INNOVATING FOR THE FUTURE

Learning, Adapting, and Leading Forward

ARIADNE LABS

2024 ANNUAL REPORT

ANNUAL REPORT 2024

We remain steadfast in our commitment to designing, testing, and scaling solutions that address the most pressing health care challenges.

We find ourselves at a defining juncture for public health. Around the world, communities are facing profound challenges — unprecedented disruptions, pressing questions about the future of care, the promise (and peril) of AI, and the ongoing struggle to deliver life-saving interventions in an evolving landscape. In times like these, uncertainty can be daunting. But uncertainty is not new to us at Ariadne Labs. It is where we innovate, adapt, and push forward.

As we reflect on 2024, we do so with a deep sense of purpose and unwavering commitment. This year, we expanded access to health care in rural America, explored new ways to make childbirth safer globally, and harnessed digital technology to transform surgical recovery and improve serious illness conversations. We led our first full course at the Harvard T.H. Chan School of Public Health, equipping the next generation with practical strategies to tackle challenges of the future. We advanced proven tools while launching new initiatives for improving the care of dementia, type 1 diabetes, and chronic metabolic diseases — ensuring that our work evolves to meet the needs of patients and clinicians alike. In total, we touched more than 140 million patient lives in 2024 and worked directly with more than 147,000 health care professionals worldwide.

Recent unprecedented fiscal challenges across public health, academia, and the nonprofit world have affected Ariadne Labs as well. We have faced a series of painful cuts that forced us to respond and pivot rapidly. Several projects were halted, including three large USAID projects and a major surgical safety trial, resulting in significant aggregate losses in terms of work, colleagues, impact, and revenue. This moment has tested our resilience and ultimately revealed and renewed our strengths. As we look ahead with determination and pragmatic optimism, we are deeply grateful for the continued partnership of our longstanding supporters and welcome our new partners who believe in our mission and future.

We remain steadfast in our commitment to designing, testing, and scaling solutions that address the most pressing health care challenges. We do so with a commitment to building innovations that are simple, systems-focused, and scalable. We lean on our decade of experience, our global network of partners, and our unwavering belief in the power of science and human-centered innovation.

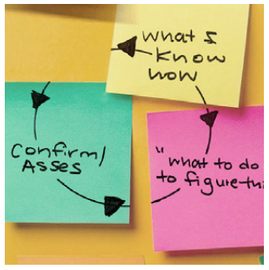
As I enter my sixth year as Executive Director, I am continually humbled by the generosity and passion of our community. Together, we will continue to ensure that every person, everywhere, has access to the health care they deserve.

Asaf Bitton, MD, MPH
Executive Director, Ariadne Labs

Solving Public Health Challenges, Now and into the Future

The next generation of public health demands new approaches. We continue to innovate for the public health challenges of the future. We are identifying new gaps and using human-centered design to create real-world solutions.

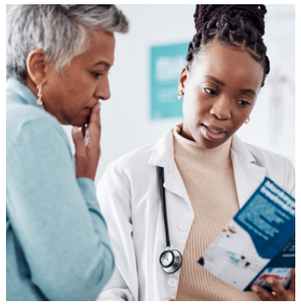
Essential Communication: Supporting Primary Care Clinicians in Early Dementia Care



The Challenge: ***A timely, accurate, and empathetic diagnosis of dementia can help patients and caregivers better manage the uncertainties and complexities of the disease. However, time constraints, perceived lack of effective treatment or community-based supports, and concerns about breaking bad news can make diagnosing and discussing dementia in a primary care setting difficult.***

How We're Responding: In 2024, Ariadne Labs launched the Essential Communication project to develop tools to equip primary care clinicians with the confidence, skills, and support they need to compassionately diagnose and discuss dementia. Building on our significant experience in serious illness communication and primary care improvement, the work aims to prepare clinicians for these difficult conversations and bolster their emotional awareness in acknowledging the challenging aspects of dementia. Working with a diverse range of patients, families, clinicians, and researchers, we are creating solutions that will enhance empathic communication to bolster effective diagnosis, disclosure, decision-making, and support.

Caring for the Whole Person: A Toolkit for Holistic Clinician Communication



The Challenge: ***Nearly one in three Americans lives with a chronic illness, driving preventable suffering, complications, and high health care costs. At the same time, non-medical factors (environmental, social, and economic) determine a large portion of a person's health. Understanding and addressing these critical factors requires a holistic perspective that is challenging to elicit in short, hurried visits. Unsurprisingly, these broad factors contributing to health are rarely addressed in a medical setting, and there is no structured approach for primary care clinicians to incorporate these comprehensive discussions into their practice.***

How We're Responding: Drawing on the Serious Illness Care team's decade of experience designing structured communication approaches, scalable training, and system-level interventions, Ariadne Labs launched the Whole Person Care project to close this gap. By better understanding what matters to patients and eliciting their complete story in an efficient and technologically enabled way, clinicians are able to deliver more holistic care that could help slow disease progression or prevent complications. The team is currently in early design phases, with the goal of creating a toolkit and technologies to guide conversations about health and wellbeing for every patient.

