LET'S TALK ABOUT BEING BLACK IN PUBLIC HEALTH

THE TASK FORCE FOR GLOBAL HEALTH

PRESENTS

THE FACES OF GLOBAL HEALTH

EVENT SUMMARY

THURSDAY, FEBRUARY 18TH 2021 AT 1 PM E.S.T.
**HISTORY**

**NOW AND THEN**

**WHY IS THIS CONVERSATION IMPORTANT?**

Historically, global health has been primarily led by white American and European men. Lack of representation can send the message that there are no opportunities in the field for people of other races, ethnicities, genders, and sexual orientations. Representation of workers and leaders in global health who come from diverse backgrounds shows that success is not limited to one specific type of person.

**FOUNDERS OF THE TASK FORCE IN 1984**

The Task Force for Global Health (The Task Force) began with three employees, Carol Walters, Bill Watson, and the legendary Dr. Bill Foege (center) who led the successful global campaign to eradicate smallpox.

**WHERE WE ARE NOW**

The Task Force has changed over time. Today we are an organization with over 150+ employees who identify as many different races, ethnicities, genders, and sexual orientations.
PURPOSE

THE FACES OF GLOBAL HEALTH

WHAT IS THE TASK FORCE FOR GLOBAL HEALTH?

The Task Force is a global health nonprofit working with partners in more than 150 countries to advance health equity so that all people can achieve their full potential. Learn more at https://taskforce.org/

WHY ARE WE DOING THIS?

The Task Force staff established the Council for Opportunity, Diversity, and Equity (CODE) after a June 2020 staff forum on racial injustice related to the deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and others. CODE’s aim is for The Task Force to become a role model in our local and global communities by being actively engaged in equity efforts, and to help achieve equity in our organization and community through education, action and public health. CODE works both internally and externally to improve diversity and inclusion.

WHAT WE WANT YOU TO TAKE AWAY FROM THIS?

This is the first in a series of other conversations called The Faces of Global Health. We want each of you to walk away from the session with the confidence that there is a place for everyone in global health, regardless of your background, knowing that success in global health is not limited to one specific group.

We want you to feel reassured that your experiences are not unique to you and that there are others with similar backgrounds in the field of global health, who have similar experiences, that you can lean on for support.
Let's Talk About Being Black In Public Health

BY THE NUMBERS

460 258 56%

REGISTERED  ATTENDED  ATTENDANCE RATE

MODERATED BY:

DR. YVES-ROSE PORCENA (M.D./M.P.H./M.S.)
VICE-PRESIDENT FOR EQUITY AND INCLUSION, AGNES SCOTT COLLEGE

THURSDAY, FEBRUARY 18, 2021
AT 1 PM E.S.T.

Register at: http://bit.ly/TFGHBlackHistoryMonthEvent

109
ATTENDEES RESPONDED "YES" TO IF THEY HAVE BEEN EXPOSED TO MENTORS WHO LOOKED LIKE THEM IN TERMS OF RACE

54
ATTENDEES RESPONDED "NO" TO IF THEY HAVE BEEN EXPOSED TO MENTORS WHO LOOKED LIKE THEM IN TERMS OF RACE

67%
OF ATTENDEES RESPONDED SAYING THEY HAVE MENTORS WHO LOOK LIKE THEM
Let's Talk About Being Black In Public Health

THE FACES OF GLOBAL HEALTH

MODERATOR - DR. YVES-ROSE PORCENA (SHE/HER/HERS)
Dr. Yves-Rose Porcena is the Vice President of Equity and Inclusion at Agnes Scott College. Dr. Porcena has a wealth of leadership experience in higher education and global diversity. Her studies include a master's degree in international human rights law at the Fletcher School of Law and Diplomacy and a doctoral in Business Ethics from the Coles College of Business. Her work and passion include leading annual service delegations overseas.

PANELIST - ADAM JOHNSON (HE/HIM/HIS)
Adam Johnson is an Interim Project Manager at Training Programs in Epidemiology and Public Health Intervention Network (TEPHINET), working intimately with partners like CDC, WHO, and Ministries of Health to help strengthen health systems while building epidemiological capacity. Though much of Adam's professional global health experiences have been across Latin America, his lived experiences span Asia having lived in Japan from a young age. This diverse cultural amalgamation of "East meeting West" as a Black male born in America has positioned him to have a unique and wide range of experiences.

