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March 03, 2011

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## **The Power to Create Change: Lessons from a Nurse in Upper Egypt** <sup>[2]</sup>

[Simi Grewal](#) <sup>[3]</sup>

[Fragile States](#) <sup>[4]</sup>

*Simi Grewal is the Program Coordinator for Health Systems Strengthening and Results Management at MSH. She worked as a fellow in Egypt from January 16-February 5.*

[Read more](#) <sup>[2]</sup>

March 01, 2011

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## **The Senate Should Restore Funding for Critical Development Programs** <sup>[6]</sup>

[Management Sciences for Health](#) <sup>[7]</sup>

[US Global Health Policy](#) <sup>[8]</sup>

Last week, the House of Representatives cut the international affairs budget by 20% of the FY 2010 levels. While these are tough times, these cuts are disappointing given investments made in international affairs account for only 1 percent of the overall US Government budget. More plainly, these cuts affect the poorest and most vulnerable people around the globe.

A recent [poll](#) <sup>[9]</sup> conducted by WorldPublicOpinion.org/Knowledge Networks showed that most Americans support foreign assistance levels up to 10% of the budget.

Furthermore, such small cuts in spending will not solve the deficit problem. Secretary of Defense Robert Gates has argued that investments made in development and diplomacy can help deter future needs for resources for defense and that America's national security depends on the civilian diplomats and aid workers who also risk their lives every day to support our overseas interests.

[Read more](#) <sup>[6]</sup>

March 01, 2011

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## Saving Children's Lives by Recognizing and Treating Pneumonia in Afghanistan <sup>[11]</sup>

Fragile States <sup>[4]</sup>



Afghanistan's mountain ranges are beautiful to the eye. Rugged peaks and ridges are separated by valleys, carved out over the centuries by streams and rivers supporting the green web of vegetation along their banks.

But many of the small villages that cling to the walls of these valleys are often cut off for months by heavy snow or the floods that follow the spring melt. The cold wet climate, together with smoke from household stoves, increases the risk of pneumonia, particularly among babies and children. One in five deaths of young Afghan children is caused by pneumonia, an infection easily treated with antibiotics if diagnosed early enough.

Read more <sup>[11]</sup>

February 16, 2011

3 comments <sup>[12]</sup>

## On Collective Leadership and Collective Intelligence: Words from Tahrir Square, Egypt <sup>[13]</sup>

Morsi Morad Mansour <sup>[14]</sup>

Fragile States <sup>[4]</sup>

**Introduction**

*by Joan Bragar Mansour, ED.D, leadership development specialist at MSH.*

Dr. Morsi Mansour is an Egyptian surgeon and [Leadership Development](#) [15] Specialist for MSH who teaches leadership to health professionals and develops leadership facilitators around the world. He was in Tahrir Square for two weeks during the uprising in Egypt and shares his experience below.

In Egypt, there has been a [Leadership Development Program since 2002](#) [16]. Using their own local resources, health workers unified in over 184 health units across the Aswan governorate in Egypt focused on reducing maternal mortality and succeeded in reducing it from 85/100,000 to 35/100,000 in two years.

[Read more](#) [13]

February 15, 2011

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## **Harnessing the Power of Information to Benefit Orphans and Vulnerable Youth** [18]

[E Rains](#) [19]

[HIV & AIDS](#) [20]

*This article was originally posted on [FHI's Interagency Youth Working Group \(IYWG\) blog.](#) [21]*



Several months ago, I was asked to help manage a newly redesigned site that focuses on children and HIV & AIDS. I knew that over the last decade there had been an enormous increase in both the amount of and access to global health information. Thus, the challenge was to shift from simply producing more material to organizing, exchanging, and effectively using this growing knowledge base.

[Read more](#) [18]

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## **Training Community Health Workers to Improve Infant and Child Health in Rural Benin** [23]

[O Gandaho](#) [24]

## Health Systems Strengthening <sup>[25]</sup>



The West African nation of Benin faces many challenges in achieving Millennium Development Goal 4---reducing child mortality. In the rural communities in Benin (91% of the population live in rural areas), access to health care and treatment is inadequate in relation to the vast need. Very few people have the appropriate skills and capacity to deliver care in these areas. The [US Agency for International Development's \(USAID\) BASICS Benin](#) <sup>[26]</sup> project is increasing the capability of villages as far as 50 km away from health centers by training Community Health Workers (CHWs) to perform community case management of children five years-old and under.

