



Newsletter - December 11, 2020

To friends and supporters of HDI

The nationwide project to prevent bleeding-deaths at birth in Niger is keeping postpartum hemorrhage mortality at less than half of what it was, and reducing it further, the COVID-19 pandemic and other challenges notwithstanding. Our initial project to prevent maternal mortality and obstetric fistula was also successful. And it looks like the impact is holding even after external funding stopped. That required a lot of people, two volunteers in each village. Since the second half of 2018 we have tried a new, much less resource-intensive approach in a much larger population, 4 million in an area the size of South Korea. It too looks to be fruitful.

In the bleeding-project we have information on 1,257,396 births (2015 – November '20 provisional number). 1.6 % of these women bled too much (> 500 ml.). Without intervention, up to 18% bleed too much, and 10.5% of mothers bleed more than 1 liter if nothing is done (global average, WHO). Bleeding normally causes 25%-35% of maternal deaths, officially 29% in Niger, but 11.2 % here.

In-depth analysis of numbers through December 2019 continues. There are thousands of numbers! As recently as last week, colleagues in Niger travelled out to one hospital for several days to find missing numbers from all of 2017. They found the numbers. The analysis continues. If others are to be inspired to “look to Niger”, the analysis must have the highest possible quality when we publish the results. Therefore this intense focus on numbers.

Izumi Foundation funded the new project to prevent maternal mortality and obstetric fistula in really large populations in really large areas through a two-year grant from mid-2018. Though Izumi Foundation had said that was their final grant after 10 years of fantastic support, this summer they kindly invited us to send a new proposal. The proposal was granted in November. What a relief!

The project engages local traditional-, religious-, and political leaders to convey key information to the population, encouraging births to be in health centers, and emphasizes that everything must be done, regardless, to make sure the baby must ALWAYS, for every woman giving birth, be out before the sun rises a second time. Protect Your Sister Project makes it possible for the local leaders to visit communities twice a year, a highly successful twist to the new project!



Though it is too early to know for sure, it appears to be working. Deaths due to obstructed labor fell faster than new fistula cases in the initial project too. Through short, zippy “news bulletins” in local FM radio programs in three languages, we have informed the population of what they have achieved

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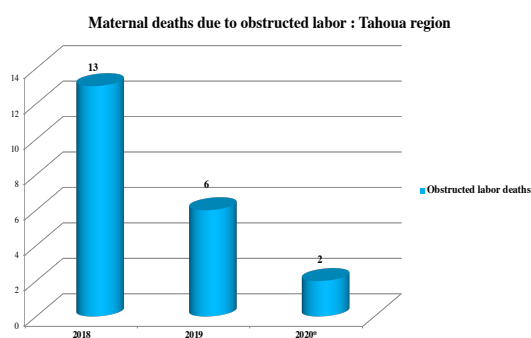
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so far, shown here, much more prosaically, in bar charts. We cheer their accomplishments and encourage further effort to save lives and prevent the catastrophe which obstetric fistula is. They diagnose sun rise with real precision. They can do it!

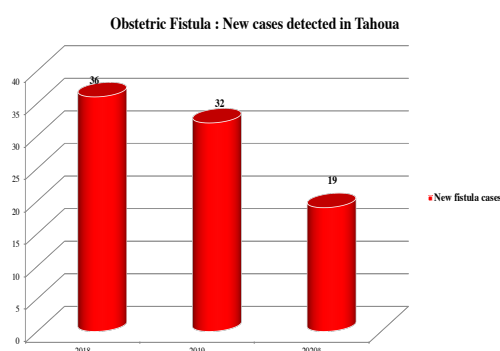
New Project: Obstructed labor deaths : 2018 – 2020*



* 2020: January-August

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New Project - New Obstetric Fistulas 2018 – 2020*



* 2020: January-August

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It is a real pleasure to say, “We were wrong!”. Kavli Trust “won the bet” about the initial project to prevent obstetric fistula. For the first time, someone (we) had prevented obstetric fistula and obstructed labor deaths on a public health scale in poor, almost roadless areas 120 sq. mi. bigger than Rhode Island and Delaware combined. We feared (were quite sure) these would bounce back when external funding stopped, because many villages lie 16 miles and more from the nearest health clinic, a long way for heavily pregnant women in populations that mostly get around by foot. Kavli Trust felt, after 10 years, there must be hope the population has understood. Wonderfully kind, they nevertheless gave us a two-year exit-strategy grant, May 2018-April 2020, to test “no support” for most villages against “some support for transportation, depending on distance to the clinic” for others. There ended up being no difference between the groups! Still nobody has died of obstructed labor after May 2008. And after August 2010 only one woman got obstetric fistula, back in 2012. We are confident this is true; we are still in touch with the health workers. They would have asked for help transporting the woman to the fistula center in the capital if anyone had gotten a fistula.

USAID supports HDI to help Togo combat Neglected Tropical Diseases (NTDs), now under a 2018-2023 sub-grant. Previously, HDI helped Togo become the first country in Africa to eliminate “elephantiasis” (LF, lymphatic filariasis). Togo now strives to eliminate river blindness and schistosomiasis (a disease that damages organs and puts women at much higher risk of contracting HIV, due to its effects on the cervix), and to control intestinal worms that harm children’s intellectual development and school achievements. Every year, over 3 million receive 6.5 million doses of 3 drugs in 5 combinations, based on the endemicity of each disease where they live.

Sincere thanks to The People of the United States (USAID for help in Togo), to Izumi Foundation, Kavli Trust, Protect Your Sister Project and everyone who supported us so generously this year! Even with two grants, we very much need help from current and new donors to sustain work in Niger! It saves lives, protects dignity, and prevents human and economic catastrophe for large numbers of families.

Hearty thanks for your support and encouragement !!!

Anders Seim, MD, MPH
Executive Director, HDI

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