Taking Early Action on Type 1 Diabetes

THE U.S. COALITION FOR Early T1D Action

The Challenge: ***Type 1 diabetes often goes undiagnosed until it leads to serious complications. By identifying children who may be at risk, new screenings offer an opportunity for earlier detection, better management, and possible treatment to delay symptomatic disease onset. However, these screenings have been used in limited settings, and few clinicians are equipped to offer them or the required follow-up care.***

How We're Responding: Leveraging our expertise in convening influential leaders, we launched the U.S. Coalition for Early T1D Action to bring together clinicians, researchers, policy makers, payers, health care administrators, and caregivers to drive change. Through a human-centered design process, we will work with the Coalition to create a workflow that will support clinicians in screening eligible patients in their practice. We will also develop plans to test and implement the tools in clinical settings.

Training the next generation of public health practitioners

Improvement by Design

In 2024, Ariadne Labs offered our first course at the Harvard T.H. Chan School of Public Health: Improvement by Design — Using the Science of Design, Test, and Spread to Innovate and Improve Healthcare. Our experts shared practical strategies for creating solutions that can make a difference in health care and public health to educate the next generation of health care innovators. The course, offered again in 2025, is part of Harvard T.H. Chan School of Public Health's Program in Clinical Effectiveness.

Spark Grants: Our Innovation Pipeline

Three Spark Grants were awarded in the 2023–2024 cycle to support work in improving quality of life in nursing homes, fostering shared decision-making during early labor, and enhancing the physical design of childbirth spaces to improve outcomes and experiences.

HIGHLIGHTS INCLUDE:

- A project, led by **Joyce Edmonds,** PhD, MPH, RN, to support shared decision-making in early labor, developed a patient-facing tool to help patients decide when to go to the hospital once labor begins. The team is currently seeking funding to test the guide and develop a clinician-facing companion tool.
- With a second year of Spark Grant funding, **Rachel Broudy,** MD, and team led a pilot study of the Wellbeing Toolkit for person-centered nursing home care, implementing the workflow at two nursing homes in Mississippi. Users of the toolkit gave very positive feedback, highlighting that the tool is both acceptable and feasible to implement. The team is currently seeking external funding for continued testing and spread.
- **Deb Rosenberg,** RN, MArch, AIA, led a project exploring how physical design elements, such as insufficient lighting, lack of space, and complicated layouts, affect childbirth outcomes in low-resource settings across low-income countries. The team spoke with clinicians, architects, and administrators to understand opportunities for low-cost, high-yield improvements.

Beyond the Arc: Expanding Our Pathways of Spread

As our work continues to grow, so does the need for innovative thinking to sustain the long-term scale of our solutions.

Members of the TeamBirth team visit a birth facility in Nepal.

TEST

SPREAD

This year, both **TeamBirth** and **Better Evidence** took the next step in late-stage spread that will allow our solutions to reach more people, in more places. After joining the Ariadne Labs portfolio following Spark Grant funding, both programs grew rapidly and saw potential to accelerate their growth with new opportunities for spread.

Spinout Accelerates Spread of TeamBirth

In 2024, **Unravel Healthcare** was launched as an independent spinout of Ariadne Labs. Unravel is dedicated to spreading TeamBirth to hospitals and health systems around the country, allowing for the strong partnerships and frontline implementation support needed for large-scale spread. Since TeamBirth was implemented at its first hospitals in 2019, it has reached more than 200 birth facilities in the United States. As the team enters into later stages of spread, this spinout will allow for more dedicated focus on implementation, while Ariadne Labs continues to lead TeamBirth innovation and research.

UNRAVEL Healthcare

"TeamBirth was born out of a deep belief that every person giving birth deserves to feel safe, heard, and respected. At Ariadne Labs, we proved that better communication and teamwork can transform care. With the launch of Unravel Healthcare, we now have the opportunity to take that vision further, faster — bringing the power of TeamBirth to more hospitals and more families. I'm incredibly proud of what we've built together and excited to lead this next chapter."

