Update 2018

To HDI's friends and supporters

December 2018

This year too, the news is mostly good although challenges of course abound. **Izumi Foundation** has provided a new grant for obstetric fistula prevention on a really large scale. HDI is part of the consortium that successfully competed for a 5-year **USAID** grant for the integrated control and elimination of Neglected Tropical Diseases. Bleeding-deaths when giving birth in Niger continue to decline. And a part of Uganda with lots of obstetric fistula and high birth-related mortality is ready to start an Initiative such as Niger's, in a population of 1.7 million if one can find funding.

Among 579 000 births that we have information about so far (2015 - October 2018), bleeding caused 11,6% of the 3644 maternal deaths from any cause (preliminary numbers). Bleeding normally causes 25%-35% of maternal mortality, officially 29% in Niger. That means it still looks like Niger has more than halved post partum hemorrhage (PPH) mortality, which continues its downward trajectory.

As we hoped in last year's update, this spring a state in Nigeria started an Initiative similar to Niger's - with the state's own funds! HDI helped with planning, budgeting, and training of trainers. Since then, they have been running this themselves. We are still striving to help with analysis of their Baseline Survey so they can compare and measure impact. Other than that, we are no longer involved in that Initiative to prevent obstetric fistula and PPH deaths in Nigeria. It is in my view a good sign when countries start implementing a successful approach on their own.

External evaluation research documents that HDI's approach works

In the spring of 2018 the research group Gynuity in New York ended a two-year assessment of HDI's and Ministry of Health-Niger's approach to preventing women from bleeding to death when they give birth. Gynuity (www.gynuity.org) focuses on reproductive health in developing countries. Their results were presented at a meeting of the African society for obstetricians and gynecologist and in New York. Their conclusion was that the approach faces challenges, such as health workers sabotaging it because they feel one cannot give tablets to a woman for her to take home to ingest immediately afterward if the baby is born before they reach the health center, that the approach nevertheless works as intended, and that it is valued by health workers and birthing women.

Obstetric fistula still gone. New approach being tested in a region the size of South Korea

Obstetric fistula is still gone from expanded project areas where it had been a big problem, now in an area 120 sq. mi. bigger than Rhode Island and Delaware combined, which is home to over 340,000 people. 135,000 women gave birth without any death from blocked childbirth (obstructed labor) after May 2008, up until the project in its initial form was stopped at the end of February 2018. The «insane» goal had been to reduce obstructed labor deaths by 75% within two years. They in fact disappeared completely four months after the project started in the 100,000-person pilot area, in spite of reportedly having been one of the two main causes of maternal deaths at childbirth in the

year before this project started. Getting rid of obstetric fistula took longer, but only one (1) fistula (in April 2012) occurred August 2009-February 2018 among 128,175 births. This area had been the main source of cases which surgical teams from the US visited Niger four time a year to treat.

HDI has shown that obstetric fistula can be eliminated on a public health scale, even in one of the poorest countries using modest funds. Izumi Foundation has now generously provided a 3rd grant, this time to try a very different approach in an attempt to use much fewer human and financial resources and yet achieve similar results in **really** large populations (4 million) over **really** large areas (the size of South Korea). Implementation is well under way, while it is much too early to know whether the new approach will work. We must try! Nobody has replicated the initial approach, its success not withstanding, presumably because people find its modest costs too high, though many lives are saved and much suffering prevented.

Uganda

HDI has helped three districts in Uganda with a great deal of obstetric fistula and very high maternal mortality, near and in the Rwenzori Mountain foothills, to make a plan and a budget for an Initiative like Niger's in their 1.7 million population, as a pilot for Uganda.

Uganda needs $164,000 the first year and $37,500 annually after that to roll this out.

A proper Baseline Survey so they have real numbers to compare with when measuring improvement is a large part of the higher cost in Year 1, along with buying Univ. of California San Francisco's anti-shock garments which last for years, a stock of other supplies, and initial 90-minute trainings in the health facilities are what increases the cost for Year 1.

Togo - New USAID grant

From summer 2009 – August 31, 2018, HDI helped Togo's Ministry of Health (MOH) with **Integrated Control and Elimination of Neglected Tropical Diseases,** distributing roughly 129 million donated tablets, 57 million free treatments to the entire population outside of the capital Lome, using three donated medications in five combinations under a USAID grant which then ended. From late 2017, when it became clear USAID would release a new call for proposals, considerable effort went into discussions, preparations, and then short-notice budgeting and proposal-writing for a very different set of USAID exit-strategy activities, as part of a consortium of NGOs under prime-contractor FHI360 (Family Health International).

Our consortium won the grant for West Africa! So we have 5-year support for Togo!

Everyone expected the new would begin October 1st. To everyone's surprise, and to some extent horror, funding commenced August 1st under the grant announced in late July! That meant a trip to Togo at short notice for a Work Planning meeting and a great deal of scrambling, preparing additional detailed plans, budgets, and other required documents of various kinds under pressure-cooker deadlines from July until about a week or two ago. Much more important, we are very happy we can continue supporting this important MOH work in Togo, with real benefits for so much of the population!

Hearty thanks for your much needed support and encouragement !!!

Anders Seim, MD, MPH
Founder and Executive Director

HDI Inc. (Health & Development Int'l), 8 Essex Street, Newburyport, MA 01950-2716. A 501(c)(3) Public Charity;
www.hdi-us.org / www.hdi.no; IRS Employer ID No.: 30 - 0207842
Twitter: www.twitter.com/savingwomenhdi; Facebook: www.facebook.com/pages/HDI.SavingWomen