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Women dying in childbirth are 62% fewer while 67.5% fewer babies are born dead or die shortly after birth in HDI's Niger project. And over 1.2 million people in Togo received medicine to treat several neglected tropical diseases at once. HDI continues to achieve striking success from focused initiatives that also strengthen national infrastructure and systems of health care provision in the poorest of countries. We concentrate on saving lives and preventing indignities due to diseases that cause great human suffering and dramatic negative effects on local and national economies, aiming to maximize measurable achievements with modest funds.

HDI is also excited to announce two new trustees since the previous newsletter, Patricia A. Smith, a prominent Cardiff, California lawyer, and Julius Coles, a retired diplomat and past president of Africare who now heads the Center for International Affairs at Morehouse College and Howard University, respectively.

Rapid Prevention of Maternal Death and Obstetric Fistula- Important Meeting in Atlanta

Nearly 50 people from Africa, Europe and the United States convened at The Carter Center in Atlanta, Georgia, on March 9 - 10, 2010, to share their work and consider initiatives to prevent birth-related mortality and obstetric fistula. Ministries of Health from affected countries, international agencies, private foundations, NGOs, the CDC, and a representative from US congresswoman Rosa DeLauro's office were present. This was in part a follow-up to the October 2005 meeting organized by HDI, UNFPA and CDC, where experts from four continents outlined practical recommendations for countries affected by obstetric fistula, to help them prevent and treat obstetric fistula while broadly advancing the cause of safe motherhood.

This time, discussions focused on whether specific initiatives to rapidly prevent obstetric fistula were ready for scaling up.

Over 1.2 Million People in Togo Treated for Neglected Tropical Diseases

As shown here where a volunteer uses a dose-pole to determine how many tablets of each medicine to give the child, HDI worked with the Togolese Ministry of Health in July 2010 to distribute medications that treat neglected tropical diseases such as schistosomiasis, oncho-cerciasis and soil-transmitted helminths (a mix of intestinal worms). This work was funded by USAID under its program to treat neglected tropical diseases. By participating in this effort, HDI expanded on the successful effort to help eliminate lymphatic filariasis (LF-causes "elephantiasis"), which helped Togo become the first country south of the Sahara to probably have eliminated LF transmission. In 2010, 15 districts in the Northern half of the country were targeted in the initial USAID grant which provided treatments to over 1.2 million people. The May 2011 mass drug administration aims to reach 3.2 million people nation-wide. This year, HDI and the Ministry of Health are building on last year's success by recruiting other partners to simultaneously distribute Vitamin A to children under five years of age and long lasting insecticide treated bed nets to protect children against malaria.

Conclusions from the Rapid Prevention meeting in Atlanta

1) **Obstructed labor is the "low-hanging fruit" of maternal mortality prevention**. There is enough science and practical experience to scale up promising interventions, and we should act now to prevent morbidity and maternal and infant mortality from obstructed labor.

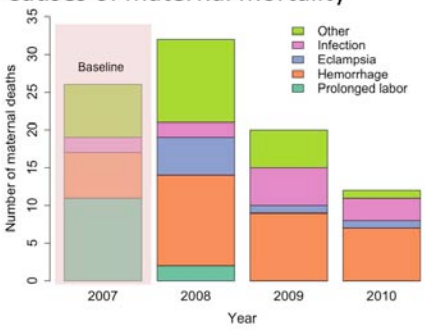
2) **Preventing obstetric fistula is highly cost effective**.

3) **We need to know more about the economic impact of obstetric fistula**; such information will probably also help generate political will for prevention and treatment.

4) **The world needs standardized indicators / a common language** for those working on obstetric fistula.

Mothers and Babies Surviving and Obstetric Fistulas Rapidly Prevented

Causes of maternal mortality



In an area almost three times the size of Rhode Island with more than 250 000 people, no woman has died of blocked childbirth since May of 2008, four months after the project started, although that was previously one of the two biggest causes of maternal deaths in this remote part of Niger.

Children are also surviving more often. The percentage of children born dead or dying within three days has fallen by 67.5% in the initial portion of the project area, for which we have data back to 2008. In fact, though the project focuses on blocked childbirths, total birth-related maternal mortality is down by 62%. And in October 2010 we expanded to also prevent women from bleeding to death at childbirth.

While it's too early to assess the bleeding-prevention component, communities and health workers are very pleased, and no disturbing side-effects are being seen in spite of our efforts to look for them.

Causes of maternal mortality

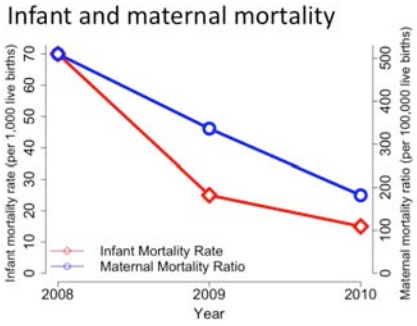
Cause	2007 (Baseline)	%	2008	%	2009	%	2010*	%
Prolonged Labour	11	42%	2	6%	0	0%	0	0%
Hemorrhage	6	23%	12	38%	9	45%	7	58%
Eclampsia	0	0%	5	16%	1	5%	1	8%
Infections	2	8%	2	6%	5	25%	3	25%
Other	7	27%	11	34%	5	25%	1	8%
Total	26		32		20		12	

*Provisional

Please Note: Percentages on small numbers are imprecise.

