COMMUNITY HEALTH ACTION
FOR THE
HUMANITARIAN-DEVELOPMENT NEXUS

JUNE 4 - 7, 2018 | BETHESDA, MD

coregroup global health practitioner conference

THANKS TO OUR SPONSORS

Visionary

Eleanor Crook Foundation

Leaders

coregroup | POLIO Project

Medtronic Foundation

Champions

ADRA

Global Health Council

World Vision

JSI

Save the Children

Supporters

humanity & inclusion

GLOBAL IMPACT

USAID FROM THE AMERICAN PEOPLE

Maternal and Child Survival Program

Chemonics

MEDAIR EMERGENCY RELIEF AND RECOVERY

jhpiego

TABLE OF CONTENTS

Thanks to our Sponsors 2

Letter from the Executive Director 5

Follow-up from Fall Conference 6

CORE Group 7

Conference Objectives 13

Scholarships 13

Agenda Overview 14

Monday, June 4 18

Opening and Keynote Address 9:00am-10:30am 18

Concurrent Sessions 11:00am-12:30pm 19

Concurrent Sessions 2:00pm-3:30pm 23

90-Second Science 4:00pm-5:30pm 27

Tuesday, June 5 29

Concurrent Sessions 11:00am-12:30pm 30

CORE Group Annual Membership and Business Meeting 12:45-1:45pm 34

Working Group Innovation and Planning Sessions 2:00pm-3:30pm 34

Concurrent Sessions 4:00pm-5:30pm 34

Poster Session and Professional Networking 5:30pm-7:00pm 39

Wednesday, June 6 41

Presentation of Dory Storms Award: 2018 Recipient, Tom Davis 9:00am-9:30am 41

New Information Circuits 9:30am-11:00am 42

Concurrent Sessions 11:30am-1:00pm 48

Plenary and Closing 2:30pm-4:30pm 52

Thursday, June 7 54

Workshop on Integration of Noncommunicable Diseases into Global Health Programs 54

CORE Group Bingo 59

Cover photo by CORE Group Polio Project, showing girls participating in project in Nigeria
Page 2 photo by Save the Children, showing Mother Panna Aktar with her newborn daughter Sriti at 16 days old

LETTER FROM THE EXECUTIVE DIRECTOR

Dear Friends and Colleagues,

We are thrilled to have you join us at this year's Global Health Practitioner Conference in Bethesda, Maryland. CORE Group's conferences bring together a wide range of expert global health practitioners, academic researchers, donors, students, and private sector, around the most urgent community health issues. These conferences are a testament to the science, evidence, collaboration and networking, that makes CORE Group unique amongst other network organizations.

This year, the Global Health Practitioner Conference will focus upon the increasingly urgent need for a stronger link between humanitarian and development response, policy, and collaboration, especially at the community level, with our theme "Community Health Impact for the Humanitarian-Development Nexus." As humanitarian crises worsen, spread, and persist, now is the moment to mobilize to bridge these too often separate fields of work. There is the prolonged and deadly conflict in Syria, challenges faced by displaced Rohingya people in Bangladesh, and a new outbreak of Ebola in DRC in urban and rural settings. More than ever, we must react to immediate needs, provide support during pressing emergencies, and simultaneously lay the groundwork for sustainable change in health systems. Our keynote speaker, Dr. Paul Spiegel, Director of the Johns Hopkins Center for Humanitarian Health, will share his vast experience and outlook for all stakeholders working in the humanitarian-development nexus, and provide a landscape of what has been done in the past and where we are now. His research, epidemiology expertise, and vast experience at Johns Hopkins, the United Nations Refugee Agency (UNHCR) and the Centers for Disease Control and Prevention (CDC), will set the framing for our conference.

Over the next four days, attendees will have the opportunity to tailor their experience by attending a wide variety of high quality concurrent sessions focusing on new evidence and challenging us to forge a roadmap of practice between development and humanitarian practitioners. Our presenters will highlight cutting-edge research at the New Information Circuits. 90-Second Science presenters will share brief snapshots of the rigorous scientific efforts they are undertaking. And our poster presenters will exhibit key emerging successes and experiences. Finally, the noncommunicable disease (NCD) workshop is vital to understanding the progress made in global health related to NCD prevention and management, with special attention to humanitarian settings. Additionally, this is the first conference we have offered scholarships to country-level practitioners, thanks to the generous scholarship sponsorship from Dr. Judy Lewis and Medtronic Foundation. We hope the scholarship fund grows for future conferences!

This conference represents the culmination of months of planning, technical review, coordination and collaboration. Many thanks to everyone who made this event possible – particularly our many generous sponsors shown at left. I am especially grateful to the amazing CORE Group team for all of their hard work, and Mohini Malhotra, our dedicated, hard-working Conference Facilitator. We would also like to thank our Working Group co-chairs, Technical Advisory Committee, session presenters and planners, our innumerable volunteers, our Board of Directors, and all the member organizations for augmenting the community voice through your important work.

We look forward to many fascinating discussions over the coming days, and continued collaborative efforts to ensure healthier communities, across the globe, in humanitarian and development contexts.

In partnership,

Lisa Hilmi
CORE Group Executive Director

FOLLOW-UP FROM FALL CONFERENCE

CORE Group members prioritized some key action items at the September 2017 conference. To date the following has been achieved thanks to CORE Group staff, working group co-chairs, and members' hard work.

Technical Advisory Groups (TAGs)

Launch of the "Disability Inclusive Health Technical Advisory Group": CORE Group is pleased to announce the launch of the Disability Inclusive Health Technical Advisory Group, led by Alessandra Aresu (Humanity & Inclusion) and Leia Isanhart (Catholic Relief Services). This new CORE Group initiative aims to:

1. Promote learning on disability inclusive health and rehabilitation;
2. Facilitate collaboration to promote disability inclusive health initiatives;
3. Advocate for disability inclusive health policies; and
4. Advocate for increased resources for disability inclusive health programming.

The Disability Inclusive Health Technical Advisory Group is open to all CORE Group members and associates, as well as non-members NGOs, CSOs, academic institutions, national governments, UN, donors, and policy makers' representatives committed to work toward "Leaving No One Behind" and "Health for All" along the continuum from humanitarian relief to development. Look for further details for a June kick-off meeting.

NCD Interest Group: Led by Arti Patel Varanasi (Advancing Synergy), the NCD Interest Group has been re-vamped and held several meetings to develop their workplan. They are organizing the NCD Workshop, in conjunction with NCD Child, at the CORE Conference on June 7th.

Child Health: CORE Group was invited to join the Global Child Health Steering Committee and will be updating CORE members as news and activities develop. CORE Group's Executive Director is also the Programme co-chair for the PMNCH Partners' Forum 2018, in New Delhi, India.

Social Accountability: The Social Accountability Technical Advisory Group, led by the CHSS Working Group co-chairs Megan Christensen (CONCERN), Eric Sarriot (Save the Children), and Alfonso Rosales (World Vision), conducted several meetings, and has formulated a plan for the upcoming months. They are seeking pre-doctoral students to assist with some research.

Mentorship Program: As part of CORE Group's ongoing commitment to support youth development, CORE Group's Young Professionals Network launched the Mentorship Program. CORE Group received over 45 applications from prospective Mentors and Mentees for the Mentorship Program's Pilot Year. After review and deliberation, 9 Mentor-Mentee pairs were selected to comprise Cohort 1, which officially started in January 2018 and all pairs have submitted their 6 month workplans. Plans for a Mentor-Mentee meetup for those who are in DC area will be planned in the Fall 2018. Applications for Cohort 2 will open in October 2018.

CORE Group Website Enhancements: The new website launched last year and CORE has been busy with initializing low bandwidth features, as well as content categorization. Additionally, CORE conducted a review through Excellence in Development and Disability Inclusion (EDDI) on ensuring an accessible website for persons with disabilities.

CORE GROUP

Who we are

CORE Group unites a coalition of more than 100 non-governmental organizations (NGOs), universities, foundations, corporations, and individual experts to end preventable maternal, newborn, and child deaths around the world. For the past 20 years, CORE Group has been driving collaborative action and learning to improve and expand community health practices for underserved populations, especially women and children. CORE Group fosters collaboration and learning, strengthens technical capacity, develops innovative tools and resources, and advocates for effective community-focused health approaches.

What we do

Strengthening programmatic impact: CORE Group works together with global health stakeholders to examine the evidence and share best practices for community-based programming approaches. This helps our network, and other practitioners across the globe, to implement consistent, high impact interventions. Together, we develop and improve common monitoring and evaluation systems. Collaboration strengthens collective impact at scale, prevents duplication, and builds strong evidence-based practices.

Knowledge management: CORE Group supports members and partners to capture and use lessons learned in program implementation. We present opportunities to build skills in knowledge management techniques. We serve as a platform to discuss and improve the interface between field-based implementation and donor and global directions.

Collaborative response: CORE Group improves collaboration capacity through timely and unified responses to health crises, such as infectious disease outbreaks. We align NGOs and governments on key messages, strategies, and approaches. By mobilizing our membership and their strong in-country networks, we engage key stakeholders in dialogue and collaborative, evidence-based action. Our work fills gaps in community health and empowers civil society to ensure a smooth transition from emergency to sustainable development.

Work with us

Share stories. Discover resources. Engage with new partners. Strengthen the global knowledge base.

Become a part of our coalition of Community Health Practitioners. Let's explore the possibilities.

Contact us to get started. You can reach Marc Holler, our Senior Director of Partnership and Business Development at: mholler@coregroup.org | 202-380-3398

Working groups

Our Working Groups accelerate progress in the field of community health around specific technical and cross-cutting issues. Working Groups are self-organizing, self-governing, and adaptive groups that transcend organizational boundaries. Each group has a specific work plan and is driven by voluntary co-chairs.

What exactly do our working groups do?

- Develop state-of-the-art tools, practices, and strategies with direct benefits for field programs;
- Exchange information on best practices, resources, and opportunities;
- Link with academics, advocates, and private resources and expertise;
- Foster members' professional development;
- Build organizational partnerships and capacity; and
- Articulate the community health perspective in global policy dialogue and alliances.

CORE GROUP

You can learn more and join the conversation by joining the listservs. Below are the instructions to join the conversation around each working group.

Working group topic	Co-chairs	How to subscribe
Child health	TBC	cch-subscribe@lists.coregroup.org
Community-centered health systems strengthening	Alfonso Rosales, World Vision Eric Sarriot, Save the Children	hss-subscribe@lists.coregroup.org
Monitoring and evaluation	Claire Boswell, Food for the Hungry Dora Curry, CARE	me-subscribe@lists.coregroup.org
Nutrition	Gwyneth Cotes, SPRING, JSI Jennifer Burns, Catholic Relief Services Kathryn Reider, World Vision	nutrition-subscribe@lists.coregroup.org
Reproductive, maternal, newborn, and adolescent health	Cindy Uttley, Samaritan's Purse Corinne Mazzeo, USAID's Maternal and Child Survival Program/Save the Children *Sexual and Reproductive Health and Adolescents Task Force*: Mychelle Farmer, Advancing Synergy Acting Chair: Catherine Lane, Pathfinder	rmnah-subscribe@lists.coregroup.org
Social and behavior change	Debora Freitas, Chemonics International Erin Pfeiffer, Food for the Hungry Joseph Petraglia, Syntegral	sbc-subscribe@lists.coregroup.org
Humanitarian-development task force	Jesse Hartness, Save the Children Emily Chambers-Sharpe, Medair David Collins, Management Sciences for Health (MSH)	hdtf-subscribe@lists.coregroup.org

Interest Groups

These informal groups convene on a needs basis to discuss pressing issues faced around global health. Currently, our Interest Groups are:

- HIV/AIDS
- Immunization
- Malaria, mHealth
- Non-communicable Diseases
- Tuberculosis

Join the Conversation

Share information and successes. Collaborate. Network. Stay up to date. All of this is possible through our many CORE Group platforms! The below are all great ways to share and receive important announcements from CORE Group, our members, and the broader global health community.

Social Media

@COREGroupDC

@COREGroupCS

@COREGroupDC

/company/core-group-dc

Newsletter

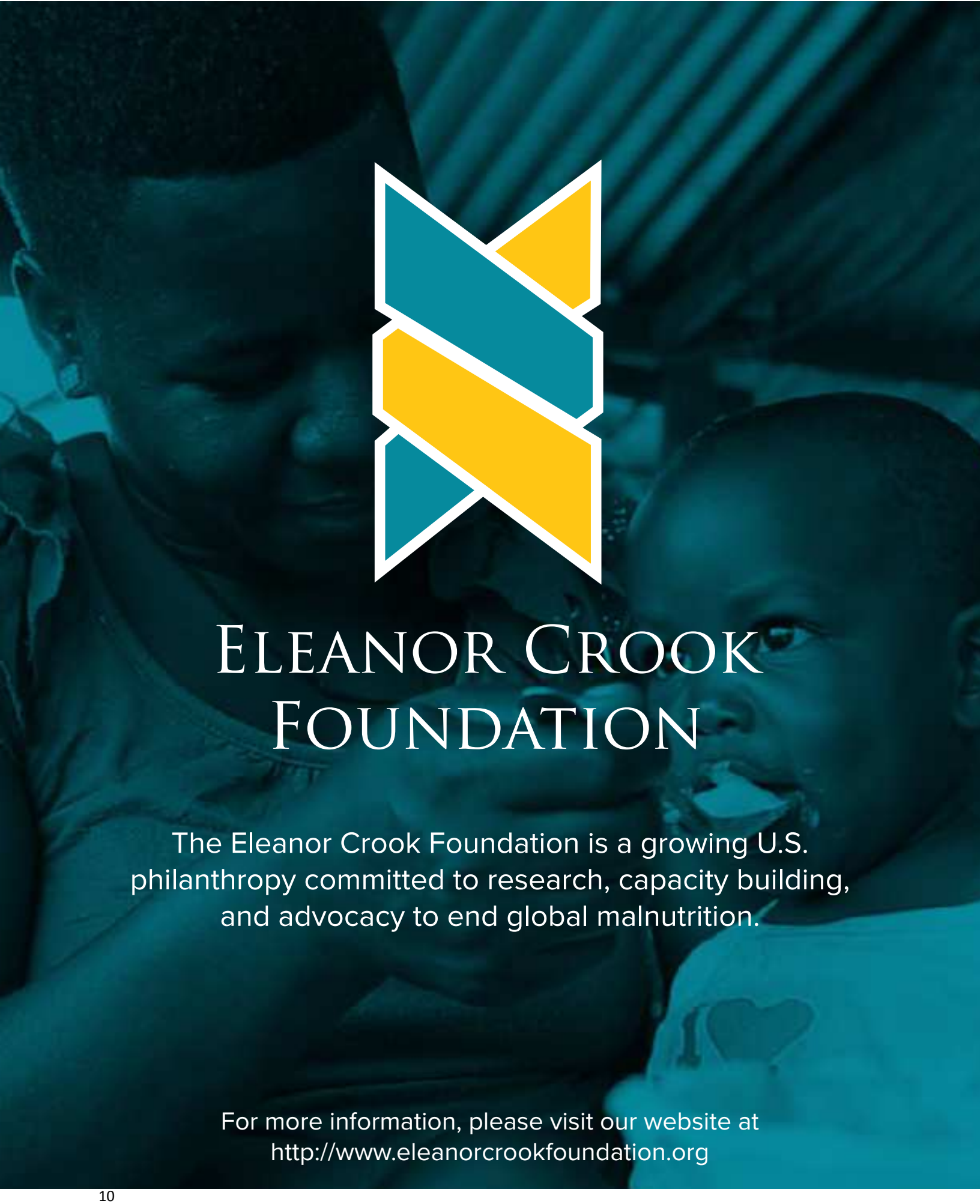
Sign up to receive monthly newsletters containing the latest news, resources, articles, events, and more from CORE Group, our Membership, and the broader global health community.
bit.ly/CORENews

CORE Group Community

Join the conversation! In this Listserv, experts discuss new resources, and share key upcoming events and job opportunities.
cgcommunity-subscribe@lists.coregroup.org

Young Professionals Network

Are you a young global health professional? Join us to learn more and recieve information on networking opportunities, events, and resources.
ypn-subscribe@lists.coregroup.org



Eleanor Crook Foundation

The Eleanor Crook Foundation is a growing U.S. philanthropy committed to research, capacity building, and advocacy to end global malnutrition.

For more information, please visit our website at http://www.eleanorcrookfoundation.org

TOGETHER, WE'RE BUILDING **HEALTHY COMMUNITIES**

Aligned with Our Mission, Global in Our Commitment

The Medtronic Foundation focuses on expanding access to healthcare for the underserved worldwide and supporting healthy communities where we live and give.

