# HDI Annual Report
# Autumn 2000

**Introduction**

The past year has seen strong progress towards the complete eradication of guinea worm disease, and efforts to eliminate lymphatic filariasis have moved out of the planning stages; the first populations are being given once yearly mass drug distributions to stop transmission of elephantiasis in countries we are supporting.

This past year has also seen a number of changes at HDI. Our Executive Director has begun devoting full time to our work, having turned over his medical practice to a successor. And we have engaged an independent part-time administrative assistant in Norway, to strengthen support for operations in the field.

On the guinea worm front, four African countries no longer had indigenous guinea worm in 1999, in addition to the disease having been eliminated from all of Asia since 1997. Uganda, which reported over 126,000 cases of guinea worm as recently as 1992, only had 86 cases through August in 2000, 66 of which are reported to have been fully contained so no spread can have occurred, even using the program's strict criteria for claiming case containment.

Of 13 countries still reporting cases in Africa, 5 are likely to experience fewer than 100 cases this year, and all but 4 will probably have fewer than 500 cases. This estimate is based on reporting through August 2000, combined with our knowledge of transmission in each endemic country. Many countries are already passed their transmission season for the year. Case reductions have also resumed in Ghana and Nigeria, after several years of difficulty and stagnation there.

In lymphatic filariasis too, we are reaching important milestones. The first regional meeting of endemic countries in the Americas was held this summer, with HDI support, and the first country in the Americas is ready to begin intervention activities (Dominican Republic). The two countries we are supporting in Africa, Ghana and Togo, are beginning mass drug distribution against lymphatic filariasis this year, with Togo being the first to do so among the Francophone countries. Also, our brochure on lymphatic filariasis was so popular that it was updated and reprinted, this time at the expense of WHO.

Preparations to seek a broader donor base should be greatly helped by the recent completion of our new HDI brochure. We are hoping to find donors to support our aim of raising 5 million dollars, based on our 10-year track record and our programs to eradicate guinea worm and lymphatic filariasis.

We aim to advance world public health and economic development by working to free whole populations from debilitating diseases that are deemed to be eradicable or eliminatable as public health problems, and insufficiently addressed at the time HDI becomes engaged. We initiate and encourage key steps in the eradication process, and "put our finger in the dike", stepping in to solve important, manageable problems, which larger, more cumbersome organizations are unable to address with the necessary alacrity, during selected disease eradication and elimination efforts.

We believe HDI is on a successful path, that our strategy review a year ago resulted in an approach which is still the right one.

Based on our 10-year track record, it should now be possible to widen our group of donors who support this strategy, to achieve permanent interruption of the economic loss, suffering and human degradation that is caused by the two scourges - guinea worm disease and lymphatic filariasis.

# Guinea Worm Eradication

**Field Advisors for Benin, Ivory Coast and Togo**
HDI has continued to provide field advisors to Benin, Ivory Coast and Togo, to help strengthen these programs throughout much of the year, no longer just during peak transmission season as in 1998 when we started the initiative. This HDI initiative is being implemented in collaboration with the Carter Center in Atlanta, which recruits recent Peace Corps volunteers and others, makes travel arrangements, provides most of the technical backstopping, etc.

The impact of these field advisors has in two instances been tremendous. Case numbers began dropping in all three countries about a year after the first consultants or advisors had begun their work. The decline has been greatest in Benin, where only January, February and March turned up more than 10 cases this year, totaling 120 through September this year (compared with 362 for the same period in 1997, before our initiative). The decline in Benin shown on the diagram below was less rapid because they have had a problem with importation of cases from Togo and Nigeria, which have only really been seeing large declines again during the past year or so.

Although the reductions have been slowest in Togo, it seems certain that the program there would have shown considerably less progress, had weaknesses uncovered by the field advisors not been found and addressed. The 70% case reduction in Togo for September of this year (45 cases compared with 148 in September last year), is an indication that problems uncovered by the advisors during the first year (which led to more cases being discovered in 1998), have been addressed with increasing success since then. We hope this 70% reduction is the beginning of a trend, though it is camouflaged by lesser declines earlier this year.

Reductions are always the result of work done about 12 months earlier.

