

Small Organization doing BIG THINGS

15 Years in the service of health, development and human dignity

Sometimes practical approaches can do wonders for big problems. That's been the theme of Health & Development International since we began working with some of the world's poorest countries 15 years ago to improve public health and economic wellbeing by tackling neglected, degrading, and incapacitating diseases. While diseases like HIV/AIDS, malaria and polio are big problems being tackled by big organizations, other big problems are not given the same attention. Guinea worm disease, with the painful emergence of meter-long worms through the skin, and lymphatic filariasis, with grotesque, painful swelling, are two diseases being addressed by HDI.

Through its contributions, and those of its partner organizations and national governments toward eradication of guinea worm disease (99.7% completed) and the elimination of "elephantiasis" (lymphatic filariasis), HDI has contributed to a better life for millions of people in Africa and Asia.

We are now taking on prevention of one of the world's most terrible conditions - obstetric fistula. HDI is looking to apply lessons learned from successful disease eradication efforts to rapidly reduce the number of women who get fistula, now that others are working to bring treatment to those who already have it.



Guinea worm almost eradicated

This girl is one of 9 million persons in Sudan who received pipe filters at HDI's initiative. That became possible thanks to a successful collaboration with Hydro Polymers, Norwegian Church Aid, The Carter Center, and others. By using the pipe, she filters water as she drinks and protects

herself against guinea worm. Otherwise she risks getting this disease, and may have 1-meter long worms painfully emerging through her skin a year later. In 2003, Norway's medical students raised over \$270,000 to provide bandaging kits to treat those who got guinea worm in all of Sudan's affected villages. The students and HDI made it possible to treat everyone in Sudan who got this disease in 2004, resupply the kits in 2005, and provide another 430,000 pipe filters. HDI has worked with 18 countries in Africa and Asia, and numerous organizations, to help eradicate guinea worm.

An estimated 3.5 million people got guinea worm each year in the 1980s. The number has been reduced by 99.7%. And the reductions continue across Africa. Only 68 people outside of Ghana and Sudan had guinea worm in 2006 through June.

All of Asia and seven countries in Africa are free of guinea worm. And more countries are on the verge of achieving its eradication, thanks to HDI's important contributions and those of our partners.

"Elephantiasis" being eliminated



Since before the start of the global campaign in 1997, HDI has been combating lymphatic filariasis ("elephantiasis" or LF), one of the world's main causes of permanent disability (as seen in the photo). For example, with help from the Norwegian government, HDI leads a project to teach surgeons in 12 West African countries new, more effective, safer surgical techniques

for men who have fluid in the scrotum due to this disease. The scrotum can become the size of a basketball and weigh 15 kilograms, which is painful, socially degrading, and economically disabling. In addition, we have helped distribute free medicines in Ghana and Togo to stop the spread of LF, and assisted in the training of health care workers to treat filariasis patients, using soap and water.

More than 1,000 men in 5 countries have now been cured with HDI's help. Among other things, we've also helped Togo become the first country in Africa to stop transmission of this awful illness.

Obstetric fistula - a new approach



Among the poorest people in Africa and Asia without access to caesarian section when it's needed, 50,000 - 100,000 women each year experience a long, blocked birth (obstructed labor) that can leave survivors with a hole in the

vaginal wall after days of its being squeezed between the baby's head and the mother's pelvis. Urine and/or feces leak through the resulting hole, a fistula, that is permanent unless corrected surgically.

To prevent this horrific condition, HDI suggests using methods from successful disease eradication programs, which includes a strong community-based approach and the strategically targeted allocation of resources.

The main goal is a large reduction in the number of women who develop obstetric fistula, a number that has remained stable and much too high for a long time.

HDI secured broad support by WHO, the UN Population Fund (UNFPA) and some 40 experts on reproductive health from four continents including universities, relevant national and international agencies, and nine heavily afflicted countries in Africa and Asia, at an HDI-sponsored policy conference in Atlanta in October 2005. Delegates agreed that elements of successful public health efforts, including disease eradication programs, can usefully be applied to more speedily eliminate fistula.

The expectation is that HDI's new initiative will contribute effectively to reduce suffering and death associated with giving birth in areas that don't have adequate emergency obstetric care.

This will give many more women a life in dignity, prevent worsened poverty, and help strengthen existing health services in affected countries.

HDI feels prevention of obstetric fistula is now where the possibility of eradicating guinea worm was in the mid-1980s. It can be done. We just need to do it. Obstetric fistula was previously common in North America and Europe. But as healthcare improved and became accessible, fistula became a thing of the past in those areas. Now it's time to achieve for women elsewhere, what Europe and North America did in the late 1800s.

We already know a great deal about what's needed to liberate women in developing countries from this scourge related to giving birth. By using current knowledge in a systematic and conscientious manner, with current and modest new resources, a world free of new fistula cases can be achieved without waiting a generation or more.

Freeing women from obstetric fistula in today's developing countries will be more complicated than eradicating guinea worm disease. But the benefits will be even greater!

You'll find more information about HDI (Health & Development International) at www.hdi.no

For more information, you are also welcome to contact:

Dr. Anders R. Seim
HDI
Svestadvn. 27
1458 Fjellstrand, Norway
Tel: +47-6691 0022
Fax: +47-6691 9416
email: anders@hdi.no

Michael Pajonk
HDI
1001 Wenonah
Oak Park, IL 60304, USA
Tel: 1-708-386-3688
Fax: 1-708-386-5802
email: hdi@sbcglobal.net

Our annual budget is less than \$500,000. But the benefits of our work reach millions in Africa and elsewhere.

Financial and other support is always welcome, and very much needed!
