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Abstract #: 2.043_MDG

Mentoring birth attendants to improve skills with neonatal resuscitation in Gambia

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Program/Project Purpose: Misidentified stillbirths, unattended deliveries, and few trained birth attendants contribute to the slow decrease of neonatal mortality in resource-limited countries. Gambia, West Africa, ranks amongst the highest in the world for neonatal deaths before the first day life.

Structure/Method/Design: In July 2015, in partnering with the Gambia Ministry of Health (MOH) and SJ General Hospital, public health students from Drexel University School of Public Health conducted a Helping Babies Breathe (HBB) training workshop targeting 25 community outreach team members and midwives. The HBB 'train the trainer model' tasks these birth attendants to in turn train other providers in their communities with their newly acquired skills, utilizing a simulator mannequin, bulb suction, and bag/mask.

A pre and post course survey was administered to participants to assess comfort level with neonatal resuscitation. All participants described feeling 'completely comfortable' with resuscitation as a direct result of the training session.

Monitoring/Evaluation: We will return to Gambia in 6 months to meet with the same providers, and conduct resuscitation skills refresher stations, follow up provider comfort level, and identify barriers faced while training other providers in the community. Future training workshops will be provided for Essential Care for Every Newborn (ECEB) and Essential Care for Every Preemie (ECEP) with similar follow up in 6 months. Through this ongoing mentorship model, we are striving to provide rural Gambian villages serviced by SJ General Hospital with the necessary tools to improve the health of their communities by decreasing neonatal deaths due to unattended deliveries and unskilled providers.

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Transitioning from the MDGs to the SDGs: a practical decision-making tool for leaders

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Project Purpose: While the Sustainable Development Goals represent ideals for the future and offer countries flexibility, they do not provide practical guidance on where and how to invest. Leaders need guidance on how to prioritize, manage, run, and deliver programs to achieve the SDGs. Since 2007, the Global Health Delivery Project at Harvard has been working to learn from leaders who have successfully implemented health care delivery efforts and to transform this knowledge into guidance and management tools.

Methods: We have interviewed over 700 informants—including high-level government officials, organizational leaders, health administrators, frontline providers, and community members—across 32 low- to middle-income settings on how decisions were made. We reviewed relevant quantitative data on health, demographics, and finances. We documented real-life situations, including the ambiguous information at hand and the politics, economics, and geography at play, as well as the role of the MDGs in informing the decisions, in over 35 teaching case studies.

Cases are published through Harvard Business Publishing, and accompanying analytical teaching notes show how value—or social benefit per cost—can guide decisions to attain maximum impact with limited resources. Working with business school colleagues, we synthesized findings from the cases into a widely applicable Global Health Delivery Framework.

Outcome: The Framework can aid leaders in mapping and prioritizing activities. It includes four principles: using a care delivery value chain to identify system gaps along the care continuum; integrating vertical interventions into a shared delivery infrastructure that utilizes personnel and facilities efficiently; aligning care delivery with the local context; and ensuring investments in care delivery promote economic development.

Going Forward: A focus on value can guide decision-making and strategy management as countries shift from the MDGs to the SDGs. The principles we have developed through our research give leaders a greater understanding of value and how it can be applied to achieve better, more sustainable health programs and outcomes.

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Maternal chlamydia infection, preterm birth, and travel time to clinic associated with increased infant mortality: a nested case-control study in Kenya

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