



MCD
Global Health

2023
**Annual
Report**

mcd.org

A Letter from the CEO and MCD Board Chair

Dear friends and colleagues,

This report presents innovative examples of MCD Global Health's use of technology in 2023 to improve equity and access to essential health services in historically underserved communities in the United States, Peru, and in nearly 20 countries in sub-Saharan Africa. It highlights MCD's expertise in developing and deploying telehealth, e-learning, web-based resource platforms, and spatial decision support systems and describes how these technologies help expand access to care and improve health equity.

As the lead agency for the Northeast Telehealth Resource Center and the Collaborative for Advancing Rural Excellence and Equity, both funded by the U.S. Health Resources and Services Administration, MCD developed the online Telehealth Classroom. This platform includes resources for topics ranging from primary care, substance use disorder (SUD) services, health disparities, and social isolation in aging rural communities, and more.

This report features school-based tele-behavioral solutions in remote Washington County, Maine, tele-dentistry in primary care settings, and an eConsult system that links primary care providers in Maine with medical specialists to reduce specialist referrals and saves patients time and resources.

The report further describes MCD's e-learning courses, accessed by users in all 50 U.S. states and 33 countries around the world, that include the Community Health Worker (CHW) Core Competency Training that enables CHW certification and access to college credits. You can also read about an online Rural Behavioral Health Workforce Center platform that responds to the SUD epidemic in underserved, rural communities in the northeastern border region of the U.S.

Finally, the report describes a mobile, spatial, decision-support system developed by MCD and deployed in Equatorial Guinea. Not only is this system used to improve equity with community-based malaria control and prevention, but also to help design the country's first human papillomavirus vaccination campaign for adolescent girls.

On behalf of MCD's Board of Directors and Executive Leadership Team, we want to thank MCD's more than 400 employees around the world and our many collaborating public, private, and civil-society partners and donors. It is an honor to be part of the leadership team of such a dynamic and impactful nonprofit organization. ♦



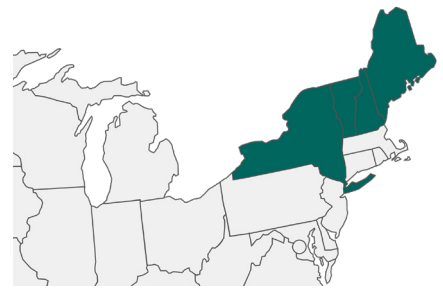
Dr. Christopher Schwabe
CEO and President



Tim Allen
Chair, Board of Directors

'All Teach, All Learn' Model Connects Specialists with Rural Care Providers

Using Project ECHO® to share knowledge improves patient care



The COVID-19 pandemic and a shrinking health care workforce affect many who live in rural communities, especially older adults and those who are experiencing substance use disorder (SUD); these groups tend to be at higher risk of living with mental and behavioral health issues.

Health care providers who work in rural communities experience barriers to participating in learning experiences due to location and limited time spent away from patient care. To solve this issue, MCD Global Health's Collaborative for Advancing Rural Excellence and Equity (CARE2), funded by the Health Resources and Services Administration (HRSA), provides Project ECHO® programs and asynchronous e-learning courses on the topics of aging and substance use for care teams in rural Maine,

New Hampshire, Vermont, and northern New York.

Lisa Lavoie, Ph.D., MAIS, LCPC, CADC, CRC, the first-ever participant to attend both of CARE2's SUD ECHO® and Project ECHO®: Aging, Community, and Equity (PEACE) programs, lives and works in the "epitome of rurality" in Fort Kent, Maine, a town of 4,000 residents that sits on the Canadian border.

She is the owner of True North Counseling, LLC, an assistant professor of behavioral sciences at the University of Maine at Fort Kent, and an adjunct professor at the University of Maine at Presque Isle and the University of Southern Maine. She was also a case dilemma presenter for both ECHO® programs.

"Both the SUD and PEACE ECHO® programs are presented via Zoom, which facilitates my attendance, learning, and contribution," Lisa said. "The ECHO® 'all teach, all learn' model is something that resonates deeply with me as a college educator and a lifelong learner. This model also enhances my clinical counseling work with clients because I often bring the knowledge that I have gleaned from the ECHO® programs into my sessions with them."

These sessions are led by a panel of subject matter experts (i.e., specialists) with participants from any

386

total attendance count for both PEACE and SUD ECHO® programs from 2022-2023

relevant care facilities (i.e., community and primary care providers) and with a didactic presentation shared by a specialist and a case presentation from a participant.

"These programs are important because they allow us to recognize that in the fields that we work in, because of time constraints and ever-changing research, we cannot possibly be aware of all the cutting-edge information and preferred language," she explained.

The ECHO® model allows participants to learn about current research, participate in case dilemmas, and interact with other professionals in the field. This exchange of knowledge improves their practice and is then shared within their network of colleagues and patients.

"The environment is warm, welcoming, and nonjudgmental," Lisa said. "You participate as little or as much as your comfort level allows and leave the sessions with multiple tools in your arsenal, including numerous scholarly resources, enhanced topical knowledge, and potential strategies for adoption in your practice." ♦



Lisa Lavoie was the first-ever participant to attend both CARE2's SUD and PEACE ECHO® programs.

Innovations to Improve Dental Care Access

Technology connects medical providers with dental providers for better care



There is a crisis involving access to care in oral health across the world. In Maine, about half of all children are not receiving preventive dental care, and even fewer can access care in a traditional dental home. This leaves families without the preventive and early intervention care they need to support their oral health.

Not only does dental disease contribute to severe health issues, but the ripple effects strain the health system and are felt throughout the community, including lost hours in school, work, and productivity.

On top of these issues, the dental care workforce in Maine has remained stagnant from 2019 through 2022, according to the U.S. Bureau of Labor Statistics, with decreases in the number of dentists, lab techs, and dental assistants. Only dental hygienists saw an increase of 5%.

In addition, in 2022, Maine's Medicaid program expanded to include adult dental care, but only 25% of general dentists in Maine accept MaineCare, according to a 2023 story published by The Maine Monitor; however, a



A child receives an oral health exam with the use of an intraoral camera that shows and records the teeth on a nearby monitor. Such recordings can be remotely sent and assessed by a dentist.

