



INTEGRATE  
HEALTH

INTEGRATE HEALTH STRATEGY 2023-2028

# Accelerating Impact

Scaling community-led innovation to achieve Universal  
Health Coverage across West Africa





# Table of Contents

The Opportunity .....	3
The Solution.....	9
The Impact.....	18
Who We Are.....	32
The 2023-2028 Strategy .....	38
The Needs .....	51
The Partners.....	56

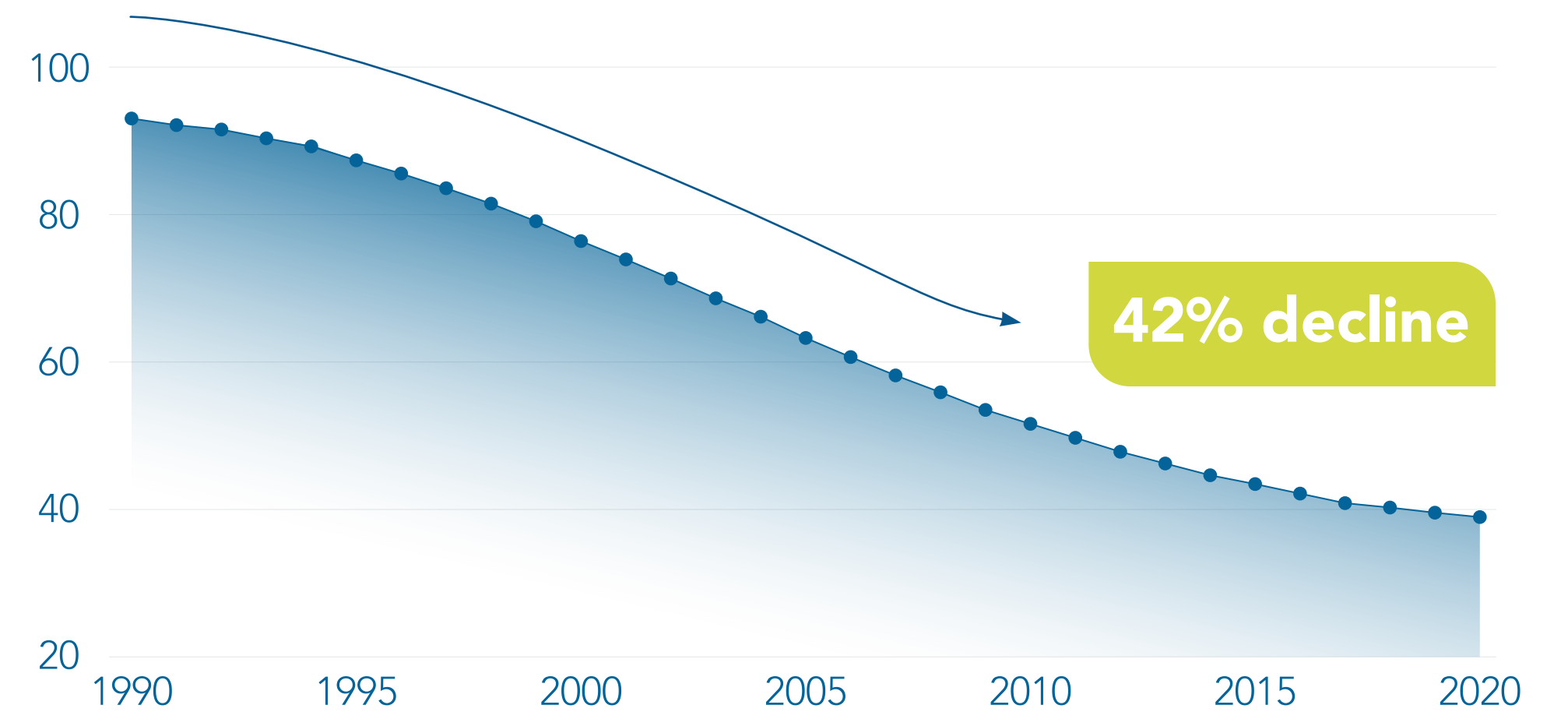
A photograph of a woman sitting in a blue plastic chair, holding a young child. The woman is wearing a red top and a patterned dress. The child is wearing a colorful striped shirt. They are in a rustic, outdoor setting with wooden structures and a thatched roof in the background. The image has a blue tint and is overlaid with a white semi-transparent box containing the text 'The Opportunity'.

# The Opportunity

# While much has been achieved...

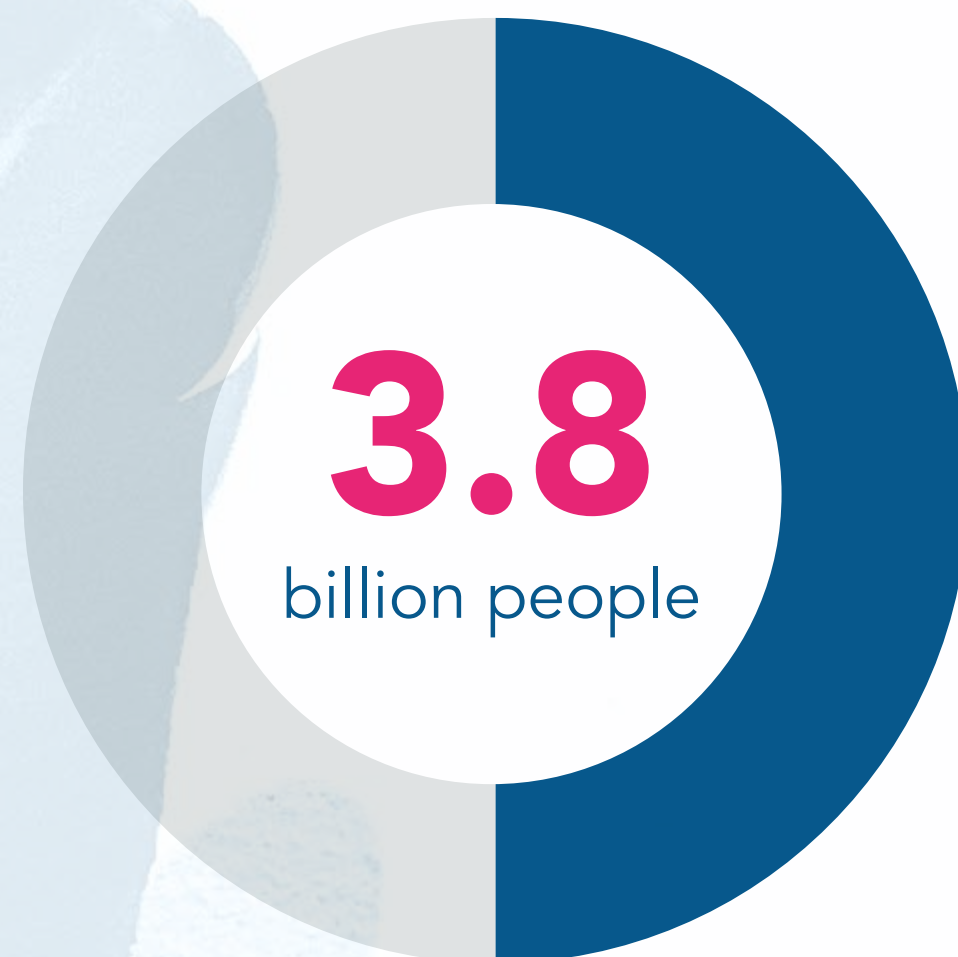
Global mortality rates are declining for women and children.

**Child <5 yrs mortality rate**  
(per 1,000 live births)



# ... there is still work to do

Yet, **half of the world population** still lacks access to essential health services.



# Geographic Inequities

The global decline has been much slower in some areas of the world, reflecting sharp inequities in access to quality health services. Maternal and under-five mortality rates remain unacceptably high, particularly in West Africa.

\*Alsan, Marcella, Fatima Cody Stanford, Abhijit Banerjee, Emily Breza, Arun G. Chandrasekhar, Paul Goldsmith-Pinkham, and Lucy O'Sullivan. 2021. "Comparison of Knowledge and Information-Seeking Behaviour After General COVID-19 Public Health Messages and Messages Tailored for Black and Latinx Communities: A Randomised Controlled Trial." *Lancet Global Health* 9 (5): e567-75. <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2821%2900515-5>.

\*\* Estimates developed by the UN Inter-agency Group for Child Mortality Estimation ( UNICEF, WHO, World Bank, UN DESA Population Division ) at [childmortality.org](http://childmortality.org).

