



News and Update Regarding 2017

To HDI's friends and supporters

December 22, 2017

I arrived "home for Christmas" last weekend after a successful trip to Togo. Prof. Andre Lalonde from Canada, Michelle Skaer Terrien from the University of California San Francisco, Dr. Zeidou Alassoum from HDI-Niger, and I presented relevant research and HDI's approach to prevent women from bleeding to death at childbirth to health authorities in Togo last week. Thanks ever so much to The Leif Høegh Foundation (*Leif Høeghs Stiftelse*) for making this possible though HDI-Norway!

The presentations were well received, discussion lively and positive, so it seems quite likely decision-makers may say "Yes" when they gather over Christmas to decide what Togo wants to do. We'll see. If they go for this, I think Togo is well placed to succeed.

A state in Nigeria is on the verge of starting a program after a HDI visit in February 2016, and one a year ago in October. A baseline survey against which to measure results has been completed. Recently, Zeidou helped train "master trainers" who will fan out across the state to show "all" doctors, nurses, and midwives how they can save women's lives using the new approach. In fact, the state itself is financing this whole initiative. HDI has provided technical assistance and advice during this planning process but has no office in Nigeria. The people there are doing this themselves.

Niger's initiative to prevent post partum hemorrhage mortality was presented at a December 5-6 meeting in New York, organized by a research group doing an in-depth study of our project's impact, supported by Gates Foundation and completely independent of us. Conclusions are coming in spring.

Results from Niger continue to look promising. We have information about 221 996 births in health facilities from the project started. Only 2.2% of the women bled abnormally vs the expected 18%, of whom over half would bleed life-threateningly if nothing were done to hinder it. Viewed from several angles, mortality from post partum hemorrhage (PPH) has been halved. In fact, among these births almost three times as many women died of PPH per 100,000 births in 2015, as in 2017 through September. Too few health centers and hospitals send reports, but reporting is rising markedly after we received funding to do supervision visits thanks to a grant from The Kavli Trust this year.

The Kavli Trust grant of 1.5 million Norwegian kroner to HDI-Norway (≈\$181,000 US dollars, of which ≈\$60,000 for medicine against bleeding (misoprostol)) allowed Niger's Ministry of Health and HDI to start supervision visits in 2017, to health centers and hospitals in all regions except one where insecurity makes travel inadvisable. Reported numbers are compared with on-site logbooks, their numbers are discussed in light of results elsewhere; questions are answered; and health workers are encouraged, especially with regard to this initiative.

Obstetric fistula gone. New approach to be tested in a region the size of South Korea.

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Izumi Foundation, The Seth Sprague Educational and Charitable Foundation (for US-based expenses), The Kavli Trust in Norway, a Norwegian family foundation, individuals in both countries, and a few small businesses have supported Obstetric Fistula and Maternal Mortality Prevention in Niger, now in areas 120 sq. miles bigger than Rhode Island and Delaware combined. From June 2008 through this October over 130,000 gave birth without a single death from obstructed labor where that took about as many women's lives as bleeding did before this project started in February 2008. After July 2009, obstetric fistula has been gone, except for one case in 2012.

Thanks to a new Izumi Foundation grant announced this November, we can test a new approach that HDI devised, especially Dr Zeidou, to prevent obstetric fistulas and maternal mortality in really large populations over really large areas. In spite of good results and reasonable cost, it seems our current approach is "too expensive" for others to want to use it. The new approach is much less costly. The question is whether it will work nearly as well. That's what we now have two years to test in areas as large as South Korea, i.e. in Tahoua Region, Niger. **Thank You Izumi Foundation!**

WHO declares Togo free of lymphatic filariasis (LF, "elephantiasis")

In April, WHO declared Togo free of LF "as a public health problem," as the first country in Africa. Actually, indications are that Togo has interrupted all transmission of this degrading parasitic disease that is so often catastrophic. It was HDI's visit with a colleague from Ghana in 1997, to ask Togo's Ministry of Health (MOH) whether they wished to start combatting LF at the same time as Ghana was starting with HDI support, that got the ball rolling. Togo agreed. In 2009, Togo could stop annual treatment of the entire population in afflicted areas with donated medication. Three thorough searches combined with year-round surveillance in creative, low-cost ways have demonstrated that all children born in Togo from 2009 have no risk of ever getting this horrible disease. Earlier, over 25% of men in some villages could have sometimes enormous accumulations of fluid in their scrotum. Both genders could get awful (and stinking) swelling of a leg, an arm, or a breast in women. To see Togo's success confirmed by WHO was a great achievement for Togo, a great joy for HDI.

Combatting Neglected Tropical Diseases in Togo

The USAID grant for *Integrated Control of Neglected Tropical Diseases* since 2009 ends on August 31, 2018. It has allowed HDI to work with Togo's MOH to distribute about 6.5 million doses of three medicines in five combinations annually, to treat around 3.2 million people in afflicted areas throughout Togo for a number of parasitic diseases. Based on the success and cost-effectiveness in supported countries, a new USAID call for multi-country proposals is expected to be announced in January, and Togo may probably be on the list of countries to benefit. We have no idea, however, whether the big agency whose USAID contract comes to include Togo will wish to support this work through HDI or try doing it on their own. We expect to know more by summer.

A Bill and Melinda Gates Foundation trachoma grant allowed HDI and Togo's MOH to test whether Community Drug Distributors (CDDs) can reliably detect and report cases of trachoma, a bacterial disease that often leads to blindness by causing eyelids to turn inward so eyelashes scratch and damage the cornea. The aim was also to find men with LF-hydrocele, accumulations of sometimes massive amounts of fluid in the scrotum after a LF infection. Finding people with eyelashes scratching their eyes early is important because surgery to the eyelid is effective in preventing blindness and very inexpensive. Surgery for LF-hydrocele is also done in local anesthesia and highly effective, restorative for the patient's dignity, ability to work and lead a normal life. HDI has trained surgeons in 12 West African countries in how to do this. While engaging CDDs seemed a good idea, the cost

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per verified case of trachoma turned out to be high due to the cost of verification when CDDs identified all kinds of other eye problems in addition. Though better, a new try this year also brought unconvincing results. We are very grateful for the opportunity to test what seemed a promising idea!

"The last mile" in Guinea Worm Eradication is still tough

An outbreak in Ethiopia in September and October looks to have originated from one individual who had Guinea worm in 2016. Until the outbreak, it looked like Ethiopia would, for the first time, have a year with no cases after just three cases in 2016. With Carter Center as the now well-funded prime mover in Guinea Worm Eradication, we in HDI currently confine ourselves to sustaining the cash rewards that we established to help find the last few cases in countries. Other than Ethiopia, Guinea worm has only been seen in Chad this year. South Sudan has for the first time reported no cases through October!

Prestigious prize

I was greatly surprised, touched, and honored to receive the Anders Forsdahl Prize for 2017, awarded to me as HDI's founder and executive director "for ... extraordinary contributions within international district medicine: eliminating neglected and eradicable diseases in developing countries". The prize is named for the physician who in a then poor, remote, arctic community first demonstrated the connection between severe circumstances in childhood and increased risk of disease (in that case heart disease) which occurs decades later. The Forsdahl lecture on October 20th, and the prize ceremony that evening during a biannual Norwegian medical conference in Trondheim, led to standing ovations by primary health care colleagues. The prize consists of a lovely wood-cut by the Sami artist Hans Ragnar Mathisen, and 20,000 Norwegian kroner which will be used to buy enough misoprostol to protect women against excessive bleeding at about 7000 births.

Thank you ever so much for your support and encouragement in 2017!!!



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