USAID FROM THE AMERICAN PEOPLE

HRH2030 HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR U.S. President's Emergency Plan for AIDS Relief

Integrating the Health and Social Services Workforce to Achieve Health for All

3/16/2021

USAID FROM THE AMERICAN PEOPLE

HRH2030 HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR U.S. President's Emergency Plan for AIDS Relief

Welcome

Wanda Jaskiewicz

HRH2030 Project Director, Chemonics

ABOUT HRH2030

OUR MISSION

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes and advance universal health coverage.

AGENDA

WELCOME

Wanda Jaskiewicz, Project Director, HRH2030, Chemonics

OPENING REMARKS

Hugh Salmon, Director, Global Social Service Workforce Alliance

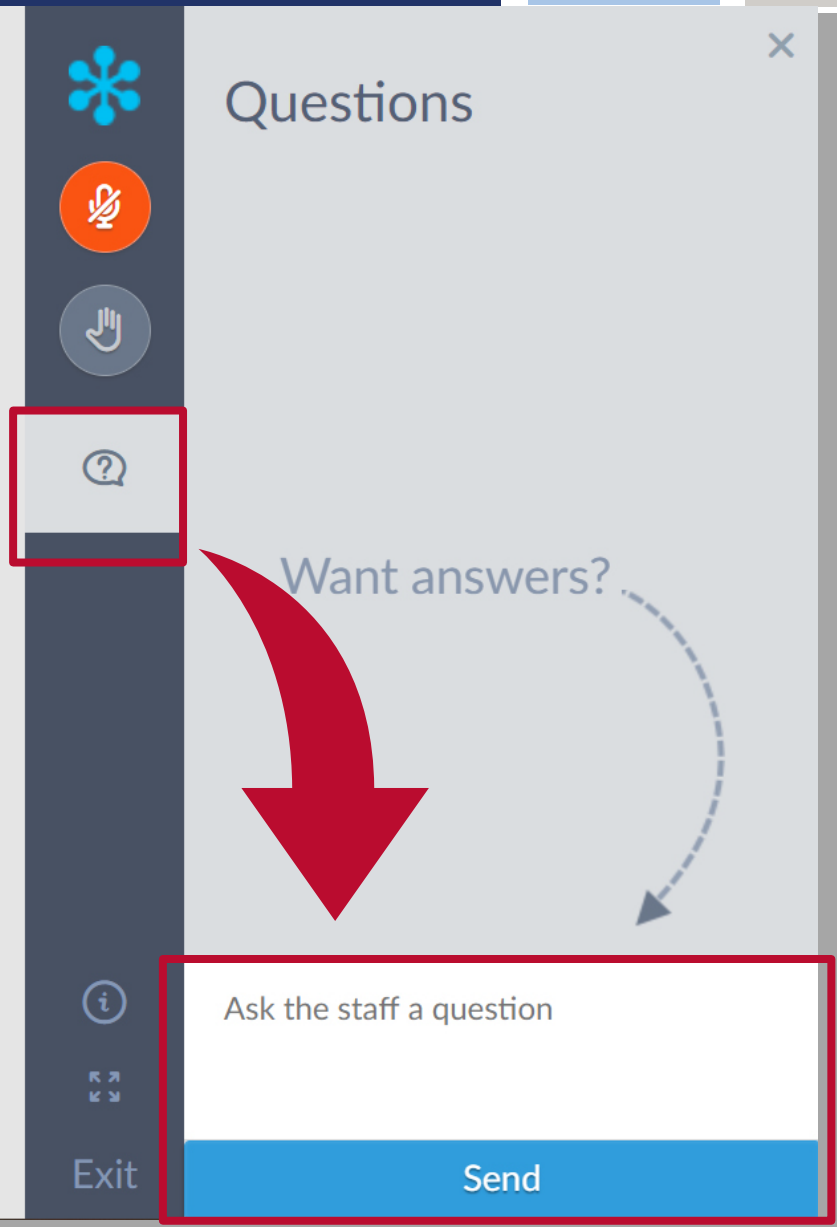
PANEL DISCUSSION

- Dorcas Amolo, Chief of Party, MWENDO Orphans & Vulnerable Children Project, Catholic Relief Services, Kenya
- Alejandro Cáceres, Deputy Director, Juvenile Justice Responsibility, Colombian Family Welfare Institute (ICBF)
- Grace Mayanja, Chief of Party, Ethiopia Caring for Vulnerable Children Activity, FHI360, Ethiopia
- Aida Muradyan, Program Manager, Community Level Access to Social Services Project, World Vision, Armenia
- Paul Marsden, Health Workforce Specialist, World Health Organization, Geneva

Q&A WITH PANELISTS

WEBINAR HOUSEKEEPING

Welcome to HRH2030 Program's Webinar.



USAID FROM THE AMERICAN PEOPLE

HRH2030 HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR U.S. President's Emergency Plan for AIDS Relief

Opening Remarks

Hugh Salmon
Director
Global Social Service Workforce Alliance

INTEGRATING THE HEALTH AND SOCIAL SERVICE SECTORS TO ACHIEVE HEALTH FOR ALL

Opening remarks by Hugh Salmon,
Director,
Global Social Service Workforce Alliance

WEBINAR ON WORLD SOCIAL WORK DAY

March 16, 2021

GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE

Improving the workforce. Improving lives.

THE GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE

WHO ARE SOCIAL SERVICE WORKERS?

THE BREADTH AND DEPTH OF THE SOCIAL SERVICE WORKFORCE

*The **social service workforce** is **an inclusive concept** referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being.*

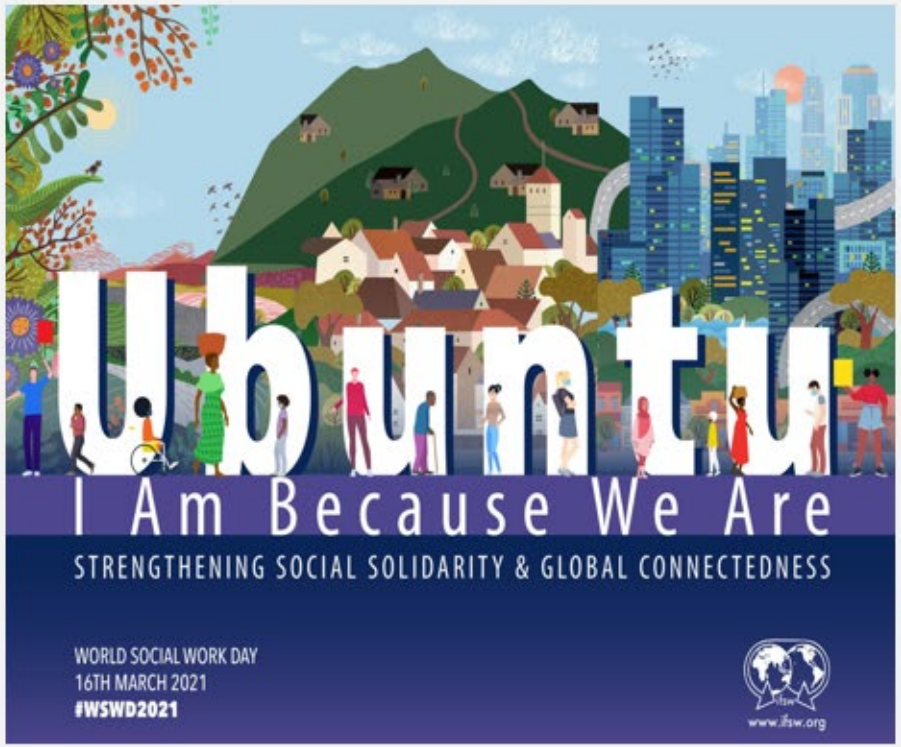
Global Social Service Workforce Alliance. 2019. SSW Definition.

