

Annual Report 2024

*Advancing resilient communities
on a path towards sustainable development*



Message from the Bridges Co-Founders

2024: A Year of Important Transitions and New Horizons

2024 marked a pivotal chapter for Bridges to Development—a year defined by transitions, achievement, and fresh beginnings. We launched our new strategy, closed two of our flagship initiatives, and embraced exciting new collaborations and projects.

This year, we proudly completed our role as host of the IA2030 Secretariat, having guided its inception, strategic direction, and fostered global collaboration over the past four-and-a-half years. We also celebrated the successful conclusion of the multi-year PINE project with a high-level advocacy event at Japan’s National Diet (legislature)—one of several highlights marking the culmination of four years of partnership.

As we closed some chapters, we stepped into new ones with intention. We welcomed a collaboration with the African Leaders’ Malaria Alliance and launched a project building on our moxidectin work, aimed at advancing tools to help eliminate onchocerciasis. While the year brought change and momentum, it also underscored the complexity of the global health landscape—and the continued need for steadfast commitment in the face of mounting challenges.



The Bridges Leadership Team Retreat 2024

Our Purpose

At Bridges, our purpose is to harness our collective expertise in global health and development to shape dynamic partnerships; bring innovative solutions to scale; and cultivate champions to foster change.

Our Goals

Strengthen partnerships to collaboratively deliver impact

Simplify and accelerate the pathways from innovation to impact

Diversify the voices tackling complex problems locally and globally

Project Spotlight:

Immunization Agenda 2030

The Immunization Agenda 2030 (IA2030) is the global strategy for vaccines and immunization for the decade 2021–2030. Endorsed by the World Health Assembly, IA2030 envisions “a world where everyone, everywhere, at every age, fully benefits from vaccines.”

Partnership

When Bridges was first contracted to support the IA2030 effort in January 2020, we stepped into a moment of great promise—and then uncertainty as the COVID-19 pandemic hit just three months later.

Over the next four and a half years, as Secretariat for the IA2030 partnership, we helped coordinate the global immunization community, including WHO, UNICEF, Gavi, and others through one of the most turbulent periods in health history. Here’s how we turned vision into action, across the pillars of global health collaboration to advance country-driven implementation progress.

Navigating a Pandemic Era

The pandemic tested health systems worldwide, deepened inequities, and placed extraordinary strain on immunization programmes, supply chains, and frontline health workers. Vaccine coverage levels dropped, and the number of zero-dose children—those who received no vaccines—rose sharply. In 2021, there were 18.1 million zero-dose children, up from a baseline of 12.9 million in 2019. With this backdrop, implementing IA2030’s vision became more urgent than ever.

Amid the crisis, there were promising developments. New technologies accelerated—most notably, the rapid development and rollout of COVID-19 vaccines, redefining what was possible in vaccine development. The life-saving power of vaccines was under the global spotlight. At the same time, we saw just how economic instability and misinformation could complicate progress.

Building the Backbone of Partnership

Our early work focused on designing a governance model to support the new partnership. We consulted broadly across country, regional and global levels for inputs on structures needed for effective coordination, shared ownership and accountability. As a result, Bridges produced the [Immunization Agenda 2030 Global Strategy](#), which was endorsed in August 2020 at the Seventy-Third World Health Assembly. The following year, we developed the [IA2030 Framework for Action](#), defining roles and responsibilities, scoping a new Coordination Group and creating a high-level Partnership Council to drive political commitment and advocacy. This successfully translated a strategy on paper into a living, breathing partnership with shared accountability at its core. Bridges then guided these new structures on alignment, knowledge exchange, accountability, ensuring to [document the process](#) along the way.

From Global Vision to Local Action

Strategic alignment was essential—especially in a landscape reshaped by the COVID-19 pandemic. Bridges helped develop regional IA2030 frameworks tailored to each specific regional context, translating the global strategy into localized priorities (for example, the [PAHO regional immunization plan](#)). We also supported WHO in setting future [vaccine R&D priorities](#) and coordinated the development of [National Immunization Strategy guidelines](#), used by countries as they reset and reprioritized during the recovery.