— Amber Weiseth, Founder and CEO of Unravel Healthcare; Director of TeamBirth at Ariadne Labs

Better Evidence Transition Supports Enhanced Scale

At the end of 2024, the **Better Evidence** program transitioned to the Division of Global Health Equity at Brigham and Women's Hospital, a move that will enable them to continue to expand their impact as they focus on late-stage scaling partnerships. Better Evidence joined Ariadne Labs in 2016 following a Spark Grant that sought to expand their impact. During their eight years as a core program of Ariadne Labs, the team grew from facilitating a few thousand subscriptions of digital clinical tools annually to more than a quarter million in over 180 countries in 2024. In addition, they provided subscriptions to faculty, staff, and students at more than 100 medical schools throughout Africa.

Impact Metrics

140 MILLION

Patient Lives Touched in FY24

While we push ahead to meet new challenges, we continue to save lives and reduce suffering around the world. Our programs in Maternal and Child Health, Patient Safety, Integrated Care Models, and Health Care at Home are driving progress in improving health care and making an impact on real lives around the world, every day.

55 tools designed, tested, and spread

Worked with 259 health systems

Worked directly with more than 147k clinicians

56k health care professionals trained

83 peer-reviewed publications

14.9k downloads of tools and resources

Maternal and Child Health

Everyone deserves safety and dignity in childbirth.

We address challenges across the ecosystem of maternal health care so that every person giving birth receives safe, respectful, high-quality care, and even the most vulnerable infants have the chance to survive and thrive.

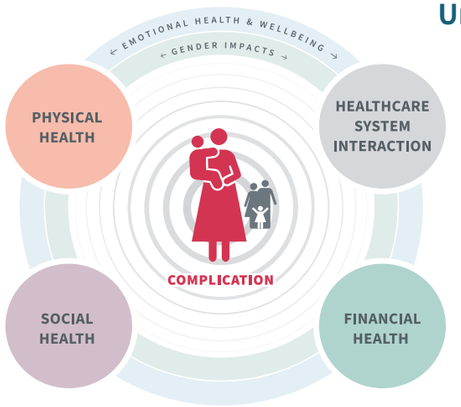
Fostering Support for Vulnerable Infants

In 2024, the **LIFT-UP** (Low Birthweight & Preterm Infant Feeding Trial and Supportive Care Package) team designed and began piloting resources to improve feeding for vulnerable newborns in India, Tanzania, and Malawi. The Feeding Support Plus package includes a training curriculum for clinical staff and patient education materials for best practices on lactation and breast milk feeding, kangaroo mother care (KMC), psychosocial health, and hygiene. The package will be implemented and evaluated for improvement in lactation, infant feeding, and KMC at study sites in each of the three countries. It will later be tested alongside the use of human milk fortifier in a randomized controlled trial examining the effects on growth in very preterm and very low birthweight infants.

Clinical staff attend a training at a LIFT-UP study site.

Making C-Sections Safer Globally

As part of a USAID MOMENTUM project, Ariadne Labs launched work to develop a Safe Cesarean Checklist. The Checklist is a team-based communication tool to ensure adherence to evidence-based practices and reinforce respectful maternity and newborn care during C-sections in India. The team convened more than 50 stakeholders to gather feedback to inform a checklist prototype and is currently seeking further funding to test the checklist's usability and feasibility.



Understanding the Ripple Effects of Childbirth Complications

The **BetterBirth** team spent a week in our Boston office with partners from the KEMRI-Wellcome Trust diving into Beyond Survival study data. The study, based in Kenya, followed mothers throughout pregnancy, birth, and postpartum to examine the ripple effects of birth complications on future health and wellbeing. This in-person collaboration helped the team organize an immense data set into central themes to inform a report and recommendations to better support mothers and families. In future phases of the work, the team will use the evidence generated to guide design of an intervention while collaborating with clinical sites.

International Collaborations Highlight Continued Learning from Safe Childbirth Checklist Spread

In 2024, the **BetterBirth** team hosted two international visiting scientists as well as colleagues from Brazil to exchange learnings in Safe Childbirth Checklist implementation.

Katherine Semrau Presents at White House Convening

Ariadne Labs Deputy Director **Katherine Semrau,** PhD, MPH, presented at the White House convening, "Exploring Global Strategies to Support Families with Young Children." The event brought together global experts to explore what the US could learn from Maternal and Child Health interventions around the world. Dr. Semrau shared findings on how hospitals in Mexico and Brazil are implementing the WHO Safe Childbirth Checklist to make childbirth safer.