Learn more at Medtronic.com/foundation

Medtronic Foundation

UC201804648c EN

The CORE GROUP POLIO PROJECT

REACHING EVERY LAST CHILD

Since 1999, more than 20,000 frontline workers have been protecting the health of millions of children across 11 countries in hard to reach and conflict affected communities. Due to their commitment, courage, and creativity, we are moving closer to preventing childhood paralysis and stopping polio forever.

https://COREgroup.org/our-work/programs/core-group-polio project

USAID
FROM THE AMERICAN PEOPLE

coregroup | POLIO Project

CONFERENCE OBJECTIVES

This year's Global Health Practitioner Conference will focus on navigating the humanitarian-development nexus through community health action. The conference aspires that by its end, participants will have contributed to and gained:

1. Greater understanding of why a humanitarian and development approach is important to achieving our vision of global community health for all;
2. New ideas and actions on how to advance evidence-based policies, strategies, partnerships, and practices in a complex and fluid area;
3. New partnerships for future collaborations to advance humanitarian and development approaches; and
4. Awareness of the relevant programmatic and research questions driving this work and identify the remaining gaps in knowledge.

Join the conversation on Social Media!
Share photos, quotes, and thoughts from the conference at: **#GHPC18 | @COREGroupDC**

SCHOLARSHIPS

This year's CORE Group Global Health Practitioner Scholarship Fund was made available through the generous contribution of Dr. Judy Lewis and a grant from the Medtronic Foundation. Medtronic Foundation's work is grounded in the advancement of the Global Sustainable Development Goals (SDGs). Medtronic Foundation believes that by the world community – both public and private sectors – pulling together we can multiply our collective actions and strengths toward shared pursuit of global good.

AGENDA OVERVIEW

MONDAY, JUNE 4, 2018	
8:30am – 9:00am	**Registration and Breakfast**
Ballroom	**Welcomes & Orientation**
9:00am – 10:30am	**OPENING & KEYNOTE ADDRESS**
Ballroom	**Welcome from CORE Group and Board of Directors** **Lisa M. Hilmi,** CORE Group Executive Director **David Pyle,** CORE Group Board of Directors Acting Chair **KEYNOTE: Paul B. Spiegel, MD,** Director, Johns Hopkins Center for Humanitarian Health
10:30am – 11:00am	Break | *Expo Tables Open*
11:00am – 12:30pm	**CONCURRENT SESSIONS**
Ballroom	**A Collective Impact Approach to Accelerate Achievement of Universal Health Coverage Through Government-led Scale-up of Integrated Community Health Worker Programs** Bernice Dahn, Former Minister of Health, Republic of Liberia, Community Health Academy; Jerome Pffaffman, UNICEF Child Health Division; Chrystal Lander, Community Health Academy; Nazo Kureshy, USAID Bureau for Global Health (Moderator)
Ambassador	**Inclusive Sexual Reproductive, Maternal, Newborn and Adolescent Health in Development and Humanitarian Contexts – Achievements, Challenges, Lessons** Rafik Bedoui, Humanity & Inclusion; Sandra Krause, Women's Refugee Committee; Anushka Kalyanpur, CARE-USA; Muriel Mac-Seing, University of Montreal; Alessandra Aresu, Humanity & Inclusion (Moderator)
Cabinet	**Mobile Data-Driven Interventions for Community Engagement and Health Service Uptake in Development and Humanitarian Contexts** Emily Mangone, SHOPS Plus, Abt Associates; Jeanne Koepsell, Save the Children; Denise Johnson, ICF; Comfort Olorunsaiye, International Rescue Committee; Miriam Chang, World Vision Canada
Judiciary	**Lessons Learned from WASH-ECD related Activities in Kenya, Tanzania, Iraq, and Yemen** Billy Andre, ADRA; Huynh-Nhu (Mimi) Le, George Washington University Department of Psychology; Amy Webb Girard, Rollins School of Public Health, Emory University; John Hembling, Catholic Relief Services; Elena McEwan, Catholic Relief Services; James Ray, Medair (Moderator)
12:30pm – 2:00pm	Lunch | *Expo Tables Open*
12:45pm – 1:45pm *Ambassador*	**Young Professionals Network – Open to All** If you are a young professional, looking for new hires to join your team, or looking to network in a dedicated space, join the Young Professionals Network for facilitated networking.
2:00pm – 3:30pm	**CONCURRENT SESSIONS**
Ballroom	**Nurturing Care Framework: A Roadmap for Investing in Early Child Development** Leslie Elder, Global Financing Facility Secretariat, World Bank; Betzabé Butrón, Pan American Health Organization; Shekufeh Zonji, Early Childhood Development Action Network; Paul Stephenson, World Vision International; Dennis Cherian, World Vision (Moderator)
Ambassador	**Addressing Reproductive, Maternal and Newborn Health Needs in Fragile and Conflict Situations** Largema Bukar, Health Partners International / DAI Global Health; Alexandre Dmiiti, Ministry of Health, South Sudan; Molly Rosset, IntraHealth; Rukaiya Shettima, College of Nursing and Midwifery, Maiduguri, Borno State, Nigeria; Adetoro Adegoke, Health Partners International / DAI Global Health (Moderator)

Cabinet	**Building Health Workforce Capacity for Resilient, Responsive and Inclusive Health Systems** Alessandra Aresu, Humanity & Inclusion; Julia Plotnick, Health Volunteers Overseas; Brandon Kohrt, George Washington University, Division of Global Mental Health; Andreas Blom, World Bank; Beth MacNairn, Health Volunteers Overseas (Moderator)
Judiciary	**Campfire Chat on IYCF and IYCF-E: Promoting Survival and Saving Lives** Sarah Butler, Save the Children; Afia Fosua Agyekum, ADRA; Debra Olson, ADRA; Emily Chambers Sharpe, Medair (Moderator)
3:30pm – 4:00pm	Break | *Expo Tables Open*
4:00pm – 5:30pm	**90 SECOND SCIENCE**
Ballroom	This fast-paced, fun session will feature research-focused presentations, with ample time allotted for Question & Answer.
5:30pm – 7:00pm	**Social Networking Reception**
Hyatt Regency Terrace	Sponsored by Humanity & Inclusion (the new name of Handicap International) Light hors d'oeuvres will be provided and a cash bar will be available.

TUESDAY, JUNE 5, 2018	
8:30am – 9:00am	**Registration and Breakfast**
9:00am – 10:30am	**PLENARY** **Real-time Case on Links between Development and Humanitarian Programming for Rohingya Refugees in Cox's Bazaar, Bangladesh** Trina Helderman, Medair; Jesse Hartness, Save the Children; Mahfuzar Rahman, BRAC Bangladesh; Emily Chambers Sharpe, Medair (Moderator)
10:30am – 11:00am	Break | *Expo Tables Open*
11:00am – 12:30pm	**CONCURRENT SESSIONS**
Ballroom	**Borrowing and Building Upon Best Practices for Community Health in Humanitarian Contexts** Nathan Miller, UNICEF New York/Columbia University Mailman School of Public Health; Lara Ho, International Rescue Committee; Rashed Shah, Save the Children US; Emily Chambers Sharpe, Medair
Ambassador	**Programming for Family Planning and Postabortion Care in Humanitarian Settings** Sara Casey, Columbia University; Dora Curry, CARE; Jessica Kakesa, International Rescue Committee; Janet Meyers, Save the Children; Erin Wheeler, International Rescue Committee; Sandra Krause, Women's Refugee Committee (Moderator)
Cabinet	**Reaching Every Child Across All Settings – Learning from Practice and Implementation from CORE Group Polio Project** Samuel Usman, CORE Group Polio Project Nigeria; Anthony Kisanga, CORE Group Polio Project South Sudan; Abdul Wali Ghayur, CORE Group Polio Project Afghanistan; Lee Losey, CORE Group Polio Project (Moderator)
Judiciary	**Building Resilient Food Systems in an Age of Climate Change** Marie Spiker, Center for a Livable Future, JHBSPH; Martin Bloem, Center for a Livable Future, JHBSPH; Emily Janoch, CARE; Peter Winch, Johns Hopkins Bloomberg School of Public Health (Moderator)
12:30pm – 2:00pm	Lunch | *Expo Tables Open*
12:45pm – 1:45pm *Ballroom*	**CORE Group Membership & Business Meeting** *All are welcome.*

AGENDA OVERVIEW

2:00pm – 3:30pm	**WORKING GROUP INNOVATION & PLANNING SESSIONS**
Ballroom I	Social & Behavior Change Working Group
Ballroom II	Humanitarian-Development Task Force
Diplomat	Monitoring & Evaluation Working Group
Ambassador	Reproductive, Maternal, Newborn & Adolescent Health Working Group
Cabinet	Community-Centered Health Systems Strengthening Working Group
Judiciary	Nutrition Working Group
3:30pm – 4:00pm	Break | *Expo Tables Open*
4:00pm – 5:30pm	**CONCURRENT SESSIONS**
Ballroom	**Utilizing Community Engagement and Health Systems Strengthening approaches across the humanitarian and development contexts to address the Ebola Viral Disease outbreak in West Africa** Paul Robinson, International Medical Corps; Mustapha Kallon, GOAL Global; Claver Lotsa Momo Pewo, Catholic Relief Services; Kristin Weinhauer, Catholic Relief Services; Mesfin Teklu Tessema, International Rescue Committee; Janine Schooley, Project Concern International (Co-Moderator)
Ambassador	**Consultation with Partners for Developing Minimum Quality Standards and Indicators for Community Engagement** Ketan Chitnis, UNICEF; Jamie Bedson, Consultant (UNICEF); Sharon Abramowitz, Consultant (UNICEF)
Cabinet	**Maternal, Newborn and Child Health in Humanitarian Contexts with Development in Our Sights** *RMNAH Working Group Session* Naoko Kozuki, International Rescue Committee; Hannah Tappis, Jhpiego; Megan Vitek, Samaritan's Purse; Cindy Uttley, Samaritan's Purse (Moderator)
Judiciary	**Engaging Fathers, Grandmothers, and Other Family Members in Maternal and Child Nutrition – Lessons from Development for Humanitarian Contexts** Kristina Gryboski, Independent Consultant - Grandmother Project; Cynthia Matare, Independent Consultant - IMA World Health/Cornell University; Altrena Mukuria, SPRING; Aunchalee Palmquist, Carolina Global Breastfeeding Institute; Stephanie Martin, University of North Carolina at Chapel Hill (Moderator)
5:30pm – 7:00pm	**POSTER SESSION & PROFESSIONAL NETWORKING**
Hyatt Regency Terrace	Light hors d'oeuvres will be provided and a cash bar will be available. *See full list of posters below.*

WEDNESDAY, JUNE 6, 2018	
8:30am – 9:00am	**Registration and Breakfast**
9:00am - 9:30am	**Presentation of Dory Storms Award | 2018 Recipient, Tom Davis**
9:30am - 11:00am	**NEW INFORMATION CIRCUITS**
Ballroom	Attendees will be able to choose three tables to visit over the course of this plenary. These tables Include new tools, innovations, projects, and topics shared interactively by various presenters.
11:00am - 11:30 am	Break | *Expo Tables Open*

11:30am - 1:00pm	**CONCURRENT SESSIONS**
Ballroom	**The Strategic Space for Health Systems Strengthening in Emergency, Health and Nutrition Interventions in Protracted Crises** Jesse Hartness, Save the Children; Eric Sarriot, Save the Children USA; Emily Hejna, University of Iowa, College of Public Health; Givan Hinds, Save the Children; William Story, University of Iowa, College of Public Health (Moderator)
Ambassador	**Newborn Health in Humanitarian Settings – Examples and Lessons from the Field** Mariella Castillo, UNICEF Philippines; Katie Morris, Save the Children; Samira Sami, Johns Hopkins Center for Humanitarian Health; Janet Meyers, Save the Children (Moderator)
Cabinet	**Social Accountability in Improving Health for All: Lessons in Monitoring and Measurement** Angela Bailey, Accountability Research Center; Walter Flores, Centro de Estudios para la Equidad y Gobernanza en Sistemas de Salud; Marta Schaff, Averting Maternal Deaths and Disability Project; Anbrasi Edwards, JHU; Allison Annette Foster, IntraHealth; Elizabeth Allen, ACT Health, GOAL Uganda (Moderator)
Judiciary	**Addressing Adolescent Nutrition through Programming and Research in Development and Emergency Contexts** Florencia C. Vasta, Bill and Melinda Gates Foundation; Abanti Zakaria, Nutrition International; Azeez Oseni; USAID-Feed the Future Nigeria Livelihoods Project, Catholic Relief Services, Nigeria; Mekonnen Tesfamariam; Catholic Relief Services Ethiopia; Jennifer Burns, Catholic Relief Services (Moderator)
1:00pm - 2:30pm	Lunch | *Expo Tables Open*
1:15pm – 2:15pm *Cabinet*	Working Group Co-Chair Lunch *For Working Group Co-Chairs only*
2:30pm - 4:30pm *Ballroom*	**PLENARY & CLOSING** **Prioritizing the Investment and Financing for the Humanitarian-Development Nexus** Loyce Pace, Global Health Council; Ernest E. Massiah, World Bank; David Collins, Management Sciences for Health; Hafeez Ladha, Financing Alliance for Health

THURSDAY, JUNE 7, 2018 ***Separate Registration Required***	
8:00am - 8:30am	**Registration and Breakfast**
8:30am - 1:00pm	**HALF DAY WORKSHOPS**
Ballroom	**Integration of Noncommunicable Diseases into Global Health Programs: The Roadmap to Achieving the Sustainable Development Goals in 2030** Arti Varanasi, Advancing Synergy; Mychelle Farmer, Advancing Synergy, NCD Child

MONDAY, JUNE 4

Opening and Keynote Address

9:00am-10:30am *Ballroom*

Opening remarks will be provided by Lisa M. Hilmi, CORE Group Executive Director, and David Pyle, CORE Group Board of Directors Acting Chair. The keynote address will be delivered by Dr. Paul Spiegel, Director, Johns Hopkins Center for Humanitarian Health.

Paul Spiegel, Director, Johns Hopkins Center for Humanitarian Health
Prior to his appointment as Director of the Johns Hopkins Center for Humanitarian Health, Dr. Spiegel was the Deputy Director of the Division of Programme Support and Management at the UNHCR in Geneva. He was Chief of the Public Health and HIV Section (2002-2012) and the Refugee Agency's Global HIV Coordinator for UNAIDS (2004-2016). Before UNHCR, he worked as a Medical Epidemiologist in the International Emergency and Refugee Health Branch at the Centers for Disease Control and Prevention (CDC). Dr. Spiegel has responded to crises and undertaken field work and research in humanitarian emergencies in numerous countries on all continents. He has published and lectured extensively in the field of humanitarian emergencies. His research interests are in epidemiological methods, health information systems and HIV.

Lisa M. Hilmi, Executive Director, CORE Group
Lisa has over 30 years of global health experience in more than 20 countries, employing both human rights and community-based participatory approaches to addressing health disparities for women, children and communities. As a nurse, researcher, and public health expert, Lisa has worked at multiple levels of global health. She has worked in policy, research, emergency relief and response, development, workforce development, and health systems strengthening from local to global levels. She has worked in development settings, led response to HIV/AIDS/STIs/GBV in refugee and conflict settings, and developed policy for outbreaks, disasters, and epidemics in multiple countries. She has led over $180 million of development, relief and rehabilitation efforts. Clinically, Lisa has worked in pediatric hospital, community, academic, and crisis settings, and has held leadership positions in the United Nations, Sigma Theta Tau International, international non-governmental organizations (INGOs), and foundations. Lisa sits on the Board of Directors for the World Health Organization's (WHO) PMNCH, and the Academy of Nutrition & Dietetics Foundation.

David Pyle, Independent
Dr. Pyle has had a 45-year career in international public health and nutrition. He has been on the CORE Board of Directors for six years and currently serves as vice-chair. After 25 years as Senior Associate at John Snow, Inc., he retired to Portland, Oregon where he continues to consult. At JSI he held a number of different responsibilities, including directing a major worldwide micronutrient project and co-founding the Center for Health Information and Monitoring and Evaluation (CHIME). Throughout his career, he has focused his efforts on community-based maternal, newborn, and child health (MNCH) programming, nutrition and monitoring and evaluation. He consulted with many international NGOs in the design and evaluation of community primary health care interventions. He has worked in over 50 countries and consulted with major donor agencies such as USAID, World Bank, Asian Development Bank and UNICEF. He received his BA from Trinity College (Hartford, CT), MA from American University (School of International Service) and Ph.D. from MIT in Political Science/ International Nutrition Planning.