They provide preventive and responsive services, promote the wider workforce, and operate at macro, mezzo and micro levels.

Including:

- social workers,
- social educators,
- social pedagogues,
- child and youth care workers,
- community development workers
- community liaison officers
- community workers,
- social welfare officers,
- social/cultural animators,
- case managers
- para / auxiliary social workers

2021 THEME: UBUNTU



- First theme of the 2020-2030 Global Agenda for Social Work and Social Development
- Originating from the indigenous peoples of South Africa, and popularized worldwide by Nelson Mandela, ***Ubuntu*** resonates with the profession's focus on the interconnectedness of all peoples and their environments
- ***Ubuntu*** highlights the need for global solidarity, is built on indigenous knowledge and wisdom and links to the overarching framework for the Global Agenda 2020-2030: "Co-building an inclusive social transformation."

GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE
Improving the workforce. Improving lives.

@SSWAlliance SOCIAL MEDIA MESSAGES for #WSWD21

ESSENTIAL ROLES OF THE SSW DURING COVID-19

FIGURE 1. ESSENTIAL ROLES OF THE SOCIAL SERVICE WORKFORCE DURING THE COVID-19 RESPONSE

PROMOTIVE FUNCTIONS

Advocate for the SSW to be an essential workforce during COVID-19 response

Coordinate work in inter-agency and interdisciplinary networks to establish and promote social service practice and service standards during the pandemic

Educate – create and carry out information campaigns to keep communities safe and reduce stigma

Train – provide remote training and mentoring to the SSW on practice adaptations

Manage – ensure supportive supervision is provided and services are adapted

Monitor – stay up to date on pandemic and protocols to keep staff and communities safe

PREVENTIVE FUNCTIONS

Identify vulnerable households at increased risk of severe illness due to COVID-19; ensure they receive support to help prevent illness

Work with community leaders to identify community needs

Provide remote psychosocial support, utilizing available technology to contact at-risk families to help them cope

Reinforce gatekeeping mechanisms and family-based alternative care options

Respond to issues raised via **child help lines and domestic violence hotlines**

Carry out contact tracing to identify individuals at risk of COVID-19

RESPONSIVE FUNCTIONS

Provide protection and support for families affected by domestic violence, abuse, neglect, and exploitation

Identify emergency alternative care options for children who are abused, separated, orphaned, and/or transitioning from residential care institutions or detention centers

Carry out case management processes – assessment, planning, referrals, etc.

Provide or supervise psychosocial support

Provide material support, food and medicines to impacted households

Manage available cash transfers

Provide bereavement counseling and support alternatives to traditional mourning rituals

SOCIAL SERVICES ↔ HEALTH SERVICES

↓ ↓

SOCIAL OUTCOMES ↔ HEALTH OUTCOMES

- Combining social protection with social services (cash + care) can address the key social determinants of health: family relationships and parenting, education, income, employment, housing, social inclusion or exclusion.
- Social work, like health interventions, is most effective when it can identify and address root causes not just symptoms, including social and cultural norms, attitudes and behaviours.
- Integrating social and health care achieves better access and adherence to treatment, better outcomes of treatment, earlier and more sustained recovery.
- Health and social outcomes across the life course improve with social work and health interventions provided at the right time in the right place, e.g., for children with developmental disorders, survivors of trauma and other adverse childhood experiences, and care leavers (transitioning out of residential or foster care).
- Social - ecological models of mental health and disability help identify and address the social norms & stressors, and societal barriers, that determine overall well being, and help us identify and mobilise social and community resources for holistic recovery and inclusion.

COVID-19 has illustrated the importance of all these intersections

GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE

Improving the workforce. Improving lives.

OUR EXPERTS

Dorcas Amolo

Chief of Party

MWENDO Orphans & Vulnerable Children Project

Catholic Relief Services

Kenya

Alejandro Cáceres

Deputy Director

Juvenile Justice Responsibility

Colombian Family Welfare Institute (ICBF)

Colombia

Grace Mayanja

Chief of Party

Ethiopia Caring for Vulnerable Children Activity

FHI360

Ethiopia

Aida Muradyan

Program Manager

Community Level Access to Social Services Project

World Vision

Armenia

Paul Marsden

Health Workforce Specialist

World Health Organization

Geneva

Collaboration of MWENDO with the MOH & HIV Clinical Partners to Identify, Enroll, Retain, and Enhance Viral Load Suppression Among Children & Adolescents Living with HIV

Dorcas Amolo
Chief of Party
MWENDO Orphans & Vulnerable Children Project
Catholic Relief Services
Kenya

MWENDO Collaboration with the Ministry of Health & HIV Clinical Partners to Identify, Enrol, Retain, and Enhance Viral Load Suppression Among CALHIV

Presented by
Dorcas Amolo
Chief of Party
USAID MWENDO OVC project
16.03.2021

Brief Description of the MWENDO Project

- Covering **17 Counties in Kenya**
- Supporting **432,780** orphans and vulnerable children (OVC) and **212,893** caregivers, including **51,115** children and adolescents living with HIV
- **8,803** Case Workers and **217** Case Managers
- Case Management Approach to service delivery, with ultimate aim of:
  - Increasing access to health and social services for OVC and their families
  - Strengthening capacity of households and communities to protect and care for OVC
  - Strengthening child welfare and protection structures and systems for effective responses

Rationale For The Collaboration

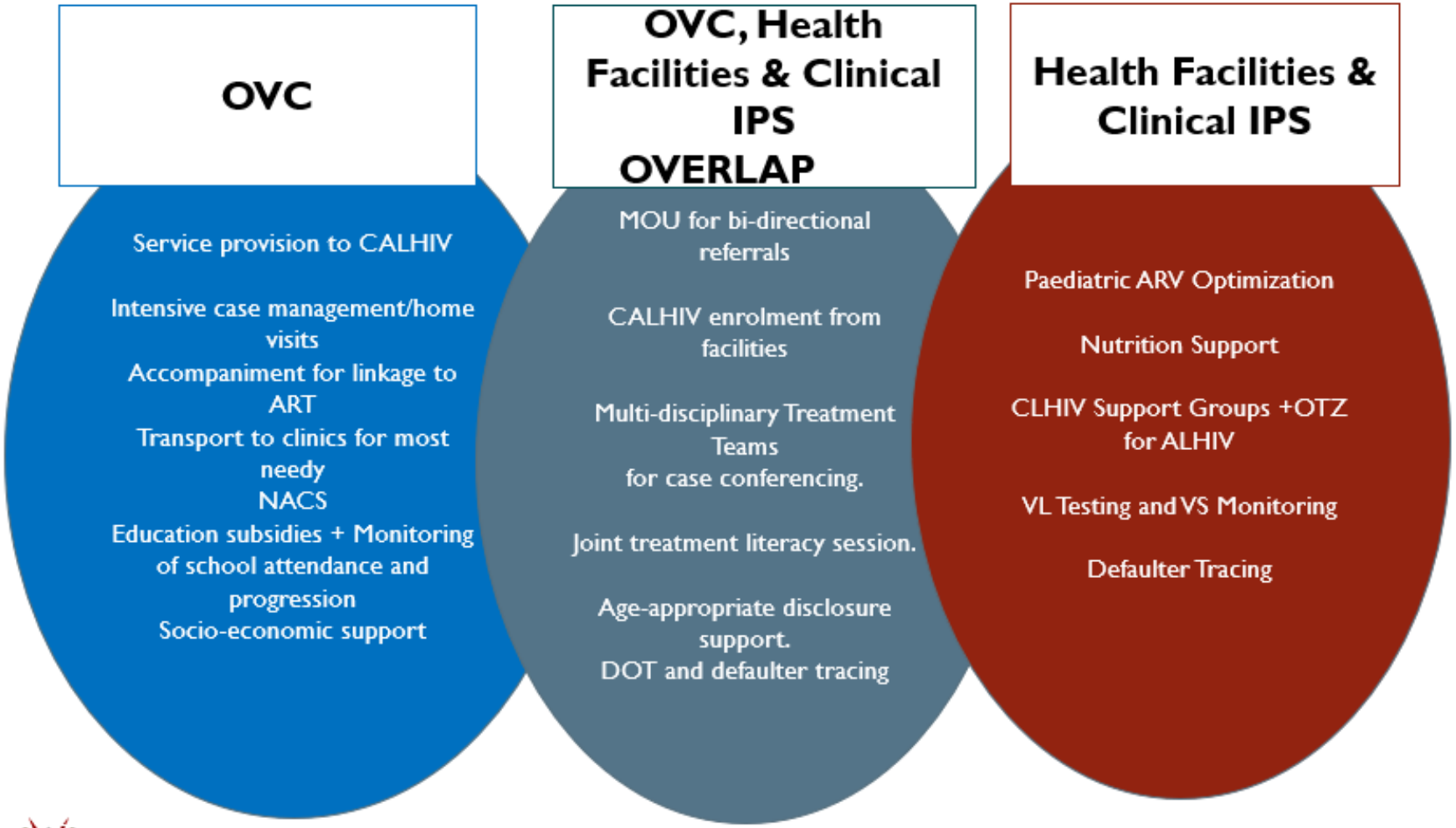
- **Contribution to UNAIDs' 95-95-95 Target** (Identification through HTS, Linkage to ART, Adherence, Retention in Care and Viral Load Suppression etc.)
- **Achieving OVC Case Management Process/Goals in the Community Program** (Identification, Enrollment, Assessment, Care planning, Direct Service Provision, Referrals and Linkages to other services, Monitoring, Case closure/Graduation from PEPFAR Support)
- **Co-Creation and Synergy** to leverage efforts
- Project in built **CLA approach**