## <5 MORTALITY RATE

**97.7**  
per 1,000 live births (2019)\*

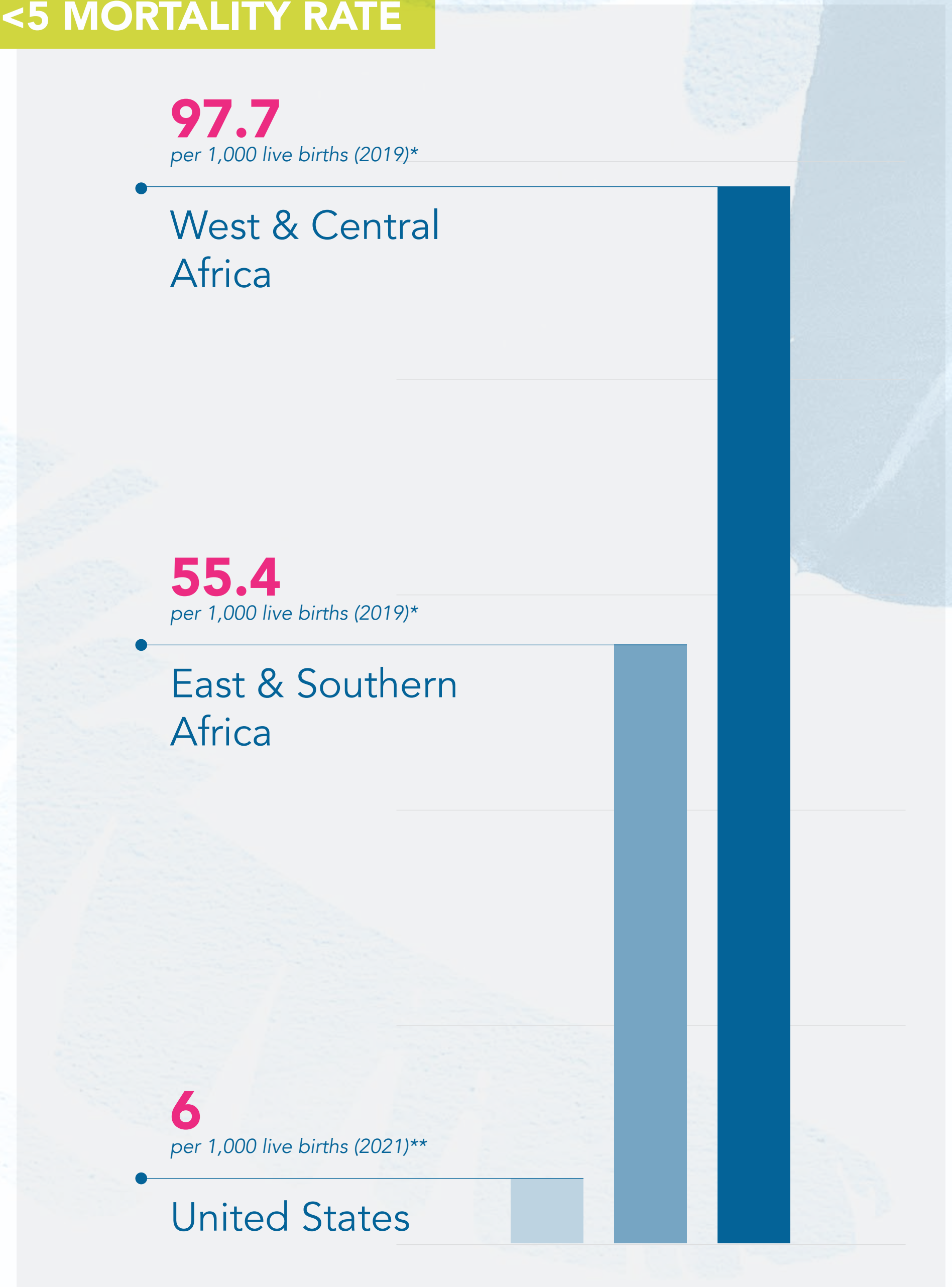
West & Central Africa

**55.4**  
per 1,000 live births (2019)\*

East & Southern Africa

**6**  
per 1,000 live births (2021)\*\*

United States



# Francophone West Africa

A map of West Africa is shown, with the countries of Francophone West Africa highlighted in various shades of blue. The highlighted countries include Senegal, Gambia, Guinea-Bissau, Guinea, Sierra Leone, Liberia, Ivory Coast, Ghana, Togo, Benin, Nigeria, and Chad. The rest of the African continent is shown in a light grey color.

Francophone West Africa has the highest maternal, neonatal, and child mortality rates in the world (WHO, WAHO).

Francophone West Africa has a third of the 300,000 global maternal deaths (WHO, 2015 data).

Francophone West Africa's adolescent girls face the highest risk with complications in pregnancy and childbirth.

Francophone West Africa has less access to global funding, technical resources, and partnership opportunities due to language barriers.

# In Togo

**1 in 15**

children die before their fifth birthday

The maternal mortality rate is

**14x**

higher than in high-income countries

# In Guinea

**1 in 13**

children die before their fifth birthday

The maternal mortality rate is

**20x**

higher than in high-income countries





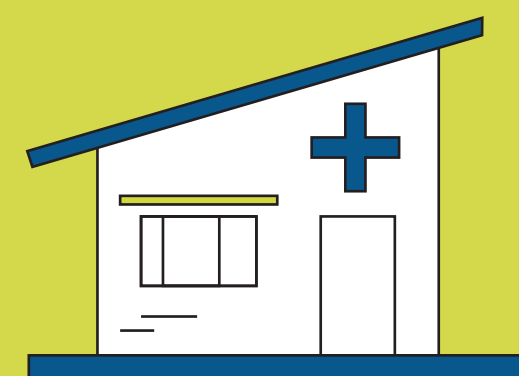
# The Solution

# The Solution

**According to the World Health Organization (WHO),** a well-functioning health system is built on:



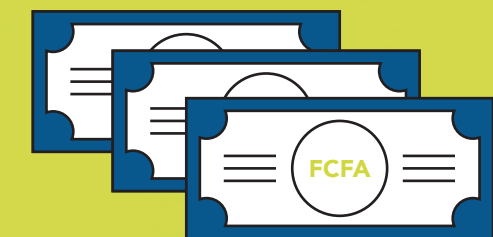
Trained and motivated health workers



Maintained health infrastructures



Reliable supply of medicines and technologies



Adequate funding & strong policies

# Our Vision & Mission

We envision a world where everyone, everywhere has access to quality healthcare without financial constraints.

The mission of Integrate Health is to make quality primary healthcare accessible to all.



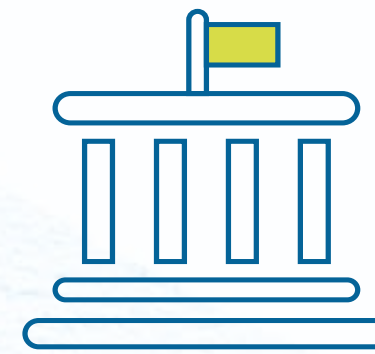
# Our Approach



01

## Community Care

We demonstrate that cost-effective primary healthcare works through direct implementation of the Integrated Primary Care Program.



02

## National Advisory

We accompany governments to build strong, evidence-based community health systems.



03

## Global Advocacy

We elevate West African voices to bring attention to community health needs through participation in global coalitions and convenings.

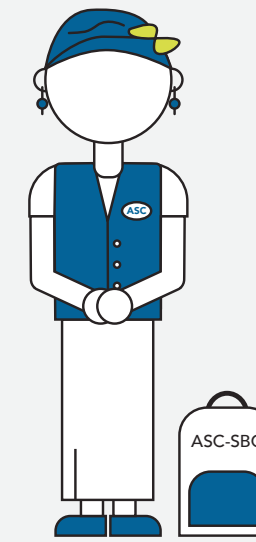
# Community Care

We deliver a community-based primary healthcare model that is integrated into national public health systems.

The Integrated Primary Care Program improves access to care and reduces maternal, newborn, and child mortality.

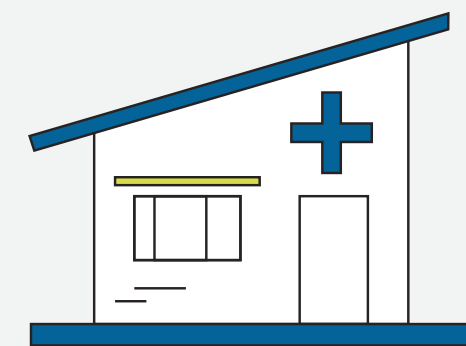
## HOW?