MONDAY, JUNE 4

Concurrent Sessions

11:00am-12:30pm *Ballroom*

A Collective Impact Approach to Accelerate Achievement of Universal Health Coverage (UHC) through Government-Led Scale-Up of Integrated CHW Programs

In this session, participants will explore how a collective impact approach can advance their efforts to tackle community health systems challenges in partnership with governments. Forty years after Alma Ata, we are at an unprecedented moment of renewed commitment to UHC. We have learned that in order to achieve UHC we must adapt the ways in which we design and manage not only community health programming, but also the community health ecosystem system itself. This session explores how a collective impact approach is one such adaptation, alleviating complexity and chaos in the community health landscape.

We will open with a case study from Liberia, where a coalition of funders and partners are aligning behind the government's efforts to institutionalize its first National Community Health Worker Program in the aftermath of the Ebola crisis. Panelists will then highlight how the March 2016 Institutionalizing Community Health Conference marked a historic systems-level change by donors and ministries, supporting the creation of country-driven action plans to institutionalize community health across 25 countries. Panelists will also discuss the February 2018 launch of an online Community of Practice that meets governments' requests to connect with other countries to collaborate as they operationalize and sustain Community Health Worker (CHW) programs. Next, the session will discuss how coalitions of CHW implementing partners are aligning behind the World Health Organization's (WHO) forthcoming evidence-based guidelines for design and implementation of CHW programs. We will hear how one group, the CHW Impact Coalition, has responded by crafting a practitioner expertise report, providing practical insights around how to optimize CHW programs. Finally, the panel will explore how the Community Health Academy is building platforms and partnerships to accelerate the sharing of best practices between community health leaders, enhancing their capacity to effectively design, manage, and sustain integrated CHW programs from a systems perspective.

Bernice Dahn, Former Minister of Health, Republic of Liberia, Community Health Academy
Dr. Bernice T. Dahn has over 20 years of experience as a public health physician, policy-maker, administrator, and educator. For the last two and half years, Dr. Dahn has served as the Minister of Health for the Republic of Liberia. Previously she was the national Chief Medical Officer. Dr. Dahn is the winner of the WHO 2016 International Health Workforce Award and 2017 University of Washington's Distinguished Alumni Award.

Abigail McDaniel, Director of Health Systems Leadership Development, Last Mile Health
Abigail has dedicated her career to advancing global health equity and universal health coverage. She served as an implementer and technical advisor for government-led community health and health systems strengthening programs in Liberia, Côte d'Ivoire, Sierra Leone, the Democratic Republic of Congo, Ethiopia, and South Sudan.

Crystal Lander, Director of Advocacy, Living Goods
Crystal Lander is a senior public health professional who launched the advocacy and global policy portfolios for two global non-governmental organizations, built and led global coalitions, and secured grant funding for advocacy projects and campaigns. As the Director of Advocacy for Living Goods, she manages engagement on global health policy to drive the organization's vision for lasting and systemic impact that will enable every family to access quality health care in the community in which they live.

Moderator: Nazo Kureshy, Senior Community Health Systems Advisor in the Office of Health Systems, USAID Bureau for Global Health
Ms. Kureshy guides community and civil society priorities for USAID's goals in health. She has provided leadership for defining new directions in community health systems strengthening by designing innovative partnerships between government and civil society in multiple countries. She led USAID representation in the conceptualization and implementation of the successful Institutionalizing Community Health Conference co-hosted by USAID and UNICEF.

MONDAY, JUNE 4

Concurrent Sessions

11:00am-12:30pm *Ambassador*

Inclusive Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) in Development and Humanitarian Contexts – Achievements, Challenges, and Lessons Learned

In spite of the Sustainable Development Goals' call to "Leave No One Behind", many SRMNCAH advocacy and programming initiatives struggle to address the needs of young people, LGBTQI populations, refugees, and women and girls with and without disabilities. As a result, these populations face significant barriers in accessing information and services, and their sexual and reproductive health and rights continue to be overlooked. Data are not always disaggregated and are often scattered because of the complexity of the contexts where these populations live. This can also be due to a lack of awareness, initiative, capacity, and tools to accurately capture their needs. The barriers these populations face to access information and services in fragile, humanitarian and development settings have a common origin: discrimination based on age, gender, disability, refugee status, and their intersection.

Starting from this common ground, the panel will:

1. present emerging research data on the access to SRMNCAH information and services of some of these populations;
2. share experiences and recommendations on designing and implementing inclusive SRMNCAH initiatives in both development and humanitarian settings;
3. discuss how barriers to SRMNCAH inclusive programming can be addressed when implementing inclusive SRMNCAH initiatives in both development and humanitarian settings; and
4. discuss how barriers to SRMNCAH inclusive programming can be addressed.

Rafik Bedoui, Technical Advisor on Sexual, Reproductive, Maternal, Newborn and Child Health, Humanity & Inclusion
Rafik is a Medical Doctor and a Technical Advisor on Sexual, Reproductive, Maternal, Newborn and Child Health for Humanity and Inclusion. He has been working for several years in the field of humanitarian relief and development projects. He is coordinating the multi-country inclusive sexual and reproductive health project for Humanity and Inclusion.

Sandra Krause, Director, Sexual and Reproductive Health Program, Women's Refugee Committee
Sandra is a registered nurse with a master's degree in Public Health Administration. She has been active in the public health arena for 25 years, and has worked in various regions, including Thailand, Haiti, Colombia and Croatia, and numerous countries in sub-Saharan Africa.

Anushka Kalyanpur, Technical Specialist, Sexual & Reproductive Health in Emergencies, CARE-USA
Anushka focuses on institutionalizing Sexual and Reproductive Health (SRH) in Emergencies programming in crisis-affected contexts in Asia and the Middle East and provides technical support on Adolescent SRH programming in fragile contexts. Previously, Anushka worked at International Medical Corps including in Syria, Yemen, and earthquake-affected Nepal.

Muriel Mac-Seing, PhD candidate in Public Health, University of Montreal
Muriel Mac-Seing holds an undergraduate degree in Nursing Sciences and a Master of Applied Sciences from McGill University. For the past 14 years, Muriel has worked overseas in projects related to community health, SRH, gender-based violence and disability, in Asia and sub-Saharan Africa.

Moderator: Alessandra Aresu, Inclusive Health Policy Lead, Humanity & Inclusion
Dr. Alessandra Aresu has worked with Humanity & Inclusion in situations of poverty, exclusion, conflict and disaster to support people with disabilities and other vulnerable populations. She worked first as Country Director of the China Program (2013-2017), and now in Washington DC. Dr. Aresu is a specialist on gender, sexual reproductive health and rights, and disability.

Concurrent Sessions

11:00am-12:30pm *Cabinet*

Mobile Data-Driven Interventions for Community Engagement and Health Service Uptake in Development and Humanitarian Contexts

This session seeks to bring together practitioners and stakeholders interested in using evidence-based mobile technology for facilitating community engagement for improved health outcomes. It is intended to foster a greater understanding of programming through the lens of both a humanitarian approach and the post-humanitarian development context. Humanitarian crises usually impact health service delivery due to the under-performance or destruction of health care infrastructure and the shortage of trained health workers to provide services. These warrant the need to work with community health workers to support service delivery. The transition from a humanitarian to development context requires careful planning and continuing support for the community health structures as health systems are rebuilt. This transition, if not properly planned, could have negative consequences for health care delivery, community trust and health outcomes.

Emily Mangone, Digital Health Advisor, SHOPS Plus, USAID Private Sector Health Project, Abt Associates
Emily Mangone helps global health activities leverage digital technology to support their objectives. With over 10 years of experience in the health sector, Emily has worked extensively on digital approaches to improve reproductive and sexual health access and outcomes for adolescents and vulnerable populations.

Jeanne Koepsell, Community Case Management Advisor, Save the Children
Jeanne Koepsell, MS was instrumental in designing Save the Children's digital health and innovations strategies, and has provided technical support for Save the Children's connected health projects. Jeanne has 30+ years of experience in training, program design, development and management; M&E; community-based information systems; survey design and implementation; and behavior change communications.

Denise Johnson, Health Systems Strengthening Portfolio Lead and Senior Public Health Informatics Specialist, ICF
Ms. Johnson has more than 18 years of experience designing and deploying technology solutions to meet international development aims. She is a certified Project Management Professional and has managed projects for the U.S. Agency for International Development, the U.S. Centers for Disease Control and Prevention, and the American Association for the Advancement of Science.

Miriam Chang, Nutrition Technical Specialist, World Vision Canada
Miriam Chang has served in both technical advisor and program management roles with World Vision in Canada, the Southern Africa Regional Office, and in Malawi over the past 12 years. She has also worked as research coordinator at the University of Toronto in Canada and in pediatric nutrition research at McMaster University.

Comfort Olorunsaiye, Immunization Advisor, International Rescue Committee
Comfort Olorunsaiye, PhD, MPH, provides technical support for immunization and related health services. She completed a Post-Doctoral Evaluation Fellowship at the US Centers for Disease Control and Prevention, where she led the evaluation design for the U.S. Government-funded 'Second-Year-of-Life' immunization program in Ghana. Comfort has more than 17 years' experience in global health.

MONDAY, JUNE 4

Concurrent Sessions

11:00am-12:30pm *Judiciary*

Lessons Learned from WASH-ECD-related Activities in Kenya, Tanzania, Iraq, and Yemen

This session will highlight the work of projects implementing Water, Sanitation, and Hygiene-related activities (WASH) and integrated early childhood development (ECD) programs in humanitarian and development contexts in Kenya, Tanzania, Iraq, and Yemen. Three general case studies will be addressed:

1. The Care Group model as a platform for integrated ECD, WASH, nutrition and maternal mental well-being interventions in Kenya and Tanzania: Lessons learned and next steps
2. Implementing WASH activities in health facilities in Iraq
3. Healthy behaviors in complex emergency context: Using complimentary food security, WASH, and nutritional services to save lives in Yemen

Billy Andre, Emergency Management Assistant, Adventist Development and Relief Agency
Billy Andre has been deployed to multiple high-scale emergency responses, including Iraq, South Sudan, Nepal, and Uganda. He has special interests in emergency innovations and education, intersectoral collaborations, and disaster relief management.

Huynh-Nhu (Mimi) Le, Ph.D. Associate Professor, George Washington University Department of Psychology
Dr. Le developed the Mothers and Babies Course, a cognitive behavioral group intervention designed to prevent perinatal depression in low-income women. She has adapted this intervention for various populations, including low-income Latina immigrants in the United States, urban women in Spain, and rural women in Kenya and Tanzania, in partnership with Catholic Relief Services.

Amy Webb Girard, Assistant Professor, Hubert Department of Global Health, Rollins School of Public Health, Emory University
Dr. Webb Girard's work focuses on the social determinants of maternal and child nutrition. She co-leads projects in Kenya, Tanzania and Ethiopia. In Atlanta, she partners with local organizations to design and evaluate interventions aimed at reducing the burden of obesity and chronic disease in low-income communities. She joined the Rollins School of Public Health (RSPH) faculty in 2010.

John Hembling, Senior Technical Advisor for Health Evaluation and Research, Catholic Relief Services (CRS)
John Hembling supports the agency's global health and social services team to implement rigorous program monitoring, evaluation, accountability and learning. Currently, John leads multiple studies on CRS' early childhood development and other health activities. Previously, John served as a Monitoring and Evaluation Advisor at Tulane University School of Public Health and Tropical Medicine.

Elena McEwan, Senior Technical Advisor for Maternal and Child Health, Catholic Relief Services
Dr. McEwan provides technical assistance to CRS and local partners to develop proposals, implementation plans, and behavior change strategies. She supports in designing baselines, evaluations and operation research. Dr. McEwan also represents CRS in global forums related to maternal and child health and early childhood development.

Moderator: James Ray, Senior WASH Advisor, Medair
James Ray is the WASH Team Leader for the emergency relief and recovery organization Medair. James received his BS and MS degrees in Civil Engineering from Howard University. After a 10-year career in consulting engineering, James turned to the humanitarian sector. For past 10 years James has implemented water supply projects in conflict and post conflict zones in East Africa and the Middle East

Concurrent Sessions

2:00pm-3:30pm *Ballroom*

Nurturing Care Framework: A Roadmap for Investing in Early Child Development

At the nexus of the humanitarian-development continuum, there are infants whose opportunity for positive life outcomes are eroded every day by toxic environments, violence, family neglect and inability to access basic social services. We see wasting rates in under-five children, an obvious emergency, in developing contexts. We see inter-generational violence that is not only stunting child well-being, but creating and feeding social conflict. And we see households and communities in these contexts that are far from achieving the fundamental resilience required to face emergency situations.

Nurturing care, conceptually, proposes that a generation of healthy citizens is required to interrupt the cyclical effects of disrupted development and crisis. The Nurturing Care Framework (NCF) positions holistic care for the pregnancy to three years cohort as the urgent window of opportunity through which to achieve this. The NCF unequivocally calls for comprehensive assurance of multi-dimensional caregiving for this cohort, inclusive of health, nutrition, education, and protection.

Leslie Elder, Senior Nutrition Specialist, Global Financing Facility Secretariat, World Bank
Leslie has more than 25 years of experience in international public health, focusing on infant and young child feeding practices and maternal and adolescent nutrition, in addition to broader issues of safe motherhood and maternal, newborn, and child health. Previously, Leslie worked as Senior Director, Newborn Health and Deputy Director of the Saving Newborn Lives program at Save the Children/US.

Shekufeh Zonji, Global Coordinator, Early Childhood Development Action Network
Over the past decade, Shekufeh has worked on challenges to the well-being of young children across Latin America, East Africa, and South Asia using the tools of research, policy, and program interventions within diverse organizations including the Aga Khan Foundation in Afghanistan and Save the Children in Bangladesh.

Paul Stephenson, Child Protection and Participation Senior Technical Advisor, World Vision International
Paul Stephenson has worked in international relief and development for over 25 years, specializing in early childhood and adult education, child rights and community development. He leads a team of six Technical Advisors across the world who provide technical consulting services to the World Vision partnership. Paul has worked in Latin America; Africa and Asia with southern based NGOs and Tearfund UK.

Dr Betzabé Butrón, Regional Advisor on Child Health, Pan American Health Organization (PAHO), WHO
Dr Butrón joined PAHO/WHO in 2005 as country advisor on maternal, child and adolescent advisor and has worked in PAHO's country offices in Uruguay, Barbados and the Eastern Caribbean, and Ecuador. She is part of the regional team in Washington DC since 2015 and is providing support to countries in the areas of early childhood development and reduction of preventable child mortality and morbidity.

Moderator: Dennis Cherian, Senior Director, Health and Nutrition, World Vision
In 1993 Dennis started his career as a physician for a Mission hospital and later joined World Vision India. His primary work has been in child survival, branching out to a broad area of public health. Some of his pioneering work include timed and targeted counseling for behavior change and mobile technology solution for prenatal/postnatal and newborn care by CHWs in Afghanistan.

MONDAY, JUNE 4

Concurrent Sessions

2:00pm-3:30pm *Ambassador*

Addressing Reproductive, Maternal and Newborn Health Needs in Fragile and Conflict Situations
This session will explore how local-level development investments in fragile and conflict-affected countries can contribute to strengthening the links between communities and the health system and create a platform from which humanitarian agencies can also benefit. We will share experiences from Northern Nigeria, South Sudan and Mali where Health Partners International (HPI)/DAI Global Health and IntraHealth have worked for many years helping to strengthen local health systems and engaging with local communities to ensure ownership and leadership. The moderator will give a short overview of the topic and HPI/DAI/IntraHealth programmes in conflict situations with an emphasis on RMNCAH and will introduce the session objectives and the panelists. Each presenter will spend 10-15 minutes to present their country specific context. The moderator will then spend a few minutes briefly summarizing the presentations and explaining the group work. Participants will divide into three groups and discuss a key question related to the main objectives for 20 minutes. The moderator will then invite 2 minutes feedback from each group and summarize key take home messages.

Largema Bukar, States Team Leader – Borno/Yobe, Nigeria, Health Partners International / DAI Global Health
Largema Bukar RN, BSc, MSc. is a practicing nurse with over 16 years clinical working experience in reproductive health; he worked as a clinical tutor at the School of Nursing and later deployed to Ministry of Health. He participated in the implementation of the DFID funded PATHS2 project, and later joined the Women for Health programme, which aims to empower women as health service providers.

