A note from the author—

With the holidays upon us and our busy schedules, I decided to feature a Health Ministry article that was short, easy to read, and a bit different than the “usual” monthly topic. I came across a great article from IntraHealth International, a nongovernmental organization dedicated to improving healthcare in developing countries by empowering healthcare workers and building their resources. This month’s article will first explain a little more about IntraHealth International, then feature, “IntraHealth’s Top 10 Global Health Issues to Watch in 2015”, including the resources provided by this organization.

What is IntraHealth International?
IntraHealth International is a nongovernmental organization (NGO) dedicated to improving health care in developing countries through strengthening health workers and the systems that support them. IntraHealth primarily addresses health workforce and systems strengthening; family planning and reproductive health; HIV/AIDS and tuberculosis; maternal, newborn, and child health; and malaria. Based in Chapel Hill, North Carolina, in the United States, IntraHealth has active field programs in more than 20 countries.

When was IntraHealth founded?
IntraHealth began in 1979 as the Intrah program at the University of North Carolina at Chapel Hill School of Medicine. In 2003 IntraHealth became an independent nonprofit organization.
Who leads IntraHealth?
IntraHealth is led by Pape A. Gaye, president and CEO, the Executive Team, Country Leaders, and Board of Directors.

Where does IntraHealth work?
IntraHealth works in more than 30 countries and territories, including: Angola, Belize, Benin, Botswana, Burundi, Costa Rica, Dominican Republic, DR Congo, El Salvador, Ethiopia, Ghana, Guatemala, Haiti, Honduras, India, Kenya, Laos, Madagascar, Malawi, Mali, Mongolia, Namibia, Nigeria, Panama, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Uganda, West Bank/Gaza, Zambia, and Zimbabwe. In the past: Antigua & Barbuda, Armenia, Azerbaijan, Bahamas, Bangladesh, Barbados, Bolivia, Brazil, Burkina Faso, Cape Verde Islands, Cameroon, Central African Republic, Chad, Chile, Colombia, Congo Republic, Dominica, Ecuador, Egypt, Eritrea, Fiji, Grenada, Guinea, Guyana, Indonesia, Iraq, Ivory Coast, Jamaica, Jordan, Kyrgyzstan, Lesotho, Liberia, Mauritania, Mauritius, Mexico, Morocco, Mozambique, Nepal, Nicaragua, Niger, Oman, Pakistan, Papua New Guinea, Paraguay, Peru, Philippines, Romania, Serbia, Somalia, Sri Lanka, St. Kitts & Nevis, St. Lucia, St. Vincent & Grenadines, Sudan, Suriname, Swaziland, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Ukraine, Uzbekistan, Vietnam, and Yemen.

Where are IntraHealth’s offices?
IntraHealth’s base office is in Chapel Hill, North Carolina, in the United States. IntraHealth also has offices in Washington, DC, and in many of the countries in which we work.

With whom does IntraHealth work?
In the countries in which they’re working, IntraHealth partners with numerous governmental organizations and NGOs, as well as community, faith-based, and private groups. IntraHealth also partners with US and international NGOs with compatible missions and programs.
Who funds IntraHealth’s work?
IntraHealth receives funding from the US government, US foundations, the private sector, multinational organizations, and individuals and organizations who share our commitment to global health. The list of current funders and supporters can be found at the bottom of this page.

What is IntraHealth’s Mission?
IntraHealth empowers health workers to better serve communities in need around the world. We foster local solutions to health care challenges by improving health worker performance, strengthening health systems, harnessing technology, and leveraging partnerships.

What is IntraHealth’s Vision?
IntraHealth International believes in a world where all people have the best possible opportunity for health and well-being. We aspire to achieve this vision by being a global champion for health workers.

In 2014, IntraHealth reached 260,280 health workers. That means health care for 520,000,000 people.
IntraHealth’s Top 10 Global Health Issues to Watch in 2015

Jan 26, 2015

No one could have predicted that Ebola would dominate global health headlines in 2014. We sure didn’t. The virus was nowhere to be found on IntraHealth’s Top 10 Global Health Issues to Watch in 2014 published last January. At the time, the global health community was focused on longstanding challenges such as HIV, family planning, maternal health—all of which have been derailed in some way by Ebola this year.