1



### Community Health Workers

Trained, equipped, supervised, and salaried Community Health Workers expand the reach of the healthcare system to patients' front doors.



### Clinical Capacity-Building

Mentored nurses and midwives in public health centers provide patients with high-quality healthcare.



### Supply-Chain Infrastructure

Trained pharmacists ensure patients have the medicines and health products they need when they need them.



### User Fee Removal

Removed point-of-care fees for pregnant women and children under five so even the poorest can access healthcare.

# Integrated Primary Care Program Characteristics

What makes the IPCP special?

- Maternal and child health, as well as family planning and adolescent health are integrated;
- Interventions for malnutrition and communicable diseases such as HIV/AIDS and malaria are included;
- Overall, health systems come out stronger and better prepared for epidemics, pandemics, and other public health emergencies.



**Universal health coverage is  
a political and social choice.  
We need strong political  
leadership and public demand.**

- WHO Website (75 years of improving public health, Key messages)

# National Advisory

We share our innovations and learnings to help national governments strengthen their own community-based primary care systems.

## HOW?

- By developing capacity to achieve their national health goals
- By bringing together a winning coalition to strengthen political support
- By providing technical assistance for sustainable health financing



# Global Advocacy

We elevate West African voices to direct global support and funding towards community health in Francophone West Africa.

## HOW?

- By disseminating evidence-based findings
- By playing a leadership role in global coalitions
- By partnering to advance policy and gain funding for community health policies



# The Impact

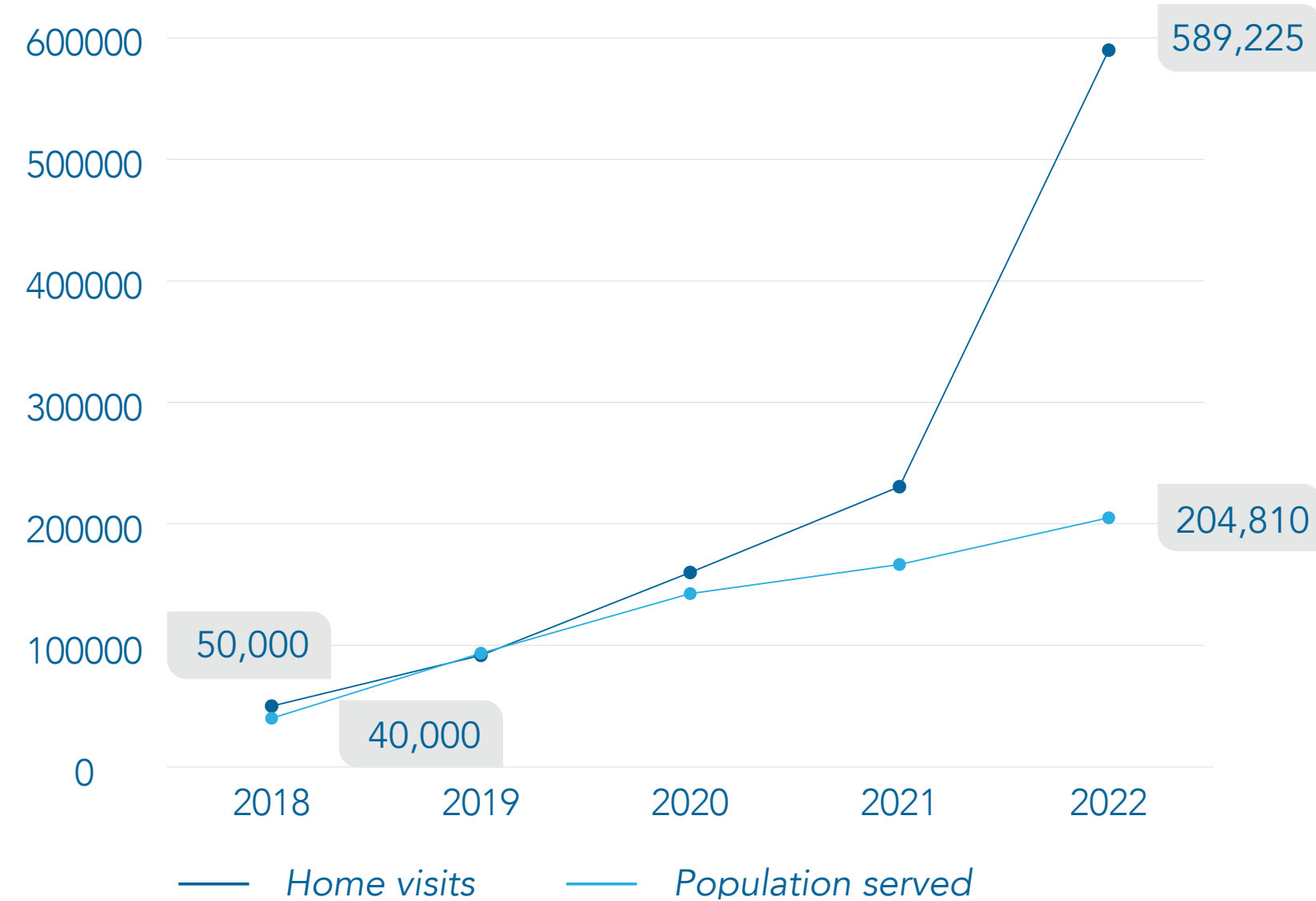


Community impact

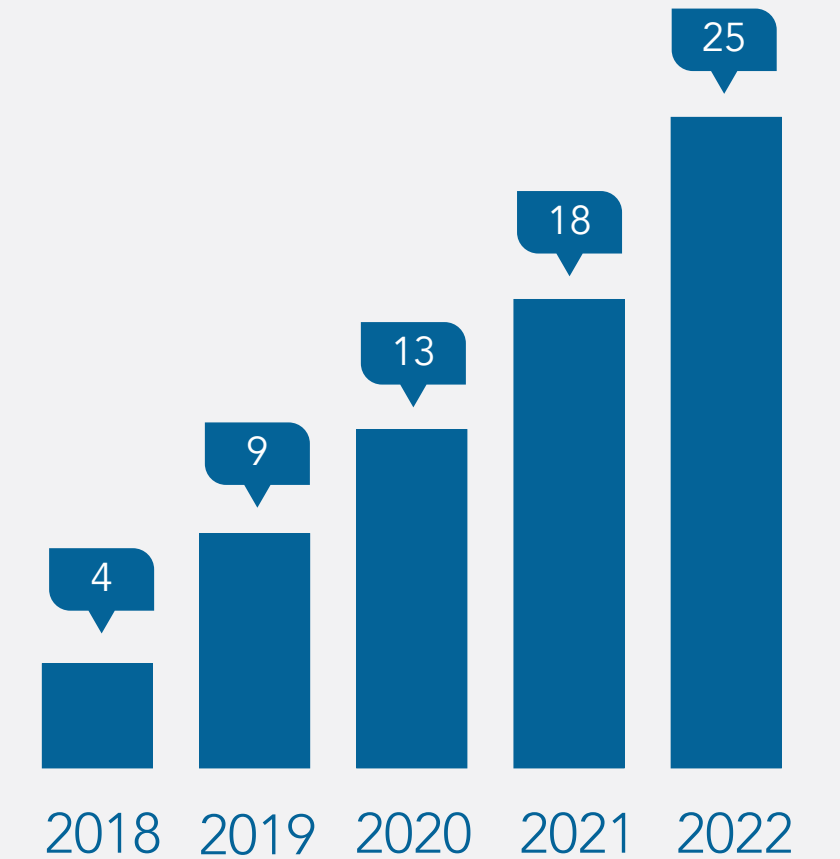
# Scaling five-fold

Over the past five years, we scaled five-fold on budget and on time.