Alexander Dimiti, Technical Lead for Reproductive Health Service Delivery, Ministry of Health, South Sudan
Dr. Alexander Hezekiah Dimiti, M.B.Ch,B, M.MED OBGYN, MSc International Health, is responsible for implementation of the National Reproductive Health Policy and Strategy and the Maternal Mortality prevention programme. He also coordinates all the efforts of collaborating partners in Reproductive Health to ensure effective programming and interventions in South Sudan.

Molly Rosset, Program Officer, IntraHealth
Molly Rosett supports IntraHealth's West Africa regional portfolio. She supports initiatives targeting youth, civil society, and government at the local, national, and regional levels to increase access to family planning and reproductive health services across the nine Ouagadougou Partnership member countries.

Moderator: Adetoro Adegoke, Technical Lead, Health Service Delivery, Health Partners International / DAI Global Health
Dr. Adegoke, RN, RM, BSc, MSc, PhD; FRSPH, has worked as Lecturer in Sexual and Reproductive Health and Senior Lecturer in Public Health at the Liverpool School of Tropical Medicine and the Liverpool John Moores University. She has been working in the field of public health for more than 20 years on programs related to universal health coverage, health service delivery, immunization, RMNCH and Quality of Care.

Concurrent Sessions

2:00pm-3:30pm *Cabinet*

Building Health Workforce Capacity for Resilient, Responsive and Inclusive Health Systems

How do we develop resilient, responsive and inclusive health systems sustained by a well-trained global health workforce? This session will focus on health workforce capacity building in the humanitarian-development nexus, advancing knowledge and practice that builds resilient, responsive, and inclusive health systems. The session will explore: evolving challenges and responses in health workforce education and training approaches; innovative competency-based models for nursing and mental health education projects; the role of partnerships for health workforce planning and capacity building; and the importance of an inclusive health approach in humanitarian crises and fragile, low-resource settings. The session will include short presentations followed by a robust question and answer period to challenge our understanding of health workforce capacity building in the humanitarian-development nexus.

Alessandra Aresu, Inclusive Health Policy Lead, Humanity & Inclusion

Dr. Alessandra Aresu has worked with Humanity & Inclusion in situations of poverty, exclusion, conflict and disaster to support people with disabilities and other vulnerable populations. She worked first as Country Director of the China Program (2013-2017), and now in Washington DC. Dr. Aresu is a specialist on gender, sexual reproductive health and rights, and disability.

Julia Plotnick, Health Volunteers Overseas

Ms. Plotnick joined the Public Health Service in 1959. As a community health and maternal/child specialist, she held various national positions and accepted special international assignments with the WHO. In 1992, the Surgeon General of the Public Health Service selected her as the Chief Nurse Officer and Assistant Surgeon General. Following her 1996 retirement, she served as Administrative Consultant to the New Jersey Collaborative Center for Nursing and Visiting Professor at Rutgers College of Nursing. Currently she is a consultant on African health affairs to the Foreign Service Institute, US Department of State.

Brandon Kohrt, Associate Professor of Psychiatry and Director of the Division of Global Mental Health, George Washington University

Brandon Kohrt, MD, PhD, an anthropologist and psychiatrist, holds the Charles and Sonia Akman Professorship in Global Psychiatry at George Washington University. Dr. Kohrt has worked with populations affected by war and political violence, disasters, and other forms of adversity in Nepal, Haiti, Liberia, Nigeria, Uganda, Ethiopia, South Africa, Brazil, and Mongolia. Since 2006, he has served as technical advisor to Transcultural Psychosocial Organization (TPO) Nepal. Since 2010, Dr. Kohrt has worked with The Carter Center Mental Health Program in Liberia.

Andreas Blom, Lead Economist, World Bank

Andreas Blom supports the implementation of strategies to improve the quality of the World Bank's education portfolio in Africa. He also serves as a Resource Person for Tertiary Education in the Region and is the task team leader of the Africa Centers of Excellence project. Previously Andreas worked with the Government of India and the Government of Pakistan to improve higher education and training opportunities.

Moderator: Beth MacNairn, Deputy Director, Health Volunteers Overseas

Beth MacNairn is deputy director of Health Volunteers Overseas (HVO). Ms. MacNairn also serves on the board of directors of the Disability Rights Fund and the Disability Rights Advocacy Fund. Previously, she held leadership positions with several INGOs and Partners in Health. She also served on InterAction's board of directors (2013-2015).

MONDAY, JUNE 4

Concurrent Sessions

2:00pm-3:30pm *Judiciary*

Campfire Chat on Infant and Young Child Feeding (IYCF) and IYCF in Emergencies (IYCF-E): Promoting Survival and Saving Lives

In this session, presenting panelists will frame a discussion in a campfire chat format, sharing organizational and program experiences with IYCF and IYCF-E, flagging concerns, and raising questions for consideration. In addition to the presenters listed below, other organizations have been invited to share experiences in a short format, and participants are welcome to bring their own experiences to share informally as we crowd-source and think together about the ways that IYCF promotes child survival and IYCF-E saves and sustains life in emergencies. These approaches have much in common, both address the norms and behaviors around infant and young child feeding that will achieve these ends. There is a continuum of activities needed to impact different levels of a social-ecological model, and at every level, communication, advocacy and capacity development are needed. This session will provide humanitarian and development stakeholders opportunities to consider the presenter and participants' experiences from both IYCF and IYCF-E, definitions of each approach, and then to participate in a dialogue about ways to bridge these two approaches.

Sarah Butler, Director of Emergency Nutrition, Save the Children US
Sarah has worked with Save the Children for ten years. She joined as part of the SC team in Darfur, Sudan where she managed the emergency nutrition program in 5 locations. She then transitioned to take on the Health and Nutrition Advisor role with Save the Children's office in South Sudan. Since 2010, Sarah has been based in the SCUS Headquarters office focusing on humanitarian nutrition.

Afia Fosua Agyekum, Agriculture and Food Security Technical Officer, Adventist Development and Relief Agency
Afia Fosua Agyekum works with the technical team to design, implement and provide technical support. Prior to joining ADRA, Afia worked as a researcher in the development and international trade field, evaluating the impact of the Millennium Challenge Corporation project in Ghana and the potential impact of the Trans-Pacific Partnership trade agreement on U.S. agricultural trade.

Debra Olson, Emergency response program manager, Adventist Development and Relief Agency
Debra studied Global Studies as an undergraduate before working in Mexico, China, Peru, and Afghanistan. She then earned her Master's in Public Health at Loma Linda University where she worked with the Clinical Lab Capacity Consortium in Malawi. Upon graduation in 2012, she began work with ADRA's Emergency Management Unit, where she has worked since.

Emily Chambers Sharpe, Senior Health and Nutrition Advisor, Medair
Emily Chambers Sharpe provides technical support to Medair's health and nutrition projects in Somalia, Syria, Jordan, Lebanon, and Yemen. Emily previously worked in the Office of the US Global AIDS Coordinator, supervising PEPFAR programs in the Southern Africa region and co-chairing a technical working group on improving food security and nutrition. She has worked with NGOs in development and relief programs in seven countries, including Sudan, Niger, and Cambodia.

90-Second Science

4:00pm-5:30pm *Ballroom*

This fast-paced session will feature research-focused presentations, with ample time allotted for Q&A.

TESTING/LAB

Measure Twice, Cut Once: Hemoglobin Measurements
Denish Moorthy, USAID-funded SPRING Project

Engaging New Actors to Address the Problem of Safe Specimen Transport In Mali: Early Lessons From a Pilot Experience in Sikasso Region
Hamadoun Kassambara and Marjorie Larson Nana, Catholic Relief Services Mali

The Effect of Bladder and Lumbar Stimulation Technique for Collection of Urine in Newborns
Mamta Rajbanshi, Independent Consultant

NUTRITION

Treating Malnutrition in the Community: Feasibility Study of Low-Literate Community Health Workers Treating Severe Acute Malnutrition in South Sudan
Naoko Kozuki, International Rescue Committee

Integration of Nutrition into Integrated Community Case Management (Iccm) in the Democratic Republic of the Congo
Sarah Straubinger, USAID'S Maternal and Child Survival Program/PATH

Relapse Following Treatment for Acute Malnutrition: How big is the problem? How can we Capture it?
Heather Stobaugh, RTI International

COMMUNITY

The CHW Coverage and Capacity Tool (C3) - the Operational Missing Link in CHW Policy-to-Implementation
Ochi Ibe, USAID's Maternal & Child Survival Project, ICF

Community Health Workers Driving Greater Access to Services and Improved Health Outcomes in an Urban Haitian Community
Kristen Fanfant, Medicines for Humanity

DESIGN/APPROACH

Using Design Thinking to Bring Health Closer to Youth
Samantha Kerr, Population Services International

Factors Affecting Community Based Health Insurance Membership Renewal: The Case of South Achefer Woreda, West Gojjam Zone - Amhara Region
Getachew Abate, USAID/Abt Associates Inc. HSFR/HFG Project

Social Networking Reception

5:30pm-7:00pm *Hyatt Regency Terrace*

World Vision®

Unleashing the power of faith actors in response to Universal Health Care

Responding to the SDGs

Reaching the unreached

www.worldvision.org/health
@WorldVisionUSA

TUESDAY, JUNE 5

Plenary

9:00am-10:20am *Ballroom*

Real-Time Case Study: Links between Development and Humanitarian Programming for Rohingya refugees in Cox's Bazar, Bangladesh

Since August 2017, approximately 671,000 Rohingya refugees have crossed into Bangladesh, fleeing large-scale violence and human rights abuses in Myanmar's Northern Rakhine state. This new influx is in addition to Rohingya already in Bangladesh from previous violence, resulting in over 900,000 Rohingya seeking shelter in Bangladesh. The scale and speed of this most recent displacement has overwhelmed the capacity of local authorities and NGOs to meet the immense needs. Many local and international long-term development actors have stepped-up and new humanitarian actors have stepped-in. This session will provide insight into the current crisis, explore roles of various development and humanitarian actors in Bangladesh, and discuss how they work together to balance immediate and longer-term needs of the Rohingya refugees and their host country.

Trina Helderman, Senior Health and Nutrition Advisor – Global Emergency Response Team, Medair

Trina Helderman, MD, MPH, a Board-Certified Emergency Medicine Physician, served with or led medical teams responding to disasters including the 2010 and 2015 earthquakes in Haiti and Nepal and the Mosul Offensive in Iraq. She has led responses for kala-azar, cholera, measles, meningitis, and Hepatitis E in the complex humanitarian emergency in South Sudan; was Medical Coordinator for the Ebola Treatment Center during the outbreak in Sierra Leone; and has worked in public health in the Dominican Republic, Ecuador, India, Ghana, and Kenya. She has spent the last 5 months in Bangladesh scaling up Medair's response to the Rohingya Crisis as part of Medair's Emergency Response Team.

Jesse Hartness, Senior Director, Emergency Health & Nutrition, Save the Children

Jesse Hartness is a public health specialist with over 15 years of experience in healthcare policy, administration, programming and emergency response. Having joined Save the Children in 2006, Jesse has responded to health and nutrition emergencies in over a dozen countries, including responses to historic floods in Pakistan, civil war in Cote d'Ivoire, drought in Niger, famine in Somalia, Syrian refugees in Jordan and Lebanon, typhoon Haiyan in the Philippines, Ebola in Liberia, and Hurricane Matthew in Haiti. Most recently, Jesse conducted a systematic review of Save the Children's response for Rohingya refugees in Bangladesh. Jesse leads a 30-member team responsible for delivering emergency health and nutrition assistance across 30+ countries.

Mahfuzar Rahman

Mahfuzar Rahman is physician/epidemiologist by training. His main research interest over the past 20 years has been occupational, environmental and molecular epidemiology, focused in studying various pollutants on health and the interactions between host factors (genetic and acquired susceptibility), and environmental exposures in producing acute and chronic diseases. His other interests include evaluation of non-communicable diseases; examining and measuring the underlying causes of chronic disease, morbidity and mortality. In addition, his works involve health system research concerning health delivery for women and children; various public health implementation researches to ensure evidence-based interventions incorporating health human resource issues; as well as leading interventions for improved service quality. He also serves as cost analyst of different projects in Bangladesh.

Moderator: Emily Chambers Sharpe, Senior Health and Nutrition Advisor, Medair

Emily Chambers Sharpe provides technical support to Medair's health and nutrition projects in Somalia, Syria, Jordan, Lebanon, and Yemen. Emily previously worked in the Office of the US Global AIDS Coordinator, supervising PEPFAR programs in the Southern Africa region and co-chairing a technical working group on improving food security and nutrition. She has worked with NGOs in development and relief programs in seven countries, including Sudan, Niger, and Cambodia.

TUESDAY, JUNE 5

Concurrent Sessions

11:00am-12:30pm *Ballroom*

Borrowing and Building Upon Best Practices for Community Health in Humanitarian Contexts
Join panelists who share actions and approaches in emergency responses that are evidence-based, or have emerging bodies of evidence, like iCCM and Care Groups. This session will incorporate examples from Bangladesh, South Sudan, Somalia, and DRC of how some of the key work that CORE Group members and working groups have supported over the years is in use in chronic, complex humanitarian emergencies and other emergency settings. For both development and humanitarian stakeholders, there is an opportunity to consider community-health approaches in complex settings, and what types of adjustments and achievements have been successful in practice.

Nathan Miller, Health Advisor/Assistant Professor, UNICEF New York/Columbia University Mailman School of Public Health
Nate Miller, PhD, works primarily on conducting research and providing technical support on community-based maternal, newborn, and child health in emergency settings. His research interests include provision of primary healthcare services in hard-to-reach contexts, community health in emergencies, improving primary healthcare service delivery, and methods for assessing and evaluating health programs.

Lara Ho, Deputy Director, Health Unit, Rapid Access Expansion Programme (RAcE), International Rescue Committee
Lara Ho, PhD, RN, joined the International Rescue Committee in July 2007, working in Tanzania, Côte d'Ivoire, DRC, and Switzerland. She is currently based in Washington, DC, managing a team that supports programming and research in environmental health, nutrition, reproductive health, and primary healthcare for populations affected by crisis. Lara was a Peace Corps Volunteer in Mongolia and a Fulbright Scholar in Canada.

Rashad Shah, Child Health Advisor, Department of Global Health, Save the Children-US
Rashed Shah has more than 24 years' working experience in community-based maternal, newborn and child health programming plus implementation of both qualitative and quantitative researches focused on maternal, newborn and child health issues. Rashed provides technical support to child health programs, specifically focused on iCCM in Asia and East Africa.

Emily Chambers Sharpe, Senior Health and Nutrition Advisor, Medair
Emily Chambers Sharpe provides technical support to Medair's health and nutrition projects in Somalia, Syria, Jordan, Lebanon, and Yemen. Emily previously worked in the Office of the US Global AIDS Coordinator, supervising PEPFAR programs in the Southern Africa region and co-chairing a technical working group on improving food security and nutrition. She has worked with NGOs in development and relief programs in 7 countries, including Sudan, Niger, and Cambodia.

Concurrent Sessions

11:00am-12:30pm *Ambassador*

Programming for Family Planning and Postabortion Care in Humanitarian Settings
In emergencies, many women, girls and couples seek voluntary family planning (FP) services and need post-abortion care (PAC) which are lifesaving interventions and part of the minimum initial service package for reproductive health in emergencies (MISP). However, FP and PAC services are frequently deprioritized by donors and implementing agencies during the initial response. Providing access to voluntary FP services prevents unintended pregnancies, maternal and newborn deaths and unsafe abortions. Offering PAC prevents maternal deaths and disability and breaks the cycle of unintended pregnancy and unsafe abortion. While clinical standards remain the same in humanitarian and development settings, there are necessary differences in programmatic strategies for increasing access to quality services.

This panel will provide several examples of how to improve access to quality FP services including long-acting reversible contraception, and PAC in humanitarian contexts through the following approaches: competency-based training, use of data for supportive supervision, coaching and program management. Findings from research to explore client perspectives on the quality of PAC services will be discussed. Different approaches to community engagement, including ones that address social norms, will be presented from multiple countries. We will discuss strategies for integration of FP and PAC services into new emergency responses and provide examples of institutionalization.

Sara Casey, Director, Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative, Columbia University
During her 20 years of public health work, Sara has focused on using sound data collection and analysis to improve the scope and quality of sexual and reproductive health services in countries whose health systems have been weakened by war or natural disaster. She collaborates with program partners to identify and respond to challenges to improve contraceptive and post-abortion care services.

Dora Curry, Project Director for Public Health Emergencies, CARE
Dora leads CARE's efforts to strengthen CARE and partner capacity to respond to public health emergencies through community health platforms. She also leads program improvement and data utilization efforts related to sexual, reproductive and maternal health, supporting both data analysis for learning and routine data collection and utilization.