Taking TeamBirth Global

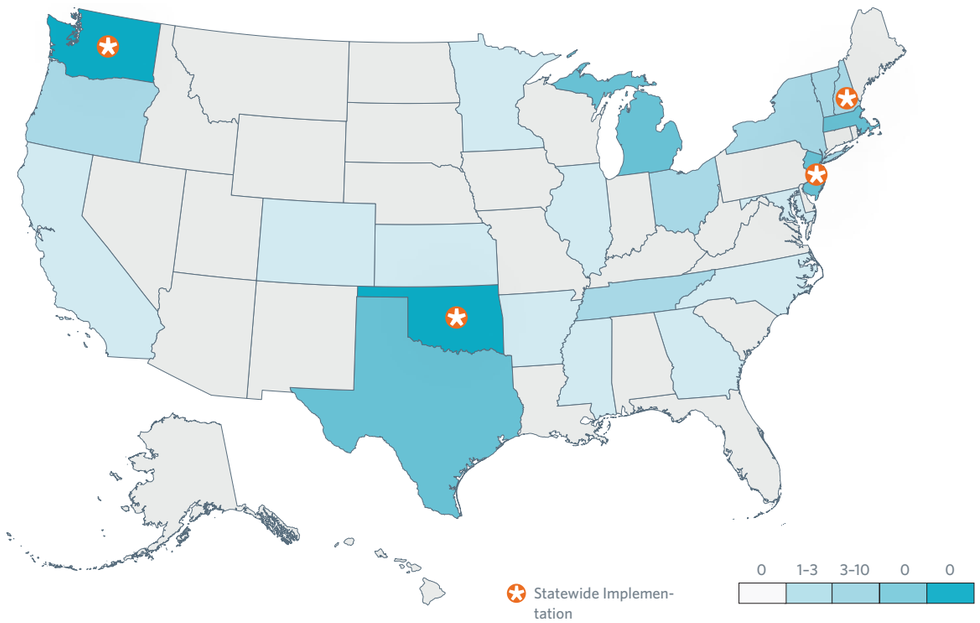
TeamBirth aims to be a global standard for respectful maternity care that can be adapted to diverse health care systems and cultural contexts. Since 2021, TeamBirth has been implemented in nine hospitals in Sweden. In 2024, members of the DDI team traveled to Nepal to engage with stakeholders on the potential to adapt TeamBirth for a Nepali context. This collaboration, if successful, could serve as a foundation for expanding TeamBirth's global reach in low- and middle-income settings.

TeamBirth Continues to Spread Across the US

- Expanded to an additional 34 hospitals in five new states
- The team completed rollout of TeamBirth across the state of Oklahoma.

Total number of hospital systems using TeamBirth (including Sweden) **208**

A new publication showed that patients who experience at least one TeamBirth huddle during labor and delivery score significantly higher on measures of shared decision-making and autonomy.



Patient Safety

Health care should heal. Our work in patient safety aims to make health care safer for patients, while supporting health systems in responding if a patient is harmed.

Participants in the Collaborative have come from nearly

30
HEALTH SYSTEMS

representing more than

300
HOSPITALS

Responding to Patient Harm

In 2024, the **Pathway to Accountability, Compassion, and Transparency** (PACT) team completed the second wave of the PACT Collaborative, which provides participants with innovative tools and robust support to successfully implement comprehensive, highly reliable communication and resolution programs (CRPs). To date, participants in the Collaborative have come from nearly 30 health systems, representing more than 300 hospitals, two large ambulatory systems, a specialty organization, and a senior living facility across 33 states. The team recruited for the third wave of the Collaborative, which began in February 2025. PACT also launched the Leadership and Innovation Network, a first-of-its-kind initiative to bring together thought leaders, national experts, and organizations committed to improving how health care systems respond to patient harm.

In addition, CMS announced a new Patient Safety Structural Measure, which will soon require health systems to publicly attest to having a reliable harm response program. This measure underscores the importance of programs like PACT to guide health systems in implementing these critical changes.

New Technology Measures Checklist Performance at Scale

The WHO Surgical Safety Checklist is in use in 70% of the world's countries and has been associated with a reduction in surgical deaths of up to 36%. Despite its success, measuring how well teams are adhering to its practices on a large scale has been difficult due to the need for direct, in-person observation. In 2024, the **Safe Surgery/Safe Systems** team evaluated checklist performance at scale using data from the OR Black Box, a multichannel surgical data capture platform.

The study allowed the team to look at checklist use in more than 7,000 surgical cases across seven academic medical centers without the need for a physical presence in the OR. The data provides useful insights into which practices are not being routinely completed and offers an opportunity to use Black Box data to improve processes in the OR.

Monitoring Surgical Recovery at Home for Older Adults

The **Safe Surgery/Safe Systems** team launched work to develop and evaluate a digital application to support older adults and their caregivers during the transition home after major surgery. Patients are returning home from surgery earlier in their recovery than ever before; however, patients and caregivers are often underprepared, putting patients at risk for poor long-term outcomes. Older patients, in particular, are at increased risk for slow recovery, loss of independence, and complications. To improve outcomes and better support caregivers, the team aims to create a tool to act as a virtual coach to prepare and support patients and caregivers through the transition home after major surgery.