Implementation Process

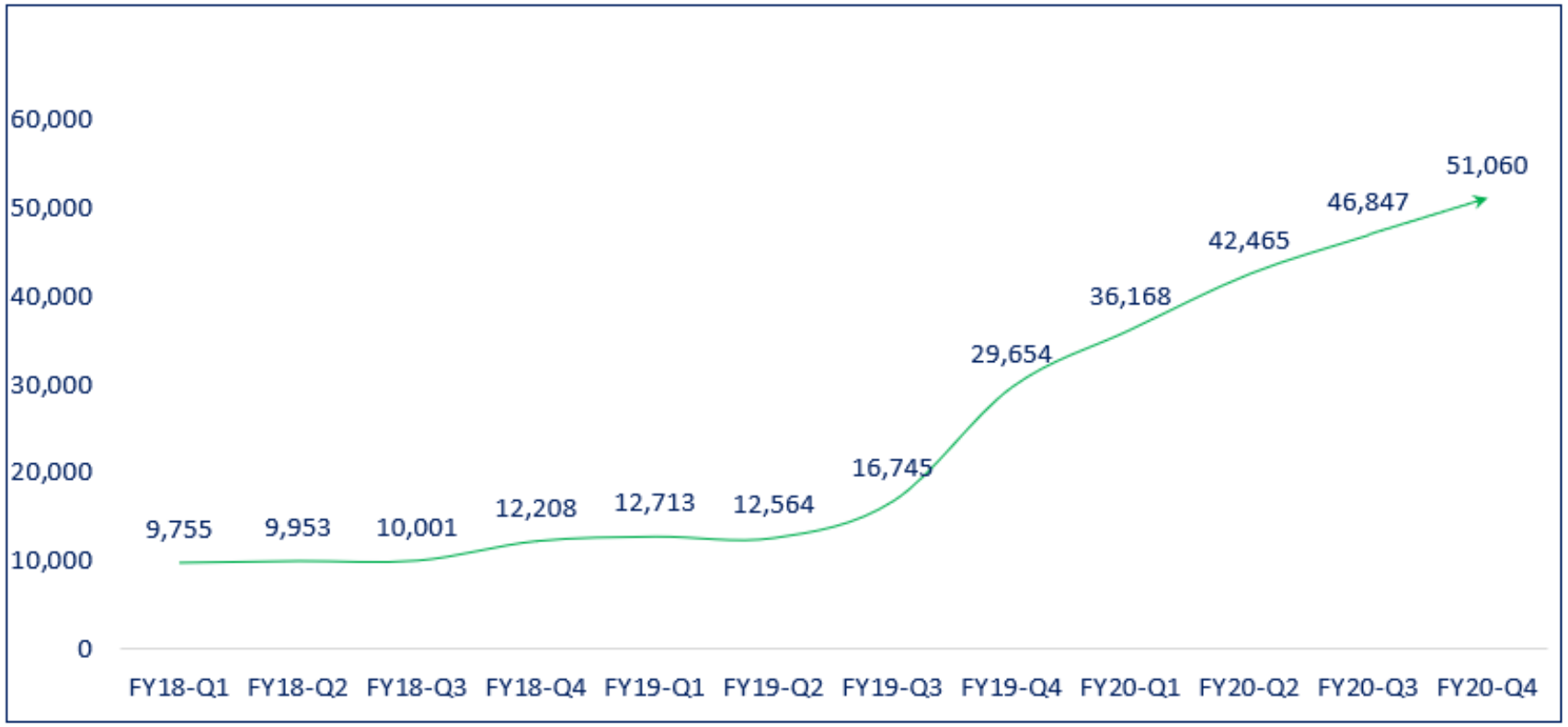
STRAGETIES

1. Partnership & Collaboration
2. Two-way feedback mechanism
3. Team work & Delegation
4. SWOT Analysis

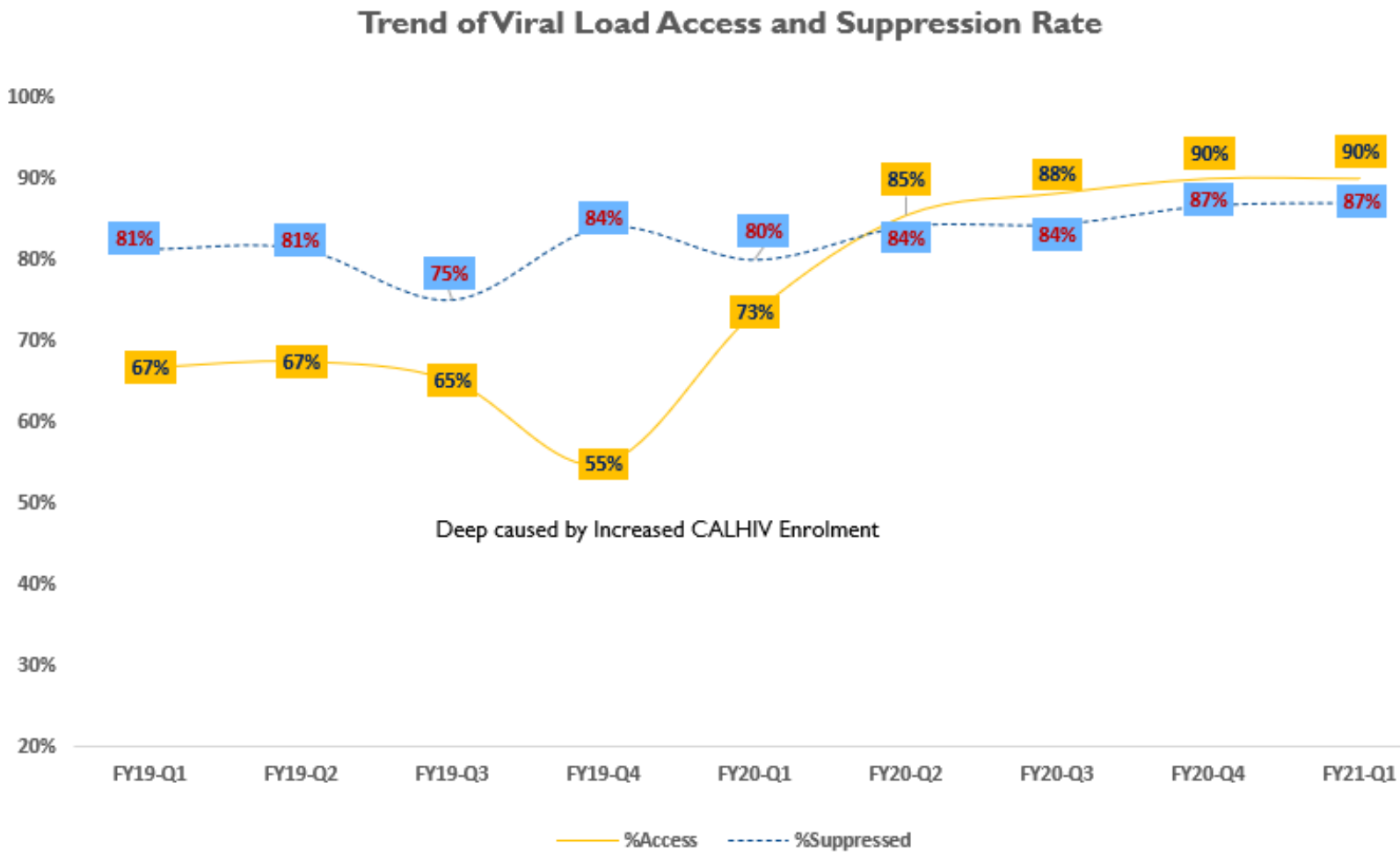
Package of Services Provided Jointly



Results of Collaboration: Sustained CALHIV Identification and Enrolment in the Project



Increased VL Access and Suppression Trend



Conclusion

The benefits of collaboration with MOH & clinical partners.

- Advocacy to Government, Capacity building of Care Providers, Community Stakeholder Engagement and Health Systems Strengthening interventions are done jointly, leveraging on available resources from both ends.
- It allows for a seamless flow of activities and provision of quality HIV Prevention, Treatment, Care and Support services to the Children and their Caregivers along the continuum of care.
- Cost-effective