PANELIST - SAM MCKEEVER (SHE/HER/HERS)
Sam McKeever is a Project Manager at TEPHNET managing projects that prepare field epidemiologists to mobilize to national and international public health emergencies. Sam holds a Master of Science in Public Health degree with a concentration in Infectious Disease from the University of South Florida College of Public Health. Sam is new to the Task Force, and prior to joining she worked for the World Health Organization/Pan American Health Organization (WHO/PAHO). She has an extensive global health background and has worked in over ten different low-income countries (mainly in the Caribbean and sub-Saharan Africa) supporting various Ministries of Health with health systems strengthening and infectious disease surveillance/control.

PANELIST - JUNEKA REMBERT (SHE/HER/HERS)
Juneka Rembert is a Senior Business Analyst for the Public Health Informatics Institute with over 17 years of global health experience in strengthening health systems through implementation of information systems, workforce development, and process improvement. She is responsible for understanding processes and developing requirements for public health information systems through utilization of PHIT’s Collaborative Requirements Development Methodology. Juneka holds a Master of Public Health in Applied Public Health Informatics from Emory University’s Rollins School of Public Health, a Bachelor of Science degree in Therapeutic Recreation from Morris Brown College, and a Project Management Professional Certification.

PANELIST - LEAH WYATT (SHE/HER/HERS)
Leah Wyatt is a Senior Associate Coalition Director for Health Campaign Effectiveness Coalition. Leah holds a Master of Science degree in Information and Knowledge Strategy from Columbia University, and a Bachelor of Science degree in Journalism from the University of Oregon. Leah has built knowledge management systems in support of large-scale global health programs and currently applies strategic knowledge network design and development to coalition building and organizational learning.

PANELIST - MOUMINE YARO (HE/HIM/HIS)
Moumine Yaro is a Supply Chain Specialist for the International Trachoma Initiative (ITI) with over 15 years of experience in the for-profit sector and 5 years of experience in Global Health. In his role, Moumine supports ITI’s mission by working with Ministries of Health in Francophone/Anglophone countries, international partners, and NGOs to help strengthen health supply chain systems and capacity building. Moumine was born and raised in Ivory Coast, West Africa. He holds an MBA in Marketing Management from EDHEC Business School in the Ivory Coast.
LET'S TALK ABOUT BEING BLACK IN PUBLIC HEALTH

HIGHLIGHTS

HAVE YOU EVER BEEN IN A SPACE LIKE THIS WHERE YOU’VE HAD THIS CONVERSATION? TELL ME ABOUT IT.

“No, I’ve never been in a space like this to have this conversation. The intersection of race with global health is a delicate topic. I am honored to be a part of this event. Hopefully, this will lay a foundation for future events within global health.”

——— SAM MCKEEVER

HOW HAS THE FIELD CHANGED IN THE PAST 10 YEARS WITH REGARDS TO DEMOGRAPHICS?

“I’ve been at The Task Force close to 9 years. I was a contractor with CDC 8 years before. We’re seeing lots of diversity at lower level and middle management, but still waiting to see that at the executive level. The racial makeup has changed in the last several decades, but not significantly. I was pleased to see more people of color during my MPH. In my career I’m used to being the only Black face in a conference room.... When I joined The Task Force for Global Health in 2012 I was impressed by diversity of employees. This org started as a white-dominated organization. I saw that photo in the lobby of The Task Force and felt not represented because no one looked like me. The demographic makeup tells a story of progress. If you look at hires over the past 10 years, you see all walks of life. We work to improve the health of ALL people, and the staff of the The Task Force is just that. I’m happy to see change at the leadership level. My director at PHII is a Black woman. Seeing representation shows unity and equality, speaks to values, allows the work and expertise of the person to determine their leadership position, not hiring based on good old boy system.”