[Read more](#) <sup>[23]</sup>

February 09, 2011

[0 comments](#) <sup>[27]</sup>

## Spotlight on Global Health Initiative Plus Countries: Mali <sup>[28]</sup>

[I Diallo](#) <sup>[29]</sup>

[Health Systems Strengthening](#) <sup>[25]</sup>



<sup>[30]</sup>

Part six of the blog series: [Spotlight on Global Health Initiative Plus Countries](#) <sup>[31]</sup> Amid grave

health statistics, the Global Health Initiative (GHI) brings hope of a healthier future in Mali.

Mali is one of the ten poorest countries in the world, ranking 173 out of 175 countries on the 2007 Human Development index of the United Nations Development Program (UNDP). Mali has highest percentage of people living on less than a dollar a day. And, Mali has some of the worst demographic indicators in the sub-Saharan region: a population growth rate of 2.6%, a 6.6 fertility rate (the highest in the sub-Saharan Africa after Niger, at 6.8), and a birth rate of 49.8 per 1,000. The population is very young, with more than 50% of Malians under 15 years old and 17% under 5 years old.

[Read more](#) <sup>[28]</sup>

February 01, 2011

[2 comments](#) <sup>[32]</sup>

## **Health Financing: The Foundation of a Strong Health System** <sup>[33]</sup>

[Jonathan D. Quick, MD, MPH](#) <sup>[34]</sup>

[Health Systems Strengthening](#) <sup>[25]</sup>

Millions of people around the world die each year from preventable diseases because they cannot access affordable health care. Developing countries often struggle with insufficient resources and they face numerous challenges trying to strengthen weak health systems. A strong health system working well at all levels, from the household to the community to health facilities to national authorities, can provide effective services to improve the health of the people they serve.

Health financing is the critical foundation for strengthening health systems and ultimately for achieving health impact. Health financing is the starting point ? money is the fuel to start and keep a strong health system running. Health financing includes generating funds, distributing those funds, ensuring effective and efficiency use of funds, and protecting the poor from the financial hardship of accessing health services. Without financial resources and proper management of these resources, health workers, health facilities, and medicines would not exist. In difficult economic times, generating those resources seems an insurmountable task. Yet some countries are showing how it can be done <sup>[35]</sup>.

[Read more](#) <sup>[33]</sup>

January 31, 2011

[2 comments](#) <sup>[36]</sup>

## **MSH Applauds New Rapid Tuberculosis Test** <sup>[37]</sup>

[Health Systems Strengthening](#) <sup>[25]</sup>

The World Health Organization (WHO) recently endorsed a new and novel rapid test for tuberculosis (TB) <sup>[38]</sup>, especially relevant in countries most affected by the disease, and is calling for widespread use of this test and its incorporation into national plans.

MSH applauds the research and development experts who developed this new TB test and

the WHO for endorsing it so quickly. The test could revolutionize TB care and control by providing an accurate diagnosis in less than two hours, compared to current tests that can take up to three months to produce results.

Evidence suggests that use of this test could result in a three-fold increase in the diagnosis of patients with drug-resistant TB and a doubling in the number of HIV-associated TB cases diagnosed in areas with high rates of TB and HIV. Finally, the test is easy and safe to use and also allows for testing in non-health facility settings, including in people's homes.

[Read more](#) [37]

January 24, 2011

[1 comment](#) [39]

## **Spotlight on Global Health Initiative Plus Countries:** **Malawi** [40]

[Mexon Elia Nyirongo](#) [41]

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The Global Health Initiative (GHI) and its approach of integrating health programs with HIV & AIDS, malaria, tuberculosis, maternal, newborn, and child health, nutrition, and family planning and reproductive health is in line with the current approaches and health priorities of the Government of Malawi.

Malawi, with a population of slightly over 13 million people, has 83% of its people living in the rural hard to reach, underserved areas. The biggest health challenge facing the country is access to basic health services by the rural population. The problem of access to health services is multifaceted. For instance, family planning services are mostly facility-based, contributing to a low Contraceptive Prevalence Rate of 28% and high unmet family planning need of 28% (Malawi Demographic and Health Survey, 2004).

However, there is also a critical shortage of trained health service providers and availability of contraceptives is a logistical nightmare in Malawi. Making a routine mix of all contraceptives accessible to women of reproductive age regularly in rural communities can avert unwanted pregnancies and maternal deaths, and reduce high total fertility rate and infant mortality rate. Rural people walk long distances to seek health services, sometimes only to return without a service due to shortage of health personnel and stock-out of supplies.

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