- Promotes ownership and sustainability

Recommendations to Strengthen Collaboration

Joint planning: a clear coordinated plan between MOH and OVC project with differentiated roles.

One structure: link volunteers doing community coordination are recognized as part of facility case management support team.

Joint M&E: the M&E plan is developed together and mutually supported.

Asanteni sana!

USAID
FROM THE AMERICAN PEOPLE

CRS
CATHOLIC RELIEF SERVICES
faith. action. results.

USAID FROM THE AMERICAN PEOPLE

HRH2030 HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR U.S. President's Emergency Plan for AIDS Relief

The Relationship between Mental Health and Social Services at Juvenile Justice Facilities

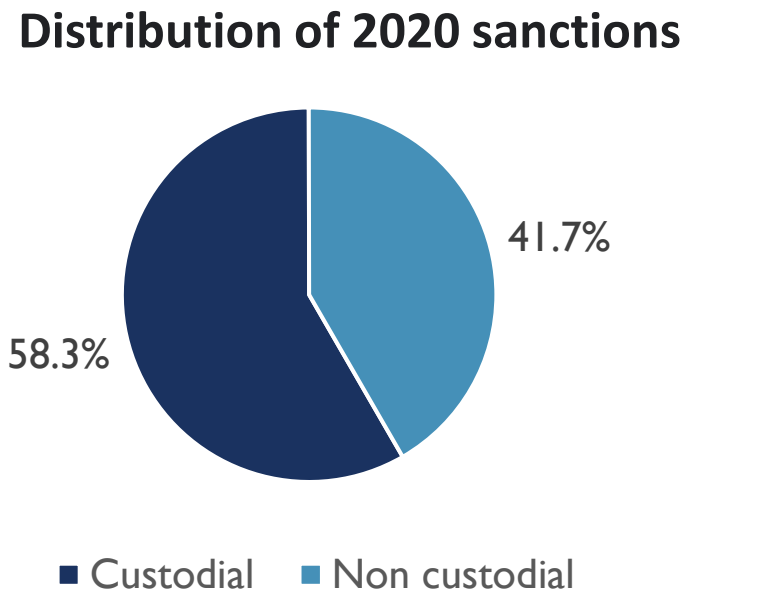
Alejandro Cáceres
Deputy Director, Juvenile Justice Responsibility
Colombian Family Welfare Institute (ICBF)
Colombia