2021 study from the American Dental Association shows that only 3% of Maine's practices treat a significant number of such patients, the lowest in the country.

Because only a small number of dental providers accept new patients with MaineCare, many people cannot access care in a traditional dental office. With no other available options, patients are turning to their primary care providers for assistance, which is a new, yet vital path toward much-needed dental care in Maine.

Oral health is overall health. Like preventing other diseases, addressing dental disease can begin in primary care

settings. Families often find it easier to access primary medical care than dental care, leading to quicker and more frequent visits.

Through MCD Global Health's partnership with the Children's Oral Health Network (COHN) of Maine, MCD's Oral Health team is exploring innovative ways to increase access to oral health services through an evidence-based approach of medical-dental integration (MDI).

COHN is a diverse network of stakeholders working toward a shared vision of a Maine where all children grow up free from preventable dental disease. Partners collaborating on COHN efforts include members

112

medical providers trained in medical-dental integration by MCD and other partners in six Maine counties.

from community organizations, dental practices, philanthropic organizations, health systems, and many others.

MCD's expertise in using technology to increase access to care helps improve the health and well-being of people around the world. Using such expertise, MCD is exploring the use of tele-dentistry in primary care settings and is providing leadership to several COHN projects.

"We have technology now that includes things like intraoral cameras that can actually take photos of the teeth with such high resolution that, in some cases, the photo is actually more telling of the patient's condition than an in-person exam of the tooth," said Courtney Vannah, senior program manager of MCD's Oral Health Initiatives.

"There are other digital items in the patient's record, such as dental charting, radiographs, or x-rays, that can be transmitted via tele-dentistry technology to allow the dentist a complete review of the patient's case even when care is provided in remote settings."

So far, MCD is leading three MDI projects through COHN with six Maine counties represented from its partners and 112 medical providers trained in MDI.

By supporting the integration of technology to increase access to oral health care expertise, MCD is ensuring that patients are still able to receive care when they can't access the traditional model of care delivery.

"I am incredibly proud of the

Models for Integrating Dental Care and Primary Care

COHN's approach to MDI includes different ways to increase access to dental care in Maine. MCD partners with COHN to implement various aspects of these innovative strategies.

From the First Tooth

This long-standing program supports primary care practices in providing oral health assessments, fluoride varnish, caregiver education, and referrals to a dentist as part of well-child visits.

eConsult

MCD provides leadership to planning groups exploring a model in which a primary care provider can send a dental image to an offsite dental provider to consult on appropriate treatment.

Co-located dental hygienist

Connections and professional development are given to dental hygienists who want to practice as an independent practice dental hygienist as a separate entity from a medical team despite being located at the same site.

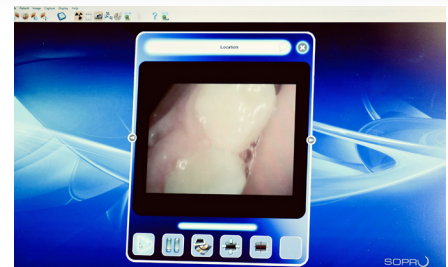
Integrated dental hygienist

Connections and professional development are given to dental hygienists who want to practice as an independent practice dental hygienist as part of a primary care team, working collaboratively to address oral health as part of overall health during well-child visits and with follow-up as needed.

Community-based dental home

On-site hygienists can deliver a patient's preventive and early intervention dental care in the medical home and, with telehealth, link to an off-site dentist who completes an exam and works with the patient's care team to develop a plan.

work that MCD is doing and, with the collaboration of organizations like COHN and support of the community at large, I believe we can see a population of children who are suffering significantly less from dental disease and will ultimately grow into healthier adults thriving in an overall healthier community," Courtney shared. ♦



An image of what the intraoral camera is showing on the screen.

Increasing Equitable Access to Malaria Control Interventions

Innovative data tool improves indoor residual spraying campaigns in Equatorial Guinea



Indoor residual spraying (IRS) is a critical activity to help control malaria on Bioko Island, Equatorial Guinea. Through MCD Global Health's Bioko Island Malaria Elimination Project (BIMEP), this intervention helps protect people at increased risk for malaria and complications, such as rural populations, women, and children.

IRS involves team members spraying inside strategically chosen buildings, reducing the number of mosquito vectors, human-vector

contact, and, ultimately, malaria transmission.

Prior to 2021, the BIMEP team targeted IRS to those communities at the highest risk of malaria with 80% coverage, considered the standard of care, but this strategy came with its challenges, including logistical difficulties, financial strains, and inequities in delivering the intervention.

To address these challenges, the BIMEP team developed a spatial decision support system (SDSS), called Campaign

70%

reduction in parasite prevalence among children ages 2-14

Information Management System (CIMS), that supports all malaria control activities and allows the team to accurately monitor project indicators and evaluate impact. The system lives on an Open Data Kit-based platform that eases the process of collecting data and is customizable to specific needs.



A BIMEP team member sprays the inner walls of a home on Bioko Island as part of the IRS intervention.

“By embracing innovation and leveraging data, we're making steady progress toward our goal of malaria elimination, leaving no one behind.”

Now, determining where to conduct IRS on the island is done strategically, backed by the innovative, real-time information and data management system.

“Our SDSS has been a game-changer, allowing us to better allocate resources and ensure equitable access to malaria control interventions for all communities on Bioko Island,” said Carlos Guerra, BIMEP lead analyst. “By embracing innovation and leveraging data, we're making steady progress toward our goal of malaria elimination, leaving no one behind.”

In 2021 and 2022, the BIMEP team used the CIMS in an operational trial that tested a lower target for IRS coverage

(50%) against the standard of care (80%). The CIMS' monitoring precision helped guide IRS teams toward designated areas, which involved 50% in some areas and 80% in others. During the two years that data were collected, the team learned that the 50% area coverage was as effective as the 80% standard-of-care method.

In 2023, for the thirtieth round of IRS on Bioko Island, the new 50% level of coverage using CIMS was adopted in urban areas, providing effective coverage for the whole-island population while also using fewer resources than the previous strategy.