Monitoring and Evaluation: Driving Accountability

Understanding implementation progress and setbacks fueled the engine of IA2030. We worked with partners to develop tools and indicators to monitor progress. Each year, we produced the partnership’s flagship [Technical Progress Report](#), distilling complex monitoring data into clear insights to guide collective action. These reports were then submitted to the World Health Assembly and/or WHO’s Strategic Advisory Group of Experts (SAGE).

Keeping the Partnership Connected

As Secretariat, we kept a vast global partnership—nine core agencies, various technical working groups, and regional stakeholders—aligned and engaged. Amid lockdowns, our virtual collaboration and facilitation created a steady drumbeat of communication, knowledge sharing, and problem-solving. Our continued collaboration with The Geneva Learning Foundation amplified voices of front-line health workers, with tens of thousands committing to local action to recover and strengthen their health systems and immunization services through the Movement for IA2030. The team has ensured that lessons learnt from these dedicated health workers are well [documented in case studies](#) and peer reviewed publications (see publications list).



By 2022, early signs of progress began to emerge. Global coverage for key vaccines like DTP3 climbed modestly from 81% to 84%, and the number of children receiving no doses of vaccines (zero-dose children) decreased by 3.8 million. However, these improvements were uneven, with many low-income countries, particularly in sub-Saharan Africa, struggling to return to pre-pandemic coverage levels.

In response, IA2030 partners came together to create the Big Catch-Up, to reach missed children, restore programme performance, and strengthen national systems for future resilience.

A Milestone and a Model

Our tenure ended as the [Expanded Programme on Immunization \(EPI\)](#) marked its 50th anniversary. Over the past five decades, immunizations have transformed global health—saving over 140 million lives, preventing countless outbreaks, directly contributed to reducing infant deaths by 40% globally and more than 50% in Africa, and ensuring that generations of children receive the protection they deserve¹.

Playing a part in this legacy through IA2030 was both a privilege and a responsibility for our team. We are proud to have contributed to a movement rooted in equity, resilience, and collective ambition. Through turbulent times, we helped to ensure a cohesive global response to immunization challenges. We built a working model that endures and is underpinning efforts to revitalize immunization through the second half of the IA2030 decade.

1. Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. Shattock, Andrew J et al., The Lancet, Volume 403, Issue 10441, 2307 - 2316

Project Spotlight:

Pacific Integrated NTD Elimination (PINE) Project

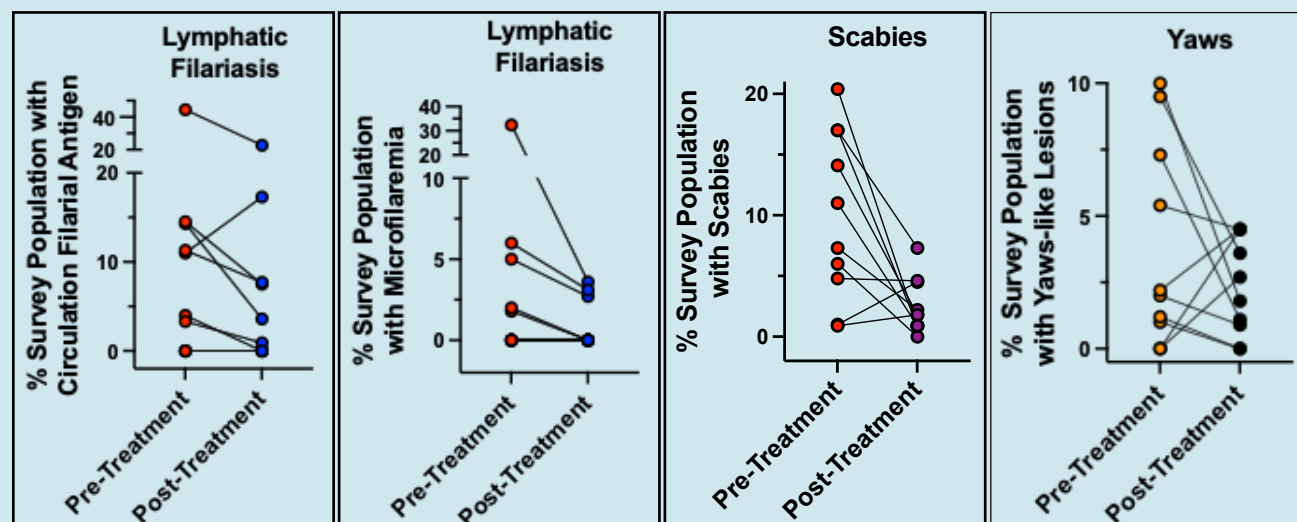


Partnership, Innovation to Impact

Impact of PINE

Despite multiple barriers ranging from the COVID-19 pandemic to volcanic eruptions and cyclones, the PINE project supported the dynamic ministries of health in West New Britain Province of Papua New Guinea (PNG) and 3 provinces of Vanuatu to complete 2 rounds of community based treatment reaching almost 500,000 of the world's most marginalized people. The program delivered integrated treatment and screening for 5 neglected tropical diseases (NTDs) and trained over 2000 community volunteers and health workers, strengthening the health systems and increasing impact and reach. PINE successfully reduced burden of NTDs in both Vanuatu and PNG, (see Figure for PNG results) thus improving health and decreasing the burden on health services.

MoH and local partners worked with the Bridges team to build on PINE, using results to inform planning, like the first PNG National NTD plan. In September, we convened a PINE meeting before the Pacific Coalition for Operational Research on NTDs (COR NTDs) Meeting to [share and discuss key findings](#).



We brought together experts to look at cutting edge work on community sero-surveillance collected in the project to ensure data is used to improve health beyond NTDs. At COR-NTD, the project was able to share the innovative integration model for skin NTDs and offer ideas to both expand and replicate in additional sites.

Celebrating Partnership and Progress: PINE and NTD Advocacy Event in Japan

To build on the project's momentum, Bridges convened a high-level advocacy meeting at the National Diet (legislature) of Japan to celebrate and advocate for continued Japanese investment in NTDs and spotlight the innovations, many from Japanese partners and scientists, put into action in the PINE project. Japan has for decades been a leader for NTDs in the region, committed to addressing their outsized burden on the most impoverished communities. The powerful show of collaboration included the PNG National Department of Health, Vanuatu Ministry of Health, Bridges to Development, the Kirby Institute, Uniting to Combat NTDs, WHO regional offices (WPRO, AFRO, SEARO), Takeda Pharmaceutical Company Limited, representatives from the Japanese Government and multiple Japanese NTD partners.

Mr. Tsuyoshi Matsumoto, Chair of the Diet Taskforce for Eliminating NTDs and former Minister of Internal Affairs and Communications, stated, "contributing to the world also benefits Japan, and I hope that the Japanese people will understand this. As a parliamentary group, we will continue to strongly support the fight against NTDs."

Feedback from partners was overwhelmingly positive, and both Takeda staff and Vanuatu and PNG Ministries of Health expressed how meaningful and memorable it was to connect in person.



Project Highlights:

Evaluating End Malaria Councils (EMCs) for the African Leaders Malaria Alliance (ALMA)

New project



Partnership, Diversifying voices

Since 2018, a total of eight [National End Malaria Councils and Funds](#) have been established by governments and local partners with critical support from [ALMA](#). They aim to mobilise multisectoral advocacy, action, and resources and promote accountability for national malaria strategic plans. ALMA supported Bridges to undertake an evaluation to assess the diverse approaches and extent to which the different EMCs have achieved effectively and efficiently the intended outcomes specific to each EMC, including improved accountability, resource mobilization, and actions at senior levels in their countries to strengthen the national malaria response. Lessons learned and case studies were documented to help inform future and optimal, more sustainable, ways of supporting countries with existing or nascent EMCs. The findings and recommendations from this evaluation will help guide future directions of ALMA's support (and potentially that of other key development partners) to EMCs.

Project Highlights:

New products planning in support of Onchocerciasis elimination



Innovation to impact

We are passionate about supporting the development and access to new tools which help programs overcome barriers and accelerate progress towards WHO NTD Roadmap 2030 goals. We have been working on several projects to support onchocerciasis (river blindness) elimination. Since 2022, we have been working with the non-profit pharmaceutical developer Medicines Development for Global Health on moxidectin, a new treatment for onchocerciasis and lymphatic filariasis (elephantiasis) to support it being efficiently and effectively integrated into programs.