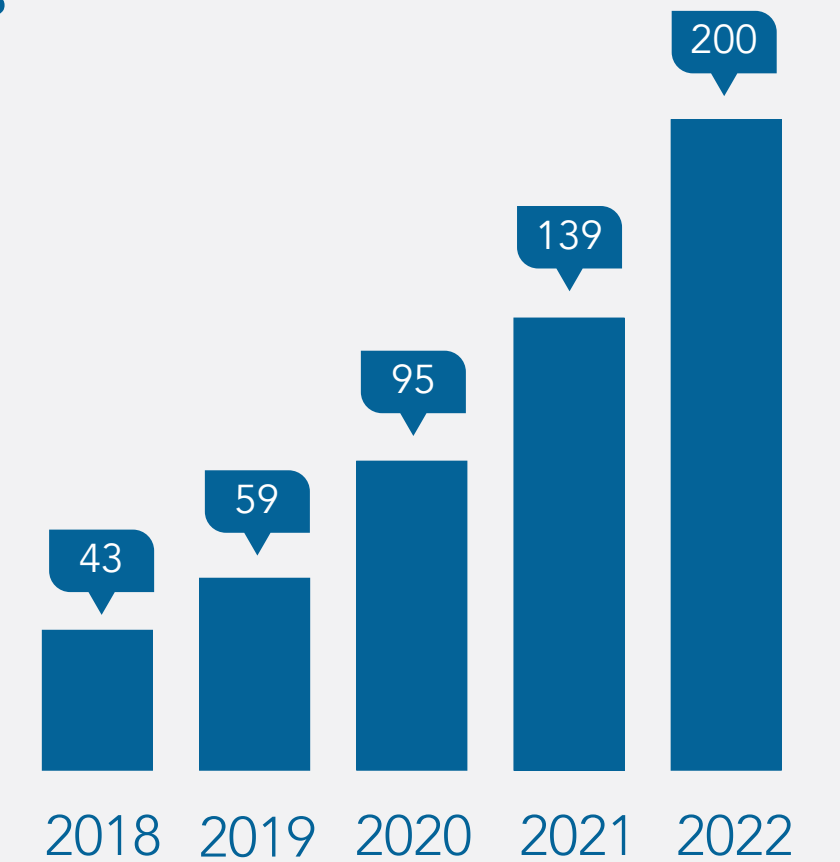
Total Population Served & Number of Home Visits



Number of Health Centers Supported



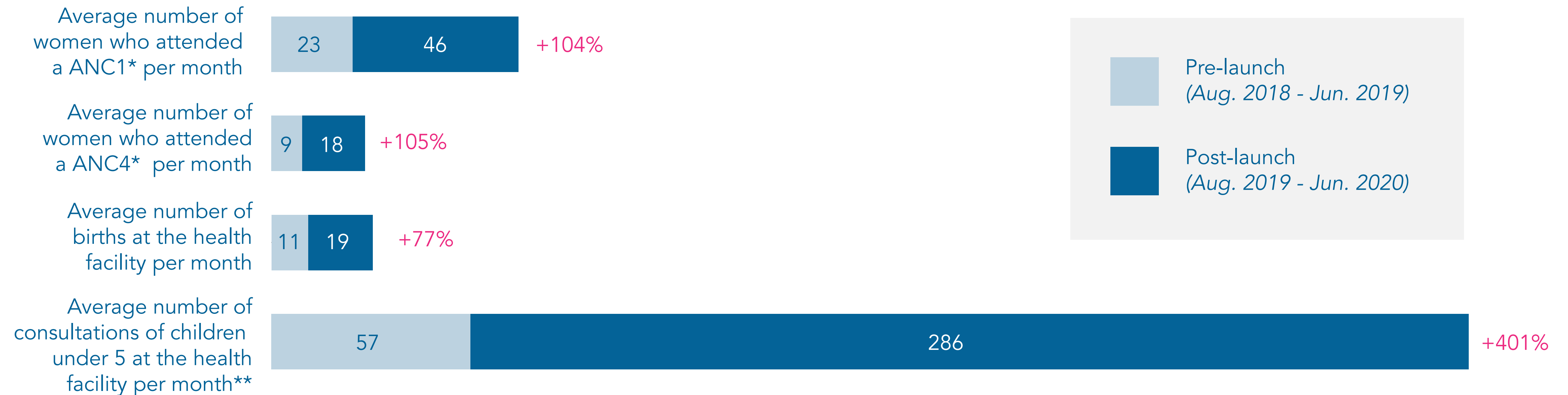
Number of Community Health Workers



# Improving Health Behaviors

Key indicators have more than doubled after the launch of the IPCP.

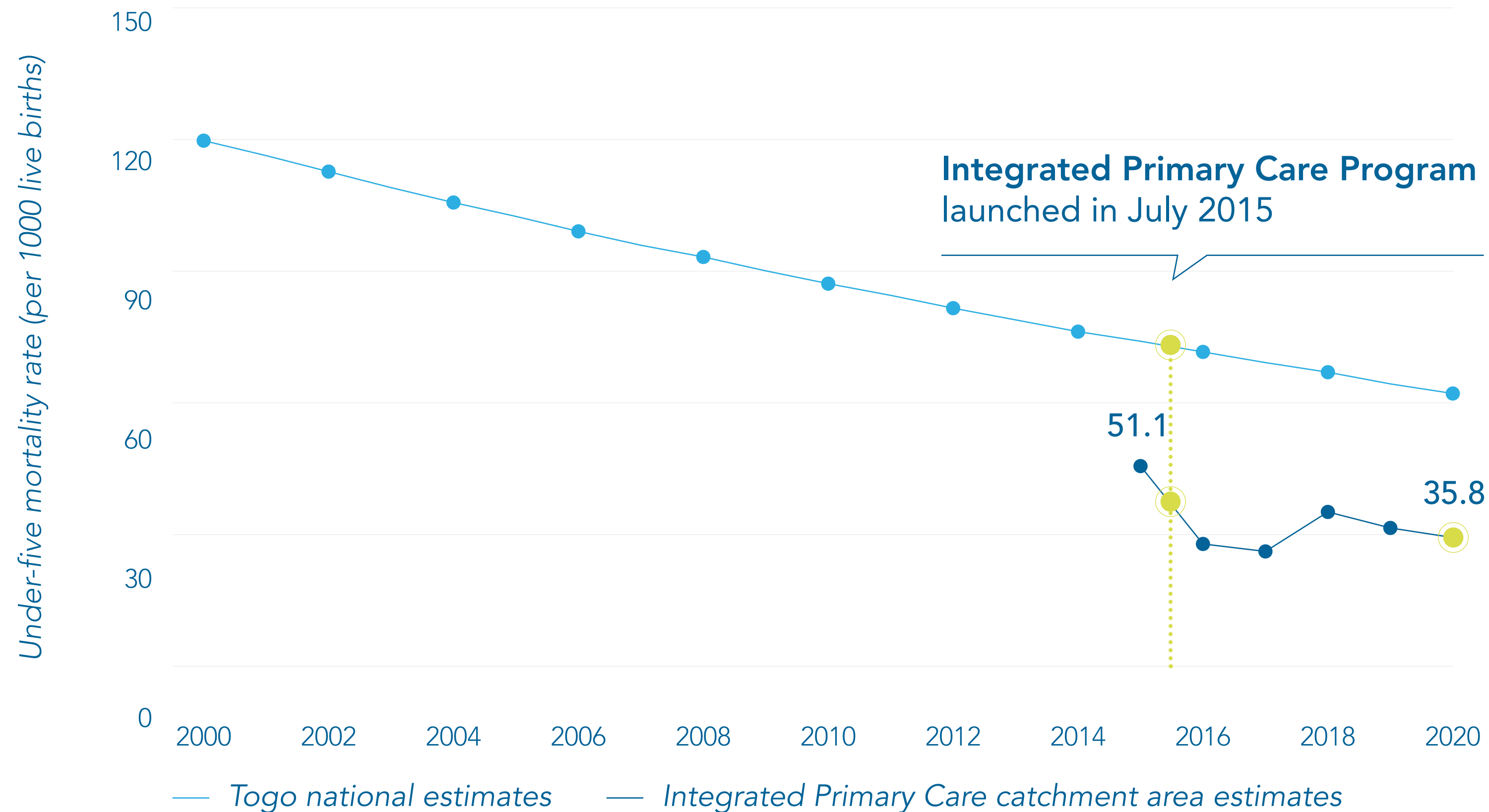
## Pre- and post-IPCP launch comparison of key indicators in four sites, Dankpen District



\*Pre-natal consultations

\*\*This indicator is only for the period Aug 18-June 19 and Aug 19-June 20. July 2019 data is missing, so July 2018 was removed to allow for the comparison.

