HEALTH & DEVELOPMENT INTERNATIONAL
2004 Annual Report

Mission Statement

Health & Development International (HDI) advances world public health, with particular emphasis on underserved populations, which, more than others, are significantly restricted in achieving sound health and economic development.

HDI aims to free populations of debilitating diseases or conditions that can be eliminated as public health problems, but are insufficiently addressed at the time HDI becomes engaged. HDI works in two principle ways: as a "finger in the dike," stepping in to solve problems that larger, more cumbersome, organizations are unable to address with the necessary speed and efficiency, and as a catalyst that helps stimulate new actions in responding to important issues, using modest resources.

Introduction

Health & Development International (HDI) can point to solid progress in both Guinea worm eradication and the elimination and treatment of lymphatic filariasis in 2004. In addition to our record of success in these two diseases, we believe HDI is also on the road to making a useful contribution concerning obstetric fistula and the problem of obstructed birth that causes so much death and suffering.

Organizationally, HDI has strengthened its board of trustees, developed important new relationships, and registered HDI-Norway as a separate organization that we hope may open the way to funding from European sources.

At the same time, funding for ongoing operations and programs, as well as support for initial activities in obstetric fistula, remains a major focus of HDI's efforts. Two multi-year grants came to term at the end of 2004, and two new grants were awarded to HDI late in the year. A new donor has provided funds for US operations while HDI continues to look for other prospective donors to support core operations. And on the horizon, HDI hopes to use the lessons learned in disease eradication programs to make a contribution towards the elimination of obstetric fistula as a public health concern in Africa and Asia.

HDI Programs

Guinea Worm Eradication

This was the third and final year of **Conrad N. Hilton Foundation funding** in support of HDI's cash reward system and country-specific efforts to intensify case detection and containment in the countries with the fewest cases (< 500) remaining. Six countries were included in the list of nations served by HDI under this grant: Benin, Burkina Faso, Cote d'Ivoire, Mali, Niger, and Uganda. This grant, at a critically important time, contributed greatly to the 96% reduction in cases observed for Benin, Burkina Faso, Cote d'Ivoire and Uganda where two-year impact data are available (range: 87.5%-100% reduction in cases). Similar data for Mali and Niger show a 64% reduction because of slow progress along the border those two countries share. For the first time, Uganda has had zero endemic cases, while Benin and Ethiopia have reported only three cases. In 2005, we will know the total case reduction achieved under this three-year grant. At their invitation, HDI submitted a new three-year proposal to the Conrad N. Hilton Foundation for Guinea worm elimination in Mali and Niger, which was approved in November.

Through the efforts of HDI, national governments, and other NGOs, **Guinea worm has now been reduced to about 14,800 cases worldwide**, which represents a decrease of over 99.5% since the 1986 estimate of 3.5 million cases worldwide

Thanks to the **Norwegian Medical Students Humanitarian Action Campaign, MedHum-2003**, we have ensured that all Guinea worm village volunteers in Sudan had a medical kit during the peak transmission season of 2004, and enough bandaging materials to handle all of Sudan's Guinea worm patients, helping to effectively interrupt transmission much more quickly than otherwise would have occurred.

Also, in the **Hydro II project**, employees and management of Hydro Polymers (Norway) made donations resulting in almost 450,000 individual water pipe filters for Sudan. With that, HDI ensured that there were enough pipe filters available for distribution on both sides of Sudan's civil conflict. Pipe filters are a major factor in eliminating Guinea worm in places where people farm and tend animals away from home, or must flee conflict.

In 2004, HDI **started helping two countries (Togo and Burkina Faso) plan how they might use their Guinea worm infrastructures after the disease is eradicated.** Countries can use this infrastructure to address other conditions that cause denigrating forms of suffering and ensure poverty for sufferers, or to address major causes of death.

Lymphatic Filariasis Elimination

The West Africa LF Morbidity Project is another initiative where HDI got the ball rolling. The project will establish two centers of excellence in surgery for urogenital manifestations of LF, one in Ghana for Anglophone West Africa and one in Burkina Faso for Francophone West Africa, and will provide training in proper surgical techniques to 12 countries with LF. Funding for the pilot year in 2004 came from the Bill & Melinda

Gates Foundation through their now-ending LF grant to the World Bank, from Catholic Medical Mission Board (CMMB), and HDI. Second year funding is being sought from the Norwegian government, through NORAD.

On June 30, 2004, the Global Fund Against Aids, Tuberculosis and Malaria awarded **Togo $11 million of funding over five years** for the mass drug administration component of its LF elimination program as part of a larger malaria proposal. By the end of that period, the World Health Organization (WHO) anticipates that Togo should have successfully interrupted transmission of LF within it borders. HDI encouraged Togo to seek this funding and worked with that country in the preparation of the successful proposal. The grant will also enable Togo to maintain and strengthen its village-based Guinea worm infrastructure and strengthen several other aspects of its health care system. It should also reduce malaria morbidity and mortality. Additionally, the proposal has a strong research component that may help open the way for a new approach to combating malaria, and would in that way too become an example of how disease eradication programs can strengthen a country's broader health care system.

Using a completely different approach, HDI also helped secure **sustainable funding for LF programs in Ghana and Tanzania.** For Ghana, HDI successfully lobbied the World Bank to work with the ministries of finance and health to get their LF elimination program accepted as a poverty-reduction initiative, making it eligible for "debt-relief funding." Even though Tanzania and Burkina Faso are not primary countries for HDI's LF efforts, we lobbied the World Bank in a similar fashion on behalf of these two countries. HDI's efforts have been successful for Tanzania, while in the case of Burkina Faso this debt-relief funding approach is still being considered.