MENTAL HEALTH IN COLOMBIA'S JUVENILE JUSTICE SYSTEM

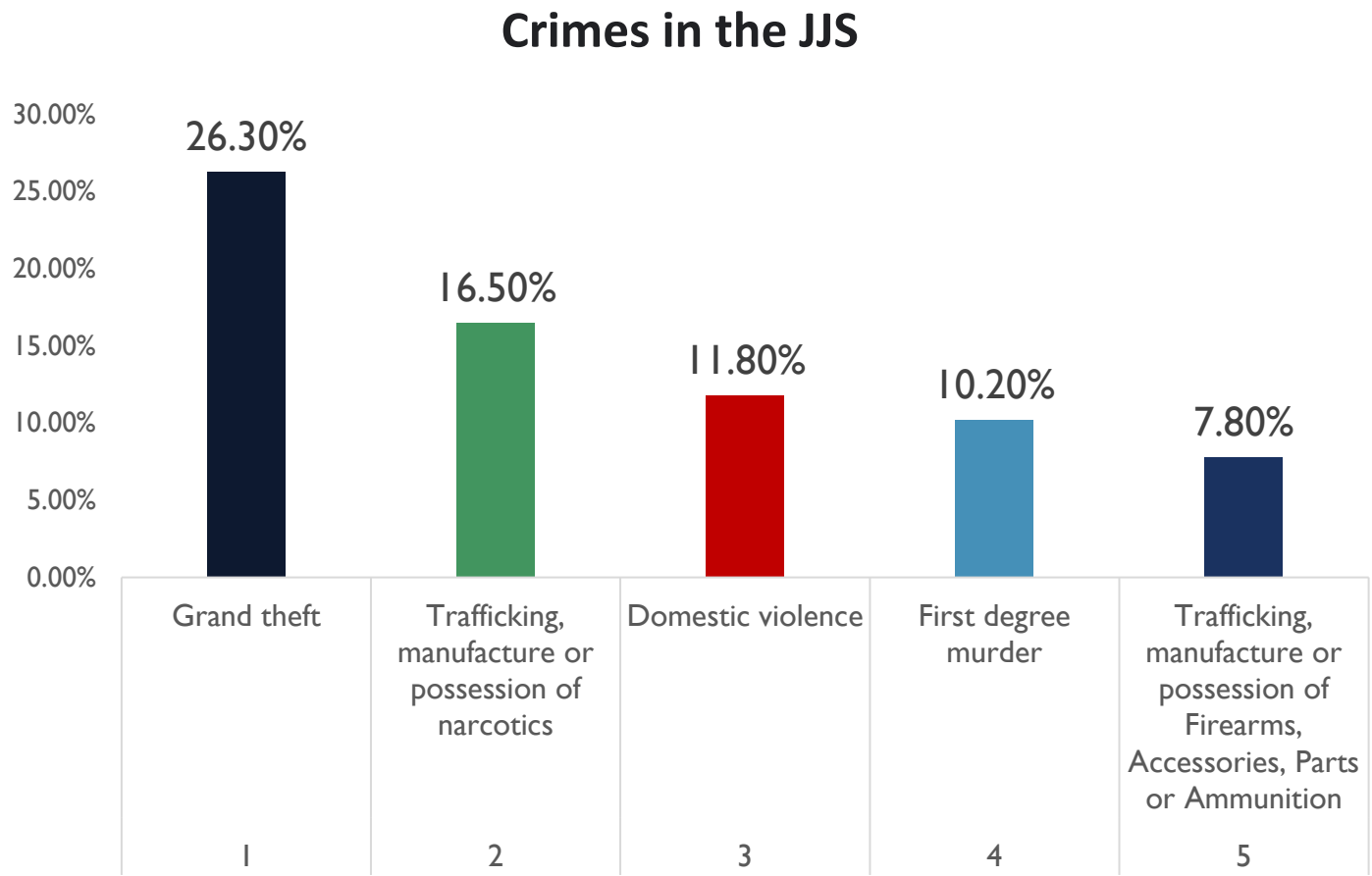
ALEJANDRO CÁCERES MONROY

DEPUTY DIRECTOR JUVENILE JUSTICE RESPONSIBILITY - ICBF

THE JUVENILE JUSTICE SYSTEM (JJS) SERVED AROUND **8,493** ADOLESCENTS IN 2020



Almost 6,140 have complementary care to protect their rights



Source: ICBF, 2021.

AT LEAST 46.5% OF THE ADOLESCENTS AND YOUNG IN THE JJS HAVE HAD A VIOLATION OF THEIR RIGHTS

Adolescents and young people with deprivation of their rights, victims or perpetrators of violence, consumers of Psychoactive drugs, are associated with difficulties in **emotional regulation** & **naturalization of violence**. This increases the probability of committing a crime.
Even though half of JJS have some risk factor, only **3.6%** of the population has a mental illness diagnosis.

Some cultural, social and enviromental condtions of the JJS population that made the vulnerable

51 % have a family member with criminal background	**73%** exposed to drug dealing environments, **54%** to gangs
20.5% are not in the educational system	**58%** come from single parent family

Source: National Survey of Characterization of the JJS. ICBF, 2021.

ENCARCERATION HAS A NEGATIVE IMPACT ON THE MENTAL HEALTH OF ADOLESCENTS

"Ideally, the threshold decision of whether to institutionalize a youth in a correctional facility or whether to refer him or her to the mental health system should be made solely on the **basis of rational criteria such as risk factors, aggressivity, and psychiatric distress**." (Dembo et al., 1988).

Some studies show that **this decision only takes into account other characteristics of the adolescents** linked to some risk factors, such as:

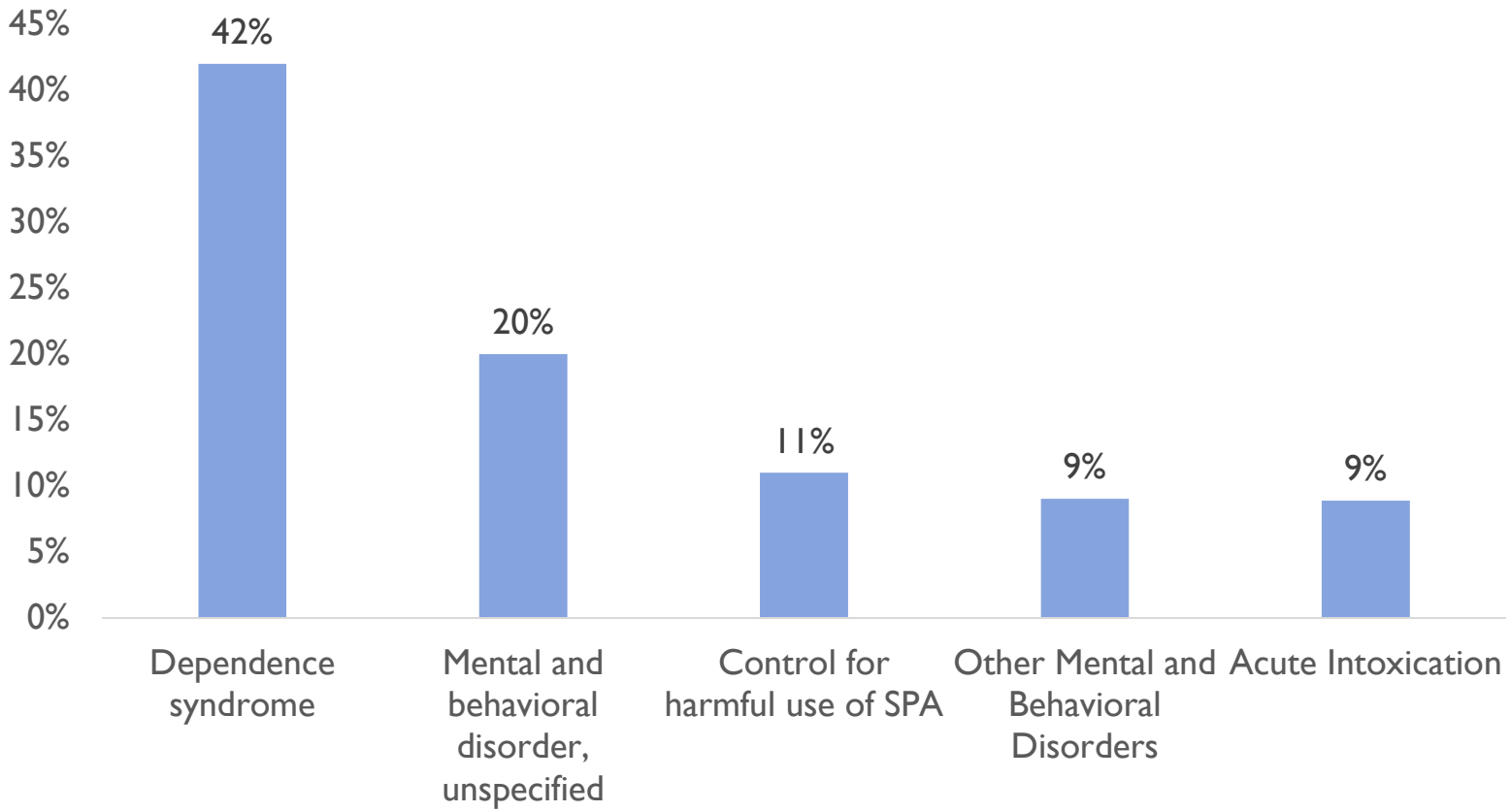
Young people that had at least **one prior residential** treatment placement

Those **not attending school** at the time of their arrest

Youths who were no longer in the **custody of their natural parents**

ALMOST 90% OF THE HEALTH CARE NEEDS IN CUSTODIAL SANCTIONS IN THE JJS ARE MENTAL HEALTH-RELATED

664 out of 747 health related attentions in the JJS (deprivation of liberty) in the first quarter of 2020 were mental health related issues.
100% were associated with drug consumption.



Source: Individual Records of Provision of Health Services (RIPS by its name in Spanish), 2020.