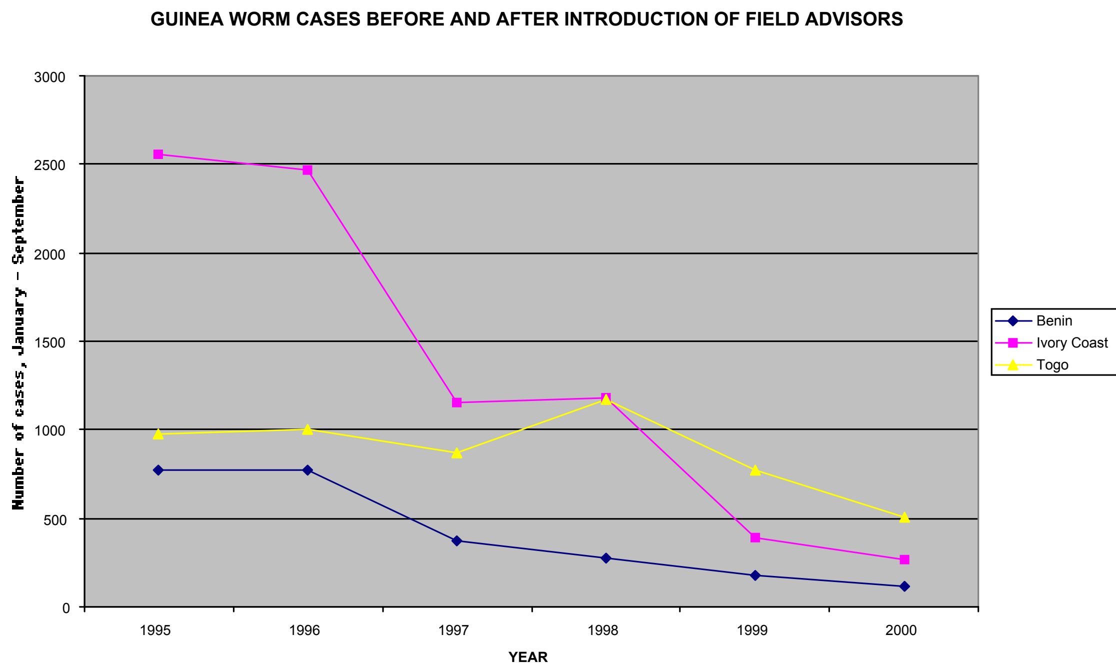


Diagram showing case reductions 1995-2000 for the three countries. Field advisors were introduced beginning in the first quarter of 1998.

During parts of the past year, we have been providing two advisors each in Benin and Togo, to support their aim of interrupting guinea worm transmission by the end of the year 2000.

In Ivory Coast, HDI also provides 4 nationals as full-time field advisors/supervisors to the program. And in all three countries we have been providing direct operational support of various kinds to fill critical gaps, as these are uncovered.

**Other Guinea Worm Support - Plans and Pledges for 2001**

1. For next year, we have so far pledged to support placement of field supervisors in a problem area of northern Uganda (Moroto) during the peak transmission season. While Uganda started by reporting over 126,000 cases in 1992, they have had only 86 cases through August of 2000, just 8 years later, and we hope Uganda may have succeeded in interrupting guinea worm transmission this year. HDI has also pledged to support "guinea worm stations" at existing Ugandan health posts, so patients can be fed and cared for from the time a swelling is detected until their worm(s) have come completely out.

2. HDI is seeking a donation of PVC piping to make 9 million water filters for individuals in endemic parts of Sudan. An HDI trustee, Ambassador (Dr.) Harald Siem, and our Executive Director collaborated on this initiative during the past year. The outcome is still uncertain at the writing of this report in mid October 2000.

Sudan's population in the highly endemic south, is often on the move because of the ongoing war. Many live outside any family structure, making normal household filters useless for them, as they are during work in the fields and when tending animals. Tube or pipe filters have been purchased in increasing numbers in recent years. But demand is huge, much greater than the ability of the program or the supporting partners to buy all that are needed. A supply for the entire population needing these filters would cost $900,000.-, even at the current price of 10 cents US for each filter, when purchased commercially in Nairobi.

Since last year, HDI has been endeavoring to secure a donation of the 2,100 kilometers of PVC piping, along with funds to assemble the filters as an income generating activity for women’s groups in and around Sudan. Our hope is for a major multinational manufacturer of PVC to donate the piping, a government to donate the assembly, while HDI has pledged to purchase the needed nylon filter cloth.

The popularity of the tube filters again became clear at this year's Sudan Program Review. It turns out that people are still using filters distributed in 1998, although the original filter cloth has worn out long ago. On that news, HDI ordered 100,000 pieces of filter cloth, as a trial production-run of this special dimension. Pipe filters have so far been made using scraps left over when sewing household-size filters. The 100,000 pieces from the test run will be distributed to replace worn cloth on previously distributed pipe filters in Sudan.

**Rewards**

All guinea worm endemic countries except five are currently implementing the reward strategy, on the verge of introducing rewards, or have already completed their eradication program using rewards. In a few countries HDI is also providing additional support for publicizing the rewards and implementing the reward system.