# Reducing Child Mortality



30%

decrease in under-five mortality over five years observed in Togo

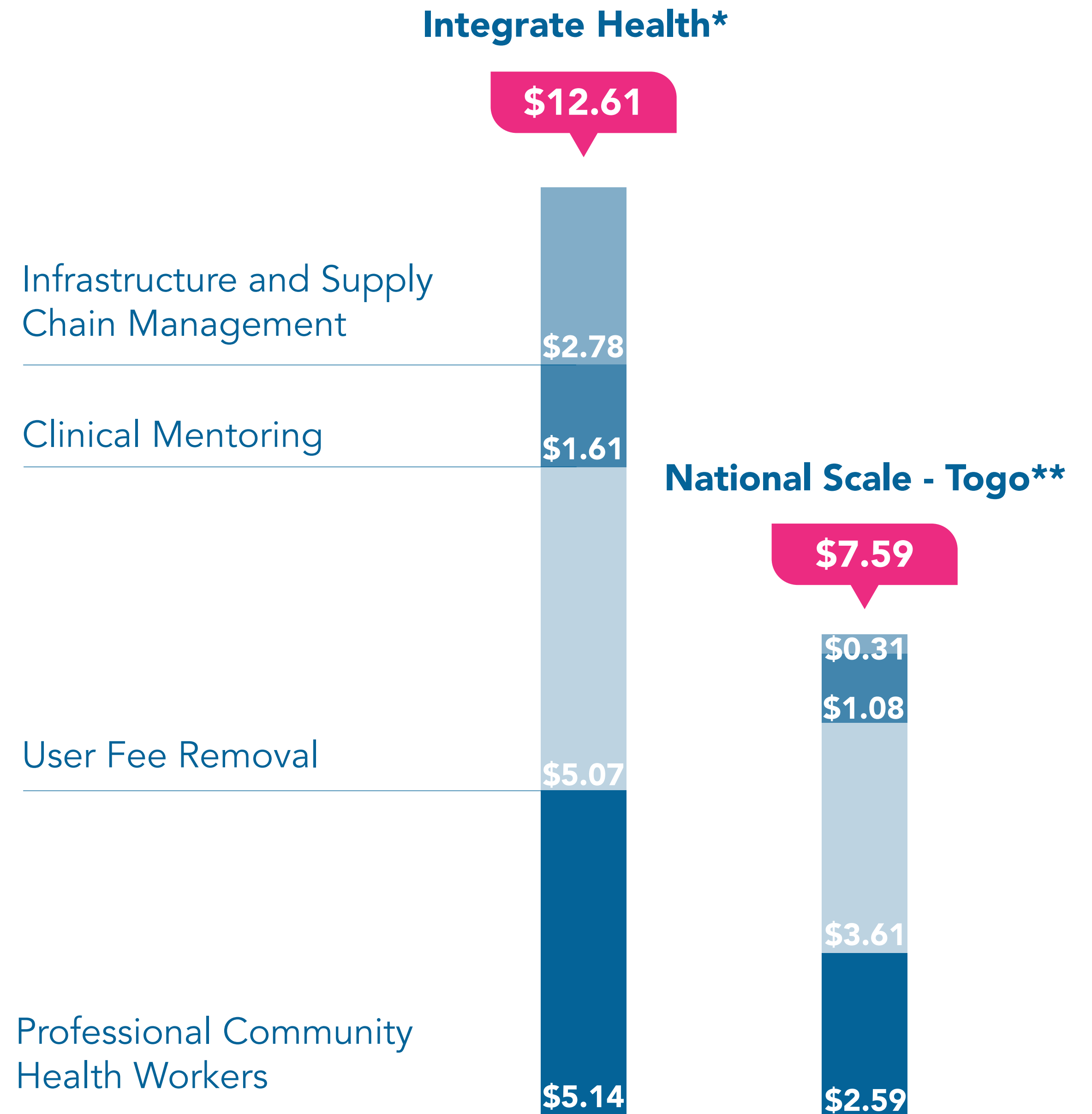
According to a study published in *Pediatrics* by Integrate Health, Togo's Ministry of Health, and researchers from University of Lomé, Albert Einstein College of Medicine, City University of New York, New York University, and Northwestern University.

Community impact

# Demonstrating Affordability

The Integrated Primary Care Program creates a seamless system of healthcare delivery that ensures access to high-quality care, supporting government’s UHC targets, at a cost of \$12.61 per capita.

The estimated cost of the four components of the program scaled nationally across Togo was estimated at \$7.59 per capita. Investing in evidence-based primary healthcare programs has been shown to achieve a **return on investment of approximately 10:1.**



\*Costs calculated using FY2022 audited financial statements

\*\*Represent costs during the first year of national scale, modelled using CHPCT tool

**“As a Community Health Worker,  
I am respected. I go to the houses  
and see the difficulties that people  
are going through. Before, we  
didn’t know what our neighbors  
were going through.”**

- Djilalo Emiline Badjona, Community Health Worker from Farendè

National impact

# Making Maternal Healthcare Free

In August 2021, the government of Togo launched the WEZOU program, making maternal healthcare free for women nationwide. The government committed \$5M of its health budget to this lifesaving program. Within the first nine months, over 200,000 women were enrolled, and 100,000 deliveries and 600 cesarian sections were subsidized.

Integrate Health laid the groundwork for this policy reform by the request of the MOH, modeling costs and impacts of the program.



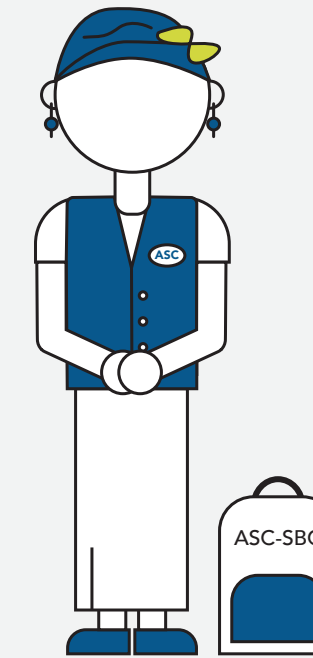


**SIGNIFICANT IMPROVEMENTS IN NINE OUT OF TEN CHW-AIM TOOL\* COMPONENTS, INCLUDING:**

**National impact**

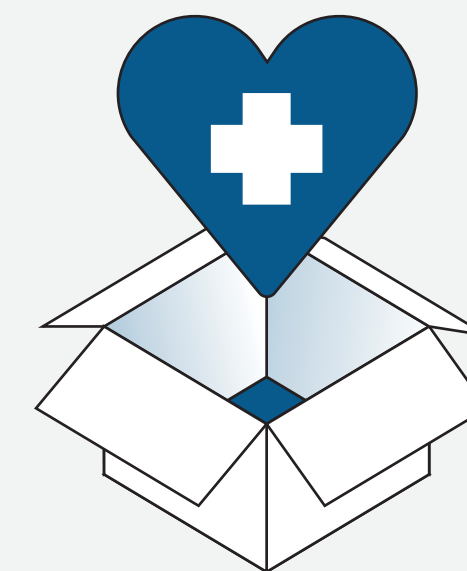
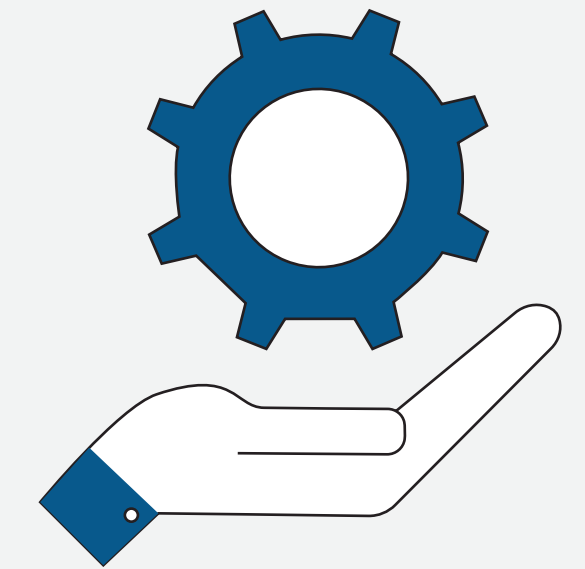
# Reforming Community Health

The Government of Togo has identified community health reform as a priority in the political agenda. Inspired by the Integrated Primary Care Program and with the support of Integrate Health, the Ministry of Health has introduced Community Health Worker reforms in order to deploy Community Health Workers across at least 95% of rural communities to ensure access to quality primary healthcare.



A formal accreditation process for Community Health Workers who are digitally enabled, equipped, supplied, and compensated with dedicated and paid supervisors.

Practices across the country are harmonized so that all stakeholders are aligned on how to reach Universal Health Coverage.



A uniform package of high-quality services is provided to the population, bringing more health equity.

\* More information about the AIM tool on the [CHIC website](#)

# Accompanying the Government

As a technical partner to the government, Integrate Health supported the development of a government pilot program to test the proposed Community Health Worker reforms:

- We leveraged the Community Health Impact Coalition network to gather best practices to evaluate the former Community Health Workers program and inform the upcoming reforms;
- We accompanied the government to create detailed cost and impact modeling to develop and present four reform package options based on data that included our own implementation sites;
- We provided a consultant to the Ministry of Health who will provide technical support throughout the pilot implementation and future scale processes.



