



## **Report to HDI's Supporters and Well-Wishers December 2015**

**It's been an exciting year!**

**Preventing women who give birth across all of Niger from bleeding to death, continued success of the world's first obstetric fistula prevention program, one that has eliminated obstetric fistula and reduced all-cause birth-related maternal mortality to just 12% of what it was, continuing to support Guinea Worm Eradication by supporting cash rewards that help detect the world's last few cases, and helping Togo control and eliminate several diseases that cause permanent damage in the form of blindness, cancer, increased HIV-risk in women, and intellectual impairment among children, HDI continues to make significant contributions that benefit millions.**

I started writing this in Malawi where I presented Niger's work to their Ministry of Health, The University of Malawi, UNFPA and other maternal health partners, followed by meetings with key leaders. Malawi, Liberia and Bangladesh, each with lots of obstetric fistula, all seem interested in replicating Niger's success preventing obstetric fistula.

**Niger aims to halve the proportion of women who bleed to death at childbirth** within two years. Enormously ambitious, it is undeniably a goal worth striving for! While too early for definitive results, tentative hints indicate that Niger just might make it. This is truly an exciting endeavor! Yet, funding for the tablets at 28 cents each to stop women bleeding to death, and other aspects, remains a challenge.

**Only two died of bleeding among 18 240 births reported on so far.**

Those reports come from health centers in all of Niger's districts, and some hospitals. This is definitely encouraging, though reporting is still far from complete.

Excessive bleeding occurred in 2.3% of births (335 women) compared with the 10% one expects, here as anywhere in the world if nothing were done to prevent it.

Of 90 who died, roughly 25% would be expected to die of bleeding. Instead, 2 (2.2%) died of bleeding, 11 (12.2%) of obstructed labor, 17 (18.9%) of high blood pressure and convulsions (eclampsia), 7 (7.8%) of infection, and 53 (58.9%) of other or of indeterminate causes. Again, only two died of bleeding, compared with the approximately 23 bleeding-deaths one should have expected.

**Prevention** uses a dose of misoprostol tablets distributed at 3rd trimester prenatal consultations so the woman has it handy to take immediately after the baby is born, even if she did not make it to the health center to give birth there. The tablets reduce the occurrence of excessive bleeding by over 70%. If she bleeds too much anyway, **3-Step Treatment** in the hands of health workers uses: Step 1 a Treatment Dose of the same medicine. If she is still bleeding after 20 minutes, Step 2 is a Condom Tamponade, a condom tied with string onto a catheter and inserted as a balloon that is then filled with water to apply pressure on the inside of the uterus. If bleeding persists after 6-12 minutes, Step 3 is a Non-inflatable Anti-Shock Garment (NASG) and getting her to surgery at a pre-defined Definitive Treatment Hospital, even if far away.

**Rapid Community-Based Obstetric Fistula Prevention** continues to be one of HDI's most exciting activities as it saves the lives of women and babies, and prevents obstetric fistula. **We've passed 100,000!** All of 100,752 women have given birth with nobody dying of blocked childbirth since May 2008, though that was previously one of the two main causes of women dying at childbirth in these areas. Obstetric fistula is now also basically gone from our project areas, which were previously the main source of patients for teams of American surgeons who visited Niger four times a year to repair them. We have had only one community-acquired obstetric fistula after July 2009 - in April 2012 - now among 94 117 births through November, as opposed to the 180 or so new fistulas expected. This benefits more than 315 000 people in a multi-language area 120 sq. miles bigger than Rhode Island and Delaware combined.

All-cause birth-related maternal mortality was 88% lower in the year ended June 30th than during the project's first year. The chance to survive giving birth in this part of Niger is now as good as for a woman to survive pregnancy in Jamaica. And three times as many women give birth at a health facility as before, now more than half of them.

**Neglected Tropical Diseases (NTDs)** USAID and FHI360 recently extended our grant to support Togo's Ministry of Health for integrated control and elimination of Neglected Tropical Diseases, through September 2018. Since 2009, HDI has helped Togo distribute more than 33.2 million treatments against these diseases, especially to women and children who are the most vulnerable. While The Carter Center is of course the main driver of **Guinea Worm Eradication**, HDI continues to fund cash rewards that help detect the last few cases. Through October there were 20 cases worldwide. That's 83% fewer than in the same period last year. 3.5 million had this awful disease in the 1980s.

Back to my trip to Malawi, this wonderful opportunity to also benefit women outside of Niger was funded by The Kavli Trust.

In another example of our effort to benefit more women, we organized two successful

symposia at the global OB/GYN conference in Vancouver in October, together with the University of Ottawa and presenters from Liverpool, South Africa, Seattle, Niger and New York. One was about **Post Partum Hemorrhage Prevention and Treatment - New Public Health Approaches in Under-Resourced Areas**. The other was about **Rapid Community-Based Prevention of Obstetric Fistula and Maternal Mortality**, and Niger's success. The sessions were chaired by luminaries from WHO, the world federation of OB/GYN societies, and UNFPA (the United Nations Population Fund).

After Canada, I also visited the US with Niger's Director General of Public Health, Dr. Asma Gali, and our own Dr. Zeidou Alassoum, HDI's resident representative and technical advisor in Niger. In Seattle, we met the board of One By One, an early funder of our obstetric fistula prevention effort. We also met reproductive health leaders at The Bill and Melinda Gates Foundation to discuss HDI's innovations in hopes that can be helpful for other countries, because Niger is not a country where they work. A meeting at University of California Berkley, a presentation to La Jolla Golden Triangle Rotary Club, and a wonderfully successful fundraiser at the home of our Vice-Chair Tricia Smith in Cardiff-by-the-Sea which led to new grants from The Seth Sprague Foundation, American Women for International Understanding, and several individuals, rounded out our fabulous trip to California.

Harvard selected ours and seven others among the many abstracts submitted, for presentation as a "TED-style talk" (unrelated to TED-Talks) at their seminar on **Big Ideas, Big Solutions**. I summarized our innovative work in Niger, ideas behind it, and the results. The talk generated a good bit of excitement among several participants.

This year too, HDI has been fortunate to make sizable contributions as a small, efficient organization. We will be very grateful for your continued help, including introductions to others who you think might like to see their philanthropy have real, measurable impact.

Sincere and hearty thanks to you, our partners, donors, and well-wishers, for helping to save lives, protect dignity, advance socio-economic development, and empower women in some of the world's most under-resourced countries!



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