



Because all people should have access to a healthy life.
Photo taken in southern Madagascar.

Global Health Ministries Newsletter

Our Food Should Be Our Medicine



This was the title of a recent article by GHM Summer Intern Jia Qin and Dir. of GHAP Rob Thames, who shared it with our partners around the globe. Their article emphasizes the foundational role of nutrition to health (read the whole article for yourself as a [blog](#) on the GHM website). Health is under-

mined by malnutrition and the poverty that perpetuates it, and, according to biochemist Linus Pauling, the opposite is also true: "Good nutrition will prevent 95% of all disease."

What we can do together about the physical needs of our global neighbors is more significant than you may realize. Together with partnerships in 13 countries, we are helping empower health improvements and thousands of witnesses to God's love every day. Although we strengthen hospitals and clinics, perhaps the most important work happens outside these buildings, where communities are empowered to prevent diseases and nurture healthy

~ continued page 2

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The global objective, the Public Purpose, is exactly as we heard the reverend say: health for all, health equity around the world ...

that's the Public Purpose.

~ James Campbell, WHO

Taken from remarks during GHM's Oct 6 Symposium. Jim is Director, Health Workforce Dept., World Health Organization.

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Suppose a brother or a sister is without clothes and daily food. If one of you says to them, "Go in peace; keep warm and well fed, but does nothing about their physical needs, what good is it?

~ James 2:15-16

~ continued from page 1



Deep wells can reach water unaffected by drought in southern Madagascar



Drip irrigation can make good use of precious water for crops

bodies. This is the goal we can call, “Sustainable Health Development.”

In southern Madagascar, consecutive years of drought and an encroaching lean season threaten the lives of over 1 million people. Many are calling this the worst drought in 40 years. Livestock, crops and people perish without water. But more than water is needed. Crops have failed for multiple seasons, and food is scarce. Maternal and child health are extremely vulnerable. As of this writing, acute malnutrition rates are approaching 30% for children under 5. Food is their medicine.

Emergency food supplements for the most severely malnourished can save lives, and are critically important. GHM-supported Community Health Nurses and others provide these even as they provide soap and supplies and information for wellness and the prevention of disease. But this cycle will repeat itself - drought is common, and worsening, in this region. For *sustainable* health development, communities want and need more than an emergency response. A more sustainable source of water, and agricultural practices adapted to grow sufficient food despite drought conditions are critical for sustainable health improvement.

In response, the Lutheran Malagasy health department (SALFA) is partnering with GHM to launch a pilot project, as soon as funds can be available. Three deep wells will be drilled right away, using a game-changing technology to locate clean water that’s unaffected by drought, deep beneath the rock. These wells will be coupled with community-based primary health care and conservation agriculture. SALFA is calling the project: “Health and Water for the South”. You can find more information on GHM’s website at ghm.org/madagascar. This small pilot, serving up to 20,000 Malagasy people, will be a “demonstration” of the effectiveness of the methods being used. Already other organizations are watching. We pray for others to follow and/or partner with SALFA/GHM to scale-up these efforts in the future.

Rev. Doug Cox, Executive Director

Symposium



Dr. John Nkengasong, Director, Africa CDC

On October 6, GHM’s 3-part Symposium opened with a slate of stellar speakers, including Dr. John Nkengasong, Director of [Africa CDC](http://Africa.CDC), recently named one of the world’s most influential people in the annual Time100 list. He was joined by leaders from WHO, Gavi, USAID, and the Minnesota Department of Human Services, all adding their insights to the conversation about how public, private and faith-based efforts can fit together to improve public health. You can find each session in a blog on our website soon after they air. And if you are reading this before Oct 20, join us online at noon CT that day to hear from GHM partners in Liberia, Nigeria and Tanzania about how they are collaborating for sustainable health development. Register at ghm.org to receive the link.

GHAP's SHD Role

What does "sustainable" health development" look like?

How is it different at different stages of GHAP work?



Start up: Less than a year ago, volunteer Community Health Educators (CHEs) in Lake Tanganyika Diocese, Tanzania, were selected by their communities for ongoing training in disease prevention and to work with assigned families in their communities to promote healthy behaviors. Reducing infant and maternal mortality by half is their aim.