In 2024, we started a new project with the Gates Foundation to support work to overcome a significant barrier to progress in the elimination of onchocerciasis and lymphatic filariasis. Standard treatment is not safe for individuals who have high levels of another parasite, *Loa loa*. To progress in these areas, tools are needed for oncho mapping, *Loa loa* risk mapping and in some settings, to test individuals for *Loa loa* before treatment. We have been working to estimate the need/demand for diagnostics to support these approaches.

Project Highlights:

Building momentum towards an integrated comprehensive approach to FGS



Partnership, Diversifying voices

In the often-overlooked intersection of neglected tropical diseases (NTDs) and women's health, Bridges continues to champion a comprehensive and integrated approach to addressing Female Genital Schistosomiasis (FGS) through multiple activities.

We transitioned out of our role as the founding Chair of the FGS Integration Group (FIG), but we remain actively engaged through the Steering Committee and Communications Working Group—supporting the partnership's growth and direction.

Key highlights for FIG in 2024 included:

- Hosting impactful webinars aimed at equipping sexual and reproductive health (SRH) professionals with knowledge on FGS
- Contributing to advocacy efforts that influenced the UK's SRH aid policy
- Supporting advocacy that led to a commitment from the German government toward FGS programming

In 2023 Bridges concluded the Francophone FGS Training Course, supported by the END Fund. In 2024, we finalized the analysis, [reported to the END Fund](#), and submitted a publication to ensure that the lessons learned are shared and accessible to the global health community.

We continue our work on the Children's Investment Fund Foundation (CIFF) funded FGS integration project in Kenya to explore acceptability, feasibility and cost of integrating FGS into SRH services. In partnership with Frontline AIDS and LVCT Health, we celebrated the publication of findings from our collaborative work on an FGS Minimum Service Package—a key step toward standardized care and service integration. The publication can be found in the "further reading" section.



Caroline Pensotti celebrating International Nurses Day in Kenya with nurses that took part in the minimum service package training.

Project Highlights:

Making progress for a new treatment for intestinal worms: STOP2030

Anticipated uses of fixed dose combination

Addresses many strategic gaps in soil-transmitted helminth (STH) & public health programmes



- Covers the full spectrum of STH parasites prioritized by WHO Neglected Tropical Diseases (NTD) 2030 Roadmap (<https://www.who.int/publications/i/item/9789240010352>)
- Public Health uses in Africa and other regions aligned to WHO Roadmap, targeting diseases impacting ~1.5 billion people globally
 - Mass Drug Administration (MDA) in moderate to high prevalence areas
 - Distribution through clinics in low prevalence areas
- Keeps dosing simple with a single pill versus up to 5 pills if given separately
- The oral-dispersible tablet decreases the risk of choking which is one of the greatest risks in deworming programs
- Responds to the WHO call for paediatric formulations
- Responds to the WHO call for integration: Offers treatment that also covers scabies, lymphatic filariasis, and onchocerciasis in one pill; Simpler administration facilitates integration with other programs (e.g. immunisation campaigns)
- Responds to the global antimicrobial threat by decreasing the risk of resistance developing



Partnership, Innovation to Impact

[STOP2030](#) is a public-private consortium of seven African and European partners working to create the first new treatment for intestinal worms in 40 years, and the first specifically designed to simplify large-scale use in low- and middle-income countries. It began in July 2023 and is likely to finish in 2027. This work is funded by the [European Union’s Horizon Europe research and innovation programme](#) through the [Global Health EDCTP3 Joint Undertaking](#) as well as the [Swiss government’s State Secretariat for Education, Research and Innovation](#).

This new medicine demonstrated safety and efficacy in phase 3 clinical trials completed in 2023 in Africa. The Consortium is now moving it through the European Medicines Agency Scientific Opinion process, WHO prequalification, local licensure in LMICs, and into use in public health programs. The Consortium is providing clinical study data to the WHO to inform policy guidance. Bridges leads the workpackage that includes policy and access decision making by WHO and countries. Bridges also works closely with the family-owned manufacturer, Liconsa Labs, and Mundo Sano Foundation on activities relative to communications, and future supply and financing.