Through interviews and focus groups, the team is building an understanding of what patients and their caregivers need during surgical recovery and how communication can be more effective as they recover at home. The team completed their interviews in 2024, and in 2025 will be designing the initial version of the communication intervention and pilot-testing it for refinement.

The study allowed the team to look at checklist use in more than

7,000
SURGICAL CASES

MyPOSH provides real-time support for home recovery after surgery.

Integrated Care Models

Health care is complex. Its many pieces need to work well together in order for patients to receive high-quality care. This means effective integration and communication among clinicians, between clinicians and patients, and across systems. We design solutions for stronger, more integrated systems at the local, national, and global levels.

Sometimes patient care is about getting to know your patient...

Centering Wellbeing in Nursing Home Care

The **Eldercare team** continued to develop and refine the Wellbeing Toolkit, developed to systematically put wellbeing at the center of care for all people living in nursing homes. This toolkit offers a process for nursing home staff to learn about what matters to residents beyond their medical needs and use that knowledge to develop activities and care plans that support wellbeing.

A team at Ariadne practices using the Living Well with Dementia Toolkit.

Building Support for People Living with Dementia

In 2024, the **Eldercare team** designed a prototype of the Living Well with Dementia Toolkit, created to help families develop the knowledge, skills, and support to live well with dementia. The Toolkit offers practical resources to navigate each step of dementia care, including worksheets for clinicians and patients to check in on key topics, create action plans, and identify networks of support. It also includes Conversation Cards to address the many aspects of living with dementia and a set of Emotion Cards to help clinicians understand the person's experience and how they are feeling about it at a point in time. The Toolkit is currently being tested in an implementation pilot at three sites.

"BP Sawa" in Swahili means "Blood Pressure OK"

Managing Hypertension with Proactive Care

Ariadne Labs' Primary Health Care team collaborated with Endless Network and Penda Health, a Kenya-based health care provider, to design and pilot a chronic care management program to improve health outcomes for patients with hypertension. The teams designed the BP Sawa intervention, in Swahili meaning "Blood Pressure OK," through a patient and clinician journey-mapping and co-design process. BP Sawa aims to demonstrate the power of a proactive, primary health care-focused health delivery model.

A clinical team at a Penda Health clinic in Kenya.

Designing Funding Models to Support Value-Based Primary Care

The CMS Innovation Center in 2024 announced the ACO Primary Care Flex Model, a new payment model designed to encourage team-based, person-centered, and equitable care. **Asaf Bitton,** MD, MPH, contributed significantly to development of the model, which will provide Accountable Care Organizations with predictable payments to allow for more flexibility to shift from visit-based care to value-based care. The payments can also fund services such as proactive patient outreach and integration of interdisciplinary teams that are underfunded in current fee-for-service models.

Measuring Primary Health Care Impact

In 2023, Ariadne Labs supported USAID in developing their first primary health care measurement framework. Subsequently in 2024, Ariadne was asked to provide technical assistance to 12 USAID Primary Impact focus countries to adapt and implement the framework in alignment with the agency's commitment to partnering with local Ministries of Health to strengthen community-based primary health care systems.

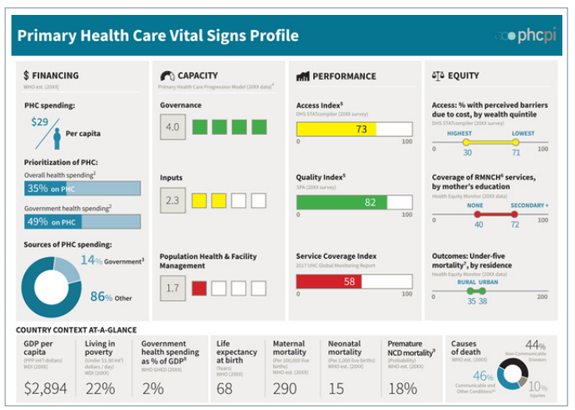
Additionally, Ariadne Labs was asked to co-design and pilot a primary health care maturity model to improve evidence-based decision-making and strengthen systems at national and subnational levels.

Strengthening Health Services in Ghana

As a resource partner for PROPEL Health, a USAID-funded project, the **Primary Health Care team** helped plan and facilitate the first global convening of USAID Missions to share experiences and brainstorm new strategies to expand investments in primary health care. The team worked with Ghana Health Services and their development partners to diagnose challenges and design solutions to improve the implementation of a new primary health care delivery model.