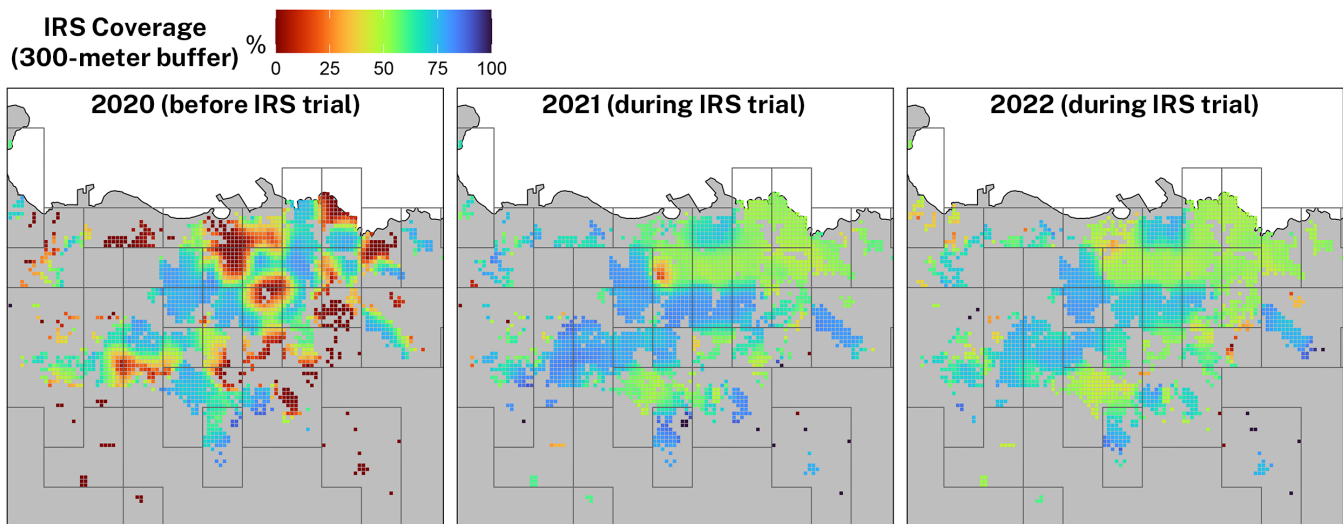
These savings allowed the team to expand other interventions and improved overall malaria

control coverage and equitable access for communities.

“The Government of Equatorial Guinea's long-term funding and our donors' standards for a robust data infrastructure continue to be the bedrock of our success,” said Guillermo Garcia, deputy director of MCD's International Programs. “Their support has enabled us to make data-driven decisions, leading to more efficient and equitable interventions. That foresight has been instrumental in our journey toward malaria elimination.” ♦

31,032 homes

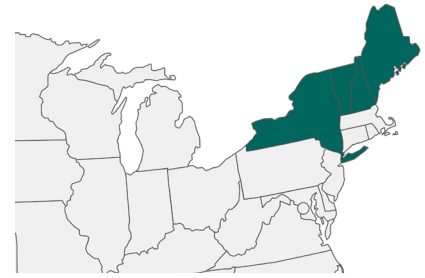
sprayed, directly protecting the 120,894 individuals living in those homes and indirectly providing community protection to the whole island population in 2023



IRS coverage in urban Malabo before and during the IRS trial. Coverage shown in the image is expressed as the average household-level coverage by sector using a 300-meter buffer. Note the high proportion of low-coverage areas in red and orange at the baseline as compared to the more homogeneous higher coverage levels in green and blue during the trial.

Online Resource Platform Strengthens Behavioral Health Workforce

New website helps those in the Northeast start their behavioral health career



Substance use disorder (SUD) touches every community within the U.S., and Maine is no different with a total of 504 total confirmed and suspected fatal overdoses and more than 9,000 total nonfatal overdoses in 2023, according to the [Maine Monthly Overdose Report](#) from the University of Maine.

Because of the consistent presence of SUD in rural communities, there is also an increased need for services. MCD Global Health's Rural Behavioral Workforce Center (RBHWC) offers numerous training opportunities and resources to support Maine's capacity to meet the growing need, including opportunities for those with lived experience of SUD, providers, prescribers, and other health workers.

To reach those who are interested in the behavioral health workforce, the RBHWC launched an online resource platform with a compilation of workforce resources for Maine, New Hampshire, New York, and Vermont.

For example, if an individual is working toward a behavioral health certification, there is step-by-step guidance available to them on the new site with all necessary resources located in one place.

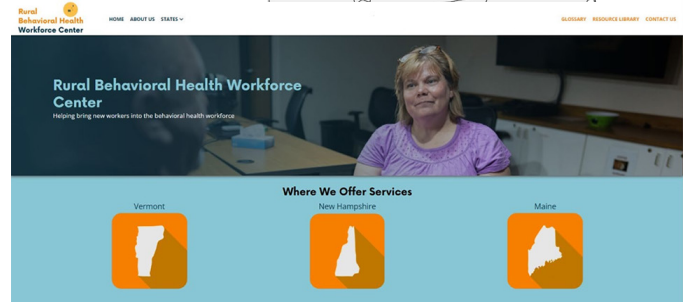
"We have worked hard to make [rbhwc.org](#) a 'one-stop shop' for behavioral health workforce job seekers, whether they are in peer or clinical tracks," said Catherine Sanders, MCD's RBHWC program director.

"The website was developed in collaboration with the states and local organizations. Not only does it make the career pathways clearer, but also shows exactly where an individual is on their career journey."

In addition to available resources, the website was used during the RBHWC's spring and fall 2023 Recovery Jobs for Beginnings (RJB) workshops and the [Your Story, Your Work](#), a multimedia campaign that highlights a person's recovery journey as a skillset and strength.

Those who participated in the 2023 RJB workshops believed the website was a promising resource as many of them live or work in rural areas and are in recovery.

"The part that met my expectations was the [resource] platform. One of the classes or trainings was about this



Screenshot of the [rbhwc.org](#) homepage that serves as an online resource platform for those who are interested in the behavioral health workforce in Maine, New Hampshire, New York, and Vermont.

website where you could plug in information to tell you what else you would need to do to pursue either, like recovery coaching, and that really was great to see. It explained [the process] because I was struggling [in] figuring out what my next step was," shared a workshop participant. ♦

The Rural Behavioral Health Workforce Center is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,080,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](#).