Jessica Kakesa, Reproductive Health Technical Advisor, International Rescue Committee
Dr. Kakesa has worked to improve access to reproductive health services for women and girls in humanitarian settings for more than seven years, including leading a contraception and post abortion care project in Eastern DRC. She has particular expertise in improving clinical capacity for delivering long-acting reversible contraception and abortion care.

Janet Meyers, Advisor, Reproductive Health in Emergencies, Save the Children
Janet focuses on family planning, post-abortion care, and reproductive health. She supports reproductive health and emergency health programs in DRC and Rwanda. Janet is an active member of the Interagency Working Group on Reproductive Health in Crises (IAWG) and has over 25 years of international development and humanitarian response program experience in sexual and reproductive health and public health.

Erin Wheeler, Contraception and Abortion Care Advisor, International Rescue Committee (IRC)
Erin Wheeler is the Contraception and Abortion Care Advisor and team lead for the FP-PACE project at the International Rescue Committee. Prior to joining the IRC, she worked with the RAISE Initiative at Columbia University. She is an active member of Interagency Working Group for Reproductive Health in Crises and is the co-chair of the safe abortion care sub-working group.

Moderator: Sandra Krause, Director, Sexual and Reproductive Health Program, Women's Refugee Committee
Sandra has been active in the public health arena for 25 years, 20 of which have been devoted to international health working in various regions including Thailand, Haiti, Colombia and Croatia and numerous countries in sub-Saharan Africa. Sandra has conducted reproductive health needs assessments in multiple emergency settings.

TUESDAY, JUNE 5

Concurrent Sessions

11:00am-12:30pm *Cabinet*

Reaching Every Child Across All Settings – Learning from Practice and Implementation from CORE Group Polio Project

The CORE Group Polio Project (CGPP) will provide potent examples of reaching every child with polio immunization amid protracted conflict situations and in neglected, hard-to-reach locations. The CGPP Secretariat Directors from Nigeria and South Sudan and the new NGO Coordinator for Afghanistan will explore important lessons about cross-border collaboration to reach children of refugees and migrants; community-based disease surveillance; independent campaign monitoring; and the use of data to inform innovative communication strategies. At the country level, the CGPP is organized by a small Secretariat. At the national level, the Secretariat Director collaborates with the Ministry of Health, UNICEF, and WHO. The Secretariat oversees the work of partner NGOs who receive sub-grants to implement project activities at the county and community levels. The Secretariat ensures that NGO contributions to polio eradication are much more effective by tying them to the global polio eradication initiative and providing them with polio-specific knowledge and expertise to focus on the larger priorities, policies, and proven strategies of the initiative. Today, more than 20,000 frontline workers in Nigeria, South Sudan, India, Ethiopia, Kenya, Somalia and now Afghanistan work in complex environments to reach every child.

Samuel Usman, Nigeria Secretariat Director, CORE Group Polio Project Nigeria
From January 2014 to date, Dr. Samuel Usman has been the Secretariat and Country Lead of CGPP Nigeria. Previously, he was the National Service Integration Advisor for the Abt Associates-implemented, DFID-funded Partnership for Transforming Health Systems Phase 2 (PATHS2), as well as the Clinical Associate and Anti-Retroviral Therapy Lead of the University of Maryland's Institute of Human Virology Nigeria Program.

Anthony Kisanga, Director for South Sudan, CORE Group Polio Project
Anthony Kisanga is a Public Health Specialist with over 13 years of experience. Prior to joining CGPP as Director for South Sudan, he worked with Population Service International as a Malaria and Child Survival Program Manager. He also worked with GOAL Ireland as a Community Health Officer and a Project Coordinator with Southern Sudan Onchocerciasis Taskforce for Eastern and Central Equatoria States.

Abdul Wali Ghayur, NGO Coordinator, CORE Group Polio Project Afghanistan
Dr. Abdul Wali Ghayur has worked for more than 15 years with a number of national and international NGOs, academic institutions, donors, the Government of Afghanistan, and UN agencies at country, regional and international levels in different disciplines of public health. In addition, he has worked with other institutions such as expert to the Ministry of Finance for the CBR program.

Moderator: Lee Losey, Deputy Director, CORE Group Polio Project
Lee Losey has more than twenty-five years of experience working in International health and development starting as a Peace Corps Volunteer in Tanzania and working for the CDC, WHO, CRS, Save the Children, CARE International, Mercy Corps, the Chicago Department of Health and the University of Illinois at Chicago.

Concurrent Sessions

11:00am-12:30pm *Judiciary*

Building Resilient Food Systems in an Age of Climate Change

Food systems include the growing, harvesting, processing, packaging, transporting, marketing, consumption, and disposal of food and food-related items. These systems include pre-production activities such as developing and delivering inputs (e.g., fertilizers, seeds, feed, farm implements, irrigation systems, information, and research and development); the production of crops, fish, and livestock; post-production activities such as storage, packaging, transportation, manufacturing, and retail; consumption activities either in supermarkets, homes, or dining establishments; and the loss (pre-consumer), waste (consumer level), and disposal (post-consumer) that occurs throughout the system. Food systems operate within and are influenced by social, economic, political, and environmental contexts. People are involved throughout these systems as producers; information providers; policymakers and regulators; workers in the fields of health, forestry, trade, and finance and in companies; and consumers. Panelists will introduce the issues then address 1) new approaches to climate smart agriculture to support nutrition outcomes; 2) reducing loss in food distribution systems; 3) approaches at the community or policy level to protect food security and nutrition from impacts of climate change, industrial food production and nutrition transition.

Marie Spiker, Doctoral Candidate and Center for a Livable Future-Lerner Fellow, Johns Hopkins Center for a Livable Future

Marie Spiker conducts research with the Global Obesity Prevention Center, where she leads the development of computational tools to map and model vegetable supply chains in South Asia. She also conducts research on food loss and waste. Previously she has worked with the Baltimore Food Policy Initiative on issues related to food access in urban areas.

Martin Bloem, Director/Professor, Johns Hopkins Center for a Livable Future

Martin Bloem joined the Johns Hopkins Center for a Livable Future as Director in December 2017, relocating to Baltimore from Rome, Italy, where he spent 12 years as a senior nutrition adviser at the United Nations World Food Programme (WFP) and as the WFP's Global Coordinator for UNAIDS. Dr. Bloem has more than three decades of experience in nutrition research and policy.

Emily Janoch, Knowledge Management and Learning Lead, CARE

Emily Janoch is an expert in designing systems to capture and share information across many sources. With four years of experience in West Africa and academic publications on community and individual engagement in food security in Africa, she is especially interested in community-led development. Her work focuses on making sure that communities can achieve sustainable, appropriate results.

Moderator: Peter Winch, Professor in the Social and Behavioral Interventions Program in the Department of International Health, Johns Hopkins Bloomberg School of Public Health

Dr. Winch teaches courses on qualitative and formative research and applied medical anthropology. His research focus is on 1) improving the health of mothers and children in areas where access to health facilities is poor or non-existent, and 2) behavior change interventions and health system responses to global environmental threats. He is a previous recipient of the Dory Storms Child Survival Recognition Award (2011).

TUESDAY, JUNE 5

CORE Group Annual Membership and Business Meeting

12:45pm-1:45pm *Ballroom*

All conference participants are welcome to attend and actively share comments at the CORE Group Annual Membership and Business Meeting. This will be an interactive meeting and an opportunity to share thoughts about CORE's future, priorities and membership. New members of the CORE Group Board of Directors will be introduced, membership updates, CORE Conferences, Working Groups, Technical Advisory Groups, Inclusive Health Agenda, and more will be discussed. This is a great opportunity for CORE Group Members to bring topics forward for discussion and give us your input.

Working Group Innovation and Planning Sessions

2:00pm-3:30pm

This session is an opportunity for CORE Working Groups to meet and share progress made, discuss ongoing work, and make plans for their future efforts. All are welcome to join these sessions, whether they have previously joined the working groups or not.

- *Ballroom I* – Social & Behavior Change Working Group
- *Ballroom II* – Humanitarian-Development Task Force
- *Diplomat* – Monitoring & Evaluation Working Group
- *Ambassador* – Reproductive, Maternal, Newborn & Adolescent Health Working Group
- *Cabinet* – Community-Centered Health Systems Strengthening Working Group
- *Judiciary* – Nutrition Working Group

Concurrent Sessions

4:00pm-5:30pm *Ballroom*

Utilizing Community Engagement and Health Systems Strengthening Approaches across the Humanitarian and Development Contexts to address the Ebola Viral Disease Outbreak in West Africa

This session provides a venue for participants to learn and discuss various examples of approaches used in West Africa before, during and after the Ebola Virus Disease (EVD) outbreak. There will be a focus on health systems strengthening and community engagement practices and tools.

This session will include experts from IRC, CRS, International Medical Corps (IMC), GOAL Global, and Project Concern International (PCI) covering the following successes and lessons learned:

- Scaling up Community Event Based Surveillance strategy, influenced by work with iCCM;
- Faith-based and private health facility network initiation and sustainability during EVD outbreak to meet the needs of healthcare including responding to future health emergencies;
- Ebola Treatment Centers and safe burial plus a Community Based Health Promotion program; and
- Community Led Total Sanitation leading to Community Led Ebola Action (CLEA).

Participants will be asked to brainstorm and contribute ideas on additional approaches used traditionally in either a development or a humanitarian context to address future disease outbreaks with a focus on community engagement and health systems strengthening. Information will be collected and shared with CORE Group.

Paul Robinson, Senior Health Advisor, International Medical Corps
Dr. Paul Robinson is a physician by training and a global health practitioner with 27 years of experience in the technical and management areas of health programming. Besides 10 years of residential work in South Asia he has traveled to, and provided technical assistance in 30 countries in Africa, the Caribbean, the former Soviet Union, and Latin America. Paul worked with the American Red Cross, CARE, John Snow, Inc., PLAN, and UNICEF, among others.

Mustapha Kallon, Country Health Coordinator, Sierra Leone, GOAL Global
Mustapha Kallon has been active in community health for 12 years and has been a heavy contributor to GOAL Sierra Leone community health programming from 2009 to date. Mustapha was part of the team that developed the community-led Ebola Action Strategy for the containment and prevention of new cases of Ebola during the 2014 outbreak in Sierra Leone.

Claver Lotsa Momo Pewo, Health Program Manager, Catholic Relief Services
Claver joined CRS in 2015 in Guinea during the Ebola Outbreak. Soon after, he was promoted to Health Program Manager with oversight of: 1) The Strengthening the Civil Society Platform for GAVI project; 2) the Christian Unity for Health in Guinea: A Faith-based Network Project; and 3) the Support for the Institutionalization of Guinea's Private Health Sector for Improved Service Quality Project.

Kristin Weinhauer, Health Senior Technical Advisor, Catholic Relief Services
Kristin has worked with CRS for approximately 15 years. She currently lives in Thailand, working remotely with the Program Innovation and Quality Assurance Department. Prior to this, she lived in Haiti and Vietnam with frequent travel to Africa. Her areas of expertise are health systems strengthening in resource limited settings, palliative and home-based care, infectious disease and obstetrics.

Mesfin Teklu Tessema, Senior Director of Health, International Rescue Committee
Dr. Mesfin Teklu Tessema has more than 24 years of experience in the areas of public health, nutrition and humanitarian affairs. He is IRC's senior leader in health, responsible for leading the health team that provides technical assistance to more than 40 IRC country offices and emergency response team. Before he joined the IRC, Dr. Tessema was the global lead for World Vision's Health.

Moderator: Janine Schooley, Senior Vice President for Programs, Project Concern International
Janine Schooley, MPH has spent the last 30+ years in senior leadership positions. She has worked with PCI since 2000, ensuring maximum sustainable impact in 13 developing countries and the US/Mexico Border Region. She also oversees work in female empowerment and gender equity; local capacity strengthening; innovation; strategic information and applied learning; and program quality. Previously, she worked with Wellstart International.

TUESDAY, JUNE 5

Concurrent Sessions

4:00pm-5:30pm *Ambassador*

Consultation with Partners for Developing Minimum Quality Standards and Indicators for Community Engagement

Community engagement (CE) is a critical strategy for working with local populations for both humanitarian and development action. Strengthening the quality, processes and measurement of CE is key to strengthening and sustaining local capacities, improving resource allocation, building an evidence base and influencing policy.

However, there are currently no agreed common minimum standards for designing, implementing and measuring CE, despite the existence of multiple approaches and frameworks.

UNICEF, working closely with UN agencies, INGOs, donors and development partners, is supporting the "Development of minimum quality standards and indicators in CE" project in an effort to develop a framework that will support implementation of high quality, evidence-based CE.

A wide-ranging consultative process with UNICEF partners will build on current practice and evidence to synthesize and codify CE standards.

UNICEF seeks to draw on the expertise gathered at the CORE Group conference to conduct a consultative process asking:

- What elements should be included in a CE framework?
- What are the implications for codifying CE standards in development and humanitarian action, and what is the nexus?
- How can we develop minimum indicators for universal usage?
- Who needs to be consulted and how?
- What are the limitations and challenges?

Ketan Chitnis, Communication for Development Specialist, UNICEF
Ketan provides advice, guidance and technical support to country and regional offices and partners on using evidence-based strategies and practices to achieve social and behavior change outcomes across public health practice focusing on child and maternal health and nutrition. He is also the technical lead on risk communication and community engagement on preparing for and responding to disease outbreaks.

Jamie Bedson, Consultant, UNICEF
Jamie is a development practitioner and consultant whose work has focused on NGO administration and project management for community engagement in the areas of health, youth and microfinance, including co-design and implementation of large-scale community engagement initiatives during the West African Ebola outbreak in Sierra Leone.

Sharon Abramowitz, Consultant, UNICEF
Dr. Abramowitz is a medical anthropologist who specializes in epidemiology, humanitarian assistance, mental health, and post-conflict health systems. She is the author of numerous peer-reviewed publications on infectious disease, the West African Ebola outbreak, medical humanitarianism, and humanitarian assistance. She provides research and analysis to UNICEF, WHO, Save the Children, and USAID.

Concurrent Sessions

4:00pm-5:30pm *Cabinet*

Maternal, Newborn and Child Health in Humanitarian Contexts with Development in Our Sights

Maternal, newborn, and child health (MNCH) is globally recognized as being severely compromised in humanitarian crises. Programs encounter challenges in fractured infrastructure, transient populations, limited resources, and increasingly complex and protracted emergencies. While challenging, these crises may be viewed as opportunities to build lasting solutions and resilience through a strategic yet nimble approach. What practical tools are available to provide direction to our response to the needs of women and their babies in humanitarian emergencies? How can we foster collaboration and partnership in the field in order to minimize gaps in care, all while working with limited resources? What can the humanitarian and development points on the nexus learn from each other in order to improve maternal, newborn, and child health? This session will aim to answer these questions through the use of case studies and experiences from the field. Participants will have an opportunity to consider the application of these lessons learned and envision ways to overcome the challenges of working in sudden-onset disasters or complex and protracted humanitarian crises, with a view towards long-term development, including resilience and disaster preparedness.

Naoko Kozuki, Technical Advisor, Health Research, International Rescue Committee

Naoko Kozuki, MSPH, PhD, leads the organizational research priority of reducing under-five deaths through the use of community health workers, and is the organizational focal point for MNCH and nutrition research. Naoko completed her Masters, Doctoral, and Postdoctoral training with the Department of International Health at Johns Hopkins Bloomberg School of Public Health and currently serves as Associate Faculty for the same department. She has authored nearly 30 peer-reviewed publications.

Hannah Tappis, Senior Monitoring, Evaluation and Research Advisor, Jhpiego

Hannah Tappis, DrPH focuses on health needs assessment and service delivery strategies in conflict-affected settings. She is an active member of the Interagency Working Group for Reproductive Health in Crisis. Dr. Tappis has nearly 15 years of experience in humanitarian and health program management, evaluation and research in Afghanistan, Pakistan, Lebanon, Jordan, Syria, Democratic Republic of Congo, Sierra Leone, South Sudan, Tanzania and Yemen.

Megan Vitek, Global Technical Advisor - Medical Programming, Samaritan's Purse

Megan started her career as a nurse in Washington, D.C. and, upon completing her MPH at Hopkins, transitioned into emergency medical program implementation and management. Megan has worked in several different countries, focusing on health epidemics such as Ebola, Zika, Cholera, and Diphtheria. In 2017, Megan worked and lived at the Samaritan's Purse Emergency Field Hospital in Mosul, Iraq.