——— JUNEAKA REMBERT
“There are several situations I had experienced in the past that inspired me to go into global health. At my young age, the humanitarian work delivered in Africa and around the world captivated me. I wanted to work in international development to help people less fortunate than I was. In my high school years, I remember one day a friend of my dad came to my home to ask for financial help to pay for hospital bills for his wife in labor. In most hospitals in Africa, people pay before they receive service. There is no healthcare insurance like in the US. His situation touched my heart. I went to my room, broke my piggy bank, took my savings and handed it to the man and said 'Sir, please take this money to help save the lives of your wife and your baby.' I started wondering about the challenges this man was going through. I wished I could have provided more assistance. The healthcare system in most African countries has not changed since then. These are few reasons why I decided to go into the field of global health. I decided to stay in this field because there are still more gaps to be closed in Africa. In 2019 my sister suddenly lost her life during childbirth. This is mainly due to poor healthcare. People lose their lives every year from preventable diseases. I also lost another sister 18 years ago from a complicated form of malaria. I decided to stay in this field in any capacity I can be because I want to make my contribution to ending neglected tropical diseases (NTDs) and other diseases that are devastating Africa. My motivation to stay in the field of global health comes when I travel & see the impact of my work on my fellow African lives.”

MOUMINE YARO
"In the next 5-10 years I can predict that we will hear more and more about decolonizing global health. What I mean is that we will see Black inclusivity in global health. There is a need to have more than just diversity in the field. Inclusion is a deliberate act of fostering an environment where different kinds of people can grow & succeed regardless of the color of their skins and their origins. African public and global health professionals are needed in leadership roles of global health to help build trust in the communities we serve. Unfortunately, the current structure & settings of global and public health suffer from negative connotations resulting from slavery, colonialism, and capitalism. Putting Africans at the center of the picture of global health will help to establish trust between beneficiaries and the global health community. Leadership positions must be more opened for Black people in global health. In the future, I can predict that more opportunities will be given to Black people to lead Global Health. I am confident in this dream because this is already happening, for instance, we see today Dr. Tedros Adhanom (from Africa) who is the Director-General of the World Health Organization, Dr. Carissa F. Etienne (from Haiti), Director of the PAHO, Dr. Mwele Mtulj Malecela is Director of the Department of Control of NTDs of WHO in Geneva, my boss, Carla Johnson an African American woman, Director of Supply Chain at ITI, and finally, Kisito Ogoussan (from Africa) is the first African chair of the NNN and Dr. Edridah Muheki (from Africa) who is a member of the Trachoma Expert Committee. You would agree that changes within the leadership of Global health are happening. To conclude, in 5 to 10 years from now more diversity, more inclusivity, and more changes in global health leadership will occur."

MOUMINE YARO
LET'S TALK ABOUT BEING BLACK IN PUBLIC HEALTH

HIGHLIGHTS

GLOBAL HEALTH IS INTERTWINED WITH THE ISSUE OF RACISM. I WAS THINKING WHAT ABOUT EMPLOYEES. CAN YOU THINK OF A TIME WHEN YOU WISH YOU RECEIVED SUPPORT FROM SOMEONE WHO LOOKED LIKE YOU?

"My entry into global health was through UNC Chapel Hill. That team definitely did not look like me, and I had a great manager who was British. My job was to disseminate the work of the researchers into the hands of users all over the world. The ideas and the direction I took based on my background in journalism & knowledge management was met with a lot of resistance. I recall comments in a 360 review characterized ideas I presented as “radical.” I continued to push the envelope and do my part to move the field forward. Thankfully, my manager advocated for me and my team. When I was working with USAID in Uganda, I quickly learned that there is a perception of your value based on the color of your badge in the US Embassy. My manager did not have the same clearance I had. She downgraded my badge status, which affected my latitude within the organization and impacted my ability to influence programmatic decisions the offices, including the health office, would make. Thankfully someone at the executive level, who looked like me, came to the Uganda mission after my original manager left and corrected my badging. I was able to provide technical assistance to the health program, work across the entire organization, and lead change by streamlining operations and helping improve effectiveness."

— LEAH WYATT
LET'S TALK ABOUT BEING BLACK IN PUBLIC HEALTH

HIGHLIGHTS

BIGGEST CHALLENGE YOU WANT TO SHARE WITH THE AUDIENCE OF BEING BLACK IN PUBLIC HEALTH?

“I haven’t experienced any racism working in Africa, but coming to the US and entering into the global health arena, whenever I go back home for work I see the appreciation from my people. They are happy to see one of their own who went to America, coming back home to serve the community. This is positive feedback that I receive from my fellow Africans in the countries I visit. One of them told me once “I wish we can have more people like you in global health, come back to help our communities to fight NTDs.” Coming from this environment, I understand the culture and other local customs that someone from the West may not understand. I have the sense of feeling that people in countries I visit are more opened to talk to me about certain internal difficult situations they are facing because we look alike. For example, during my last trip to Niger, someone spoke to me in detail expecting me to advocate for them and help them as a brother to better support their program.”

