

Guinea Worm Eradication, Lymphatic Filariasis (LF) Elimination, The World's First Rapid Obstetric Fistula Prevention Project

Solid results in all three areas

After several newsletter issues dedicated to HDI's initiative to RAPIDLY prevent women dying in childbirth and prevent obstetric fistula, it's time to update you on LF, and on Guinea Worm Eradication, now 99.9% complete. As of December, it's 19 months since a woman died of obstructed labor, though it was previously reported as the main cause of death in childbirth. Obstructed labor deaths were gone within four months of the February 2008 start. The 50% reduction in new obstetric fistulas within two years was not quite reached. Only one nomadic group has had any fistula since May 2008, and interventions are intensified so they too can benefit fully. Bleeding is now the main cause of birth-related death in the area. HDI also hopes to help reduce deaths from post partum bleeding, the world's biggest killer of women in childbirth.

Guinea Worm Almost Gone HDI Will Continue Until Done

In 2009, another HDI-supported country (Niger) reported a year of no indigenous cases while Uganda and Benin were declared by WHO to be free of Guinea Worm.

HDI sustains support for case detection and containment. And its cash rewards system is or has been available in 13 countries of Asia and Africa. In recent years, the Pro Victimis Foundation has supported these activities.

Globally, < 3,400 people had Guinea Worm in 2009, compared with 3.5 million in 1986. And while Nigeria reported 653,000 cases in 1989, it had zero in 2009. Four countries are endemic: Sudan (2,690 through October), Ghana (242), Mali (186), and Ethiopia (24 cases) in 2009.

LF (lymphatic filariasis) Elimination HDI Stops Transmission and Suffering

Togo is likely the first country in sub-saharan Africa to have stopped LF. Every child born in Togo today will live free of the indignities and guaranteed poverty that LF causes. HDI supported that effort from start to finish.

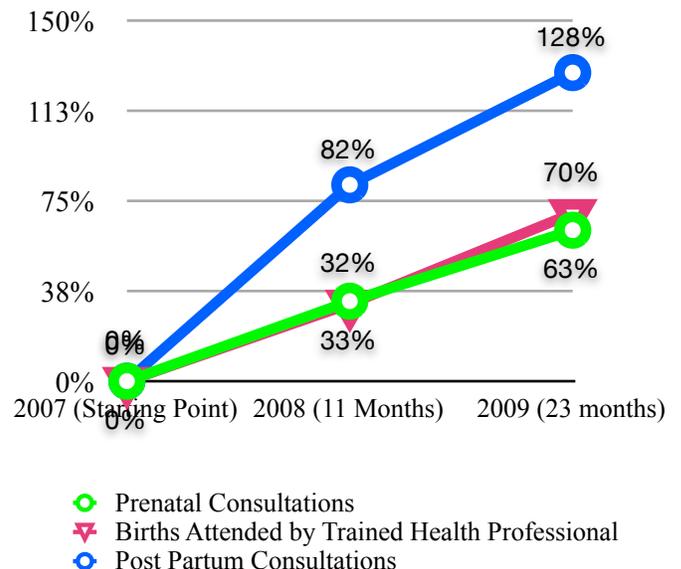
To help provide modern surgical treatment using the WHO-recommended procedure, HDI's West African LF Morbidity Project has now trained more than 385 people. And 3,405 patients in 12 countries are known to have been operated on by people who received HDI-training. The project has been so successful that the project-surgeons have been asked to also hold workshops in Tanzania. So, patients in East Africa are now also benefiting. The project was started by HDI-US and is now operated with generous support from the government of Norway through NORAD (the Norwegian Development Agency) to HDI-Norway.

USAID Chooses HDI and Togo for Neglected Tropical Diseases Support

In May 2009, HDI and Togo sought USAID (US Agency for International Development) support for "Integrated Control of Neglected Tropical Diseases." Its proposal selected, HDI had to pass a test of administrative arrangements. We then received a provisional 5-months of funding from August through December, now extended due to good results. National mapping of two parasitic diseases and trachoma was completed in Fall 2009. We are now assisting in preparation of Togo's National Strategic Plan and budget for annual distribution of medicines.

Maternal Deaths and Obstetric Fistulas Rapidly Prevented With Added Benefits

Change in Health Service Indicators - 1st 23 months



Prenatal Consultations: '07: 3205 - '09: 5218; Assisted births: '07:666 - '09: 1131; Post Partum Consultations: '07: 617 - '09: 1409

Maternal Mortality 2007 - 2009

Causes	2007 Nr.	%	2008 Nr.	%	2009 Nr.	%
Prolonged labor	11	42%	2	7%	0	0%
Hemorrhage	6	23%	10	35%	12	55%
Eclampsia	0	0%	5	10%	1	5%
Infections	2	8%	2	7%	5	22%
Other	7	27%	11	41%	4	18%
Total	26	100%	30	100%	22	100%

Please Note: Percentages on small numbers are always unreliable.

New Steps Forward in 2010

HDI has been invited by The Carter Center to host an international meeting there on March 9-10, to consider whether results in Niger's Rapid Maternal Mortality and Obstetric Fistula Prevention Project and other approaches being tried in Ethiopia, Nigeria, and Tanzania justify scaling up one or more of these initiatives.

HDI will double the 100,000 people now protected under the project. And if an additional application is funded, we hope to reach 262,000 people by the end of 2010.

The sun must NEVER rise twice over a woman giving birth! A woman must be evacuated before that happens.

Most importantly, deaths from obstructed labor are down 100%, completely gone from the project area. New obstetric fistula cases are down markedly. People in Bankilare understand our messages.

As seen in the first graph, medical records show prenatal consultations up 63%, while births in health-setting are up 70% in the project's first 21 months. In other words, while saving lives and protecting dignity, results show the project to also be strengthening the health system.

In 2009, HDI received grant-support for our Rapid Maternal Mortality and Obstetric Fistula Prevention Project from The Conrad N. Hilton Foundation, the Roth Family Foundation, One By One in the US, as well as support from individuals. HDI-Norway received support from NORAD and three foundations, including the Kavli Fund, which owns an international food-products company. Kavli support arrived in December, to allow expansion of the program in 2010 (please see below). HDI-US recently received an additional grant from the Roth Family Foundation and has been invited to submit a proposal to the Izumi Foundation and to the Conrad N. Hilton Foundation, neither of which has been decided. In other words, support for this successful project to save women's lives and protect their dignity is broadening and deepening.

While we have not yet received government of Niger's permission to start preventing bleeding-deaths at birth, the approach proposed by HDI has received ethical clearance by their national medical ethics board. As soon as permission is secured, the aim is to start preventing the bleeding deaths that here too are the main cause of women dying in childbirth, now that blocked childbirth has disappeared. The aim is that at least 50% fewer women bleed to death at childbirth, within two years.

Challenges remain. The three women who had fistulas in 2009 all belong to the same Tuareg population group. And each gave birth in a small nomadic camp several kilometers from the nearest village where a volunteer would have been able to secure the woman's evacuation before she developed a fistula.

HDI investigated the situation, also with a female Tuareg medical student who could speak openly with women in the Tuareg community. More than eight changes have been put in place so women in these culturally conservative communities too benefit fully from the program. The good news is that all three got evacuated in time to save their lives, and all have been brought for free treatment.

Conclusion Within four months the project surpassed its first two-year goal of a 75% reduction in obstructed labor deaths. And obstetric fistulas have been eliminated except in one population group where intensified efforts aim to ensure that they too will benefit fully.

More information about HDI (Health & Development International) at www.hdi-us.org.

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