Moderator: Cindy Uttley, Community Health Advisor, Samaritan's Purse

Prior to joining Samaritan's Purse, Cindy spearheaded a community health program in Haiti, formally taught midwifery to nursing students in Kenya and, in cooperation with the local Ministry of Health, led medical teams to remote Uganda. As Community Health Advisor, she provides technical support to Asia, Latin America, Caribbean, and Iraq. She also occasionally deploys with Samaritan's Purse Emergency Field Hospital.

TUESDAY, JUNE 5

Concurrent Sessions

4:00pm-5:30pm *Judiciary*

Engaging Fathers, Grandmothers, and Other Family Members in Maternal and Child Nutrition – Lessons from Development for Humanitarian Contexts

The influence of grandmothers, fathers, and other family members on maternal and child nutrition practices is well established, and programs to engage these family members to support recommended practices are becoming more common. During this session, panelists will share resources and lessons learned from designing and implementing activities to engage family members. The session will begin with a short overview of the need for formative research that explicitly aims to understand and map the intra-household roles and influence of family members, followed by several examples of strategies to engage family members to support maternal and child nutrition. These examples will highlight key considerations when seeking to engage family members and offer recommendations and resources. The final presentation will draw upon comparative insights from case studies in humanitarian settings to illustrate the challenges and key issues in integrating family members into infant and young child feeding in emergencies (IYCF-E) responses, and recommendations for better engaging families when working in emergency settings. During a round-table session, participants will be encouraged to share their experiences with engaging family members in humanitarian and development contexts, and to identify key gaps in programmatic resources and research.

Kristina Gryboski, Independent Consultant
Kristina Gryboski, PhD has worked in global health programs for over 20 years. Her field experience began with her nutritional anthropology dissertation research in an agricultural region of Java, Indonesia. She has broad global experience as a technical advisor for public and private sector programs with a focus on the behavioral context of nutrition and RMNCH.

Cynthia Matare, Consultant, Addressing Stunting in Tanzania Early (ASTUTE) Project, IMA World Health/ Cornell University
Dr. Cynthia Matare has worked on many projects across East and Southern Africa, focusing on design, implementation and evaluation of nutrition programs. She has particular interest in understanding the roles of caregivers and how they can be supported, and in leveraging these for more effective social and behavior change and better maternal and child nutrition outcomes.

Altrena Mukuria, Director of Country Initiatives, SPRING, Save the Children
Dr. Mukuria has over 35 years' experience in program management, research, and M&E of complex nutrition and health programs, with 20 years spent living and working in Kenya. She has worked for more than 10 INGOs in over 35 countries worldwide. Altrena has a strong interest in SBCC and has conducted research on social, cultural, and individual influences on infant and young child feeding behaviors.

Aunchalee Palmquist, Assistant Professor, Gillings School of Global Public Health, University of North Carolina-Chapel Hill
Dr. Palmquist is a medical anthropologist and International Board-Certified Lactation Consultant. Dr. Palmquist's postdoctoral training included fellowships at the National Institutes of Health in social network methods and at Yale University in Global Health. Her interdisciplinary work bridges critical biocultural anthropology and global public health and utilizes ethnographic and innovative mixed-methods approaches.

Moderator: Stephanie Martin, Assistant Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill
Stephanie Martin has 19 years' experience designing, implementing, and evaluating global health and nutrition programs. She conducts implementation research to improve maternal and child nutrition programs, with a focus on social and behavior change interventions to increase family support. Prior to joining UNC, she worked for PATH and AED.

Poster Session and Professional Networking

5:30pm-7:00pm *Hyatt Regency Terrace*

Nutrition Resilience Building – Linking Prevention and Rehabilitation/Treatment of Child Malnutrition. World Vision's Experience and Results from a 3-year Maternal Child Health and Nutrition Project Implemented in Taita Taveta County in Kenya
Rose Ndolo, World Vision UK

Long-Term Impact of Integrated Early Childhood Care and Development Interventions: Findings from Lesotho
Victoria Veevers, Catholic Relief Services

New Counseling Tool to Enhance Client-Centered Community-Based Family Planning Program
Tishina Okegbe, FHI 360

Use of Social Behavioral Change Communication Strategy to Enhance Vitamin A Supplementation Coverage in two Northern Nigerian States
Angelina Aduke Toluhi, Catholic Relief Services Nigeria

Exploring the Use of Local Recipe to Combat Moderate Acute Malnutrition in North-East Nigeria – A case study of Tom Brown
Adia Oro-ghene, Catholic Relief Services

Improving the Efficiency & Acceptability of International Health Service Delivery in Developing Countries
Roseline Jindori Yunusa Vakkai, Independent

Community-Based Savings Groups, Women's Agency and Maternal Health Service Utilization: Evidence from Mozambique
Halkeno Tura, University of Iowa, College of Public Health

Shifting Gender Norms and Conquering Polio
Kathy Stamidis, CORE Group Polio Project

FOCUS: An Online SBC/C Strategy Planner
Lenette Golding, Save the Children

Leveraging Community Linkages to Improve Immunization Coverage in Plateau District, Benin
Jean T. Nguessan, University Research Co. LLC

Internally Displaced Women's Gender-Based Violence Risk Factors in conflict-affected Ukraine
Ariadna Capasso, HealthRight International

Use of Lot Quality Assurance Sampling (LQAS) to Estimate Vaccination Coverage Helps Guide Future Vaccination Efforts
Chris Ngwa, UNICEF

Innovative Approach to Reaching Under-Served Children Using Religious Leaders In Polio High Risk Areas of Northern Nigeria
Samuel Usman, CORE Group Partners Project

Girls Roster: Ideal Tool to Identify and Recruit Adolescent Girls in HIV Prevention Interventions
Gloria Ekpo, World Vision

USAID
FROM THE AMERICAN PEOPLE

Maternal and Child Survival Program

USAID'S FLAGSHIP MATERNAL AND CHILD SURVIVAL PROGRAM

The Maternal & Child Survival Program is a multi-partner, flagship program in support of USAID's priority goal of preventing child and maternal deaths. Our work is evidence-based and results oriented. We focus on increasing coverage and utilization of high-quality reproductive, maternal, newborn and child health interventions at the household, community and health facility levels.

For more information, please visit
www.mcsprogram.org

facebook.com/MCSPglobal

twitter.com/MCSPglobal

ADRA

LOVE IS WHO YOU SERVE

VISIT ADRA AT BOOTH 4
#GHPC18

ADRA's work reaches those who need us most in more than 130 countries. **ADRA.org**

WEDNESDAY, JUNE 6

2018 Dory Storms Award - Tom Davis

9:00am-9:30am *Ballroom*

Since 2001, CORE Group has presented the annual Dory Storms Child Survival Recognition Award to a person or persons who demonstrate courage, leadership, and commitment to helping non-governmental organizations have an impact on and effectively implement programs that end child deaths. The award is named after Dr. Storms, who was a founding member of CORE Group and led the USAID-funded Child Survival Support Project, which was based in the Department of International Health at the Johns Hopkins Bloomberg School of Public Health.

This year's award goes to Tom Davis. Tom has more than three decades of experience implementing and supporting community-based programs of 34 organizations in underserved communities in 27 countries of Latin America, Africa and Asia. His achievements are legion.

Tom led the implementation of the USAID-supported PVO Child Survival Project, which reached over 1 million people in Mozambique with extraordinary results; has been a true champion of the Care Group approach, sharing the methodology and its advantages to other NGOs and working with them and CORE Group to promote its use by NGOs throughout the world; and is the original developer of the Barrier Analysis methodology, used now by programs throughout the world to tailor health education messages for optimal effectiveness. Tom is also a skilled trainer and has led or facilitated numerous workshops and trainings for programs and program leaders for effective child survival program implementation in underserved communities around the world.

Tom has been one of the CORE Group's most dynamic and valuable members, serving as a member of the Board of Directors of CORE Group from 2003 to 2010 and its Chairman from 2005 to 2010, a member of the Monitoring and Evaluation Working Group, the Quality Improvement Working Group, and the Social and Behavior Change Working Group (since 2003). Tom has provided programmatic leadership and has been a dynamic force for obtaining grants for numerous organizations throughout his career. He has been a mentor to dozens of program managers, and he has authored or co-authored 15 publications, including six peer-reviewed articles. The inspiration, leadership, and programmatic expertise he has given throughout his career is truly exceptional.

WEDNESDAY, JUNE 6

New Information Circuits

9:30am-11:00am *Ballroom*

Attendees will be able to choose three tables to visit over the course of this plenary. These tables host interactive presentations of various new tools, innovations, projects, and topics.

TABLE 1: Saving Newborns in Sierra Leone: Community Mobilization for Identification and Care of Vulnerable Newborns

Carolyn Kruger, Eden Ahmed Mdluli, Project HOPE

Sierra Leone has a high newborn mortality rate of 39 per 1,000 deaths; substantial number of births are low birth weight and vulnerable (DHS 2013). The country is coping with a broken health delivery system after a long civil war and the Ebola crisis. To change this trend, Project HOPE, working with the Ministry of Health and Sanitation, established Kangaroo Mother Care Units for preterm/low birth weight babies at two hospitals, trained nurses and midwives in essential newborn care, care of small babies, and basic emergency care at the community and primary care levels. As part of a demonstration project, Mother Care Groups were trained in essential newborn care, recognition of danger signs, and appropriate referral to the community health workers and primary health care units. This session will highlight results, challenges and lessons of the demonstration project in improving the continuum of care for newborns.

TABLE 2: The Polio Eradication Toolkit: How It Can Work for You

Lydia Bologna, Core Group Polio Project

The recently released CORE Group Polio Project's (CGPP) Toolkit is a collection of project resources to support polio eradication efforts. Thousands of frontline health workers and program managers in Ethiopia, India, Kenya, Nigeria, Somalia, and South Sudan use the 100-plus tested and revised tools to support vaccination campaigns and community-based Acute Flaccid Paralysis surveillance, promote routine immunization, track the vaccination status of under-fives, newborns, and pregnant women, and mobilize communities to actively participate in immunization services. This session will give insight to country's context and need-tailored strategies to stop polio, how to adapt the tools to contexts and programming outside of polio and for other health initiatives that ideally involve community mobilizers or health workers.

TABLE 3: Measurement Indicators for Resilience Analysis (MIRA) - Helping Communities Identify Risk and Plan for It

Angela Tavares, Catholic Relief Services

MIRA is a cutting-edge method to provide timely, monthly data offering a snapshot of shocks and stresses experienced by households in southern Malawi. It started as a proof of concept by Catholic Relief Services and Cornell University with 580 households in Chikwawa, and is now being scaled to 2,300 households in Chikwawa, Blantyre and Nsanje. This session will demonstrate how MIRA enables cost-effective tracking over time to determine resiliency and response to shocks, early warning of increasing stresses in communities, gaps in service delivery, and potential targeting of those most affected. The presenter will share information from monthly surveys, highlight data collected through the el Nino emergency, and provide access to the dashboard to explore applicability to different contexts.

TABLE 4: Maternity Care in Humanitarian Emergencies

Michelle Rodriguez, White Ribbon Alliance

This session will review a set of innovative, integrated, low-cost and rapid rollout tools and approaches for co-promoting maternal self-care and respectful maternity care from a recent pilot in Zimbabwe, which resulted in an increase in seeking of antenatal care (ANC) of more than 20%; a doubling of facility-based deliveries in one year; leading to funding for expansion from district health officials. Emerging learnings from pilots in Bangladesh, Bolivia and Indonesia will be shared, with potential for adapting tools and approaches used to promote women-centered care and healthy behaviors in complex humanitarian emergencies.

TABLE 5: Programmatic Considerations for Operationalizing the WHO 2016 Antenatal Care (ANC) Guidelines to Improve Maternal Nutrition

Patti Welch, USAID's Maternal and Child Survival Program (MCSP)/PATH

The first 1,000 days of life – from conception to the child's second birthday – is a critical window during which nutrition interventions have a far-reaching effect on a child's growth, development, and ability to thrive. Targeted approaches to address maternal nutrition and appropriate weight gain during pregnancy are essential to improving maternal, infant, and child nutrition.

This presentation aims to provide operational guidance on the WHO 2016 ANC Guidelines to distill the key nutrition interventions and counseling messages to provide during pregnancy via routine contacts at the facility and community level. This guidance will be discussed alongside key findings and programmatic considerations from a MCSP published literature review on barriers to adequate maternal nutrition in 25 low- and middle-income countries.

TABLE 6: Food Aid Quality Review Decision Support Tool: Supporting Evidence-based Decision-Making for More Cost-Effective Programming of Specialized Nutritious Foods

Ye Shen, FAQR/Tufts University

Funded by USAID Food for Peace Office, the Food Aid Quality Review (FAQR) Project at Tufts has developed a Decision Support Tool application for more cost-effective programming of specialized nutritious foods, such as Ready-to-Use Foods and Fortified-Blended Foods for treatment of acute malnutrition and reduction of stunting. The tool aims to facilitate evidence-based decision-making, and to advance cost-effective policies and strategies for food assistance in development and humanitarian contexts.

The Tool provides a conceptual framework for users to consider a range of important factors for improved cost-effectiveness. It supplies available data and references (historical product and supply chain costs, literature evidence for coverage and health outcomes, as examples) to facilitate respective user inputs for programmatic, cost, and impact parameters. Users can view how their choices would affect the results for a list of cost and cost-effectiveness indicators, conduct sensitivity analyses, via an interactive interface. Participants will have the opportunity to walk through the tool interface by playing with the tool in their own laptops (optional). Feedback gathered will be incorporated into the next version of the tool.

TABLE 7: How Can International Development Organizations Build Resilience at the Community and Household Level in Northeastern Nigeria?

Athena Childs Fleisher, Nuru International

Nuru International is working to build resilient, sustainable, and respectful solutions to challenges in communities that have been affected by violence. Nuru's approach includes: 1) human centered design focused Program Planning Process; 2) servant leadership training for local community members and staff; 3) use of social and behavior change methodologies; 4) working toward sustainable community-owned professional farmer organizations; 5) voice analysis technology to vet staff for connections to violent extremist groups; 6) holistic approach to security and protection; 7) technology, training, equipment, protocols, etc. to maintain duty of care to its people; and 8) data-driven decision-making training for local leaders.

Participants will gain examples of programmatic innovations based on field realities that can open new opportunities for their work and research.

Table 8: Learning by Doing: Experience in Reaching Every District Approach from Immunization to Other Health Services

Melanie Morrow, USAID's Maternal and Child Survival Program (MCSP)/ICF

For 15 years, the Reaching Every District (RED) approach, called Reaching Every Community (REC) in some countries, has been a key strategy for strengthening the management of immunization services. Several country programs of MCSP have adapted RED/REC components to support the delivery and reach of other services, particularly those preventive or promotive in nature. In 2017, MCSP analyzed these programs (Haiti, Kenya, Malawi, Mozambique, and Uganda) to understand the successes and challenges they faced in adapting RED/REC to support other RMNCH interventions. This session will provide an overview of the five components of RED/REC, discuss key learning from MCSP's work on applying RED/REC to other health interventions, and discuss how such work could be expanded.

TABLE 9: Practical Guide for CHWs and Caregivers to Provide Integrated Support to Children Affected by HIV

Ellen Vor der Brugge, representing Hesperian Health Guides

Young children living with HIV face unique health and developmental challenges that are compounded by other social, psychological, economic and familial constraints, and caregivers and CHWs are often not equipped to deal with their extensive psychosocial needs, nor not specifically trained in early childhood development measures. Hesperian's new resource (available in print and online), *Helping Children Live with HIV* provides actionable information specifically designed for CHWs and caregivers that is contextualized for children living in vulnerable communities. This resource was field tested in 12 countries in Southern and East Africa with CHWs, caregivers, and other community-based actors and received extensive technical review from more than 40 experts.

TABLE 10: Community Nurse Leadership for UHC, SDG3, and Emergencies

Allison Annette Foster, IntraHealth International

Find out how Zambia's nurses help Zambia optimize and sustain investments in the community system to respond to crises and advance toward UHC. Shortly after Zambia initiated its community health assistant (CHA) program (2010), the government called on nurses to coordinate efforts of CHAs, volunteers, community members, and clinical staff into a functioning frontline team and lead them to provide quality care and respond to unexpected needs. Zambia remains vulnerable to humanitarian implications of disease outbreaks, and to its porous borders with eight countries including fragile states.

