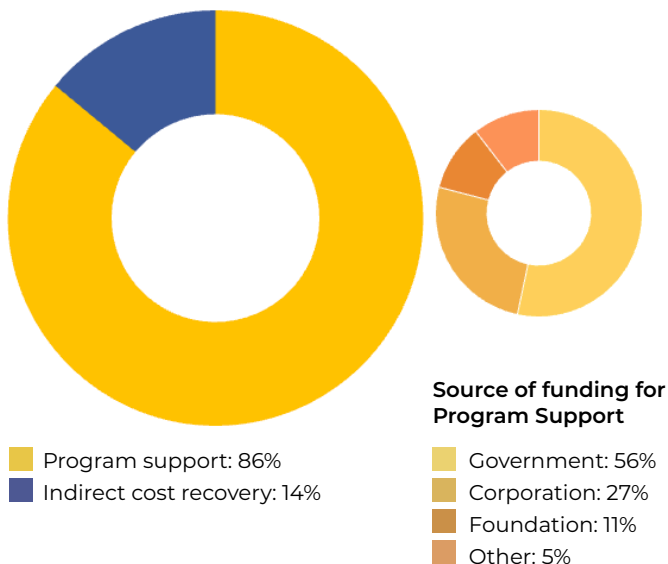
Walkitria Smith, MD
Assistant Professor
and Assistant
Program Director,
Morehouse
Healthcare

FY 24 Financials

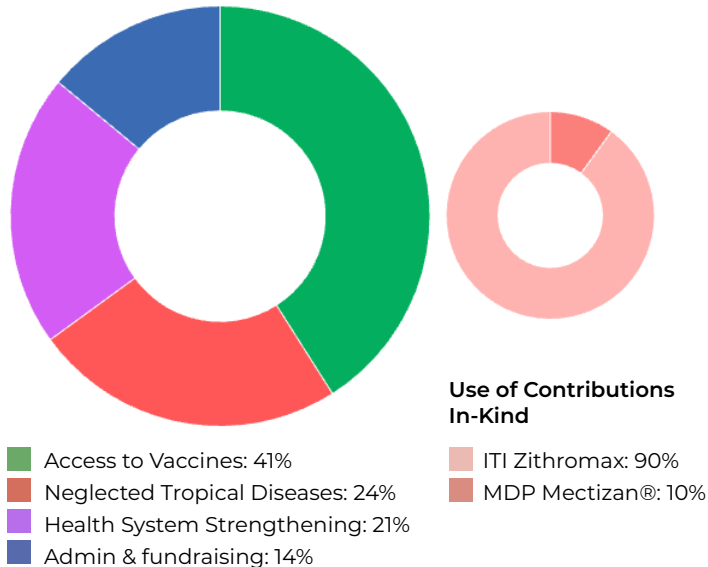
Revenue

FY 24 Revenue: \$96.9 Million

Excluding Contributions In-Kind*



Expenses



*Contributions in Kind are donations of medicine to prevent and treat diseases such as trachoma, lymphatic filariasis and onchocerciasis.

Consolidated Financial Report

ASSETS	Audited 2024	Audited 2023
Cash and cash equivalents	\$41,541,137	\$34,150,722
Investment	\$32,566,322	\$28,383,823
Contributions/grants receivable	\$5,120,717	\$5,144,115
Prepaid expense	\$249,109	\$1,227,390
Land, building and equipment (net)	\$26,762,217	\$30,764,326
TOTAL ASSETS	\$106,239,502	\$99,670,376
LIABILITIES & NET ASSETS		
Liabilities		
Accounts payable	\$6,903,208	\$3,151,546
Accrued absences	\$431,634	\$584,877
Accrued payroll and benefits	\$4,569,208	\$4,359,748
Other accrued liabilities	\$1,217,654	\$2,633,727
Bond payable (building)	\$12,299,651	\$11,848,326
TOTAL LIABILITIES	\$25,421,355	\$22,578,224
Net Assets		
Without Donor Restrictions	\$38,608,965	\$34,334,020
With Donor Restrictions	\$42,209,182	\$42,758,132
TOTAL NET ASSETS	\$80,818,147	\$77,092,152
TOTAL LIABILITIES & NET ASSETS	\$106,239,502	\$99,670,376