THE MENTAL HEALTH CARE IN THE JJS HAS AN INTER-INSTITUTIONAL APPROACH

Specialized health care	Working with the Health Ministry and Local entities to assure mental health assistance to the adolescents and youths
Training in preventive strategies to operators and caregivers	Training personnel who serve youth and adolescents in the JJS
Preventive strategies associated to legal claims	Generating policies and strategies to prevent adverse outcomes associated with the impact on the mental health in young people and adolescents
Legal approach (Discretionary judicial process and promotion of non-custodial sanctions)	Developing strategies to promote protective environments, non-custodial measures and legal processes that do not deepen the negative effects on mental health

MINSALUD

BIENESTAR FAMILIAR

FISCALÍA GENERAL DE LA NACIÓN

RAMA JUDICIAL REPÚBLICA DE COLOMBIA

ONE OF THE MAIN STRATEGIES USED BY THE JJS IS THE DISCRETIONARY JUDICIAL PROCESS

Program for the Judicial Monitoring of Drug Treatment

1. **Verify and restore rights**
   (Complementary Modalities - Restorative Justice)
2. **Specialized intervention by the health sector**
   (detoxification and rehabilitation)
3. **Follow-up and permanent accompaniment of the adolescent and his family**
   (Protective Factors)

135 adolescents & young

37 revoked (27.5%*)

2 sanction review (1.5%)

28 in process (21%)

60 Successful process (45%)

2 deceased (1.5%)

6 recividate (4.5%)

The recidivate rate of the adolescent out of these program is 8.8%, in contrast of the 30% rate in the JJS

Note: Percentage over the 135 adolescents that entered the program

BIENESTAR FAMILIAR

Síguenos en:

ICBFColombia

@ICBFColombia

ICBFInstitucionalICBF

icbfcolombiaoficial

Línea gratuita nacional ICBF:

01 8000 91 80 80

www.icbf.gov.co

El futuro es de todos

Gobierno de Colombia

ALEJANDRO.CACERES@ICBF.GOV.CO

DEPUTY DIRECTOR JUVENILE JUSTICE RESPONSIBILITY - ICBF

Social Service Workers and HIV Treatment Retention and Viral Suppression for Children & Adolescents Living with HIV

Grace Mayanja
Chief of Party
Ethiopia Caring for Vulnerable Children Activity
FHI360
Ethiopia

Contributions of the OVC Social Service Workforce to HIV Treatment Retention and Viral Suppression among C/ALHIV

Experiences from Ethiopia

Grace Mayanja, Chief of Party
USAID Caring for Vulnerable Children (CVC) Activity
HRH2030 Webinar
March 16, 2021

FROM THE AMERICAN PEOPLE

THE SCIENCE OF IMPROVING LIVES

CVC OVC Social Service Cadres

CADRES	NUMBER	PRIMARY ROLE	CASELOAD
Case Workers (CWs)/ Community Volunteers	12,302	Provide case management services at household level	20 Children (Approx 10 HHs)
Social Service workers (SSWs)	702	Provide supportive supervision and coaching to CWs.	20 CWs
HIV and Health Linkage Coordinators	82	Facilitate linkages and bi-directional referrals between health facilities and community-based OVC service providers	3 HFs
Economic Strengthening Animators	213	Support the participation of families with C&ALHIV in economic strengthening activities	10 Saving Groups

Role of OVC Social Service Cadres

Case Finding:

- Identified children of index cases with unknown HIV status in HFs through the index testing SOP for OVC programs. Reached out to index parents to arrange testing.
- Identified undiagnosed C/ALHIV in the community through HIV risk assessments and referrals to HIV testing.

Retention/Adherence Support:

- Enrolled >95% of C/ALHIV on ART in HFs in the OVC program to support their retention and adherence through case management and comprehensive services.
- Monitored adherence, assessed adherence barriers and provided adherence counseling during home visits.

fhi360
THE SCIENCE OF IMPROVING LIVES

Role of OVC Social Service Cadres

Retention/adherence Support: cont …

- Supported children to attend their HF appointments by: a) providing appointment reminders; b) providing transportation allowance and c) taking children to the HF when caregiver was unable to do so;
- Participated in HF case conferencing meetings
- Identified treatment defaulters and brought them back to the HF for treatment re-initiation
- Identified HIV+ pregnant adolescents at risk of defaulting treatment and supported them to stay in treatment

CVC OVC Social Service Cadres

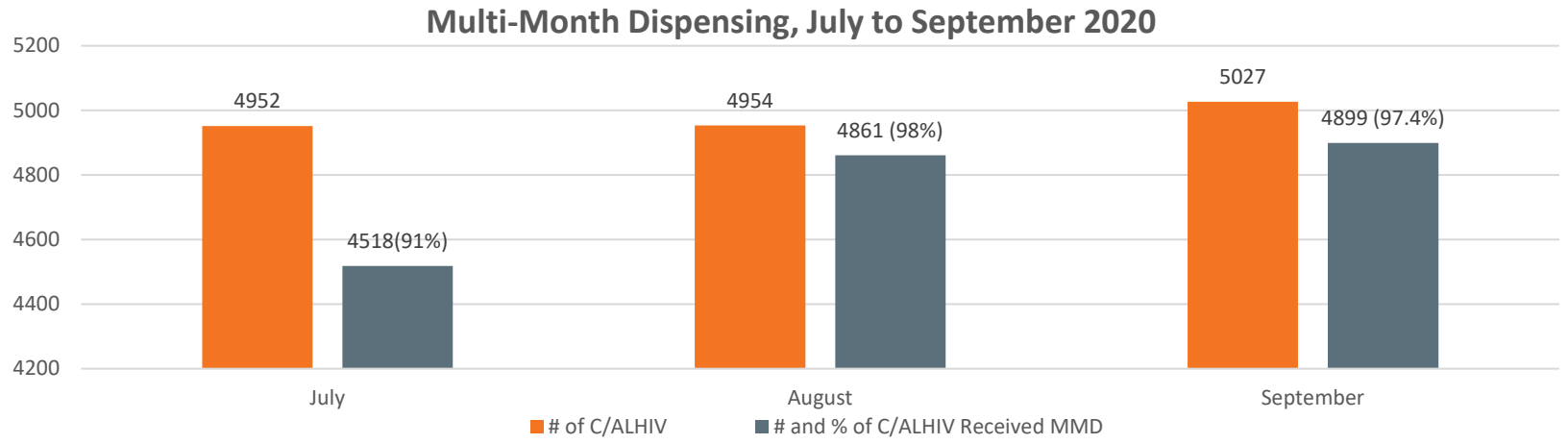
Viral Load Testing and VL Tracking:

- Promoted VL testing during home visits
- Tracked C/ALHIV's VL test appointments and provided reminders
- Provided transport support to the HF for VL testing
- Used VL test results to enhance adherence counseling and support

Role of OVC Social Service Cadres: Multi-month Dispensing (MMD) in the Context of COVID-19

- Provided information to C/ALHIV about eligibility for MMD
- Helped with transportation to ART delivery sites for 3-6-month ART supply
- Made home delivery of ART medications, when needed

97% of C/ALHIV in CVC were receiving 3-6 MMD by September/20



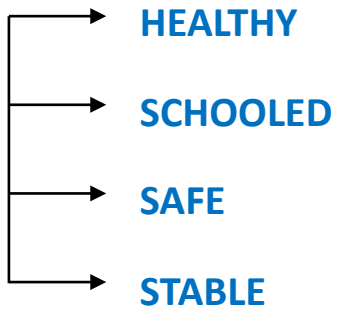
fhi360
THE SCIENCE OF IMPROVING LIVES

Role of OVC Social Service Cadres: Provision of a Differentiated Package of Services to C/ALHIV

- Package of socio-economic services for HHs with C/ALHIV to improve retention and VL suppression, included:

  - Linkage to sources of food support
  - Transport cash grants
  - Economic strengthening: Linkage to cash transfer programs, Asset Transfers, savings groups
  - Linkage to ALHIV peer support groups
  - ART literacy education for caregivers and ALHIV
  - Disclosure support to caregivers
  - Support for C/ALHIV to attend school and learn life skills education
  - Parenting training and support to caregivers to reduce VAC

- Addressed holistic needs of C/ALHIV, monitored them and measured outcomes of:

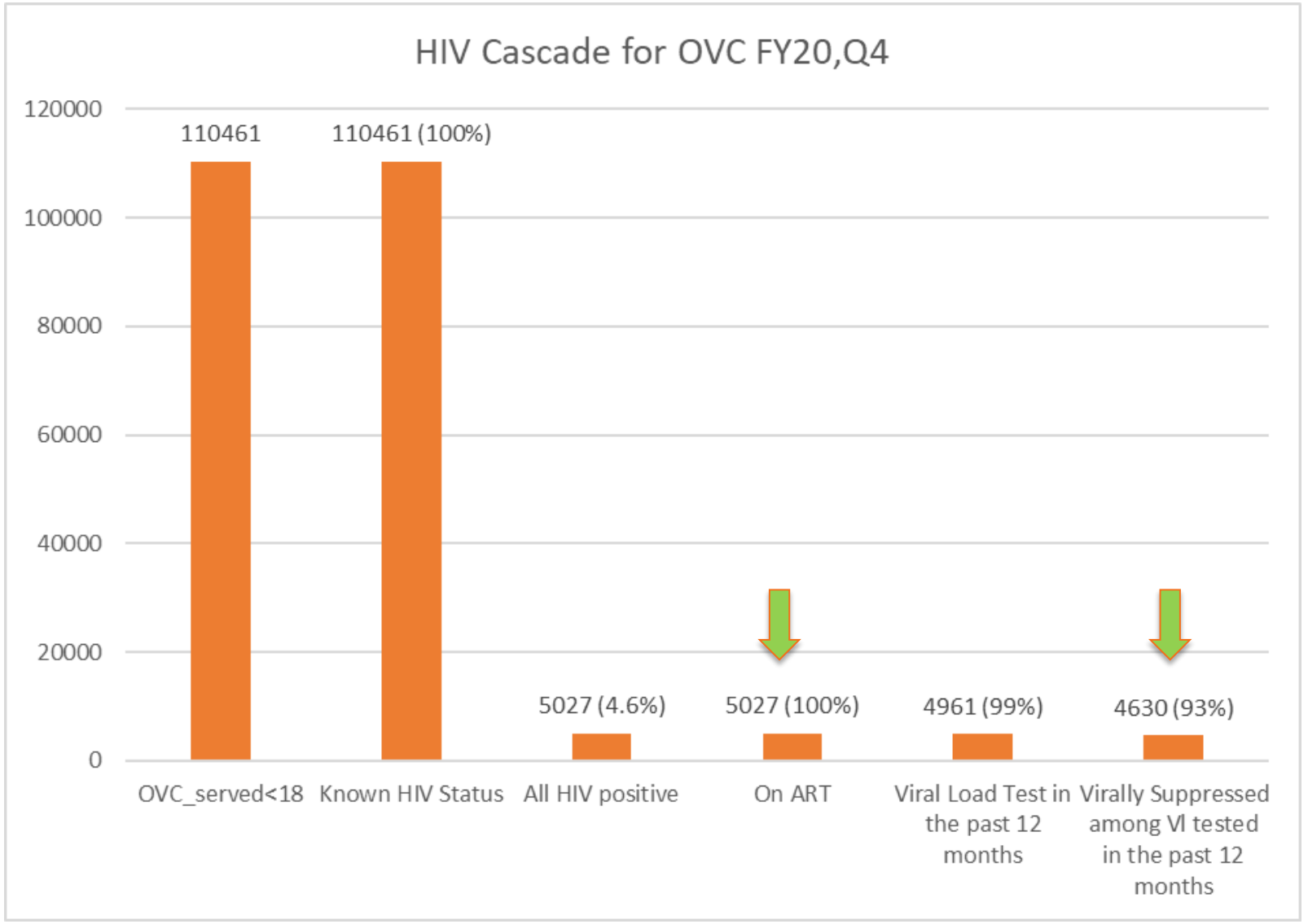


fhi360
THE SCIENCE OF IMPROVING LIVES

Results, FY20/Q4

RETENTION AT 100%

VIRAL SUPPRESSION AT 93%



fhi360
THE SCIENCE OF IMPROVING LIVES

Role of OVC Social Service Cadres: Case Management

Eight graduation benchmarks

In September 2020, CVC graduated 59,362 (43%) of OVC and 28,757 (40%) of caregivers who had achieved the eight PEPFAR OVC graduation benchmarks

Healthy
Known HIV status
Virally suppressed
Knowledgeable about HIV prevention
Not malnourished

Stable
Improved financial stability

Safe
No violence
Not in a child-headed household

Schooled
Children in school

fhi360
THE SCIENCE OF IMPROVING LIVES

Conclusion

OVC social service cadres **do** contribute to HIV treatment retention, adherence and VL suppression, and other positive health outcomes for C/ALHIV

For more information, please contact: Grace Mayanja <GMayanja@fhi360.org>

fhi360
THE SCIENCE OF IMPROVING LIVES

USAID FROM THE AMERICAN PEOPLE

HRH2030 HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR U.S. President's Emergency Plan for AIDS Relief

Community Social Work in Armenia during Emergencies

Aida Muradyan
Program Manager
Community Level Access to Social Services Project
World Vision Armenia
Armenia

Community Social Work in Armenia During Emergencies

2021 March 16

Aida Muradyan

CLASS program manager
(Community Level Accesses to Social Services)

Armenia

Armenia 2020 population **2,963,243** people
(0.04% of the total world population).

23.5% of the population lives below the national poverty line in 2019.

In 2020, the unemployment rate in Armenia was estimated to be **16.63 %**

Out of every **1,000** babies born in Armenia in **2018, 12** died before their 5th birthday

Community social work development through CLASS program

2017

- **8** Community Social Workers (CSWs)
- **186** most vulnerable families getting services
- **2** legal acts regulating the social protection sector

2021

- **91** Community Social Workers (CSWs)
- **13,233** most vulnerable families getting services
- **16** legal acts regulating the social protection sector

The Role of CSWs during Emergencies

The Main Challenges of CSWs Today

- Small number of CSW
- Week cooperation and support networks
- Unclear reporting and referral mechanism
- Lack of role recognition
- Lack of professional social workforce
- Lack of social protection minimum base for CSWs
- Lack of professional support

We Want to Achieve by 2024

- Adoption of Law on Social Work
- Recognition of the CSW role
- Increased number of CSWs
- Better working conditions for CSWs
- Better cooperation and coordination
- Minimum protection standards for CSWs

Thank you!

SHNORHAKALUTYUN

This presentation is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents of this presentation are the sole responsibility of World Vision Armenia and does not necessarily reflect the views of USAID or the United States Government.