Bridges builds on decades of experience with development of new interventions for LMICs. Critical to Bridges’ role is engaging closely in the design of field studies and modeling to help them anticipate future decisions and plans that otherwise risk slowing or stopping the transition to implementation. Early planning helps to compress timelines, accelerate pace to impact, and improve project efficiency.

During 2024, Bridges’ roles included analyzing likely policy pathways specific to the medicine through which WHO might provide guidance on use. Traditional WHO guideline processes can take more than 2 years and cost hundreds of thousands of dollars. As the medicine is based on a combination of existing products, Bridges is helping to identify more rapid and efficient ways to ensure evidence-based information and guidance is available to decision-makers.

Bridges also developed an initial set of potential strategies for the future supply and financing of the medicine. It will not be donated. Yet through early planning with the manufacturer, funders and countries, Bridges is helping to identify the optimal blending of strategies designed to contribute to the widest and most equitable use in LMICs. This work, exploring supply models that are non-donation based, is both timely and on the critical path to future impact with the marked decrease in traditional Global Health donors that accelerated in 2024.

Project Highlights: RBM Partnership to End Malaria



Partnership, Diversifying voices

During 2024, Bridges continued to advance strategic governance and legal advisory support to the RBM Partnership to End Malaria to make it more accessible, responsive, and effective in its coordination role for the global malaria community. Through close collaboration with a diverse set of RBM partners, we facilitated processes to strengthen organizational effectiveness, leading to a merger of two Partner Committees, and revised terms of reference and operational modalities. This work also brought Working Groups closer to the core of RBM's strategy, ensuring smarter integration and clearer contributions to its annual workplan.

Organisational Updates



Sharing Knowledge, Shaping Conversations







In 2024, the Bridges team proudly lent our voice and expertise to critical conversations in global health—convening partners, sharing insights, and shaping dialogue on emerging and underexplored issues.

We contributed to a range of presentations, posters, and publications that shared valuable learnings from across our portfolio, including on the PINE project, STOP2030, IA2030, and Female Genital Schistosomiasis (FGS). You can explore our publications from 2024 in the “Further Reading” section at the end of this document. At the American Society for Tropical Medicine and Hygiene (ASTMH) Annual Meeting, we organized two impactful symposiums. The first explored how NTD elimination programs and maternal health initiatives can learn from each other to reduce disease burden and maternal mortality. The second highlighted innovative tools supporting NTD control and elimination—focusing on the need to expand access to these tools beyond current drug donation models.

We also continued to serve as the chair of the WHO NTD Strategic and Technical Advisory Group's Monitoring, Evaluation and Research Working Group, supporting this group through major changes at the WHO and re-configuring it for increased impact.

Through these efforts, we continue to champion collaboration, equity, and innovation in global health which are coincidentally, the themes of the three strategic goals in our new strategy!

Bridges Strategy 2024-2028

Vision 	Resilient communities on a path towards sustainable development		
Purpose 	Harness our collective expertise in global health and development to shape dynamic partnerships; bring innovative solutions to scale; and cultivate champions to foster change		
Goals 	 Strengthen partnerships to collaboratively deliver impact	 Simplify and accelerate the pathways from innovation to impact	 Diversify the voices tackling complex problems locally and globally
	<i>Aspirational Goal: Secure resources to pursue even bigger ideas for even faster global change</i>		
	Our Organization <ul style="list-style-type: none">• Sustain a dynamic and creative team of dedicated experts• Commit to learning and continuous improvement• Honour diversity in thought and talents• Invest in the next generation• Be courageous and collaborative	Our Work <ul style="list-style-type: none">• Advancing solutions impacting thousands, millions or billions of people• Inspire increased commitments• Nurture current and generate new partners• Constructively challenge assumptions	

Financial Report




Established in 2018, Bridges to Development operates in Switzerland as a non-profit Swiss Association, and in the United States as a Section 501(c)(3) non-profit organization.

Funding for Bridges in 2024 was received from diverse international organizations, foundations, individuals, and corporations in Europe, the US, and Asia.


Audited financial statements are available on request from finance@bridgestodevelopment.org. Bridges’ financial statements underwent an audit in Switzerland by Gestoval Société Fiduciaire SA according to Swiss Auditing Standards and in the US by Aiken & Sanders, Inc., PS. according to Generally Accepted Auditing Standards (GAAS).