Visit [rbhwc.org](#):

63

total number of graduates from all virtual workshops in 2023

Data-Driven Tools Optimize First-ever HPV Immunization Campaign in Equatorial Guinea

Leveraging data and technology to ensure that every girl has a healthier future



Cervical cancer ranks as the second most frequent cancer among women in Equatorial Guinea as well as women between the ages of 15–44, according to the [HPV Information Centre](#).

Since 2016, MCD Global Health has led the Cervical Cancer Screening and Treatment (CCST) project on Bioko Island, Equatorial Guinea, funded by Noble Energy EG Ltd (A Chevron Company). The project aims to save lives through early cervical-uterine cancer screening and treatment for women as well as strengthen the country's health system.

Now, the project has taken a new step in implementing the country's first-ever HPV immunization campaign with the goal of vaccinating 1,000 adolescent girls between the ages of 9 and 13. MCD's team needed a data-driven approach

to make the pilot campaign as successful as possible.

That's where the Campaign Information Management System (CIMS) comes into play, which was developed in 2013 by MCD's Bioko Island Malaria Elimination Project (BIMEP) team. The CIMS allowed the team to analyze stored demographic data to pinpoint the best location for the campaign on Bioko Island.

Using the location data available in the CIMS, the Baney District emerged as the optimal location with more than 20 communities identified. Follow-up visits to these locations confirmed the population data, demonstrating the utility of data-driven planning for public health initiatives.

"Having detailed data at our fingertips means we can plan with confidence and precision,"

said Carolina Amadu, MCD's CCST project manager. "It's exciting to see how this information helps us make smarter decisions and reach more girls who need these vital vaccinations."

The project aims to expand access

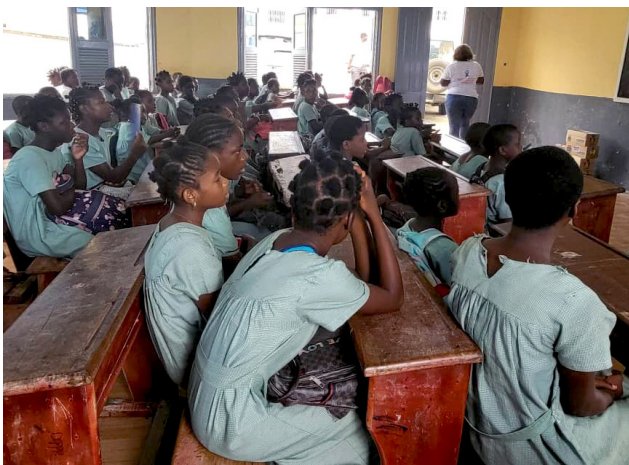
4,335

women screened and treated for cervical cancer by the CCST Project in Equatorial Guinea in 2023

to this intervention across Equatorial Guinea, and such an expansion relies on robust data. Utilizing the data-driven culture and advanced digital tools enables the team to conduct epidemiological surveys using rapid diagnostic tests for HPV. In turn, this helps identify hot spots across Equatorial Guinea using existing data available in the CIMS that improves equity in health interventions.

"As we leverage data and technology, we're not just planning a campaign, we're ensuring that every girl has a chance for a healthier future," said Wonder Phiri, MCD's country director in Equatorial Guinea. "This approach allows us to reach those who need it most and use our resources where they make the biggest impact."

Through innovative use of data and technology, the CCST project is making significant strides in mitigating cervical cancer in Equatorial Guinea, creating a future where this life-saving intervention is accessible to all. ♦



A classroom of adolescent girls in Bioko Island's Baney Health District.

Saving Lives by Improving the Quality of Malaria Health Services

From developing e-learning modules to training thousands of health workers and microscopists, MCD made impactful contributions to the project



From 2018 to 2024, MCD Global Health was a key implementing partner for the U.S. President's Malaria Initiative

(PMI) Impact Malaria project. Led by PSI and funded by the U.S. Agency for International Development (USAID), other consortium partners included Jhpiego and University of California, San Francisco.

For Ange Landela (*top-left photo*), MCD's chief of party for PMI Impact Malaria in the Democratic Republic of the Congo (DRC),

MCD's efforts through this project improved laboratory technicians' diagnoses of malaria, allowing for better management of patients following the DRC's National Malaria Control Program (NMCP)'s national guidelines.

"We ensured cohesion between the country's identified gaps and PMI's vision," Ange said. "We integrated specific activities to strengthen providers' skills in microscopic diagnosis of malaria, building a critical pool of trained health workers who can provide malaria case management services."

This was done through refresher training, the outreach training and supportive supervision plus (OTSS+) approach, and by implementing a laboratory network for external quality control, improving health workers' capacities.

"The project also strengthened the skills of provincial lab technicians, enabling them to continue conducting training sessions on the diagnosis of malaria and provide on-site coaching in health facilities within their respective provinces," she said. ♦



Regina Kluisse, district deputy director of nursing services, trains nurses on malaria rapid diagnostic tests at the Tetteh Quarshie Memorial Hospital in Ghana. *Photo Credit: Emmanuel Attramah, PMI Impact Malaria.*

1,561

participants took malaria diagnostic refresher trainings in 11 countries throughout the life of the project



Lab technicians read slides during a malaria diagnostic refresher training course in Kinshasa, Democratic Republic of the Congo. *Photo Credit: Pharath Lim, PMI Impact Malaria.*