TABLE 11: From Backstage to Center Stage: The Evolution of Deworming and the Challenge of Programming Towards Sustainability

Ploi Swatdisuk, U.S. Agency for International Development (USAID)

The intent of this session is to update other health sectors on the current progress and disease strategy for deworming, as well as to discuss approaches for the integration of deworming into community health programs. Over the last decade deworming for soil transmitted helminths (STH) has undergone a drastic evolution from an opportunistic, often ancillary, intervention into large nationally scaled programs. In 2016 the World Health Organization reported 638.5 million individuals were treated in 103 countries, of which one of the largest global programs is the USAID Neglected Tropical Diseases (NTD) Program. This program supported 25 countries in 2016 to treat 150 million individuals for STH. Such scale up was possible due to the development of an integrated mass drug administration (MDA) strategy with other NTDs and unprecedented donations from GlaxoSmithKline and Johnson & Johnson, with each committing 400 million tablets of albendazole and 200 million tablets of mebendazole per year respectively. Yet, the integrated NTD strategy has been a double-edged sword as elimination-focused diseases reach their milestones. The challenge now is to develop transition strategies focused on integrating with broader community health platforms and sustainability, while continuing to maintain the current strategy of STH control.

TABLE 12: Mobile Data-Informed Community Engagement Strategy to Increase Immunization Coverage in Northern Uganda

Comfort Olorunsaiye, Edward Kumakech, James Tinkamanyire, International Rescue Committee (IRC)

Globally, 1 in 5 children do not receive lifesaving vaccinations. The IRC developed and implemented an intervention consisting of a mobile health application (mReach) as part of a community engagement strategy to help reach the fifth child in Northern Uganda with immunization services. The intervention included building the capacity of facility-and community-based health workers as well as support for immunization outreaches. The mobile application generated real-time data which facilitated 'smart' outreaches - the planning of immunization outreach sessions to areas with pockets of unimmunized or under-immunized children. During implementation, there was a significant influx of refugees into the project area, underpinning the need to, once more, engage a humanitarian response strategy for new refugee arrivals while also continuing to maintain the development strategy for the catchment populations. This session will share the lessons learned from this intervention.

TABLE 13: Improved Health through Sustainable Nutrition: Malnutrition Matters

Hart Jansson, Malnutrition Matters

In this session, Malnutrition Matters will share its 17 years of experience in improving health in communities where rates of chronic malnutrition exceed 40 percent, by providing affordable, micro-nutrient fortified, locally made protein-rich soy foods, especially to children and pregnant and lactating mothers. Local women produce the foods using the SoyaKit and SoyCow technologies which are time and fuel-efficient with no need for expensive packaging or refrigeration. They also provide a social community benefit by empowering women as entrepreneurs and income-earners with greater knowledge of nutrition, and an economic community benefit, with no profit leakage to outside interests.

TABLE 14: Updated Operational Guidance on Infant and Young Child Feeding in Emergencies

Judy Canahuati, Consultant; Aunchalee Palmquist, University of North Carolina

The aim of the Operational Guidance (OG) is to provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies (IFE). It was endorsed in a World Health Assembly Resolution in 2010 and updated in 2017. The OG-IFE targets infants and young children aged 0-23 months and pregnant and lactating women (PLW). It is intended for policy-makers, decision-makers and programmers working in emergency preparedness and response, as well as in development, including governments, United Nations agencies, national and international NGOs, donors, volunteer groups and the private/business sector. The OG-IFE is relevant across sectors and disciplines – particularly nutrition, health (including reproductive health, maternal, newborn and child health; curative services; mental health and psychosocial support services; HIV; infectious disease management); adolescent services; WASH; food security and livelihoods; child protection; early childhood development; disability; shelter; cash transfer programs; social protection; agriculture; and logistics. Participants at this table will learn about the updated OG-IFE, see how each sector can contribute to supporting infant feeding, and how development programs can lead the way for appropriate response in emergencies.

TABLE 15: Should Integrated Nutrition Promotion and Provision be Part of Programs for Disadvantaged Communities? Benefits of Permaculture

Paul Freeman, Department Global Health, University of Washington

This session will outline key principles, practical aspects, and examples of Permaculture-based programs used to address persistent malnutrition in children, and poor nutrition as part of noncommunicable diseases (NCDs) in adults amongst socio-economically disadvantaged communities. There is some evidence that plant-based nutrition may address common causes of cancer and that nutritious food can be provided sustainably in community-based gardens. This session will explore the prospect of developing a whole of life approach to malnutrition education by adding permaculture approaches to current vegetable garden approaches to address malnutrition.

TABLE 16: Building Advocacy Platforms for Noncommunicable Diseases: Creating and Leveraging Case Studies

Arti Varanasi and Mychelle Farmer, Advancing Synergy

Although infectious diseases, such as tuberculosis and malaria continue to receive considerable attention in the global health arena, over 2/3 of all deaths worldwide are due to noncommunicable disaeases (NCDs). Eighty percent of these NCD-related deaths occur in low- and middle-income countries. The NCD burden is increasing worldwide, most notably in humanitarian settings. Recently, there is a shift in countries facing humanitarian crises from low-income countries to middle- and high- income countries. With many countries lacking surveillance systems that address NCDs, the full impact of these diseases is not well understood. This interactive and dynamic new information circuit will provide an opportunity to review and develop case studies concerning NCD prevention, diagnosis, treatment and control, as experienced within humanitarian settings. The World Health Organization recently developed and launched an online program, NCDs and Me, as an effort to document case studies reflecting the magnitude of NCDs as a global health crisis. Participants will learn about global efforts to gather case studies and brainstorm approaches for formulating and documenting their personal and program experiences through case studies.

TABLE 17: Checklist for Community Health Programs in Humanitarian Settings

Emily Chambers Sharpe, Medair

This discussion will introduce a tool that Medair created and piloted with staff teams working in various humanitarian contexts including the Syrian crisis response, Iraq, and South Sudan to assess the strengths and areas for improvement in the community health aspects of humanitarian responses. The simple tool assesses the ways that lay health workers and their program support structures adhere to evidence-based standards, and takes into account whether or not those standards are applicable in the context where the assessed program is implemented. The tool was created to address a request from humanitarian field staff for a succinct understanding of basic markers of quality in community health responses, and a clear way to think about what good community health programs entail throughout the project cycle. Participants will learn the sources for the standards in the tool, receive a copy of the tool in its current version, and will be asked for feedback and recommendations.

TABLE 18: Community-Led and Intergenerational Collaboration in Tanzania: How the Young and Old Can Work Together to Improve the Health of all Ages

Susan Riker, HelpAge

The UN estimates there will soon be 1 billion people over the age of 60 and that number will double by 2050 - with 80% of them living in developing countries. Understanding how communities can promote healthy aging throughout the life course is therefore critical. This session will look at a case study in Tanzania where older people – working in collaboration with youth – become part of a family-centered, community led, advocacy-driven solution to improve the health of older people, their families, and communities. We will discuss how community members promote active and healthy lifestyles; develop solutions using data informed, co-design approaches; advocate local governments for critical services and improvements; track progress using real time data; and share stories and learning to transfer knowledge. We will also explore what we are learning from the approaches used in development and humanitarian settings – looking at what is transferrable and what additional approaches have been needed when working with Burundi refugees in Northern Tanzania.

TABLE 19: Using a Case Study Approach to Evaluate the Effects of a Demand Creation Strategy on Household and Community Social Norms in Ethiopia

William Story, University of Iowa, College of Public Health

The neonatal mortality rate in Ethiopia is considerably higher than the global average, which has led to a national effort to reduce newborn mortality using a community-based approach. The new Community-Based Newborn Care strategy includes a demand creation component, which aims to create an enabling environment that supports appropriate maternal, newborn, and child health (MNCH) behaviors. In collaboration with Save the Children's Saving Newborn Lives project, this study explored the extent to which the demand creation strategy contributed to changes in social norms at the household and community levels. Using an embedded, multiple case study design, we purposively selected two kebeles (or wards) with varying levels of demand creation implementation from two districts. We collected qualitative data from key stakeholders in each kebele using in-depth interviews, focus group discussions, and illness narratives. Overall, we found that the demand creation strategy contributed to improvements in MNCH by changing attitudes toward harmful traditional practices; increasing male involvement in decision-making and support for MNCH care practice and care-seeking; enabling women to disclose pregnancies earlier to families; increasing awareness about the importance of antenatal care, institutionalized delivery, and care-seeking for sick newborns; and shifting attitudes about breastfeeding and appropriate care of the umbilical cord. These findings suggest that demand creation is an important component of any intervention that aims to improve access to and quality of MNCH services by shifting norms and attitudes to support the health of mothers and newborns.

TABLE 20: Community Resilience - Bridging Humanitarian and Development Work

Antje Becker-Benton, Save the Children

Resilience is the bridge between humanitarian and development aid. Most work regarding community resilience has been done concerning natural disasters. So far, health is often excluded from work on community resilience determinants and strategies. But considering the characteristics of epidemics and pandemics, how they suddenly hit communities, there is an urgent need to extend community resilience to health topic. To date, there is no commonly agreed definition of community resilience. Only common core elements of community resilience have been agreed on. Therefore, questions we need to discuss in order to move on and further develop this approach are the following:

1. What are community resilience determinants and indicators in the health sector? Do they differ from the ones in livelihoods and disaster preparedness? How can we integrate them into our health approaches?
2. What is the role of SBC and community capacity strengthening in building and strengthening community resilience for health emergencies? What about in supporting communities to rebuild after emergencies hit them?
3. If resilient communities have a better outcome in emergencies should strengthening resilience determinants become part of the humanitarian response for better response outcomes? How can we strengthen community resilience in humanitarian response?
4. Finally, how do we apply the resilience concept in practice? Who is in charge of establishing and strengthening resilience? Does it belong to the working area of humanitarian or development aid? Do both need to work on it? Is it a field of mandatory cooperation?

WEDNESDAY, JUNE 6

Concurrent Sessions

11:30am-1:00pm *Ballroom*

The Strategic Space for Health Systems Strengthening in Emergency, Health and Nutrition Interventions in Protracted Crises

Emergency health and nutrition (EHN) programs can become long-lasting in protracted crisis situations. Recommendations to emergency response implementers about strengthening systems for health during the emergency-development transition abound; however, the evidence lags behind the recommendations due to the quality of data and the short timelines of a crisis response. Save the Children is one of the leading NGOs responding to global health and humanitarian crises, and has implemented EHN programs in Sudan and Pakistan for more than a decade, through contributions from different donors. In collaboration with the University of Iowa's College of Public Health, we engaged in a systematic, embedded, multiple case study of systems effects of EHN interventions in these two countries, focusing on the last decade. During this session, we will present the preliminary results from Sudan and Pakistan and use this information to engage session participants in a structured conversation about the strategic space for implementing agencies and opportunities for improving health systems in their emergency programs.

Jesse Hartness, Senior Director, Emergency Health & Nutrition, Save the Children
Jesse Hartness is a public health specialist with over 15 years of experience in healthcare policy, administration, programming and emergency response. Jesse has responded to health and nutrition emergencies in over a dozen countries, including responses to historic floods in Pakistan, civil war in Cote d'Ivoire, drought in Niger, famine in Somalia, Syrian refugees in Jordan and Lebanon, typhoon Haiyan in the Philippines, Ebola in Liberia, Hurricane Matthew in Haiti, etc.

Eric Sarriot, Senior Health Systems Strengthening Advisor, Save the Children USA
Dr. Eric Sarriot has over 25 years' experience in community health and health systems research and practice in vulnerable international settings, through non-profit, government and private sector work. He has a strong program and systems evaluation experience, notably the co-development and implementation of organizational assessment tools for district/province health offices and local non-governmental health organizations.

Emily Hejna, Research Scientist, University of Iowa, College of Public Health
Emily Hejna is an early career professional in public health with interests in health equity, policy development, and global affairs. She has most recently worked in health systems strengthening research for Save the Children and was Project Coordinator of a disaster preparedness intervention for older adults living in rural Iowa.

Givan Hinds, Research Intern, Save the Children
Givan Hinds is an early career professional in public health and education. She recently returned from service with the Peace Corps as a Community Health Specialist in Burkina Faso. As an experienced project coordinator and an aspiring higher education professor, she hopes to promote health equity on a global scale.

Moderator: William Story, Assistant Professor, University of Iowa, College of Public Health
Dr. Story has over 15 years of experience in global public health focused on program design, program evaluation, and operations research related to maternal, newborn and child health in South Asia and Sub-Saharan Africa. He studies household- and community-level factors that are critical to the improvement of maternal and child health in resource-poor countries and translates that research into effective interventions and policies.

Concurrent Sessions

11:30am-1:00pm *Ambassador*

Newborn Health in Humanitarian Settings – Examples and Lessons from the Field

This panel will describe program, policy, and advocacy efforts that have advanced the field of newborn health in humanitarian settings. UNICEF will present results from an Essential Intrapartum and Newborn Care training package that was implemented in the Philippines after super-typhoon Haiyan. The study demonstrated that when health services are severely disrupted, essential birthing services and quality improvements to strengthen local health systems can be restored in a timely manner across a range of facilities and with differing cadres of workers. In an effort to standardize maternal and newborn service delivery and improve the quality of services offered in fragile contexts, an interagency group developed the Newborn Health in Humanitarian Settings: Field Guide. Save the Children will demonstrate that through the use of the Field Guide and complementary tools and supplies, it's possible to provide quality newborn care in remote and unstable settings in South Sudan and Somalia. The plan will then discuss the Ministry of Health-led collaborative effort to draft the *Every Newborn Action Plan* for South Sudan, in an effort to sustain progress and realize the SDGs.

Mariella Castillo, Health and Nutrition Specialist, UNICEF Philippines
Before joining the United Nations, Dr. Castillo was a Clinical Associate Professor at the University of the Philippines College of Medicine and Associate Director of the Philippine General Hospital Child Protection Unit. She is considered one of the Philippine pioneers in the field of child protection. Her work focuses on strengthening national and local health systems for quality, evidence-based maternal and child health care.

Katie Morris, Monitoring & Evaluation Specialist, Save the Children
Katie Morris began her health career managing a village health dispensary in Tanzania as a Peace Corps Volunteer. She has worked with Save the Children as a reproductive health program manager in Eastern DRC, and as a health information specialist on the emergency response roster. In her current role, she supports the emergency health responses and research initiatives in nine countries.

Samira Sami, Associate Faculty, Johns Hopkins Center for Humanitarian Health
Samira Sami was previously a health scientist in the International Emergency and Refugee Health Branch at the CDC leading research and emergency response activities in reproductive health. Sami's research has focused on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) in low- and middle-income countries to improve programs and policies during humanitarian emergencies.

Moderator: Janet Meyers, Advisor, Reproductive Health in Emergencies, Save the Children
Janet's focus is on family planning, post-abortion care, and reproductive health. She supports reproductive health and emergency health programs in DRC and Rwanda. Janet is an active member of the Interagency Working Group on Reproductive Health in Crises and has over 25 years of international development and humanitarian response program experience in sexual and reproductive health and public health.

WEDNESDAY, JUNE 6

Concurrent Sessions

11:30am-1:00pm *Cabinet*

Social Accountability in Improving Health for All: Lessons in Monitoring and Measurement
In 2014, CORE Group and USAID published a joint brief detailing the nature of NGO social accountability methodologies used in the health sector. New evidence—including the recent DFID macro evaluation, and the USAID Marshalling the Evidence for Governance Contributions to Health System Performance and Health Outcomes Initiative—found that these interventions, including citizen scorecards, frequently improved services. And yet, despite these successes, what social accountability entails has been contested over the years, which can affect the ways in which people measure, monitor, and evaluate its approaches. This session will explore monitoring and measurement for accountability approaches, and considerations for accountability in humanitarian, post-conflict, and fragile settings.

Angela Bailey, Associate Director, Accountability Research Center
Since 2006, Angela has worked in a variety of positions with international NGOs in Liberia, Uganda and the United States. She joined Accountability Research Center (ARC) – an action-research incubator housed in the School of International Service at American University – in August of 2016. Immediately prior to joining ARC, Angela was director of a multi-faceted, large scale health accountability program in Uganda.

Walter Flores, Director, Centro de Estudios para la Equidad y Gobernanza en Sistemas de Salud
Walter Flores is the director of the Center for the Study of Equity and Governance in Health Systems (CEGSS), a Guatemalan CSO specializing in applied research, capacity building and advocacy around issues affecting indigenous population rights. He is also a steering committee member of the Community of Practitioners on Accountability and Social Action in Health (COPASAH).

Marta Schaff, Deputy Director, Averting Maternal Deaths and Disability Project, Columbia University School of Public Health
Marta Schaaf develops and implements research related to sexual and reproductive health, with a particular focus on accountability and health systems. Prior to her work at AMDD, Marta managed pediatric HIV care and treatment and drug supply chain programs for the Clinton Foundation in several countries of West Africa.

