Over the next couple of months, as MSH celebrates it's 40th anniversary, reporter John Donnelly and photographer Dominic Chavez will be traveling to several countries to report on MSH’s work in the field. The stories will go into a book due out in the fall on MSH’s 40 years in global health. This blog entry is a post from the road, to give a flavor of their experiences with MSH staff.

LILONGWE, Malawi – The problem with writing about improvements in Malawi’s health system is focus. There are multiple directions to explore: extending family planning into rural communities, training HIV counselors, the rapid scale-up of HIV treatment, integrating TB services more into the mainstream of health care. At the US Agency for International Development (USAID) mission here, Dr. Thomas Warne, Medical Officer and Care & Treatment Advisor for the Centers for Disease Control and Prevention in Malawi, had another thought: MSH’s simple week-long training of triage in hospitals for those handing a long line of mostly mothers bringing in their sick children. It had an awkward acronym even for a profession in love with acronyms: ETAT, standing for emergency triage assessment and treatment. With MSH as the key implementer of a USAID-funded four-year project, he said this particular project for hospitals has been “able to demonstrate that (hospital workers) have saved lives in triaging from those lines of children in need of care.” It was a big claim. Where to check it out? We went to Salima, just a 90-minute drive east from the capital, and a district full of challenges. Two of them: The country’s fertility rate was a sky-high average of 5.7 children per woman in 2010, but rural districts such as Salima had an even higher number---6.1 children; and in 2010, the national percentage of married women using a modern method of contraception was 46 percent (a big leap from 34 percent in 2004),
but Salima registered 33 percent.

MSH’s district manager in Salima is Kuzemba Mulenga, a six-foot-plus man who said “I come from a family of tall people” and who started his handshake by raising his right arm way back in order to create more of a slap upon contact. Kuzemba had a long list of things for us to see, but No. 1 was the emergency triage program. He summed it up simply: “It’s to make sure that the child who is really ill is attended to first.” I suggested we start with that and go from there.

He took photographer Dominic Chavez and myself to Salima Hospital, which has a large message painted above its entrance that says, Salima District Hospital is Baby Friendly. Kuzemba said that message was emblematic of a reinvigorated hospital. The hospital, he said, used to be known for its filth. But new management several years ago focused intensely on infection prevention, staff training, and staff morale---and the result was visually obvious.

As I walked toward the line of mothers and children waiting for treatment, my shoes squeaked on the recently mopped floor. Seated at the front of a line of about 40 mothers and 40 children was clinician Rodrick Kaliati, 25, ETAT coordinator for the district. Kaliati was 29 hours into a 36-hour shift, and his eyelids did seem a little drawn. But he quickly warmed up to the topic. “We are triaging all the time, every day,” he said. “Here we have two groups in front of us---the ones in the front have already been triaged and each one of them has already weighed their baby. The ones in the back are just arriving and we’ll look at them shortly.” I told him what CDC’s Warne had told me, and Kaliati looked at me quizzically. “Of course, we’re saving lives,” he said. “We have babies convulsing, and some arrive in a coma. Another one came in yesterday. The caregiver said the child was sleeping, but upon closer examination, we discovered he was in a coma. That changed the picture! We treated the child accordingly. Want to see him?” Of course, I said. Kaliati handed off his work to a nurse and squeaked his way around the hospital corridors before arriving at the pediatrics ward. Around a corner sat a woman who was breast-feeding her child. “Here they are,” Kaliati said. “The baby is wide awake now.”


John Donnelly is a journalist based in Washington, D.C., specializing in global health and environmental subjects. From 1999 to early 2008, he was a reporter with The Boston Globe. He worked for five years in the Washington bureau of The Globe, covering foreign policy, with a special focus on global health issues. From 2003 to mid-2006, he opened and ran the Globe’s first-ever Africa bureau. Based in South Africa, he traveled widely around the continent, focusing on a wide range of health issues.