——— MOUMINE YARO

“I’ve had the opportunity in global health to work in different sectors. In my opinion, the biggest challenge was not having a seat at the table nor being included in the decision-making process.”

——— SAM MCKEEVER
"As a Global Health Informatics Analyst, our goal is to get the right information to the right people, at the right time for more evidence-based decision making. Information has no limits! I work with public health practitioners domestically and globally; this means having access to public health data; seeing the statistics, patterns and trends in health disparities and understanding the direct correlation of social determinants of health and so much more. This is one aspect of enlightenment of being Black in public health. However, for me as a Black woman, I understand the cultural and religious differences, AND I can relate to the differences in traditions, upbringing and the generational roots of being Black that may cause these disparities. Black people have higher prevalence of diabetes and hypertension than other races... I see it, I notice at the family gatherings the amount of sodium we put in our collard greens. As a scholar of public health, you are taught history and how we ended up where we are today, and why public health is social justice work. I know the history of the unbelievably inhumane treatment and medical experiments performed on Blacks, in the name of medicine...but on the other hand, I also know of the medical breakthroughs, cures and how vaccines have eradicated once deadly diseases, such as Polio. I believe in the science and its proven effects and I believe in humanity. But...even with all of that information and relatability... I understand how, even now in 2021, when public health experts refer to “improving population health”, which involves understanding and optimizing the health of a whole population; why, many Black people, do not feel included in that movement, which is most unfortunate. And this is what drives me every day to break down those barriers, misconceptions, and historical stereotypes and why I continue to promote global health, if not for me directly then for my kids and the future generations."

—— JUNEKA REMBERT
"I believe part of the reason these sentiments perpetuate is due to the misinformation and lack of information available in the Black community. Public health is not taught widely in public schools at the primary grade-levels. I attended a Historically Black College, and global health was not a major or even a course, at that time (I’m not trying to disclose my age or anything) but.... I wasn’t made aware of a profession in public health until I was fresh out of college and looking for employment. I was placed on a contract through a contracting company to work at the CDC as a systems analyst. A few years ago, I was invited to speak about a career in public health informatics during STEM week, at my son’s high school, which is 96% Black students. As I presented and asked questions, I realized the students were not aware of the difference between clinical health and public health. Now, I try to do community outreach, as much as I can; to educate young Black youth on the importance of not only doctors, nurses, and specialists but of the overall impact and important role of collecting, sharing and understanding population health data to improve health outcomes. Black History Month is a time to celebrate the achievements of African Americans and honor the significant role and impact they have made in all facets of life. This is also an opportune time to educate the youth and bring more awareness to global health and for them to see more Black faces of public health. My goal is to inform my community about global health as a viable career that benefits us ALL."

JUNEKA REMBERT
“From my perspective, Ministries of Health or local public health officials on the ground are sometimes seen as not knowledgeable enough to know what’s best for their country or community. From what I experienced working with The Task Force, programs are targeted, strong collaborative relationships are built on the ground, and there are investments in creating sustainable solutions rather than quick fixes.”

----- SAM MCKEEVER

COULD YOU GIVE US A PRIMER ON THE INTERSECTION OF GLOBAL HEALTH AND RACE FROM YOUR POINT OF VIEW?

"Global health was framed as sharing a "better way of living" with indigenous populations. I believe this was a pitch for the actual extraction of resources in history, as you can see in many communities across Africa. Sam mentioned the neo-colonial approach already; where the top influences the bottom. Let’s not forget that this type of racism, or colorism, exists in wealthier/whiter communities too; where low-income spaces intersect with racial disparities. Many health disparities like food deserts, lack of medical attention, etc. for example. We must recognize that global health and racism are interconnected, complex and very real; and thus should not be discredited because some of us are not aware of the experiences of others.”

----- ADAM JOHNSON
LET'S TALK ABOUT BEING BLACK IN PUBLIC HEALTH

HIGHLIGHTS

GIVEN THE ISSUES WE’VE BEEN TALKING ABOUT, HOW DO YOU STAY GROUNDED? WHAT DO YOU DO WITH SELF CARE?