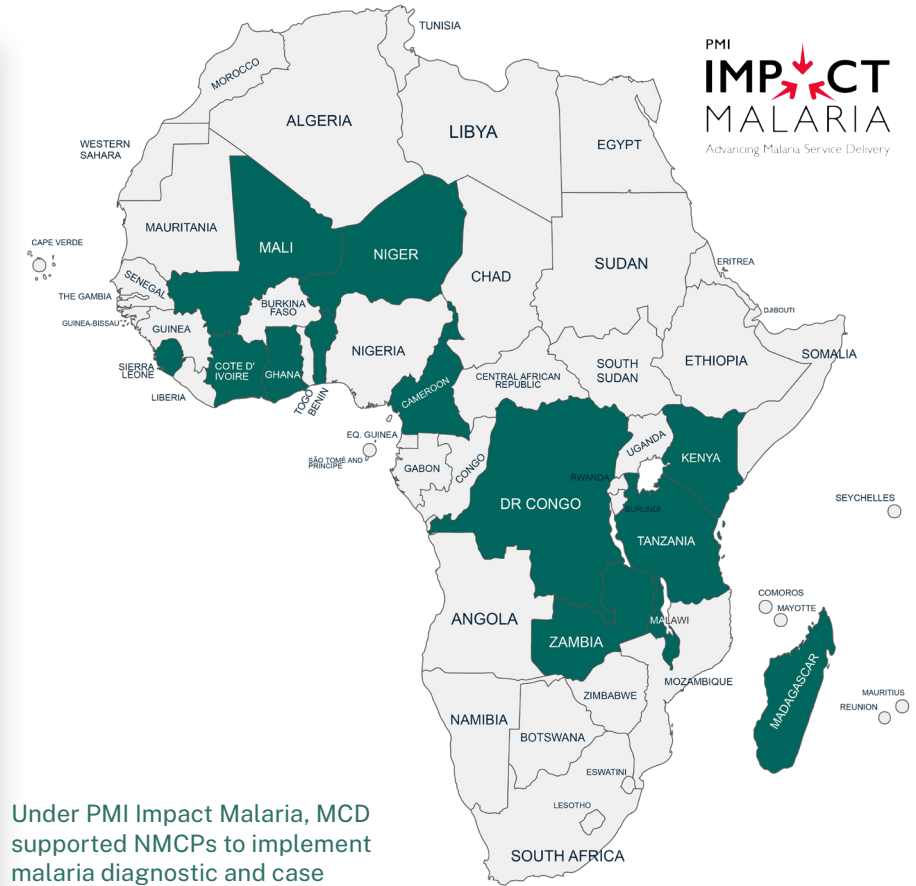


A microscopist in Niger conducts malaria microscopic examination. *Photo Credit: PMI Impact Malaria*

Project Results

MCD contributed to several project results, including:

- Strengthening capacity and health systems by training more than 1,400 malaria microscopists and certifying 101 of them by national or World Health Organization external competence assessment.
- Developing a universal malaria rapid diagnostic testing (RDT) job aid as a step-by-step guide for a range of different RDTs.
- Conducting the first-ever sample collection in Kenya for the national malaria slide bank.
- Developing e-learning modules on malaria diagnostics and contributing to modules about OTSS+.
- Ensuring the quality of malaria microscopy for seven therapeutic efficacy studies conducted in Burkina Faso, the DRC, Kenya, Niger, and Sierra Leone.
- Contributing to operational research on group antenatal care in Benin to analyze its impact on prevention of malaria in pregnancy.
- Developing and updating laboratory quality assurance/control manuals to benefit multiple PMI Impact Malaria countries.



PMI
IMPACT
MALARIA
Advancing Malaria Service Delivery

Under PMI Impact Malaria, MCD supported NMCPs to implement malaria diagnostic and case management activities in Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Kenya, Madagascar, Mali, Malawi, Niger, Sierra Leone, Tanzania, and Zambia. Through the project, MCD also supported the implementation of an operational research study in Benin.

10,000
health facilities visited with
OTSS+ throughout the project



Course participants gather during the last day of their malaria diagnostics refresher training in Kinshasa, Democratic Republic of the Congo. Photo: PMI Impact Malaria.

Connecting Primary Care and Specialty Care through Technology

Web-based tool reduces travel and wait time, improving patient care and access



For those who live in the rural communities along Maine's rugged Downeast coast, going to a doctor's

appointment can be complex. Visiting a health care provider may be a full-day event, requiring lost time from work or school, traveling windy and, sometimes, snowy roads, or even catching a ferry. For family medicine provider Dr. Natasha Neal, DO, MPH, this is a reality for her patients that she cannot ignore.

Natasha and her colleagues from Mount Desert Island (MDI) Hospital serve the communities around Acadia National Park. MDI Hospital is a critical access hospital that provides primary care services and a broad range of essential hospital services to several rural communities; however, access to specialty care is challenging for locals, often requiring several hours of travel to Maine's larger urban centers. Many of Natasha's patients also live on unbridged islands where the weather, tides, ferry schedules, and other factors can make travel even more difficult.

"Before I joined MDI Hospital, I did not fully appreciate the challenges faced by our rural island communities, and the challenges of connecting patients to the right resources," she said. "It's figuring out

where the resources for my patients are located in the state, or maybe beyond, and then figuring out how we can get them connected."

In addition to the logistical challenges of getting to a specialist, for her patients, and most people in Maine who need to see a specialist, it may take months to a year to get an appointment; however, a new statewide collaborative network is streamlining care and allowing Natasha and her colleagues to better serve patients.

"Sometimes they see me, and I tell them that they will need to see a specialist, and in their minds such a statement registers as, 'Now I have to coordinate this, as well,'" she described.

"Sometimes, however, I get the opportunity to present them with a second option: getting an electronic consult where I can send the entire case to a specialist provider and receive recommendations within a day or two."

Called Electronic Consultations (eConsults), the tool is a web-based system that allows a primary care provider (PCP) and a specialist to securely share health information and electronically communicate about patient care. The provider-to-provider eConsult system reduces the need for unnecessary specialty referrals and physical trips for specialist visits as patient care is

1,325

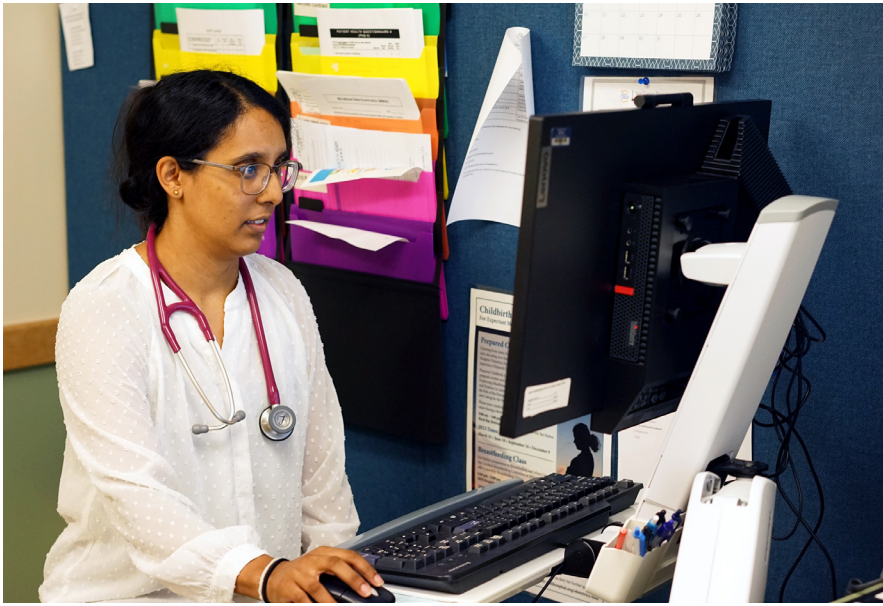
eConsults provided for nearly 148 primary care providers throughout Maine in 2023

provided by the PCP based on guidance from the specialist.