USAID FROM THE AMERICAN PEOPLE

HRH2030 HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR U.S. President's Emergency Plan for AIDS Relief

Integrated health & social care workforce: evolving demands; responding to COVID preparedness and recovery; and renewing the agenda for sustained workforce investments in essential public health and care services

Paul Marsden
Health Workforce Specialist
World Health Organization
Geneva

Integrating the Health & Social Services Sectors to Achieve Health For All:

THE WORKFORCE AGENDA

Tuesday 16th March 2021

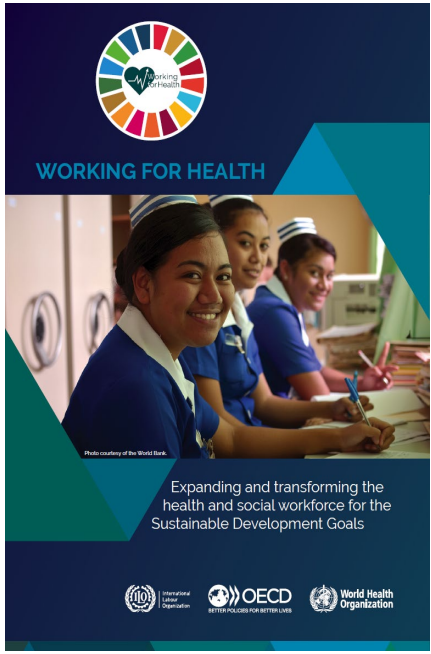
International Labour Organization

OECD

World Health Organization

Context

- **135 million** work in the 'health and social care sector' - reaching >300 million by 2030
- … plus, **57 million unpaid "voluntary" workers** providing long-term care - mostly women who carry the burden of informal care for family members
- **70%** of health & social care workers are **women** – but only **30%** of leaders are women
- **1.87 million** workforce COVID-19 **infections** reported; at least **17,000** deaths
- **90%** of countries with **disrupted** essential health & social services since COVID19
- **84 countries** reported **strikes** since the pandemic: 38%: decent work; 29%: PPE related
- 'SDG 3 price tag' calculated that the workforce accounts for almost **50% of investment required (USD 1.8 trillion)**



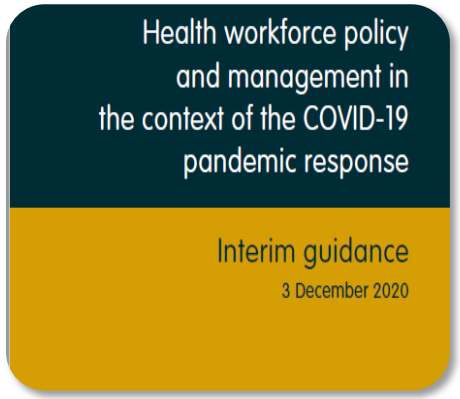
International Labour Organization, "Employment by sex and age — ILO modelled estimates," ILOSTAT; ILO World Social Protection 2017-2019; The costs of reaching the health SDGs, Lancet, December 2017

Source: Canterbury District Health Board, New Zealand.

PRIORITIZING HEALTH FOR ALL (POST-COVID RECOVERY)

- **WORKFORCE DEMANDS**
  - Integrated primary health care and social services workforce
  - Strengthening workforce preparedness & resilience
  - Building back essential public health & social services functions – economic and social recovery
  - Community outreach & mobilization
  - Innovative financing and programme integration

- **ENABLERS**
  - Integrating health and social care teams
  - Optimizing employment, skills and job roles
  - Ensuring decent work, recognition, rights and a living wage
  - Safeguarding and protecting the workforce (IPC / PPE / vaccine equity)
  - Gender (in)equity – Gender Equal Health & Care Workforce Initiative



Year of the Health and Care Worker

#Protect #Invest #Together

1. Ensure the world's **health and care workers are prioritised** for the COVID-19 vaccine in the first 100 days of 2021.
2. Recognize and **commemorate all health and care workers** who have lost their lives during the pandemic.
3. Mobilize **commitments** from Member States, International Financing Institutions, bilateral and philanthropic partners **to protect and invest in health and care workers** to accelerate the attainment of the SDGs and COVID-19 recovery.
4. Engage Member States and all relevant stakeholders in dialogue on a **Care Compact** to protect health and care workers' rights, decent work and practice environments.
5. Bring together communities, influencers, political and social **support in solidarity, advocacy and care** for health and care workers.

Agenda for Investment

- No ‘health for all’ without an integrated **HEALTH & SOCIAL SERVICES WORKFORCE MODEL**
- Health & social care jobs are **AN INVESTMENT – NOT A COST**
- Increasing the number of health and care workers trained and employed is insufficient, without addressing **SYSTEMIC WORKFORCE ISSUES** & gaps
- Shift from short-term workforce support to **LONG-TERM SUSTAINED INVESTMENT**
- COVID-19: gaps in **AVAILABILITY, SKILLS, SAFEGUARDING & PROTECTION, SUPPORT …**
- Country **CONTEXT, DATA, DIALOGUE AND CATALYTIC FUNDING** are essential
- Collaboration across **SECTORS, STAKEHOLDERS & PROGRAMMES** is critical

- **#Protect #Invest #Together #WSSWD2021 #Ubuntu**

THANK YOU

International Labour Organization

OECD

World Health Organization

DISCUSSION

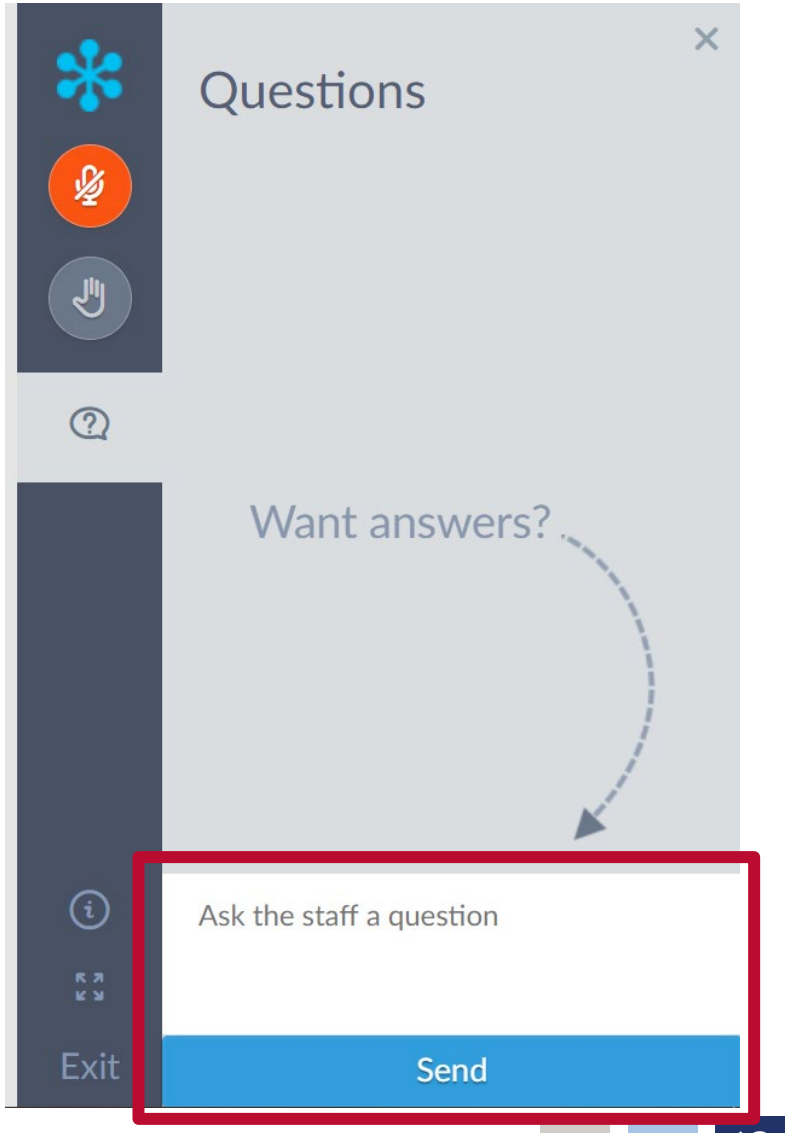
Dorcas Amolo
MWENDO OVC, Catholic Relief Services, Kenya

Alejandro Cáceres
Colombian Family Welfare Institute, Colombia

Grace Mayanja
Ethiopia Caring for Vulnerable Children, FHI360, Ethiopia

Aida Muradyan
Community Access to Social Services, World Vision, Armenia

Paul Marsden
World Health Organization, Geneva



USAID
FROM THE AMERICAN PEOPLE

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

THANK YOU!

@HRH2030Program

HRH2030

info@hrh2030program.org