Position for Growth: After a decade, Village Health Workers and leaders in Nigeria are planning the next 5 years of how to best deepen the quality and effectiveness of their work before they expand their reach to additional communities.

Next Generation: Also into their second decade, health "promotorios" and leaders in El Salvador are assessing their progress to determine how to prioritize their efforts

to focus on the top disease threats.

Common to all of these community-based approaches to health improvement are efforts to partner with appropriate stakeholders – government, schools, youth groups, etc. – to integrate a cycle of health improvement deep into the fabric of their communities. Tapping community strengths for broader and deeper local ownership of this development process and use of evidence-based methods are also inherent in each. Further, a bottom-up (locally owned), top-down (government engaged), outside-in (facilitation support) approach is employed, fundamentals of the SEED-SCALE model of social change. It is a science-based, experience-informed path for Sustainable Health Development (SHD).

GHAP's role is typically the outside-in facilitator: we serve as catalyst, coach and consultant, and often support by convening and connecting our Country Partner with potential Support Partners. While we strive to help our Country Partners align with all of the interrelated Sustainable Development Goals (SDGs) adopted by the United Nations, SDG 3 "Health for All" is our primary focus. And SDG 17 "Partnerships for the Goals" is fundamental to our approach.

Rob Thames, FACHE, FHFMA, Dir. of GHAP

Celebrating Shipping

GHM has been working hard to build our capacity to ship more than one container a month to waiting partners overseas. And we've done it! Two containers left the building in September - one to Cameroon and another to Liberia, both full of PPE and critical medical equipment.

We're grateful for donations of PPE, from gloves and gowns to masks, always needed to protect health workers. Increased efficiency in the warehouse is helping us manage expiration dates and send all that we receive. We could use more!

Next up: Zimbabwe, Tanzania and Liberia. Thank you to donors of everything from financial gifts to pallets of medical supplies, to faithful volunteers and committed staff for making this possible! 13 containers in 2021 supporting 150 health institutions - praise God!

Scott Lien, Dir. of Operations

Leaving a Legacy

GHM Legacy Partners are a community of givers who are making health for all a part of their lasting legacy. By planning a future gift to GHM, Legacy Partners help ensure that our work will continue until every person on the planet has access to health. Their gifts sustain us. One of our wonderful Legacy Partners is Janet Lyso.



Janet, 97, feels she has always been led by the Holy Spirit and from the first time she heard of GHM through a friend in Sioux Falls she wanted to get involved. Since then she has seen GHM being used by God in mighty ways.

Feeling called to help people when they're sick and their spirits are low, giving to GHM has allowed Janet to "go where I cannot go." First a monthly donor, she has now included GHM in her estate plans. "Being a legacy partner is just a continuation of my giving. It's an honor to be able to help the needs of those who are suffering overseas. Great accomplishments are made when we use the name of Jesus."

If you're interested in hearing more about becoming a Legacy Partner, we invite you to join us for an estate planning session on Tuesday, October 26th, from 7-8pm. To receive the link, please email [Ceallaigh at csmart@ghm.org](mailto:Ceallaigh@ghm.org), or call 763-586-9590.

Ceallaigh Anderson Smart, Dir. of Philanthropy

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*47% of the
global
population
currently
has little to no
access
to diagnostics.*

~ The Lancet, Oct, 2021

Contact us at:

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Lab Training for Luck



Luck is one of ten Community Health Nurses (CHNs) who for the past year has been actively mobilizing communities in rural Madagascar to prevent disease, participating in grass-roots efforts in primary health care, offering early diagnosis, and giving special attention to maternal and child health,

including providing vaccination services. This summer the CHNs also received training in primary laboratory procedures. GHM's most recent shipment to Madagascar sent microscopes, otoscopes and other equipment needed to furnish new labs at the 5 clinics where the CHNs are placed. The labs will help the clinics build their diagnostic capacity and are designed for sustainability, generating some income for the clinics because of the services they can now offer. Solar power has been added, too, and now the CHNs can charge their tablets. The tablets allow them to provide reporting according to government and international standards, invaluable from these remote areas during the pandemic.