How Scorecards Are Improving Primary Health Care

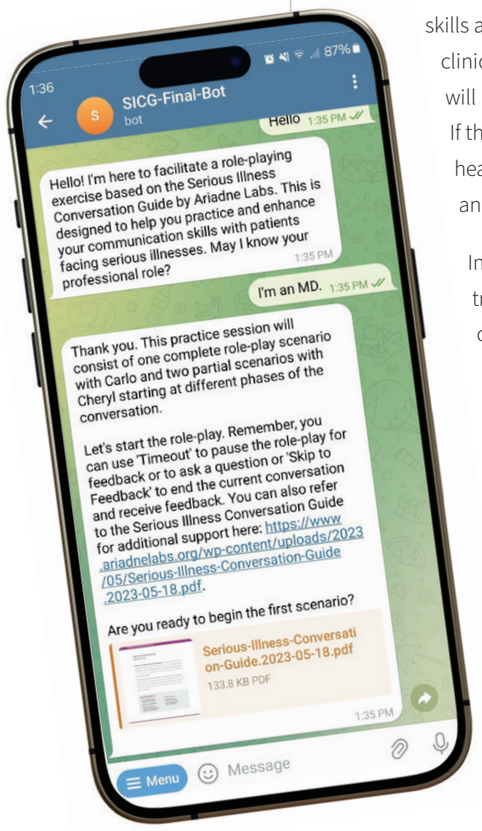
In Health Affairs, Ariadne Labs' **Asaf Bitton,** MD, MPH, **Joey Ross,** MPA, and **June-Ho Kim,** MD, MPH, joined Massachusetts Health Quality Partners CEO Barbara Rabson and Milbank Memorial Fund President Christopher Koller to examine how primary care scorecards have been used to improve primary health care systems globally, and how they can be used to strengthen primary care in the US.



Scaling Communication Skills Training with Digital Technology

Through a partnership with the Healing Works Foundation, the **Serious Illness Care Program** is testing whether their digital, avatar-based training is as effective as traditional, instructor-led training in teaching clinician communication skills and encouraging use of the Serious Illness Conversation Guide. Fifty clinicians will complete either the digital or traditional training. The team will measure how many conversations each clinician has in their practice. If the results between groups are similar, this approach could enhance health equity by expanding training availability to more diverse systems and reaching a broader range of patients.

In a partnership with Dimagi, the team is also testing a digital refresher training using an AI chatbot, which will allow previously trained clinicians to quickly refresh their skills before a patient conversation.



...this approach could enhance health equity by expanding training availability to more diverse systems and reaching a broader range of patients.

Expanding the Serious Illness Care Workforce

Over the past 10 years, nearly 300,000 clinicians have been trained in the **Serious Illness Care Program.** In 2024, the Serious Illness Care team continued to grow the serious illness care workforce with a tool to help social workers initiate serious illness conversations. Designed to be used alongside the Serious Illness Conversation Guide, the tool highlights the important perspectives and skills that social workers bring to the conversation, such as the ability to assess psychosocial factors, identify resource needs and refer to supports, and promote cultural humility. The tool offers suggested approaches to discussing prognosis in a way that aligns with social workers' clinical expertise.

The Precision Population Health team traveled to Alaska to support the Southcentral Foundation's screening program.

Expanding Genomic Screening Opportunities for Alaska Native People

The **Precision Population Health** program partnered with the Southcentral Foundation to co-design and pilot the first-ever proactive genetic screening program for Alaska Native people in primary care clinics. The Foundation is an Alaska Native-owned health system that primarily serves the Alaska Native people. This work is expanding genomic research in this population, which has historically been underrepresented. Participants expressed high rates of satisfaction with the clinical pathway and are interested in expanding the offerings of the screening. The team is currently working to expand eligibility to a larger population in the Anchorage area.

ICoNS Hosts Third Annual Conference

As founding members of the International Consortium on Newborn Sequencing, the **Precision Population Health** team co-hosted the third annual meeting of the International Consortium on Newborn Sequencing (ICoNS'24) in New York City and is planning for the 2025 annual meeting in London. Since its launch three years ago, the Consortium has grown to 500 members representing more than 50 countries, now becoming the leading consortium in the field globally.

Health Care at Home

Expanding Home Hospital Care for Rural Americans

In 2024, the team completed data collection for the first-ever international **rural home hospital** randomized controlled trial. The trial enrolled more than 160 patients across three sites in the US and Canada. Results are expected in 2025.