Will 2015 be some kind of a tipping point? Could it be the year the global health community finally begins to focus on the underlying health systems challenges brought to light by the Ebola epidemic? On the final push to end AIDS? On solving the critical shortage of health workers around the world?

All seven billion of us will be affected in some way by at least one of these issues. They’ll shape what IntraHealth and other global development organizations do in 2015, and how we do it. Here are our top ten predictions:

10: Mental health
Child mortality, AIDS, maternal mortality—these and a handful of other issues have dominated the global health spotlight for years. But what about depression, post-traumatic stress disorder, dementia, substance abuse, and other mental health challenges that affect high- and low-income countries alike?

“Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living, and enjoy life,” World Health Organization officials say.

Ethiopia is just one country that began focusing on mental health services in 2014, when it trained health workers to provide mental health care within prisons for the first time. As the civil unrest, economic instability, and traumatizing Ebola outbreaks of 2014 continue into 2015, mental health needs will only become more urgent—and so will the need for more trained social service workers, psychiatrists, and other health workers.

» The World Health Organization’s mental health action plan, 2013-2020
» Global Social Service Workforce Alliance
9: Cancer
Results from the largest cancer study ever published—released last month by the Lancet—show that cancer kills more people in low- and middle-income countries than HIV, malaria, and tuberculosis combined.

“The reason that some countries lag behind is not surprising; it’s a matter of how much is invested in cancer care,” NPR reported on the study. “Dr. Corey Casper, head of global oncology at the Fred Hutchinson Cancer Research Center in Seattle, met a doctor in Uganda a few years ago who was then seeing 10,000 patients a year ‘in a facility that had…no roof, inconsistent electricity, and no meds.’ What’s more, says Casper, he was the only cancer doctor in Uganda and four surrounding countries.”

Cancer and other noncommunicable diseases will not get all the attention and resources they deserve in 2015, because Ebola will likely stunt global progress in addressing them this year. But they will continue to be a growing challenge for us all, including frontline health workers around the world.

» Your Odds of Surviving Cancer Depend Very Much on Where You Live
» Global surveillance of cancer survival 1995–2009: analysis of individual data for 25,676,887 patients from 279 population-based registries in 67 countries
8: AIDS: An end in sight or a reversion?
In 2014, UNAIDS announced its new fast-track strategy to end the AIDS epidemic by 2030.

“If the world does not rapidly scale up in the next five years, the epidemic is likely to spring back with a higher rate of new HIV infections than today,” officials from the UN agency said.

That’s partly because half of the 35 million people who live with HIV today don’t even know they’re HIV-positive, so they don’t know they’re in danger of passing the virus on to others. This year will mark the first full year of a global strategy designed to avert 21 million deaths over the next 15 years. Can it help us address AIDS as a chronic illness, and make HIV’s threat to public health a thing of the past?

» 5 Ways to End AIDS by 2030
7: Family planning

“In a single year, from 2012 to 2013, we saw the number of women and girls using modern methods of contraception rise by 8.4 million,” says Dr. Roy Jacobstein, senior medical advisor at IntraHealth. “This is excellent progress, and very encouraging. But we can do more.”

FP2020, a global partnership to make family planning more widely available, will enter its third year in 2015, and it’s already reported some amazing global results—77 million unintended pregnancies averted, for example, and 125,000 women’s and girls’ lives saved. It also highlights Senegal’s impressive progress, including a new method of contraceptive distribution called the Informed Push Model, which completely eliminated contraceptive stockouts in all public health facilities in Pikine, Senegal, in just six months. Now the government is expanding the model nationwide.

This type of progress is possible everywhere, and we hope to see more of it in 2015.