"Exercise, eat well, also decompress with other colleagues that look like me to share experiences. It’s helpful."

——- SAM MCKEEVER

“I try to remind myself that I’m not subject to people’s assumptions. Turn negativity into a teaching moment. I can’t fight negativity with negativity. Break those ideas. Show compassion and caring for the undeserved. Hopefully those strides will lead toward equality and hopefully equity.”

——- ADAM JOHNSON

“I have to decompress and disconnect. I disconnect from social media. Sometimes turn off the news. Concentrate and start to center myself. Meditation. Going back in tune with my upbringing and my roots. You’re a whole person. You have to ensure that you’re in a happy place and being a mother I have to ensure that happiness is reflected onto my kids. Disconnect to appreciate family and the things that make you happy.”

——- JUNEKA REMBERT
“When you are treated unfairly because of how you look, you are reminded that you are different. When that happens, you have a whole different dynamic you have to deal with. You have to get this out of your soul before you go home. Because you can’t take this anger into your house. It will sit there. That anger becomes more undermining long-term. Coming from Africa, I did not experience that in Africa. After I came to America in 2010. My mind was like a mindset of a baby. No experience of racism. I believed racial discrimination was not important and the color of my skin should not be considered by someone to judge my professional abilities. People should judge me based on my skills and my performance. Working in the distribution company of a major retailer, I applied one day for a clerical position in the corporate side of the company. My supervisor, who looked different, refused to sign my application because of bias. I had to get him to approve me to apply for the job. He didn’t even ask me questions about myself and see if I was a good fit for this position. He denied it because of who I am. I went to another manager who was from West Africa like me and was asked questions about my education and my computer skills before my application was accepted. I finally get the job and it became big news in the warehouse because most people under looked me because of my accent. People even asked me if there is a college in Africa because they heard that I have a college degree. Despite these difficulties, I always stay positive and don’t take things personally. Even though my working environment was ignorant about me I stayed positive while working my way up. ”

MOUMINE YARO

IS THE FIELD OF GLOBAL HEALTH ADJUSTING FROM US-CENTRIC VIEW, MOVING AWAY FROM PATERNALISTIC TO BLACK INCLUSIVITY?

“Change of times. We have a lot of people, millennials, who have seen mistakes of the past and what that looks like in terms of racism. With the internet, we don’t have to see this in a book. That is a huge reason why we’re seeing inclusivity and diversity at all levels in global health. Also seeing women in leadership. They have a different perspective. In global health and many other areas.”

ADAM JOHNSON
"The majority of the burden in that field is in Africa. When an African sees a global health professional that they identify with, he/she can easily relate to that person because that individual understands the local culture of Africa. Having faces in global health that people can easily identify with helps to translate global health to the local community. Accepting more African applicants instead of putting them back will help to decolonize global health. Using African expertise at the leadership level to deliver services in Africa will give people the confidence that 'this is for us.'"

"In the West, public health is well established and structured, which may not be the case in several developing countries like in Africa. We are trying to implement global health in Africa based on the western world model, which may not always work in most cases. Instead of thinking out of the box trying to setup global health in Africa, I think we should think like there is no box at all. We should have this type of mindset when establishing global health in Africa and the rest of the developing world. I would not give a 12th-grade level assignment to a 1st grader. The healthcare system in African is not set up as it is in the Western. There is a lot of work to do and we must understand local challenges in Africa as there is no box at all. Meaning that everything has to start from scratch."

"In conclusion, this discussion is not enough to just talk about. Leadership has to translate these talks into actions, drive these types of conversations, and address these issues. It is not only good to have these conversations but it is important in the global health field to make a difference. Many global health organizations are in war for hiring talented people but due to bias, many talented people coming from where I am from are often overlooked. This disappointment causes many people to stay away from global health. I hope in the future there will be more conversations around this issue and more actions taking to make a change. "

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MOUMINE YARO
“Being a US-based organization and providing global health assistance, technical assistance and giving our views on the way we do things. There’s a thin line with projecting your way onto others. I would say that system assessment starts with understanding the business. You must understand how they do their business. Who is involved? What systems are involved? What is the information? What is the goal of the business? Essentially one size does not fit all. There are clear processes and technologies that do not apply abroad. For example, an information system at a level 1 very small health center in a remote area will not require the same implementation that it would at a hospital in the US. They don’t have the same infrastructure, electricity, internet. You have to think outside the box in ways you can make applicable recommendations based on who they are and their particular circumstance. We like to refer to rock the box where we did an assessment of a health system in Africa at a remote location that didn’t have electricity and they were wondering how to collect info on maternal and child health and birth of newborns. Limited supplies and equipment. Paper was the primary resource. They had rocks & sand outside the building, so they created a system with boxes and different birth outcomes. The nurse would document this info by dropping a rock in the section that applied for each and that was the system.”