**“It is now our opportunity to capitalize on the innovations brought by the Integrated Primary Care Program and pave the way for a sustainable future.”**

- Dr. Abdel Kadère Alfa, Kozah Health District Director

Global impact

# Elevating Community Voices

Integrate Health co-founded the Community Health Impact Coalition (CHIC) in 2019. Working alongside like-minded partners such as CHIC, we gather best practices and lessons learned to inform global norm-setting institutions and unlock greater resources for community health.

In 2019, thanks to contributions from CHIC, seven out of eight best practices for Community Health Workers were included in the World Health Organization's Guidelines on Health Policy and System Support to Optimize Community Health Worker Programmes.



**ALLIANCE**  
**GENDER EQUALITY &  
UNIVERSAL HEALTH COVERAGE**



**Global Health Council**

The Collective Voice of the Global Health Community



Global impact

# Elevating Community Voices

Community Health Workers are the experts. They understand best what the problems are and how to solve them. Their input is essential to building strong and resilient health systems.

That's why Integrate Health prioritizes Community Health Worker participation in global conferences and convenings. In 2022, Integrate Health supported two Community Health Workers to speak at global convenings.

Health equity is just wishful thinking without Community Health Workers included in global decision-making.

Global impact

# Mobilizing Global Partners

Building on the success of the IPCP in Togo, the Guinean Ministry of Health invited us to join them in filling critical gaps in the implementation of their community health strategy, with a particular focus on zero-dose children in remote areas.

Gavi, the global vaccine alliance, sees the IPCP as one of the most effective strategies to achieve their vaccine-related goals. Gavi has invested in delivering the IPCP to serve 112,000 people in the Kouroussa district and to gather knowledge and learning to inform vaccine equity across Guinea.



**“Fragmented and insufficient funding are barriers to high-quality and equitable community health delivery. International donors have a significant role to play.”**

- from the CHIC website



# Who We Are

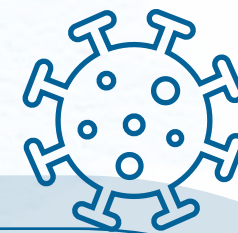


# Our Story

2004

## Hope Through Health (HTH)

Individuals living with HIV come together with US Peace Corps Volunteers, and HTH is formed to support the Association Espoir pour Demain. Later the organizations launch the first antiretroviral therapy program in northern Togo, which becomes accredited by the Ministry of Health (MOH) in 2009.



2010

## Transforming HIV Care in Northern Togo

HTH continues to transform HIV care across Togo in partnership with the Association Espoir pour Demain and the government. In 2010, the MOH replicates the program as part of an expanding partnership.



2015

## An expanded Mission for Integrate Health

HTH becomes Integrate Health and expands its mission to ensure access to quality healthcare for all women and children, including individuals living with HIV, building the Integrated Primary Care Program (IPCP).

2020



## Laying the Foundation for UHC in Togo and Beyond

Integrate Health supports the Togo MOH to take ownership of the IPCP and scale the program nationally.

2023

## Advance Community-Led National Scale and Global Impact

Integrate Health's new strategic plan will build upon the organization's impact and experience in Togo to achieve sustainable progress across West Africa.

2028

**We believe that those impacted must be implicated in making change. We seek to integrate the voice of the community in the creation of new systems of power.**

- Integrate Health, Culture Code

# Locally Rooted

Integrate Health works in Togo and Guinea with a Global Support Team.

## ACCORDING TO THE STAFF

**70%**

identify as women

**95%**

identify as African

### Leadership Team

Nearly 70% of the leadership team is African and based in Africa and sets and oversees organizational strategy.

**13  
members**

### Country Teams

The Togo and Guinea teams design, implement, and monitor organizational strategy.

**63  
members**

**203  
CHWs**

### Global Support Team

The Global Support Team raises funds and provides technical and operational support to country teams.

**10  
members**

# Our Founders



**Christophe Gbeleou**  
Country Director



**Élise Warga**  
Director of Operations



**Kevin Fiori**  
Senior Advisor



**Jennifer Schechter**  
Chief Executive Officer

# What Makes Us Unique



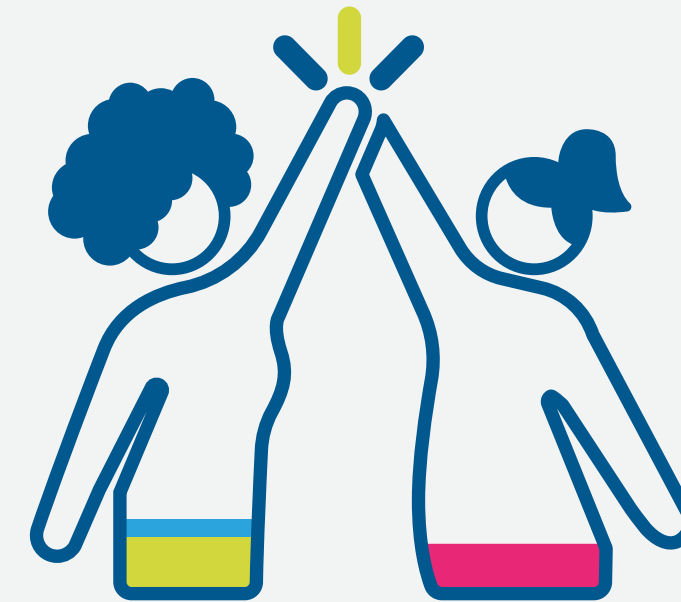
Community-led



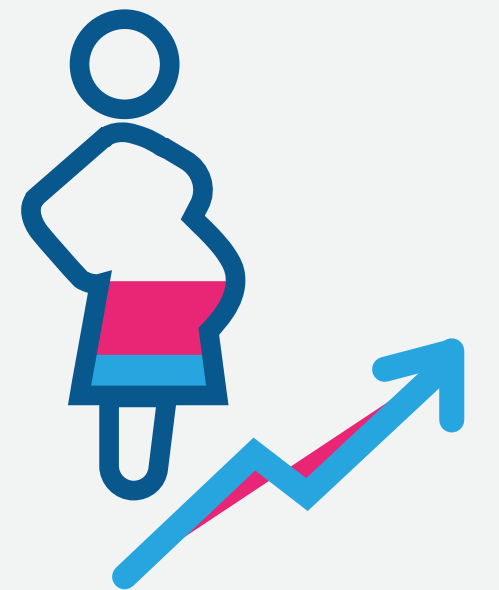
Focused on Francophone  
West Africa



Committed to DEI



Women-Run



Poised to Accelerate  
Progress



# The 2023-2028 Strategy

# The Momentum

The impact of our work is leading other organizations to advance community health best practices.

Now is the time to make sure that no country is left behind. West African countries are committed to achieving Universal Health Coverage and are looking for partners to support them.

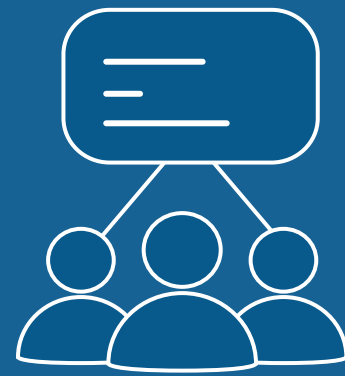
Integrate Health is committed to ensure that **West Africa paves the way for strengthened primary healthcare** across the continent.



# Strategic Planning Process

## Participatory

Stakeholder consultations, staff survey, staff and leadership workshops were held

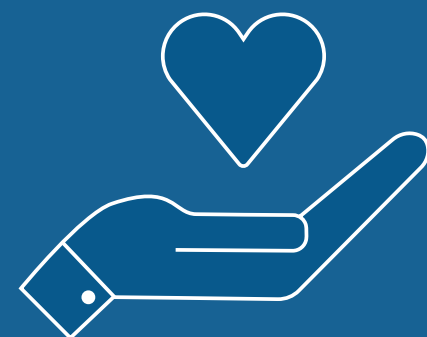


## Facilitated by experts

A team of three consultants with global and local expertise guided the process

## Inclusive

An internal council of staff members from all levels of the organization, including a CHW, oversaw the entire process







Learn more about our Theory of Change in Annex 1.

# Strategic Pillars



**01**

**Community Care**  
We demonstrate that cost-effective primary healthcare works through direct implementation of the Integrated Primary Care Program.



**02**

**National Advisory**  
We accompany governments to build strong, evidence-based community health systems.



**03**

**Global Advocacy**  
We elevate West African voices to bring attention to community health needs through participation in global coalitions and convenings.