The rewards have been credited with considerable strengthening of guinea worm surveillance, even in countries where the program leadership was skeptical at the outset. The one exception is a country where implementation was done in ways that were not in accordance with the reward system’s intentions, and HDI has stopped further support in that country until the problems have been solved and the cases are reduced to a reasonable level.

# Lymphatic Filariasis Elimination (LF)

## At the Global Level

**Meeting of Endemic Countries in the Americas (& Africa)**

Through our directors, Vice Chancellor (Dr.) Peter Bourne at St. George's University in Grenada and Dr. David Addiss at CDC, HDI initiated planning for the first ever gathering of endemic countries in the Americas. The Pan American Health Organization (PAHO) subsequently became engaged in this field and assigned a very active person to LF elimination. HDI acceded to PAHO’s strong desire to plan and organize this initial gathering, which we co-sponsored. Dr. David Addiss represented HDI on this historic occasion.

Similarly, HDI initiated planning for a meeting of African countries that are starting LF Elimination programs. Ghana has offered to host this meeting, which has not yet been held for a number of reasons.

**New Version of HDI/WHO Brochure**
The brochure "Lymphatic Filariasis - Ready for Global Elimination" was so well received that a new edition has been printed, this time at WHO's expense. HDI collaborated with WHO in updating the brochure before it was reprinted.

**Training Film on Treatment for Lymphatic Filariasis**
HDI supported the CDC's production of a video training film, on treating patients whose lymphatic system has been damaged by lymphatic filariasis. CDC made the film together with Dr. Gerusa Dreyer of Brazil. HDI's contribution allowed Dr. Dreyer to visit Atlanta for crucial script preparations, at a time when no funding was available.

**Collaboration with SB in support of LF Elimination Training Center in Recife.**
Twice in the last year, we have collaborated with the pharmaceutical company SmithKline Beecham (now becoming Glaxo SmithKline), by helping to facilitate their support for establishing a WHO LF-training center in Recife, Brazil.

## Country Support

HDI's support for LF Elimination activities appears to have been key, as the basis for expeditiously recruiting additional funds for these programs from the UK government, and for approval of at least the Togolese application for a drug donation for this year.

**Ghana**
In addition to purchasing medication for treating LF before the drug became available through the SmithKline Beecham donation, as well as buying test kits for LF from Australia, HDI has supported the establishment of a LF Elimination secretariat in the Ghana program. We are providing salaries for an administrative manager, a technical officer and a driver, as well as having purchased a vehicle. This kick-started the program, making possible rapid initiation of mass-treatment drug distributions in pilot areas during the summer and autumn of this year. We plan to support salaries in the Ghana LF Elimination secretariat for another year or two, after which it is our intention that its funding must be included in funding from larger donors.

In addition, Dr. John Gyapong, a world-class LF epidemiologist, continues to support the Ghana program and be available for other programs in Africa through HDI, where he spends about 30 % of his professional time.

**Togo**
With HDI support for LF test materials, staff perdiems, fuel etc., Togo completed its initial LF mapping activities and is planning to do its first mass-treatments in 5 pilot areas during the autumn of this year. We have also pledged our support for implementation of the Togo program. The form this support will take has not yet been determined. Prof. Charles McKenzie of Michigan State University will travel to Togo in early November for HDI, to help prepare for Togo's first round of drugs distribution and to consider how HDI support might most profitably be applied there. Prof. McKenzie knows the Togo program well and helped prepare the country's successful application for drug donations for LF elimination.

While WHO has recently begun helping support training activities under the Togo program, there are other aspects of the initial planning, baseline studies and monitoring that clearly need to be put in place before Togo is really ready to begin its mass-treatments against LF. How HDI can best help with all that, remains unclear.

**Dominican Republic**
The Dominican Republic has a solid group of enthusiastic, dedicated professionals who are ready to begin LF elimination activities. They were stimulated by the gathering of LF endemic countries held there in August. Yet, no funding has been available to start LF elimination in the Dominican Republic. Because the start of a national program in one country should stimulate activities elsewhere in the region, HDI will provide initial support for activities there. It is estimated that $8,000.- $10,000 should go a long way towards getting activities started in the Dominican Republic.

## International Meetings

Directors of HDI attended the following international meetings, beginning in September 1999 (the executive director except where indicated).