In addition, the Home Hospital team published findings from a study conducted with the University of Utah, which found that delivering hospital care to rural patients in their homes was both possible and acceptable for patients and clinicians. The study highlighted the importance of team dynamics, technology, workflows, and care coordination for successful admission and offers important learnings to inform program design and training for rural home hospital teams.

The trial enrolled more than

160

PATIENTS

across three sites in the US and Canada

Expanding the Possibilities of Home Hospital Care

The team continues to expand applications of the home hospital model. In 2024, the team completed simulations of their **Behavioral Health Home Hospital** model to test and refine a model for delivering acute psychiatric care at home. This care model was developed with an advisory board of leaders in inpatient and outpatient care, including physicians, psychiatrists, social workers, nurses, and patient advocates. The team is now preparing to test the model's feasibility and acceptability with real patients in a pilot randomized controlled trial scheduled to launch in the fall of 2025.

The team also launched the **Home Hospital for Patients Experiencing Homelessness project,** which will test the feasibility and acceptability of providing acute care to people experiencing homelessness in the places where they live, with the support of housing partners. Following simulations and trainings, the team has launched the pilot study in partnership with Mass General Brigham Healthcare at Home and the Safe Haven program at the New England Center and Home for Veterans.

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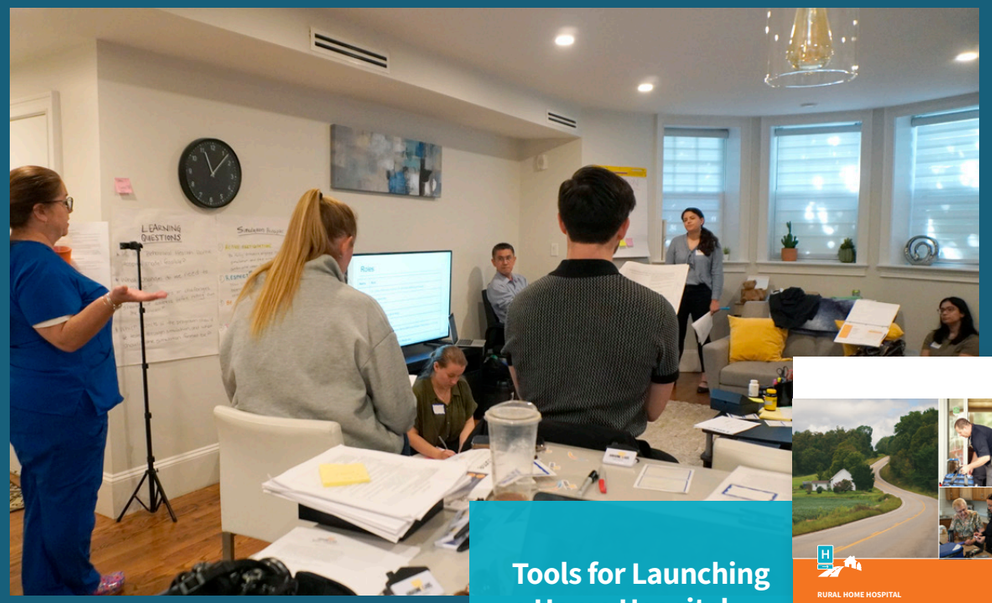


The Home Hospital team led a simulation of their home-based model of behavioral health care.

Tools for Launching a Home Hospital Program

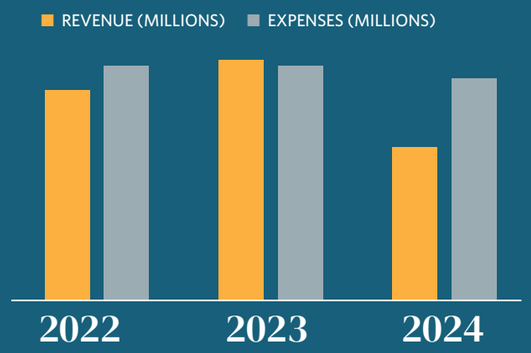
Launching a home hospital program can be a daunting, resource-intensive task for health systems. To ease the burden of getting a program off the ground, the Home Hospital team has released a Rural Home Hospital Implementation Roadmap, as well as a series of tools developed through the Home Hospital Early Adopters Accelerator. The tools are available free of charge via a licensing agreement, and include checklists, workflows, inclusion criteria, and more essential products to support the spread and scale of home hospital.