**04**

**Organizational Strength**  
We aim to build a strong and equitable organization. To deliver impact, we need to strengthen the organization's structure and operational capacities.

# Five-Year Reach Projection

	<b>FY 2023</b> <i>(Baseline)</i>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>
Patients served by Integrate Health	208,748	322,905	330,332	449,929	575,278	700,509
Population served by government-run UHC programs supported by IH	2,800,000	2,900,000	4,700,000	6,400,000	7,500,000	8,500,000
Community Health Workers supported	203	351	350	500	600	750
Health centers supported	25	30	30	35	40	40
Countries supported	1	2	2	2	3	3

Community

# Delivering Innovations

Over the next five years, we will maintain direct delivery centers of innovation as learning labs where we and our government partners can continue to iterate and test new innovations. These will include mobile technologies, tech-enabled healthcare administration tools, youth-friendly service delivery for adolescents, and task-shifting of key interventions, among other innovations.

## Aim to achieve

Hardest-to-reach communities benefit from quality primary care with 700,000 patients served by 2028.



Community

# Disseminating Lessons Learned

We will get better and stronger at documenting and sharing our best-in-class practices and lessons learned to inform replication and scale.

We document for ourselves, because we owe it to our patients to continuously improve what we do. Secondly, we document what we do for others. We know that our model works which, gives us the responsibility to ensure quality replication.



## Aim to achieve

A solid evidence base demonstrates the impact of the Integrated Primary Care Program model in three countries.





National

# Supporting Governments

Over the next five years, we will support governments to take proven innovations to scale in order to achieve their national health goals. We will do this by building capacity and providing technical assistance in key strategic areas as requested, such as cost and impact modeling, policy development, technology-enabled primary healthcare delivery, and impact evaluation.

## Aim to achieve

Evidence-based national policies and adequate financing are implemented in a government program that serves 2 million patients by 2028.



National

# Seeing Things Through

Over the next five years, Integrate Health will continue to support the implementation of the pilot program while bringing all stakeholders together.

We are at a turning point to make sure that the path towards Universal Health Coverage is equitable to health workers and patients. The government's pilot program is a unique opportunity for us to advocate for a fair and equitable community health system in Togo.

Now more than ever, we must continue to partner with the government to bring our vision of community healthcare to life.



# What to Look Forward to in Togo?

While continuing to serve over 200,000 people and handing over the IPCP in the Kozah district, we will:

- Support the government's national community health reform by continuing to provide technical assistance to the pilot program planning and overseeing implementation in the Anié district to a population of over 100,000;
- Leverage our implementation expertise at the community level and knowledge of best practices at the global level, to make sure that the reform process is well designed to maximize effectiveness.



# What's Coming Up in Guinea?

While continuing to strengthen our relationship with the government, we will:

- Launch the IPCP in partnership with the Ministry of Health and Gavi to demonstrate the effectiveness of integrating vaccine equity innovations into primary care delivery. This pilot will serve a population of 112,000.
- Formalized knowledge sharing of lessons learned will occur with partners across Guinea quarterly, and we will identify effective innovations from the pilot with the Ministry of Health, Gavi, and partners that can be scaled beginning in year three.





Global

# Carrying their Voices

Over the next five years, we will amplify West African voices, especially those of women who are too often excluded. We will continue to be active members of coalitions such as the Community Health Impact Coalition, Global Health Council, and the Alliance for Gender Equity and UHC, as a means to ensure the inclusion of West African leaders, government partners, and CHWs. We will direct global policy and financing to support community health across West Africa, by ensuring these voices have a seat at the table where decisions are made.



## Aim to achieve

Policies and financing mechanisms for community health across three countries are strengthened.





Organizational

# Strong and Equitable

Over the next five years, we will invest in building strong organizational, structural, and operational capacities to support multi-country operations while proactively advancing our values and commitment to diversity, equity, and inclusion.

We believe that strengthening the organization to deliver impact is best done through the integration and fair treatment of people of all genders, ethnicities, classes, religions, and nationalities treated fairly.

## Aim to achieve

A strong and equitable organization is built that supports multi-country operations with sustainable funding levels.



Cross-cutting themes

# Gender and Climate

Gender equity and climate justice are inextricably linked to health. Women disproportionately face sexual harassment and abuse and lack of autonomy over sexual and reproductive healthcare decisions. Meanwhile, climate change is expected to cause 250,000 additional deaths per year from malnutrition, malaria, and diarrhea by 2050.

To address these challenges, we will apply a gender and climate lens across all objectives at the community, national, and global levels to prevent, mitigate, and address these issues as parts of our programming.





# The Needs

# Five-Year Budget Projections

	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	Total (FY24-28)
Programs	\$9,824,030	\$9,562,677	\$12,213,694	\$14,872,886	\$16,061,963	\$62,535,250
Togo	\$7,420,593	\$6,311,337	\$6,387,889	\$6,604,262	\$6,877,877	\$33,601,958
Guinea	\$2,403,437	\$3,101,340	\$4,975,805	\$5,268,624	\$5,484,086	\$21,233,292
Third country	\$0	\$150,000	\$850,000	\$3,000,000	\$3,700,000	\$7,700,000
General & Administrative	\$893,910	\$938,606	\$1,032,466	\$1,238,960	\$1,362,856	\$5,466,797
Fundraising	\$799,405	\$839,375	\$1,007,251	\$1,208,701	\$1,329,571	\$5,184,303
<b>Total</b>	<b>\$11,517,346</b>	<b>\$11,340,658</b>	<b>\$14,253,411</b>	<b>\$17,320,546</b>	<b>\$18,754,389</b>	<b>\$73,186,350</b>

# Financing Impact

To reach 700,000 people by 2028, we need to mobilize \$75 million over the next five years, with an additional \$4 million to build our headquarters in Togo, the Green Center. To get there, we will retain a strong core of philanthropic partners while diversifying our funding base with bilateral and multilateral grants.

Support our mission to bring high-quality primary healthcare to all.