— JUNEKA REMBERT
**LET'S TALK ABOUT BEING BLACK IN PUBLIC HEALTH**

**HIGHLIGHTS**

**HOW CAN WE ENSURE A DIVERSE PUBLIC HEALTH WORKFORCE WHEN THERE ARE INEQUITIES AND BARRIERS FOR SECONDARY EDUCATION?**

"Partnerships are essential in how we decide how we want to shape and form our future. If your organization is on a quest to improve its workforce, partner with schools to do recruitment. Seems like a simple recommendation, but we have to be creative in how we reach out, be the fishers of men and women to bring people into the workforce. We (the United States) are making large multi-million dollar aid packages abroad. Unlock some of those resources to pay for education. Being Black in global health is an offer to be Black in global health. Someone has to make the offer."

——— LEAH WYATT

**WHAT CAN COLLEAGUES DO TO BE A GOOD ALLY, ESPECIALLY IF THEY ARE IN A MANAGEMENT POSITION OR POSITION OF POWER?**

"Since I entered global health in 2006, the same question has persisted... “How can we talk about failure?” This question always comes up. Ask yourself - Is your knee on someone’s neck? I ask that because of the constant conversation about failure. Maybe a protocol failed, perhaps a scope of work is poorly written, perhaps the failure is in something structural. The source of learning is about what failed is usually centered around performance: why is this program not performing or this person? We have to depersonalize the failure conversation and focus on what failed rather than who failed. Let the ‘what’ be the source of our learning. There are a lot of great ideas. I encourage those in positions of management or power to hold the posture of a student --- a listening posture. Act on what you are hearing and learning and create something new. Challenge yourself. It’s a good time to stretch and trust the learning process. Find opportunities to grow. If we do this collectively, we will have advanced the field of global health."

——— LEAH WYATT
“Be open to conversations like the one we’re having today. While there may not be blatant racism in a work environment, microaggressions can still occur. An example of this would be giving a minority busywork instead of impactful work. To be a strong ally in the workplace, aim to provide opportunities for growth, leadership, further educational opportunities.”

— Sam McKeever

“I believe the greatest takeaway would be to acknowledge our differences and embrace them for the betterment of the nation to achieve health equity and create a healthy nation, we must address racism and racial disparities. Integrate racial diversity going forward. Ensure equal opportunity for all.”

— Juneka Rembert

“There’s a clear position for being Black in global health. We could talk on and on about health disparities and how we could break down systematic issues, but by doing that it comes off ethnocentric because we are US-based. There is a need for inclusivity at the language level. To approach another country and work in English, that has the recipient shunned. Meet them at their door. It’s about coming to the table together as partners. From my perspective, the Ministry of Health (MOH) and local public health officials on the ground are seen as not knowledgeable enough to know what’s best for their country. Panacea must come from NGO abroad. Some interventions driven by NGOs/academic institutions are photo ops. From what I know and interacting with others from The Task Force, programs are targeted, invested in creating sustainable solutions rather than quick fixes.”

— Adam Johnson
“In the West, everything is designed, set up based on the Western world. We should think like there is no box at all. We have to have that mindset and not to give a 12th grade level test to a 1st grader. The healthcare system is not set up as Western. There is a lot of things to do. Understand local challenges and work as there is no box at all. You will agree with me that this discussion is not enough to just talk. Leadership has to translate these talks into actions, drive these conversations and these actions, addressing these issues is not good to be good, but it is required in the global health field. This will make the difference. All organizations including global health community are in a war for talent. Many talented people coming from where I’m from are overlooked because of bias. This makes people stay away. I hope there will be more conversation around the issue and we will see more action.”

MOUMINE YARO
Questions about The Task Force for Global Health?
AskHR@taskforce.org

Want to know more about what we do?
https://taskforce.org/what-we-do/

Looking for current opportunities?
https://taskforce.org/careers/

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