REVENUES	Audited 2024	Audited 2023
Investment income	\$3,898,637	\$1,007,787
Program support	\$77,873,781	\$80,050,254
Indirect costs recovery	\$12,450,148	\$13,554,321
Contributions and other revenue	\$2,694,628	\$507,923
Contributions-In-Kind	\$511,468,181	\$628,809,066
TOTAL REVENUE	\$608,385,375	\$723,929,351
EXPENSES		
Programs:		
• Health system strengthening	\$19,549,407	\$26,782,292
• Center for vaccine equity	\$38,221,549	\$36,692,256
• Neglected tropical diseases	\$22,427,652	\$19,100,062
Contributions-In-Kind	\$511,468,181	\$628,809,066
Fundraising	\$207,534	\$80,757
General and administrative	\$12,785,057	\$11,219,861
TOTAL EXPENSE	\$604,659,380	\$722,684,294
Net Assets		
Change in net assets	\$3,725,995	\$1,245,057
Net assets at beginning of period	\$77,092,152	\$60,919,983
NET ASSETS	\$80,818,147	\$62,165,040

Donors & Partners

The Task Force for Global Health is grateful for the generosity of our funding partners and donors. The following individuals, foundations, corporations, government agencies, and nongovernmental organizations contributed \$500 or more in FY24 (September 2023 to August 2024).

Foundations, corporations, government agencies, and nongovernmental organizations

Abbvie	Izumi Foundation
American Association for the Study of Liver Diseases	John C. Martin Foundation
ASCENSION	Johnson & Johnson
Asian Development Bank	Leprosy Research Initiative
Australian National University	Medical Bridges
Bayer US LLC	Medwish International
Big Cities Health Coalition	Merck & Co
Boehringer Ingelheim	Microsoft
Boston Public Health Commission	Minnesota Department of Health
Brother's Brother Foundation	National Association of Chronic Disease Directors
Bryan Allen Events	National Institute for Occupational Safety & Health
CDC Foundation	Novartis Foundation
Centers for Disease Control and Prevention	Pan American Health Organization
Coalition for Epidemic Preparedness Innovations	PDB Foundation
COMISCA	Pfizer Inc.
Conrad N. Hilton Foundation	Pharco Pharmaceuticals Inc.
Convera	Resolve to Save Lives
de Beaumont Foundation	ROCHE Molecular System
Dynavax Technologies	Sanofi Espoir Foundation
Eagle Medical Services	Sasakawa Health Foundation
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Emory University	Social Science Research Council
Evoke Incisive Health	SOS International Inc.
Federal Home Loan Bank of Atlanta	The Albert B. Sabin Vaccine Institute
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Gilead Sciences	The London School of Hygiene & Tropical Medicine
GlaxoSmithKline	Thomas M Harvey Trust
Global Health Campus	University of Minnesota
Global Institute For Disease Elimination	University of Nebraska Medical Center
Health Campaign Effectiveness	University of Washington, WA
Hobson and Lucas Family Foundation	USAID
Huffington Family Foundation	Vertex
Imperial College	Virion Therapeutics
Inter American Development Bank	Washington University
International Network on Health and Hepatitis in Substance Users	World Health Organization
	Zydu Lifesciences

Individuals

Kent and Diane Alexander	Quince Marcum
Julie Armstrong	Teri and Roderick McClure
Jakob Arstein	Mark Mckinlay
Andrew Becke	Charles and Margaret McTier
James Becker	Abby Milstein
Dylan Brock	Leighton E Moss
Debby and Tim Coleman	James Niewenhuis
Stephen Collins	Patrick O'Carroll
Jackson de Campos	Paul A Offit
Walter M Deriso	Walter and Diane Orenstein
Roberta E Dickinson	Edwina Payne
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Thomas M. Harvey	Ari R Weinstein
Alan Hinman	Deborah L Wexler
James Jackson	Ellen Wild
Stephen Keith	Erin Wong
Deborah Kilpatrick	
Steve Linowes	
Geeta Manek	

This annual report was designed by Priya Palani; written and edited by Sumon Ray, Jessica Wurst, Lynn Heinisch, Emily Pelton and Emily Conron; and produced thanks to project management by Cari Kaiser.