Dr. Anbrasi Edward, Associate Scientist, Johns Hopkins Bloomberg School of Public Health
Dr. Edward has been Principal or Co-Principal Investigator for several projects on health systems research and evaluation. She has led research and evaluation projects and provided technical support for several organizations, and conducted training programs for health policy makers and clinicians. She also co-directs the MPH Health Leadership Management concentration, and is a co-instructor for the Quality Management Course and Project Development for Primary Health Care Course.

Allison Annette Foster, Senior Advisor for Human Resources for Health, IntraHealth
Allison Annette Foster brings more than 20 years of experience in health systems strengthening and extensive expertise working with global, regional, and national stakeholders to improve the performance of the health workforce. A leader in IntraHealth's efforts to expand its reach and effectiveness, Ms. Foster works to develop the evidence base that links human resources for health (HRH) investment to improved service delivery, stronger health systems, and better health outcomes.

Moderator: Elizabeth Palchik Allen, Programme Director, Accountability Can Transform Health (*ACT Health)*
Elizabeth Palchik Allen is the Programme Director of ACT Health, a governance programme for the health sector based in Uganda and funded by UKAID. ACT Health is implemented by GOAL Uganda, the Coalition for Health Promotion and Social Development (HEPS Uganda), the Kabarole Research and Resource Centre (KRC), the Multi Community-based Development Initiative (MUCOBADI), and Innovations for Poverty Action (IPA Uganda).

Concurrent Sessions

11:30am-1:00pm *Judiciary*

Addressing Adolescent Nutrition through Programming and Research in Development and Emergency Contexts

This session will provide an overview of the state of adolescent nutrition globally. Evidence-based approaches and data will be shared, highlighting the gravity of the problem in various forms and suggest where future efforts should be placed. To illustrate implementing partners' experiences, three different country examples will be shared: scaling up Weekly Iron and Folic Acid Supplementation with the Ministries of Education and Health in Indonesia; implementing adolescent safe spaces and establishing peer nutrition champions in Nigeria; and engaging adolescents and community change agents through a multi-sectoral food security program in Ethiopia.

Florencia C. Vasta, Associate Program Officer, Bill and Melinda Gates Foundation
Florencia C. Vasta, MsPH, joined the Bill and Melinda Gates Foundation in May 2016, and supports the Data, Analytics and Evidence, and Effective Solutions initiatives of the Nutrition Team in Global Development. Prior to joining the foundation, she served as a Technical Specialist at the Global Alliance for Improved Nutrition in Washington, DC.

Abanti Zakaria, Junior Program Officer, Nutrition International
Abanti has been with Nutrition International since 2014 and is part of the Adolescents' and Women's Health and Nutrition sub-unit. Working under the supervision and mentorship of Dr. Marion Roche, Abanti contributes to the design, monitoring, implementation and dissemination of Adolescent Nutrition programs, implemented in seven countries across Africa and Asia.

Azeez Oseni, Deputy Chief of Party, USAID-Feed the Future Nigeria Livelihoods Project, Catholic Relief Services, Nigeria
Azeez is a development and humanitarian leader with several technical competencies including public health, nutrition, food security and livelihoods, and emergency response. He currently manages the USAID Feed the Future Nigeria Livelihoods Project. He has supported several projects at field, management and donor levels. He previously worked for APIN, Save the Children, Dangote Foundation, CARE International and CRS.

Mekonnen Tesfamariam, Health and Nutrition Technical Advisor, Catholic Relief Services Ethiopia
Mekonnen Tesfamariam has served for 8 years with CRS Ethiopia. He has 13 years of experience as public health specialist and clinician. He worked as district and Zonal Public health team leader in the Ministry of Health. Prior to this he worked in Concern Ethiopia as Health & Nutrition Program Manager. He previously worked with MSF Holland as Senior Technical Health and Nutrition advisor.

Moderator: Jennifer Burns, Senior Nutrition Advisor, Catholic Relief Services
Jennifer Burns builds the capacity of colleagues and partners to implement evidence-based nutrition programs and contributes to the agency's strategic planning for international nutrition programming and research. Prior to joining CRS, Jennifer worked for 16 years with a number of organizations, living both in the field and supporting from the US (Sub-Sahara Africa and Southeast Asia).

WEDNESDAY, JUNE 6

Plenary and Closing

2:30pm-4:30pm *Ballroom*

Prioritizing the Investment and Financing for the Humanitarian-Development Nexus

Panelists will lead a discussion around the following objectives:

1. To discuss financing and costing of health services, response, and/or public health interventions, in the humanitarian-development nexus.
2. To challenge stakeholders to think about advocacy for financing for the humanitarian-development nexus and how do we augment CSO engagement.
3. To discuss methods to work with governments on how to prioritize allocation of funding for humanitarian and development.

Loyce Pace, President and Executive Director, Global Health Council

Loyce has worked on the ground in more than 10 countries delivering health programs and mobilizing advocates. Loyce has held leadership positions in global policy and strategic partnerships at LIVESTRONG Foundation and the American Cancer Society. While Director of Regional Programs for the American Cancer Society's Department of Global Health, she was responsible for developing their first capacity-building and advocacy initiatives in Southeast Asia and sub-Saharan Africa. Additionally, she has worked with Physicians for Human Rights and also served as an International Development Fellow for Catholic Relief Services, implementing community outreach projects throughout Senegal and The Gambia. Loyce holds a Bachelor's degree with Honors in Human Biology from Stanford University and a Master's degree in Public Health from Johns Hopkins Bloomberg School of Public Health, where she was inducted into the Delta Omega Society. She is currently a member of the board at InterAction and previously served on the Phillips Academy (Andover) Alumni Council. She speaks several languages, including Spanish as well as some French and Japanese, and has lived in Africa, Asia, and Europe. Loyce is based in Washington, DC.

Ernest E. Massiah, World Bank

Ernest Massiah is a health specialist with graduate degrees in public health and a wide range of experience as manager, technical expert, and evaluation researcher in two multilateral development banks and in the United Nations. He has experience in over 30 countries in Asia, Africa, the Pacific, and Latin America and the Caribbean. From 1992-1997, he worked as a Health Specialist at the World Bank, and returned in 2015 to assume the position of Practice Manager for the Health, Nutrition and Population (HNP) Global Practice, covering the Middle East and North Africa (MENA) Region. In both of his periods at the Bank, he has been engaged in leading policy dialogue and in the preparation of lending and non lending technical operations on health and human development in Latin America and West and Southern Africa, and now on the MENA region. His technical work at the Bank also includes the initiating research on HIV and Reproductive Health, as well as broader health systems development issues. Prior to re-joining the Bank in 2015, Dr. Massiah was a Regional Director at UNAIDS from 2010-20015; before which he was Head of the Health Section at the Commonwealth Secretariat in London. From 1997-2007, he was a Senior Social Development Specialist at the Inter-American Development Bank working on health issues in Latin America and the Caribbean. He was involved in the early development of the architecture for the Global Fund for HIV, Tuberculosis and Malaria, and served for 4 years, until 2009, as a Board member representing the Latin America and the Caribbean constituency on issues of eligibility criteria, evaluation and portfolio oversight. He holds a MSc from the London School of Economics and a doctorate in Public Health from the Johns Hopkins University.

David Collins, Senior Principal Technical Advisor - Health Care Financing, Management Sciences for Health;
David Collins is an economist and accountant with over 30 years of experience in international health and development projects, including working as resident health care finance advisor to the Ministries of Health of Kenya and South Africa. He works for Management Sciences for Health, based in Massachusetts, USA, and is also a Professor at Boston University, where he teaches health care finance. He provides technical assistance and training to developing countries in all areas of health economics and finance. This includes the development and use of costing tools for modeling integrated packages of hospital, health centre and community services, as well as for modeling vertical program costs, such as for TB, family planning and malaria. Recent modeling includes the costing and cost-effective analysis of seasonal malaria chemoprevention interventions in Africa, the costing, financing, bottleneck and impact analysis of community health services for UNICEF, and the costing of health service packages in Egypt, northern Syria, Afghanistan and Uganda. Prior to joining MSH he was a program director for Save the Children UK in Bangladesh and Guatemala responsible for the development and management of health projects.

Hafeez Ladha, Director, Innovative Finance; Financing Alliance for Health
Hafeez Ladha has worked across the public, private and social sectors, with a focus on emerging markets. Hafeez started his career managing communicable disease prevention clinical trials and strategic health planning across South Africa. He subsequently joined the Clinton Health Access Initiative (CHAI) in Tanzania to design, develop and implement a results-based financing program focused on maternal and child health services.
Hafeez then joined CHAI's Global Vaccines Team overseeing vaccine packaging, distribution and delivery programs across Kenya, Tanzania, Ethiopia, Malawi and Ethiopia. Most recently Hafeez served as a Consultant and Case Team Leader out of Bain & Company's Washington, DC office working across healthcare, tourism, food and beverage, senior living, textiles and hotels. His focus has been in Bain's private equity practice which works with private equity funds and hedge funds to diligence and value potential acquisitions. Hafeez has also been responsible for selecting, scoping and staffing Bain's pro bono global social impact projects.

THURSDAY, JUNE 7

Workshop on Integration of Noncommunicable Diseases into Global Health Programs: The Roadmap to Achieving the Sustainable Development Goals in 2030

8:30am-1:00pm *Ballroom*

This workshop will focus on the progress made in global health related to NCD prevention and management, with special attention to humanitarian settings. Plenary sessions and small group work will review practical interventions addressing the life course approach to NCDs. We will preview new developments and innovations to help reduce NCD-related morbidity and mortality. The workshop will include a combination of three plenary panels, and breakout discussion sessions to identify priority actions needed for full integration of NCDs into existing health platforms. Plenary participants will include health experts, youth leaders who are building a corps of future leaders in global health, and testimonies from frontline health workers. To build an understanding about multi-sectoral involvement, presenters will also address environmental and economic factors contributing to NCDs in low-resource settings. The goal of the workshop is to assess how our current health platforms can be expanded or modified to include realistic, feasible approaches that can transform NCDs interventions throughout the life course.

8:30am-8:50am Registration, Breakfast, and Networking

8:50am-9:00am Welcome and Introductions

9:00am-10:00am Plenary One: The Case for Investing in NCD Prevention and Control

Moderator: Mychelle Farmer, Chief Medical Officer, Advancing Synergy

Speakers: Annie Toro, Director, International Regulatory Policy and Advocacy, US Pharmacopeia (USP); Toshiko Kaneda, Senior Research Associate, Population Reference Bureau; Maia Olsen, Program Manager, NCD Synergies, Partners in Health

10:00am-11:00am Plenary Two: Leveraging Community Health Systems to Address NCDs

Moderator: Crystal Lander, Director of Advocacy, Living Goods
Crystal Lander is a senior public health professional who launched the advocacy and global policy portfolios

Speakers: Vince Blaser, Director, Frontline Health Workers Coalition; Ishu Kataria, RTI, Senior Researcher; Ashely Eastwick, Women Deliver Youth Delegate; Arti Varanasi, President & CEO, Advancing Synergy

11:00am-11:25am Discussion: NCDs, SDGs and Integration of Health Services

11:25am-11:30am Break/Small Group Selection

11:30am-12:00am Small Group Facilitated Discussions

Resolved: We can integrate NCDs into all SDGs. Where are the opportunities for integration beyond SDG3?
Facilitator: Aaron Emmel, AAP

Youth leadership is essential for NCDs prevention. Propose at least two interventions that will support the youth-led NCDs agenda.
Facilitator: Kiran Patel, AAP/Ashley Eastwick, Women Deliver Youth Delegate

Obesity and overweight is a growing problem contributing to NCDs. How can we step up action on childhood obesity?

How can we address co-morbidities related to NCDs (eg, disability, depression) within low resource settings?
Facilitator: Charlotte Block

Where is the evidence and the opportunity to integrate NCDs care and treatment within existing health care programs (eg, maternal health, family planning, HIV, TB)?
Facilitator: Amanda Pomeroy, JSI

Explore the challenges of access to quality medicines to treat NCDs and propose an intervention that integrates essential medicines for NCDs into health systems in fragile states.
Facilitator: Annie Toro, USP

How can we finance NCDs prevention and control in fragile states? (NCD Child)
Facilitator: Ishu Kataria, RTI

What are some of the ways to build an effective data system that addresses NCDs throughout the life course?
Facilitator: Arti Varanasi, Advancing Synergy

Propose a low-cost mental health intervention that can be integrated into one or more existing health platforms (maternal-newborn health, nutrition programs, HIV care and treatment).
Facilitator: Sheri Walters

Nutrition and the Life Course
Facilitator: Paul Freeman

12:00pm-12:30pm Group Discussion: Developing an action agenda for NCDs, 2018-2020

12:30pm-1:00pm Wrap-Up and Next Steps: An Action Plan and Moving Forward

Medair is at the Core Group conference recruiting Senior Advisors, Project Managers and more...

Health, Nutrition & Psychosocial

Water, Sanitation & Hygiene

Shelter & Infrastructure

Program, Project Management

Monitoring & Evaluation

NFI, Cash, Grant Management

Logistics, Communications

Finance, ICT, Human Resources

...we look forward to talking with you

medair.org/core

MEDAIR
EMERGENCY RELIEF AND RECOVERY

Charles Lomondong / CMMB

PARTNERING TO ACHIEVE GLOBAL COMMUNITY HEALTH IMPACT

Global Impact is proud to support CORE Group and its members in their pursuit of global health for all communities.

Since 1956, Global Impact has been a leader in growing global philanthropy and has generated more than $1.8 billion to help the world's most vulnerable people.

To learn more, visit charity.org.

GLOBAL IMPACT

Chemonics
Development works here.

At Chemonics, our global network of specialists use integrated and multi-sectoral approaches to address the most critical health challenges. We collaborate with governments, health facilities, and communities to reimagine prevention, care, and treatment of diseases and other health threats. We also strengthen health systems by pushing today's human resources for health agenda and building end-to-end supply chains that provide lifesaving commodities to countries around the globe.

We are excited to be part of the CORE Group community and look forward to continuing our work together.

chemonics.com

Photo: Allan Gichigi

GLOBAL HEALTH

Save the Children.

Because every child deserves to survive and thrive, Save the Children supports the delivery of high-impact health services to improve the health of children and their mothers in the world's most deprived populations, every day and in times of crisis.

For more information:

savethechildren.org/us/what-we-do/global-programs/health

JSI

Countries that have robust health systems can recover more rapidly when disaster strikes. Disaster-prepared communities are also more insulated from future shocks and emergencies.

JSI helps governments around the world build resilient health systems that are able to effectively prepare for, and respond to humanitarian crises like disease outbreaks, natural disasters, or displacement.

STRONG SYSTEMS SAVE LIVES

www.jsi.com

Inherent in our focus on strengthening health systems, JSI integrates preparedness, disaster risk reduction, and resilience into programming. JSI works with national and local governments to rebuild health systems and build capacity as they transition from conflict and crisis to development.

In the U.S. JSI works with state and local public health and health care stakeholders to develop all-hazards plans and to implement health-focused jurisdictional risk assessments (JRAs) and hazard vulnerability assessments (HVAs) that reflect community needs and are based on national standards and guidance.

CORE GROUP BINGO

Get to know your fellow conference attendees better through CORE Group Bingo!

RULES:

1. Find people who can answer "yes" to the items listed below, and ask them to sign their name in the box.
2. You must find a different person for each box.
3. You may not write in a person's name. Each person needs to sign his/her own name.

HOW TO WIN:

The first 10 people to complete five boxes in a row (in any direction) will win a prize.

The first person to complete all 25 boxes will win a grand prize!

Bring your program booklet to the registration desk to claim your prize.

Attended 5+ CORE Group Conferences	CORE Group Polio Project staff	Has deployed to an emergency	Current or former member of CORE Group Board of Directors	Subscribed to 3+ CORE Group listservs
Used a CORE Group Designing for Behavior Change resource for a project	Attended a CORE Group webinar	Dory Storms Award Winner	Worked on at least 5 continents	Presented at a CORE Group Conference
Visited the CORE Group website in the last week	Has done both humanitarian and development work in the field	Used a CORE Group Essential Nutrition Actions resource for a project	Can name the Minister of Health in my country	Current or former Working Group Co-Chair
Worked for 3+ CORE Group Member/Associate Organizations	Attended a CORE Group Young Professionals Network event	Presented on a CORE Group webinar	Participated in a planning committee for a CORE Group Conference	Involved with CORE Group for 10+ years
Helped to create a CORE Group resource or tool	Is a first-time Global Health Practitioner Conference attendee	Sent an email through a CORE Group listserv	Current CORE Group staff member	Used a CORE Group CCM resource for a project

CONTACT US
919 18th Street NW, Suite 350
Washington, DC 20006
202.380.3400
contact@coregroup.org