### Guinea worm eradication

Sudan, Ethiopia, Uganda Program Review, Nairobi, September, 1999
Program Managers Meeting, Ouagadougou, Burkina Faso, March, 2000
Ghana Program Review, Tamale (Dr. Donald R. Hopkins attended), September, 2000
Sudan, Ethiopia, Uganda Program Review, Nairobi, September, 2000
Program Review for Francophone countries, Niamey, Niger, October, 2000

### Lymphatic Filariasis Elimination

NGO Meeting at the USA-UNICEF Committee, N.Y., September, 1999
Royal Society of Tropical Med. & Hygiene, London, January, 2000
1st Meeting of LF-Countries in the Americas (Dr. David Addiss attended), August, 2000
Writing and planning session for a Gates Foundation proposal, Atlanta, September, 2000

## Administrative Issues

### A Full Time Executive Director

Beginning August 1, our Executive Director made the transition to full time service at HDI. From HDI's incorporation in September of 1990, Dr. Anders R. Seim combined his work for HDI with his work as a primary care physician in Norway. The increased demands put on him by HDI's adoption of lymphatic filariasis elimination, in addition to our guinea worm eradication activities, and our considerably increased budgets, made the combination untenable any longer.

Also, the new breadth of HDI's board, together with the track record we have amassed during our first ten years of operation, make us believe it will be possible to raise the additional funds needed for this post. This should help ensure the successful implementation of our guinea worm and lymphatic filariasis programs.

### Administrative Capacity

Beginning November 1, we will again have access to the services of a fluently bilingual (Norwegian and English) administrative assistant on a part-time basis. Mrs. Mette Kissell worked for HDI for several years until Dr. Seim moved to Geneva for a three-year period from 1995. Her excellent language abilities and quick, efficient, friendly manner, make her a rare find in the semi-rural area where HDI's Norwegian office is located. While this is a step forward, Mrs. Kissell has, after our initial discussions, decided to establish her own enterprise based at her home. We would prefer someone to work in HDI's premises. We will therefore continue to seek a qualified support person for our Norwegian office, while beginning to utilize Mrs. Kissell's services to the extent we can.

### Improved Accounting Arrangements

HDI has strengthened its accounting arrangement in two ways. For one, our corporate books are now kept by a bookkeeper who is separate from but works in close association with our new auditors. Our company records have been gathered with this bookkeeper, while they were previously split between the offices of our former auditor, our former legal advisor/board member, and our President. The accounting arrangements in Norway, while previously adequate, have also been strengthened.

To facilitate HDI's Norwegian-based operational activities, HDI has opened a US dollar account, as reported last year. The legal firm of Glad, Arno, Meyer & Co. in Oslo arranged preferential rates for us with a major Norwegian commercial bank, and they provide the help of their excellent bookkeeping department at cost. This arrangement is functioning excellently. The balanced books for the Norwegian operation are forwarded to our home-office bookkeeper, along with all the receipts, for consolidation with the US-based transactions and subsequent auditing.

These improvements in HDI's administrative and accounting arrangements represent a significant strengthening and should ensure that the organization is able to work even more effectively towards achieving our goals, for the benefit of populations whose quality of life and human dignity we strive to improve.

## Fundraising

### Brochure

We now have a new fundraising brochure, which is designed to also be a folder around proposals and other letters. With the kind help of our Norwegian trustee, Ambassador (Dr.) Harald Siem, HDI secured one of Norway's most successful, respected advertising agencies. The agency's usually very high rates were cut drastically for us, and they produced the brochure within our modest budget. What now remains is for us to use this new tool to effectively raise the funds we will be needing to cover our budget.

### The Need for a Broader Funding Base

HDI has generously received funding support from a variety of individuals and corporations, but we have undeniably been heavily dependent upon a single, extraordinarily generous, anonymous patron. This person repeatedly made our ever-expanding level of activities possible by rising to the occasion when a new challenge appeared, and often by making completely unsolicited donations to HDI upon reading our progress reports. Cognizant of this vulnerability, we had already initiated efforts to secure a broader funding base. The effort to expand our donor base gained an all-together new urgency earlier this year, when we learned of the death of our anonymous donor.

## Perspectives / Plans

### Guinea worm

WHO, UNICEF and the Carter Center have now formally agreed on a distribution of responsibilities among themselves, in connection with a major grant to each of them from the Gates Foundation. WHO is to take care of certification issues, as well as support for almost all countries which have reached the "precertification phase" of guinea worm eradication (i.e. have fewer than 100 cases). It should therefore no longer be necessary for us to support secretariat functions in countries like Cameroon and Chad, and we have stopped providing such support.

We will continue to apply our resources to accelerate interruption of guinea worm transmission in the middle- to low-endemic countries. HDI will also follow up on its initiative to secure guinea worm tube filters for the entire affected population of Sudan, estimated at 9 million people.

### Lymphatic Filariasis

Our efforts to stimulate lymphatic filariasis elimination through initiatives at the regional and global levels, as well as at the national level in a small number of selected countries, seems to be paying off nicely. HDI therefore plans to continue along these same avenues.

## Budget

HDI's budget for the year 2001 is available separately.