In 2021, with federal funding, MCD Global Health completed a comprehensive needs assessment and strategic plan to launch a statewide eConsult network in collaboration with local health centers and critical access hospitals. Following this process, MCD was awarded funding in 2022 from the Maine Department of Health and Human Services (DHHS) to establish a one-year pilot program.

The Maine eConsult Network (MEeCN) launched with eight primary care organizations enrolled, and, in December 2022, they completed the first eConsult. In their first six months, the network completed more than 500 eConsults for specialties, including neurology, dermatology, rheumatology, cardiology, gastroenterology, and others.

The first six months showed several potential benefits of eConsults. For 70% of the eConsults, specialists recommended the local PCP treat the condition with guidance and recommendations from the specialist, saving patients time



Dr. Natasha Neal, family medicine provider at MDI Hospital.

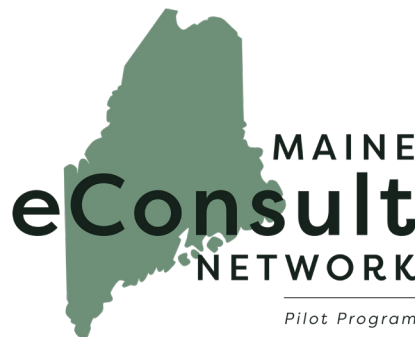
and resources. Approximately 25% of the eConsults required an in-person visit with a specialist, and 5% requested more information.

“I work on an island, but sometimes, it feels like I am an island, and I don’t have specialty resources,” Natasha said. “Knowing that I can place this consult and have this conversation with a specialist makes us less isolated and better equipped to serve patients, especially when they otherwise will wait months to learn more.”

MCD has a long history of improving access to health care for rural populations through technology. Andrew Solomon, MCD’s program director for the MEECN, said, “Technology integration is essential for our health care systems moving forward. Telehealth is our ‘Swiss Army knife’ in ensuring access to health care, whether in response to geography, transportation challenges, poor air quality, daily needs, or future

public health emergencies and natural disasters.”

Many of the participating organizations have launched their own eConsult programs while the project team continues to distribute resources, enabling more organizations to use the eConsult model to improve access to care for rural communities. ♦



Watch an overview of the eConsult network:



Providing Psychiatric Care with Telehealth in Vermont Emergency Departments

MCD’s Digital Health team is working on several telehealth pilot projects. One such project is the Vermont Emergency Telepsychiatry Network (VETN) pilot program, funded by the Substance Abuse and Mental Health Services Administration, to help emergency departments (EDs) in Vermont provide timely psychiatric care for individuals with mental health needs.

A benefit of this pilot program includes helping EDs move patients along their care journey faster by engaging in treatment sooner, thanks to telehealth’s ability in improving access to care for patients. The 2023 efforts included partnering with two Vermont hospitals in designing programs that resulted in more than 20 telepsychiatry consults between those two hospitals.

This project continues to expand work with EDs throughout Vermont to develop a sustainable, statewide network. ♦

Decentralizing Care Improves Health Care Delivery in Gabon

Improving access to care and anonymity for people living with HIV/AIDS



To better serve patients and increase access to care, with the support of MCD Global Health, Gabon's Programme Militaire de Lutte Contre le Sida (PMLS) (in English, Military Program for the Fight Against HIV/AIDS) is decentralizing care for people living with HIV/AIDS (PLHIV) in Gabon.

Caring for PLHIV is both comprehensive and multidisciplinary, involving medical, psychological, social, and nutritional care that addresses all aspects of the patient's needs to improve their health and well-being.

Prior to decentralization, military personnel and their families received care solely at the ambulatory treatment center of the Hôpital d'Instruction des Armées Omar

Bongo Ondimba (HIAOBO), the main hospital of the Gabonese army in Libreville. For PLHIV, going to that specific location for care could be a challenging event involving fear of stigma and stress of travel.

To prepare for decentralization, MCD helped train health care workers at the new facilities, focusing on supply, care, and stock management. These sessions enhanced providers' knowledge and skills in managing and dispensing antiretrovirals and multi-month dispensing and understanding the roles and responsibilities of overall care for PLHIV.

With training completed, four new pilot military health facilities began offering care for PLHIV. This improves access to care and preserves patients' anonymity while integrating HIV/AIDS care into other services, helping to reduce stigma and discrimination.

This approach not only improves the quality of care

for PLHIV, but also represents a significant step forward in the broader mission of improving differentiated health care delivery in Gabon's military health sector.

This initiative is part of the U.S. Department of Defense HIV/AIDS Prevention Project (DHAPP) that MCD has led since 2019, which provides technical support and formative supervision to military health services to improve HIV testing, initiation of antiretroviral treatment, and access to viral load testing for clients visiting military health facilities in Gabon.

The project was extended to 2027 to continue working toward the UNAIDS' 95-95-95 objectives: 95% of PLHIV know their HIV status, 95% of PLHIV are on antiretroviral treatment, and 95% of PLHIV are on treatment being virally suppressed.

“Since HIV is a preventable disease, it's better to focus on prevention actions to reduce the number of PLHIV requiring treatment,” said Luc Armel NKALA MFOULOU, project director of the DHAPP. “That's why complementary strategies, such as oral pre-exposure prophylaxis, vaginal dapivirine rings, and long-acting injectable cabotegravir, are also ways of strengthening HIV prevention and have already proven their worth in some countries.” ♦

24,500

HIV rapid diagnostic tests used for screening between 2019–2023



Hôpital d'Instruction des Armées Omar Bongo Ondimba (HIAOBO), the main hospital of the Gabonese army in Libreville, Gabon.