» Family Planning Has Yet to Take Hold in West Africa—But Change Is Coming
» FP2020 Progress Report Highlights IntraHealth’s Informed Push Model of Contraceptive Distribution
6: Mobile tech
In the hands of trained, connected health workers, mobile technology has the power to transform health care. It can help a lone health worker in even the most remote, isolated village get up-to-date training and provide high-quality care. It can help patients avoid quacks. And it can help connect health workers to one another and to information that can save lives (including their own). In 2014, for instance, Liberia began using a technology called mHero that allows the Ministry of Health to send critical information to health workers’ mobile phones. And health workers can use it to send time-sensitive information to ministry officials and to one another. In 2015, this technology will help other countries combatting Ebola and prepare them for future health threats as well.

» Liberia Uses mHero to Support Health Workers on the Front Lines of the Ebola Epidemic
» 5 Techy Solutions for Health Systems around the World

5: Global health security and surveillance
In 2014, an outbreak of the mumps began sweeping through the National Hockey League in the US and measles cases reached a 20-year high. Polio persisted as some 350 cases were reported in eight countries. These are vaccine-preventable illnesses. Their resurgences—not to mention the far more dangerous outbreaks of Ebola in West Africa—are all threats to our global health security. In 2015, countries should continue to address these threats. But it will take international cooperation on a scale not yet seen to create better disease surveillance systems, establish laws and policies that bolster health systems, and prevent violent conflicts—that is, to ultimately make a healthier and safer world.

» Global Health Security Agenda: Getting Ahead of the Curve on Epidemic Threats
» Health Workers and the Global Health Security Agenda
4: War and unrest
More than half of all hospitals in Syria have now been attacked by Syrian forces, and over a third are no longer functional. Physicians for Human Rights says 578 health workers have been killed in the ongoing conflict. The violence of 2014—including in Syria, Ukraine, Gaza, South Sudan, Central African Republic, and Nigeria—is not over. War, civil unrest, and acts of terrorism can hinder or even reverse progress in all aspects of global development, including health, education, and gender equality. In 2015, the international community will continue trying to resolve these conflicts and prevent hospitals and health workers from becoming targets of violence. Last year in a landmark resolution, the United Nations stepped up to lead the global effort to protect health workers and hold accountable those who perpetrate violence against them.

» Landmark Resolution Demands Protection of Health Workers from Violence
» Attacks on Health Workers Violate Everyone’s Human Rights

3: Ebola
Ebola killed over 8,000 people in 2014, including hundreds of health workers. In 2015, West Africa and the world will continue struggling to contain the epidemic. We will also encounter Ebola’s devastating ripple effects: setbacks in HIV and maternal health progress, traumatized communities, and thousands of children orphaned by the disease and abandoned by their remaining family members. This last issue will add to the already great need for social service workers in West Africa who are trained and prepared to meet the specific needs of vulnerable children.

Ebola has made clear the global need to invest in health systems for the long term—and in health workers.

» Social Service Workers Address Ebola’s Widespread Social Impacts
» Special Coverage: Ebola in West Africa

2: New sustainable development goals
This year marks target date for reaching the Millennium Development Goals, which have led to massive worldwide improvements in health and well-being over just 25 years. Now global leaders are finalizing a new set of objectives for global development: the sustainable development goals. These new goals could unite countries on the
path toward one of the international community’s most ambitious goals: universal health coverage. To achieve it, we’ll need a greater focus on the global health workforce than the world has ever seen.

» Five Key Steps to Making the Health Workforce a Post-MDG Priority
» The Frontline Health Workers Coalition

1: People-centered health systems
Perhaps more than any crisis in living memory, Ebola has shone a spotlight on the importance of people in health systems. Take away the people—as Ebola has done by killing 500 health workers in West Africa and beyond—and the system crumbles.

Each part of the health system requires people to make health care work, and not just clinicians, but statisticians, finance experts, technologists, and, of course, all of us who seek health care services.

This year, individual countries and the global development community should begin (or continue) to ask a key question: How do we make our most valuable resources—human beings—a priority as we strengthen our health systems?

In 2015, we could begin answering that question together.

» 2014’s Top Global Health Stories—and What They Have to Do with Health Workers
» Dominican Republic’s Health Sector Reinvests Savings from Ghost Workers to Improve Care

By Margarite Nathe, senior editor/writer, IntraHealth International

Resources
http://www.intrahealth.org