Key Contributors to Bridges' Mission


Board of Directors




Harriet Stanley
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Board Co-Chair (US and Switzerland)




Amélie Baudot
Esq.
Board Co-Chair (US) and Board Member (Switzerland)




Dirk Engels
MD PhD
Board Co-Chair (Switzerland) and Board Member (US)



David Brandling-Bennett, PhD
Board Member



Catharine Howard Taylor, MSc (Econ)
Board Member



Zabeen Moser-Mawji, BSc, PgDip
Board Member

Internship 2024



Amy Nwoku
Amy led the END Fund FGS course data analysis and contributed to the publication as well as supported the PINE final report.



Fardawsa Ahmed
Fardawsa researched innovative NTD financing for STOP2030 and we supported her to pursue a grant from RSTMH and launch her project.

“It was during my time at Bridges that I truly came to understand what meaningful collaboration looks like. At Bridges, we did not simply divide tasks. We co-created. We exchanged ideas, refined each other's thoughts, and developed outputs together in real time. That depth of teamwork and shared ownership was entirely new to me.”

— Amy Nwoku

Acknowledgements

We extend our sincere thanks to the donors who made it possible for Bridges to continue making meaningful contributions to global health and development in 2024. As we transitioned two of our cornerstone projects, we are especially grateful for the generous support of Takeda’s Global CSR Program for the PINE project, and the many partners, including World Health Organization, for supporting us to lead the IA2030 Secretariat for the past 4 ½ years.

We are continually inspired by the dedication of our partners—especially those across national Ministries of Health, community health workers, and the organizations who have walked alongside us in this work. Your collaboration drives our mission forward.

A heartfelt thank you also goes to our families for their unwavering support, to our board for their wise and steady guidance, and to our interns and wider team whose passion and hard work are at the heart of everything we do.

<p>Alan Brooks Co-founder and Managing Partner, Switzerland</p> <p>Julie Jacobson Co-founder and Managing Partner, US</p> <p>Sarah Churchill Co-founder and Partner</p> <p>Cathy Grebert Finance and Operations Manager</p> <p>Nicole Vecchio Project Coordinator</p>	<p>Interns 2024:</p> <p>Amy Nwoku Umea University, Sweden</p> <p>Fardawsa Ahmed Liverpool School of Tropical Medicine, UK</p>	<p>Other contributing team members:</p> <p>Edda Magnus Associate</p> <p>Margaret Baker Georgetown University</p> <p>Caroline Pensotti Associate</p> <p>Ruwan De Mel Associate</p> <p>Eelco Szabo Associate</p> <p>Ian Jones Associate</p>
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Further Reading

PEER REVIEWED PUBLICATIONS 2024

1. [Implementing the immunization agenda 2030: A framework for action through coordinated planning, monitoring & evaluation, ownership & accountability, and communications & advocacy.](#) doi: 10.1016/j.vaccine.2021.09.045
2. [Identifying WHO global priority endemic pathogens for vaccine research and development \(R&D\) using multi-criteria decision analysis \(MCDA\): an objective of the Immunization Agenda 2030.](#) doi: 10.1016/j.ebiom.2024.105424
3. [Towards a sustainable model for a digital learning network in support of the Immunization Agenda 2030 -a mixed methods study with a transdisciplinary component.](#) doi: 10.1371/journal.pgph.0003855.
4. [Sustainable financing for Immunization Agenda 2030.](#) doi: 10.1016/j.vaccine.2022.11.037
5. [Immunization programs to support primary health care and achieve universal health coverage.](#) doi: 10.1016/j.vaccine.2022.09.086
6. [Minimum Service Package for the integration of female genital schistosomiasis into sexual and reproductive health and rights interventions.](#) doi: 10.3389/fitd.2024.1321069

OTHER 2024 RESOURCES

1. [Final Project Report to the End Fund on: Female Genital Schistosomiasis \(FGS\) Training Workshops to Catalyze Action](#)
2. [Presentation at COR-NTD Pacific Region Meeting, Brisbane, 2024. "Multi-level integration: The PINE project experience in PNG and Vanuatu"](#)



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