Community Health Workers Advance Professionally with e-Learning Training Programs

CHWs in Maine are enhancing their knowledge and skills



MCD's e-Learning Program team combines evidence-based instructional design and adult-learning principles with robust public health expertise to produce engaging and effective courses for the public health workforce near and far.

In 2021, the team worked to meet the needs of the growing workforce of community health workers (CHWs) by launching MCD's online CHW Core Competency training and other health-related courses. To date, the health-related courses have attracted more than 11,500 learners with 160 CHWs completing the CHW Core Competency Training program.

Essential to the public health workforce, CHWs are trusted community members who

often have their own lived experience and a unique set of core competencies recognized by local, state, and federal governmental organizations.

Originally from the central African country of Cameroon, Solange Tchatat completed MCD's CHW Core Competency Training Program in 2023 and works as a CHW at Northern Light Mercy Hospital in Portland, Maine.

Prior to completing the program, she worked as a certified clinical medical assistant. When she landed her new role as a CHW, she felt nervous at first, but the course was a helpful resource.

"My job as a CHW has really enlightened my life because the faculty [during MCD's training] were some of the best that I've ever had," Solange described. "They were so open to questions and even had a day during the week to answer any questions we had. I never missed it because I really wanted to get everything from them that I needed for my job and that has really impacted my work."

The training made Solange feel more confident in the work that she does and notices that it's "easier than before to jump in and help."

As a CHW, Solange serves as a vital link between health care providers and patients and plays a crucial role in ensuring effective communication and

11,500

learners have taken MCD's online health-related training courses to date

support. By completing the various training opportunities, she has gained valuable interprofessional education that empowers her to step confidently into leadership roles and advocating for critical health issues, such as maternal health.

"This is the best program you will ever have in being trained as a CHW," Solange said. "I was so lucky that I entered MCD's program to do the core competencies. I can advocate for my patients without being afraid of saying something, and that's our role: really making sure that we are in front of any obstacle that can make our patients not fully reach their goals. I can't thank MCD enough for this opportunity that was given to me, and I'm growing every single day."

With MCD's e-learning CHW programs, participants continue growing in their CHW role with interprofessional learning opportunities, earning college credit, and obtaining Department of Labor CHW certification in Maine. ♦



Solange Tchatat, a CHW who works at Northern Light Mercy Hospital in Portland, Maine, completed MCD's CHW Core Competency Training Program in 2023.

Back to the Basics: Working Together to Eliminate Malaria in Uganda

Building capacity at all levels within Uganda's health system

Uganda has the world's highest malaria incidence rate of 478 cases per 1,000 people per year. It is also the leading cause of sickness and death in Uganda and is responsible for up to 40% of all outpatient visits, 25% of hospital admissions, and 14% of all hospital deaths, according to the World Health Organization in 2023.

To counter this, MCD Global Health is part of a consortium, led by JSI, that was awarded the U.S. President's Malaria Initiative (PMI) Uganda Malaria Reduction Activity, funded by USAID.

This activity aims to improve the prevention, diagnosis, and treatment of malaria in Uganda with a focus on strengthening the capacity and ownership of malaria prevention at the community and household levels. Overall, this activity will contribute to a stronger health system and to the Uganda Ministry of Health's goal of reducing malaria morbidity and mortality in Uganda.

MCD is contributing its expertise in diagnostics and case management, data use for decision making, integrated community case management, and private sector engagement the engagement, among others.

Constance "Connie" Agwang, one of MCD's malaria technical officers for the activity, believes to achieve these goals that "everyone should go back

to the basics and pitch in."

"We have all that we need to eliminate malaria," she said. "When everyone takes personal responsibility, then it becomes a collective responsibility, and, before you know it, everybody is doing their part, and malaria is eliminated."

Strengthening capacity at the national, subnational, and community levels is the key to success. In the Busoga sub-region, there was an increase in malaria cases in 2022, around the time the activity launched. High numbers of deaths were occurring, and the health system was grappling with how to manage the situation.

"Once our team arrived on site, they made sure that the facilities were able to provide quality services, an area that MCD has immensely contributed to," Connie said.

The team focused on working with the community to address prevention and early health-seeking behavior.

Maintaining gains in malaria case management is also a focal point of the activity, ensuring that the quality of services and treatments are maintained and improved at the facility level.

"Making sure that vulnerable populations can receive services, including children, pregnant women, and others, is a priority," Connie said.

With assistance from USAID,



2,572

health workers mentored in malaria case management, diagnostics, malaria in pregnancy, and stocks and data management since the activity started

MCD, and other partners, such goals can be achieved in Uganda. "We are grateful for the support that has come from the U.S. government, and other partners and governments, and I want to say thank you to all partners that have supported Uganda as a country to address the malaria issue," she said. ♦



Connie Agwang, a malaria technical officer for the PMI Uganda Malaria Reduction Activity, reviews records at a health facility.

Using Tele-behavioral Health Services to Improve Students' Mental Health

Improving access to care and resources is vital in rural communities

With a population of under 750 people, Princeton, Maine, is the epitome of a small rural town in the United States. Within this town that sits near the Canadian border, Princeton Elementary School, the only school in the town, hosts around 110 pre-K through eighth grade students at any given time.

524

public school students in Washington County, Maine, have gained access to health care via telehealth in 2023

Like many small towns in the U.S., access to resources and care are hard to come by. Princeton is in Washington County where one in four children live in poverty and a third have a disability or other challenges that impact their learning. The county has some of the highest rates of substance use, overdoses, and deaths from cancer. Unemployment is well above the state average and income well below. These stressors put families in tough circumstances and create extraordinary stress for children, who are ill-equipped in managing their emotions.

"It's hard to find counseling and mental health services for our students, so the telehealth piece was something we were



Learn more about how the initiative is benefiting Princeton Elementary School in this video.



looking into," said Charity Williams, principal of Princeton Elementary School. "We have a lot of training about the importance of mental health services and in getting those for our kids, but we just lacked the ability to do that in school."