Financials

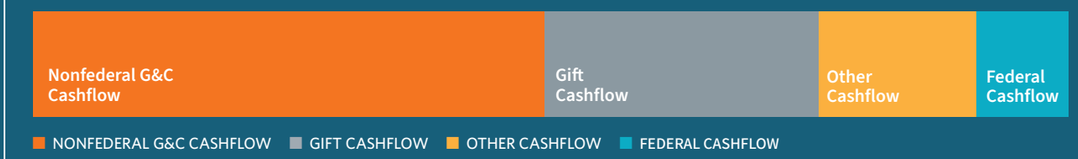
While our 2024 financial picture reflects a significant shortfall of approximately $6 million, this discrepancy is due largely to timing delays in incoming grants and donor gifts and is not reflective of long-term trends. Most of the shortfall was made up in revenue that we received by early 2025. We then faced new challenges with loss of federal funds in early 2025, but have stabilized our fiscal outlook through expense management and new revenue sources. As compared to FY23, we have decreased our expenditures by more than $1 million.

While focusing on identifying new funding sources, we have also undertaken organization-wide efforts to further curb expenditures and ensure long-term sustainability, including reducing our head count and decreasing our physical footprint.

While this uncertain economic time continues to impact public health funding and charitable giving opportunities, we remain focused on being strong stewards of every dollar invested.



FY24 Cash Inflow By Source $14.2MM



FY24 Cash Outflow by Source $20.5MM

Supporters List

This list includes grants and donors during our 2024 fiscal year (October 1, 2023 — September 30, 2024).

Abrams Capital

Abundance Foundation

Amazon

American Board of Family Medicine

Anonymous (multiple)

Arthur Vining Davis Foundations

Ballmer Group through Washington State Hospital Association

The Boston Foundation

Centers for Disease Control and Prevention through Association of Immunization Managers

Centers for Disease Control and Prevention through Vanderbilt University Medical Center

Charina Endowment

Child Poverty Action Lab

The Cleveland Clinic Foundation

CRP Action Network

Danaher Foundation

Donahue Family

Endless Health

Exeter Hospital

Sarah François-Poncet

Gates Foundation

Gates Foundation through Addis Ababa University

Gates Foundation through London School of Hygiene and Tropical Medicine

Gates Foundation through PAI

George Kaiser Family Foundation

Global Impact

Health Commons Project

Health Resources and Services Administration via The Board of Regents of the University of Oklahoma

Horace W. Goldsmith Foundation

ICoNs

Jewish Healthcare Foundation

John A. Hartford Foundation through University of Washington—Seattle

The Klarman Family Foundation

Laerdal Foundation

Karin and Nick Leschly

Laura and Scott Malkin

March of Dimes Birth Defects Foundation

Merck for Mothers through Jhpiego Corporation

National Institutes of Health through Dimagi, Inc.

Noora Health

North Carolina Healthcare Foundation

Donny Platner and Cassie Pearce

Norman and Susan Posner

Public Health Service — AHRQ

The Rita and Alex Hillman Foundation

Robert Wood Johnson Foundation through New Jersey Health Care Quality Institute

Rx Foundation

The Spivy Family

State of New Jersey Department of Health through New Jersey Health Care Quality Institute

Surgo Foundation

Thompson Family Foundation

US Agency for International Development (USAID) through EngenderHealth

US Agency for International Development (USAID) through Population Reference Bureau

Vertex Pharmaceuticals Incorporated through Feinstein Institutes for Medical Research

Virtua Health Organization through New Jersey Health Care Quality Institute

Hugh Warren

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Co-founder and CEO, Cyclerion Therapeutics

KARIN S. LESCHLY, MD, FAAFP
Medical Provider, Geiger Gibson Community Health Center

Associate Professor, Boston University Department of Family Medicine

AMBASSADOR ROMAN F. MACAYA
Menschel Senior Leadership Fellow, Harvard T.H. Chan School of Public Health

Former Executive President of the Costa Rican Social Security Fund

Former Ambassador of Costa Rica to the United States

JOHN M. MARAGANORE, PHD
Founding CEO, Alnylam

KATHRYN REXRODE, MD, MPH
Chief Academic Officer, Division of Women's Health, Brigham and Women's Hospital

Professor, Harvard Medical School

JASON YEUNG, MPHIL
Founding Managing Director and Portfolio Manager, Morgan Stanley

GWILL E. YORK, MBA
Founding Managing Director, Lighthouse Capital Partners

Atul Gawande returns to the Lab

In early 2025, Ariadne Labs **co-founder Atul Gawande, MD, MPH,** returned as Distinguished Professor in Residence after three years as Assistant Administrator for Global Health at the U.S. Agency for International Development. At a January event, he shared insights from his USAID tenure, highlighting progress in global health and the power of teamwork. At Ariadne Labs, Dr. Gawande is pursuing three major initiatives: authoring *How Minds Change*, a book on driving change in resistant systems; leading new efforts to advance systems innovation; and producing a documentary on the consequences of retreating from US investment in global and domestic health.