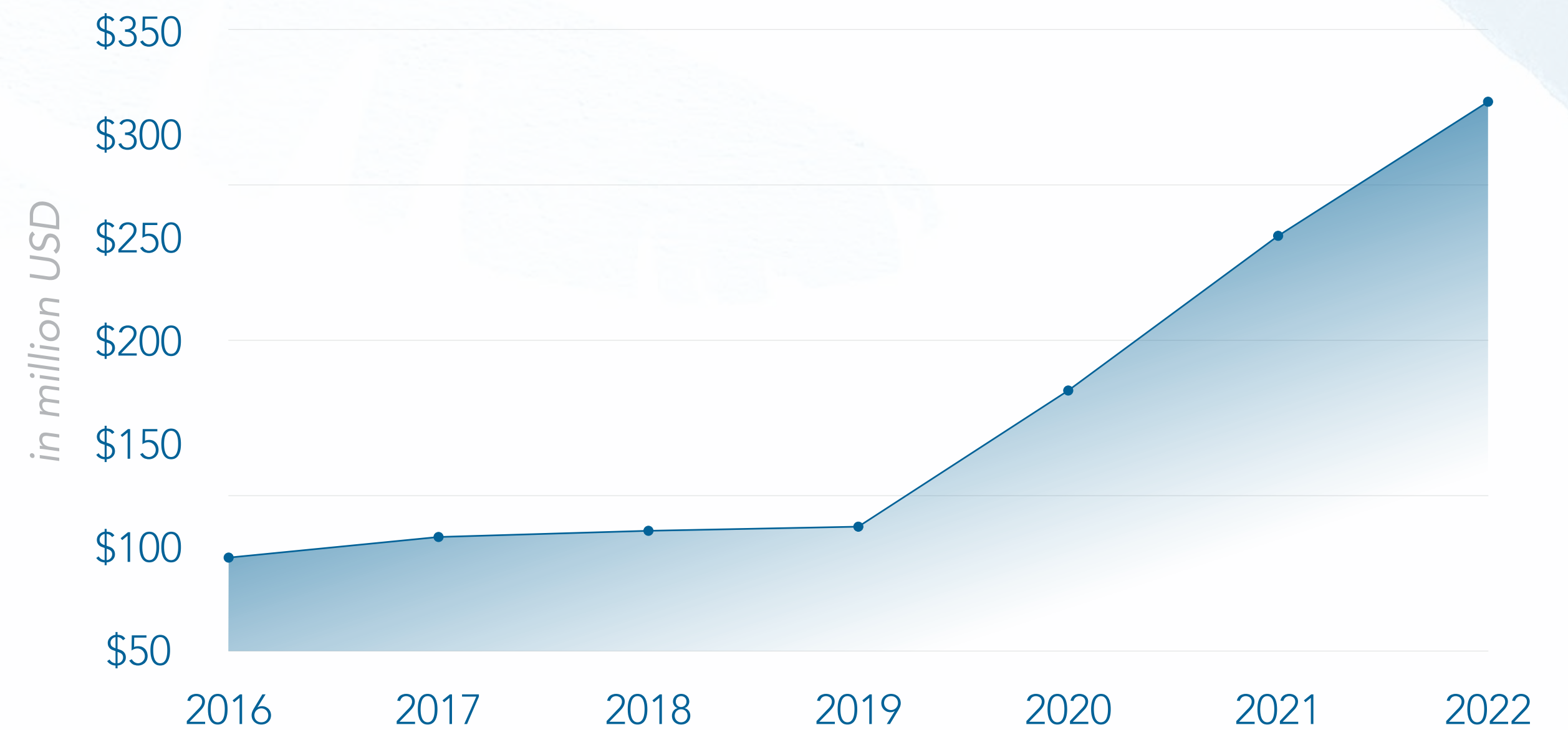


# Critical But Feasible Investment

Scaling the IPCP to all six million Togolese living in rural communities would cost between \$33 to \$41 million annually, saving thousands of lives, boosting economic growth, and providing increased resilience of the health system to new and emerging threats.

Given the increasing health spending in Togo, the government can absorb this cost. It amounts to only 10% of 2022 health expenditure and 20% of the 2019-2022 health expenditure increase.

TOGOLESE MINISTRY OF HEALTH BUDGET INCREASES 3X IN 3 YEARS



**“Go where the need is greatest.  
Look at the system and see where  
the gaps are. What innovations can  
help us fill those gaps?”**

**- Advice from Dr. Kourouma, Director of the Division of Community Health, Guinea  
Ministry of Health**



# The Partners



# Thank you to our Funding Partners

Bohemian Foundation  
Cartier Philanthropy  
Construction for Change  
CRI Foundation  
Crown Family Philanthropies  
DAK Foundation  
Deerfield Foundation  
Dovetail Impact Foundation  
Formanek Foundation  
Godley Family Foundation  
Gould Family Foundation  
Intel Corporation  
Jascha Hoffman Giving Fund  
Jasmine Social Investments

Jester Foundation  
Mulago Foundation  
Netri Foundation  
Northwestern University Institute for  
Global Health  
Panorama Global  
Peery Foundation  
Planet Wheeler Foundation  
Preston-Werner Ventures  
RA5 Foundation  
Radiata Foundation  
Ray and Tye Noorda Foundation  
Rippleworks Foundation  
Rotary Club of South Everett Mukilteo

Segal Family Foundation  
Skoll Foundation  
T&J Meyer Family Foundation  
The Adventure Project  
Together Women Rise  
UBS Optimus Foundation  
Viacom  
Vitol Foundation  
Wagner Foundation  
Waterloo Foundation  
Weyerhaeuser Family Foundation  
World Centric

# Coalitions and Partners

Community Health Impact Coalition (CHIC)  
Climate Accountability in Development (CAD)  
Global Health Council (GHC)  
Alliance for Gender Equality and UHC  
The Gender Equal Health and Care Workforce Initiative

Association Espoir Pour Demain - Lidaw  
République Togolaise  
République de Guinée



CLIMATE  
ACCOUNTABILITY  
IN DEVELOPMENT



**ALLIANCE**  
GENDER EQUALITY &  
UNIVERSAL HEALTH COVERAGE



RÉPUBLIQUE TOGOLAISE



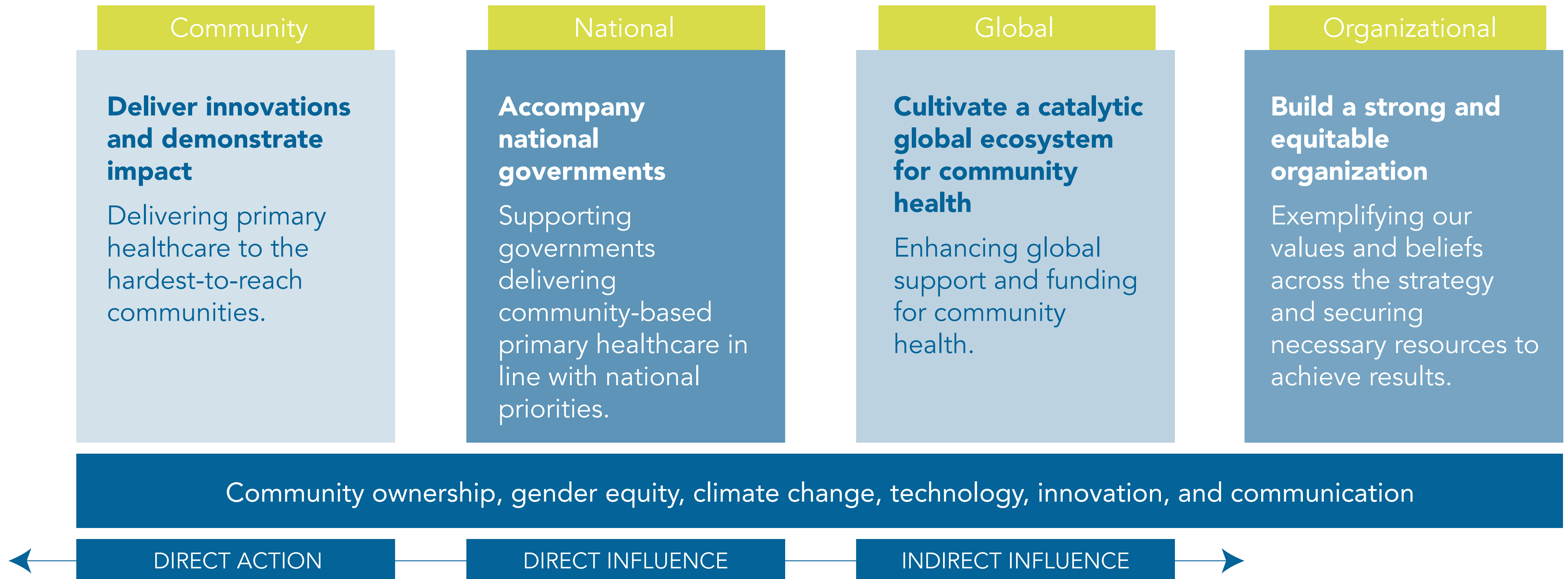


**INTEGRATE  
HEALTH**

To learn more about how you can support us, reach out to Emily Bensen  
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# Strategic Pillars



# Objectives

## Community

### Deliver innovations and demonstrate impact

- The IPCP is in Togo, Guinea, and a third country.
- We work with a culture of impact and learning.

## National

### Accompany national governments

- Governments have the capacity to achieve national health goals.
- Governments are supported to sustainably finance their health plans.
- We lead coalitions to strengthen political ownership and advocacy.

## Global

### Cultivate a catalytic global ecosystem for community health

- We disseminate the results and evidence of our approach.
- We influence global coalitions to change policies and funding in favor of community health.

## Organizational

### Build a strong and equitable organization

- We have strong internal systems.
- Our culture of diversity, equity, and inclusion is adopted at all levels of the organization.
- Our funding sources are diverse and sufficient to operate.

Community ownership, gender equity, climate change, technology, innovation, and communication

DIRECT ACTION

DIRECT INFLUENCE

INDIRECT INFLUENCE

# Our Values

## **Efficacy**

We strive for the greatest impact in everything we do because that is what our patients deserve.

## **Empowerment**

We set high expectations and give people the tools they need to achieve success.

## **Transparency**

We provide complete access to information and work hard to identify and address our weaknesses.

## **Commitment**

We are fearless and unwavering in working towards our ambitious goals.



## **Respect**

We consider the feelings, wishes, rights, and traditions of each other and our patients.

## **Collaboration**

We have never, and will never, go at it alone. Guided by our patients and alongside the government, we are working to transform the way healthcare is delivered.

# Diversity, Equity, and Inclusion

We believe that our mission and vision cannot be achieved without the integration of peoples of all genders, ethnicities, classes, religions, sexual orientations, and nationalities working together through a collaboration of diverse voices being heard and treated equitably.

To get there, Integrate Health embarked on a journey to bring DEI to the forefront of what we do. We started with a culture code to turn our leadership into active agents of change and an anti-racism statement that acknowledges that racism is a public health issue. These statements represent our commitment to deconstruct colonial thinking and advance our commitment to DEI.





# SDG Framework