HDI was the recipient organization for **43,566,500 Mectizan tablets valued at $65,349,750**, which were donated by Merck **to fight lymphatic filariasis in Ghana and Togo**.

"What a splendid little book – exactly what is needed!" That's the first sentence of the rave review that HDI's *Basic Lymphoedema Management* book received in *Transactions of the Royal Society of Tropical Medicine and Hygiene.* The review concludes by saying, "This is a well-thought-out and maximally useful publication…." and then wishes it were available in the local languages of peripheral health workers in the various countries where lymphatic filariasis is endemic. HDI has also published the book in French.

Fund Development

Fund development, both for programs and operations, continued to be a challenge for HDI in 2004. The end of the year marked the completion of HDI's three-year grant from the **Conrad N. Hilton Foundation**, The grant, which was originally made for both Guinea worm and lymphatic filariasis projects, was designated solely for Guinea worm in 2002, its first effective year. In 2003-2004, the need to strengthen Guinea worm initiatives, especially in countries with less than 500 remaining cases, increased and the Foundation grant was again earmarked for Guinea worm projects. This 2002-2004 grant

from the Conrad N. Hilton Foundation was very important in moving several African countries closer to the eradication of Guinea worm, and bringing Uganda to the zero-cases goal.

Based on the success of its initial grant, the Conrad N. Hilton Foundation invited HDI to submit a new grant for Guinea worm activities specifically in Mali and Niger. In November 2004, the Foundation's Board of Directors approved a three-year $300,000 grant to HDI for additional Guinea worm initiatives in Mali and Niger. The grant will provide HDI with $100,000 for each of the next three years, starting in 2005. HDI again is very grateful to the Foundation for its recognition of the need to eradicate Guinea worm and its support of HDI's efforts as part of the global eradication program.

In December, 2004, HDI received a two-year $160,000 grant from the **Pro Victimis Foundation** in Switzerland. The grant will provide HDI with $80,000 annually in 2005 and 2006 for the eradication of Guinea worm in African countries with less than 300 remaining cases. Mali and Niger are exempted from the Pro Victimis Foundation grant, since they are already covered under the Conrad N. Hilton Foundation grant.

Also in December 2004, HDI received a gift of $18,000 for general operating support from Ms. Irene de Watteville through the **Seth Sprague Educational and Charitable Foundation**. The gift is restricted to supporting HDI activities in the United States.

Organizational Developments

- In the past year, HDI added **three new board members**: Barbro Owens-Kirkpatrick, former US Ambassador to Niger; Mary Williams, founder of The Lost Boys of Sudan Foundation and now director of community relations at Turner Broadcasting; and Randal Teague, a Washington, DC attorney with the firm of Vorys, Sater, Seymour and Pease, LLP

- **HDI-Norway** has been successfully incorporated in that country, the home of Dr. Anders Seim, HDI founder and executive director. Norway has been supportive of health issues in Africa, including Guinea worm disease. By incorporating in Norway, HDI is now eligible for fundraising with the Norwegian government and other European organizations.

- Following a strategic planning review in December, 2003 and subsequent research, HDI has realized that obstetric fistula (and the problem of obstructed births that lies behind fistula) is an area that in all likelihood can be eliminated as a public health concern by applying a community-based disease eradication approach to this condition, as a useful addition to previously existing approaches.

Working Towards an Important New Initiative

Obstetric fistula is caused by obstructed, prolonged labor, most often in young girls whose bodies are not yet mature enough for giving birth. When the baby's skull is pressing on the mother's pelvis for several days, the soft tissues squeezed against the inside of the pelvis get insufficient blood supply and are sloughed off after the birth (if the mother survives). A permanent hole, or fistula, is thus created. This opening results in the continuous leakage of urine and/or feces. After long, obstructed labor, the baby is often born dead**.** Fistulas can be surgically repaired and, even more importantly, prevented, if these at-risk mothers and other women whose labor becomes obstructed receive appropriate medical care during childbirth.

Why obstetric fistula as a new program area for HDI?

- Obstetric fistula fits HDI's mission statement, even though it is not an infectious disease. It can clearly be eliminated, though it is not biologically eradicable.

- Obstetric fistula is a major cause of physical, social and economic suffering, and destroys any possibility for a life in dignity. But it can be prevented (and treated) by interventions that should be manageable even in today's African countries. Obstetric fistula sufferers are the survivors of one of the two main causes of death that occur while giving birth. Therefore, interventions that prevent obstetric fistula will of necessity reduce maternal mortality and the death of babies during birth.

Next steps

Together with the Centers for Disease Control and Prevention (CDC), HDI is exploring whether we can encourage those involved with women's and reproductive health to consider adding community-based approaches toward obstetric fistula, using tools learned from disease eradication programs. A number of important organizations have recently begun looking at obstetric fistula, yet it appears that neither a community-based approach nor applying the lessons learned in disease eradication is yet being considered.

As a next step, HDI and CDC would like to organize a three-day policy retreat on obstetric fistula, perhaps as soon as spring/summer, 2005. We would invite 20-30 key experts to review HDI's ideas about using a catalyst approach to obstetric fistula and the obstructed births that lead to fistulas. Based on the conclusions of the meeting, these experts would begin working with HDI to identify support for African and Asian countries where this approach might be tried.

While considerable financial resources will be needed for an Africa-wide obstetric fistula program, it does seem realistic that HDI can help catalyze a new approach to this awful condition. HDI feels that the prospect for eliminating obstetric fistula is as realistic today as Guinea worm eradication was in the early 1980s. We shall strive to help get the ball rolling on obstetric fistula as we did with lymphatic filariasis elimination.