Not only are more women and babies surviving, and no woman in a participating village has had a fistula since July 2009, but more women are going to the health system to have their babies, as well as for prenatal and postnatal consultations.

Infant and maternal mortality



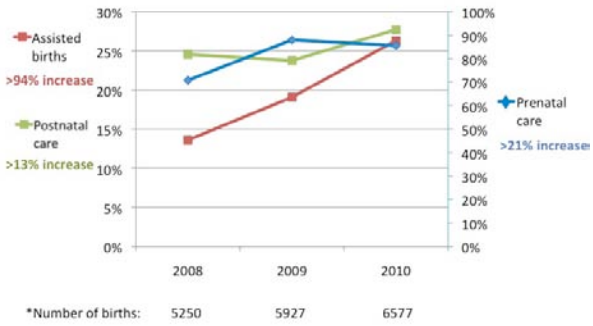
In other words, this focussed initiative is leading to a strengthening of the normal health care system, and a greater demand for its services.

We are tremendously grateful to the Kavli Foundation, INFIL, NORAD, and others in Norway, the UK, and the US who are making these results possible!

Added benefits

Increase in health service indicators

as a percent of all births*



March 21st, an exciting day

Thanks to the Pro Victimis Foundation in Geneva, HDI is helping Niger to try even one more exciting initiative, training a new category of health worker, to ensure there is always a trained woman available in health centers to help at childbirth.

Having secured broad support for his excellent idea, permission from government, and collaboration from Niger's midwifery school to develop a curriculum and carry out the next step, HDI's Resident Representative Dr. Zeidou Alassoum has reason to be excited. On March 21st, 26 women began their 3 months of training to become Midwife Assistants. They will be the first in a new category of health workers in Niger. The hope is that they may considerably benefit Niger's reproductive health services and its birth-related outcomes. If successful, this may become a model for all of Niger.

The Problem

In our 2009 investigation of why a few women were still getting fistulas, a gender issue was identified as one of several factors: the trained health worker at the local Health Center is always a man.

That's because the nurse must travel extensively by all-terrain motorcycle to do his job. Traveling alone over long periods is often seen as an indication that a woman is "loose" in these population groups. And women don't normally drive large all-terrain motorcycles in Niger, any more than they do in the US or Norway. So, nurses in the project area tend to be men, a barrier for many women in a birthing situation. What's more, that male nurse is often away doing vaccinations, attending district planning meetings, or for other reasons. So there's no guarantee of finding ***any*** health worker when someone shows up at the Health Center in labor.

The Solution

Dr. Zeidou's groundbreaking initiative has been applauded from the local level to the Ministry of Health. The midwife assistants are to be specially selected, bright, experienced, respected, literate, and ideally traditional birth attendants. They must speak the predominant language around each health center, and live in the village where their health center is located. One has been selected for each of 26 health centers. In the end, we gave priority to literacy when it became clear that all traditional birth attendants in the area were illiterate. Training completed, each will return to her community, be a helper when the nurse is present, and assist women who arrive at the health center in labor even when the center's nurse is absent. For this each will receive a salary of $700/year.

Looking ahead

Rapid Prevention of Fistula and Maternal Mortality

1. **Scale up and further investigate promising interventions:**

a) Community-based maternal mortality and obstetric fistula prevention within a "catalyst approach to public health" as Niger is implementing

b) Collaborate with others who can help by implementing an ongoing facility-based audit-system as a means of improving care within facilities

c) Explore rights-based approaches similar to what has been done in Tanzania to empower individuals and communities

2. **Strengthen the data-analysis portion of the maternal mortality and obstetric fistula prevention initiative**, for example by engaging a CDC-trained part-time medical epidemiologist in 2011.

3. **Encourage the nascent community of interested agencies, so results-oriented rapid prevention of maternal mortality may expand to the extent that results justify.** This group of people and organizations which met at The Carter Center in March 2010 is different from many others, in that its members are interest in rapid, results-oriented interventions. It needs to maintain momentum, and HDI is probably best placed to encourage that momentum by partnering to organize a next meeting.

Integrated Management of Neglected Tropical Diseases in Togo

HDI looks forward to continuing to assist Togo with integrated mass drug administrations to treat neglected tropical diseases. Once a "Request for Application" for future work in Togo is published by USAID, HDI will apply. We hope to be selected to work with the Togo's government for years to come.

Guinea Worm

HDI is continuing to offer cash rewards to help countries find the last few remaining cases and ensure that any recrudescence is detected and contained immediately, so no further transmission occurs, until guinea worm is successfully eradicated.

Lymphatic Filariasis

With Togo probably having stopped transmission already, HDI's main focus will be to try to get lymphoedema management and surgery included in funding for integrated control of neglected tropical diseases.

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