Princeton is one of many small communities that is challenged with finding and providing behavioral health services for students. To assist these communities, the Maine Community Connections Initiative began in 2021 and aims to improve the health, wellness, and quality of life in small rural towns through service, advocacy, and community involvement.

Part of this work involves integrating community health workers (CHWs) into public schools to assist students in accessing tele-behavioral health services and minimize missed school time.

To implement the program in Princeton, MCD partnered with St. Croix Regional Family



Health Center, a federally qualified health center. The center already provides health care to most families in the area, so adding tele-behavioral health services for students was a perfect supplement. In addition to providing those services, the center employs the CHW who is also available to help families access other services and support they may need.

The school district serves 358 students, and in the 2022-2023 school year, 68 of those students (19%) in the district received behavioral health services. The schools are reporting fewer disciplinary referrals and improved attendance among participating students.

"At a time when there is a national consensus that we are amid a youth mental health crisis, and school-based, CHW-facilitated tele-behavioral health programs are an important part of the solution," said Kate Perkins, deputy director of MCD's U.S. Programs Development.

A free toolkit on how to create a similar program for communities is available on MCD's Telehealth Classroom at telehealthclassroom.org.



Data Quality Assessments Improve Quality of Services in Mozambique's Health Facilities

Integrated supportive supervision is a core intervention in improving the entire malaria case management process

Ricardo Rancho, a general medical technician, has worked for the Mozambique Ministry of Health for 18 years and knows that during busy days with numerous patients, collecting data can be less efficient and even result in false reports of positive malaria cases.

Health facilities (HFs) in the Nampula Province have completed data quality assessments (DQAs), resulting in improved malaria case management, thanks to support and interventions from the U.S. President's Malaria Initiative (PMI) Malaria Capacity Strengthening Program (MCAPS) in Mozambique.

Health systems strengthening and DQAs are integral parts of the program. Ricardo shared how, under the supervision and orientation of PMI MCAPS, his HF made recent changes in how often they collect data and how they record malaria test results in the record book. These changes have increased efficiency and improved the accuracy of patient medical records.

"We used to count the data weekly, but we came up with an idea with the partners to

start collecting it daily, and it's already having a good effect," remarked Ricardo.

PMI MCAPS staff regularly visit HFs across Mozambique to provide integrated supportive supervision (ISS). ISS is designed to provide long-term, ongoing support to HFs and works with health workers and laboratory staff to identify and address opportunities to strengthen the quality of services in case management, malaria in pregnancy, laboratory diagnostics, and monitoring and evaluation.

Improving the data quality helps strengthen district- and provincial-level data, assisting decision makers when creating policies. ISS and DQA are core parts of PMI MCAPS aimed at monitoring and improving the entire malaria case management process. ♦



Ricardo Rancho in Muhala Expansão Health Unit in Nampula, Mozambique.



Ricardo Rancho records the result of a malaria rapid diagnostic test in the record book.



Ricardo Rancho and Rafael Roque review and record patient medical information.



Muhala Expansão Health Unit in Nampula, Mozambique.

280

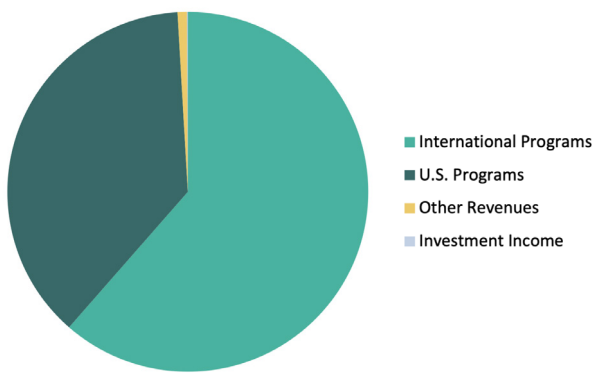
data quality assessments completed in the first program year through September 2023

Financial Summary

Statement of Activity

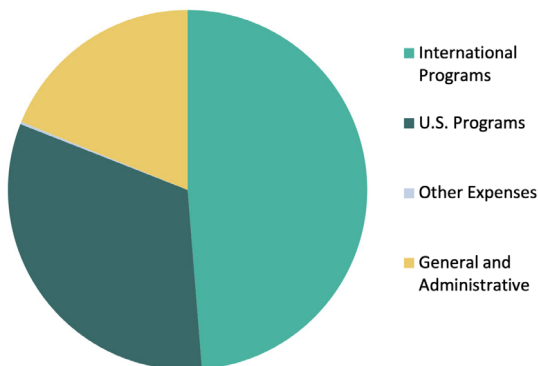
Public Support & Other Revenue*

International Programs	22,825	61.2%
U.S. Programs	13,991	37.5%
Other Revenues	307	0.8%
Investment Income	32	0.1%
Contributions	119	0.3%
Total	\$37,274	100%



Expenses*

International Programs	18,836	48.7%
U.S. Programs	12,461	32.2%
Other Expenses	84	0.2%
General & Administrative	7,278	18.8%
Total	\$38,659	100%
Operating Gain (Loss)	(\$1,385)	



Expenses taken from statement of functional expenses. A complete copy of financial statements audited by BerryDunn, LLC is available upon request from: Medical Care Development Inc., 105 Second St., Suite 2A, Hallowell, ME 04347

A Note from the Director of Finance

MCD Inc. posted a \$1.3 million operating loss in 2023 due to unanticipated delays with large projects with continued investments in organizational strengthening. Despite the operating loss in 2023, MCD ended 2023 with a current ratio of 1.4, no long-term debt, and financial assets on hand of 114 days.

Heather M. Metten, Director of Finance

Consolidated Balance Sheet

Assets:*

Cash	957
Accounts Receivable	66
Grants Receivable	11,262
Property & Equipment, net	115
Investments	1,223
Other	1,316
Total Assets	\$14,939

Liabilities:*

Accounts Payable and Accrued Expenses	5,493
Deferred Grant Revenue	4,089
Debt	-
Other Liabilities	1,024
Total Liabilities	\$10,606

Net Profits:*

Without donor restrictions	4,078
With donor restrictions	255
Total Net Assets	4,333
Total Liabilities and Net Assets	\$14,939

* = in thousands

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and well-being of people
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