



## Newsletter - December 2021

### To friends and supporters of HDI

Thanks to **Izumi Foundation**, obstetric fistulas are becoming fewer among the 4 million people in Niger's Tahoua Region, more than five times the size of Massachusetts (land area), where Izumi funds the testing of HDI's "new" approach with traditional- and religious leaders, and updating the population through local-FM radio stations. Obstructed labor deaths have decreased even more quickly, but not as fast as in our first large, but much smaller previous project. This year, 82% fewer died of obstructed labor through October than in the same period 3 years ago.

The project to prevent postpartum hemorrhage (PPH) across Niger has information on 1,788,297 health-facility births (2015– October 2021 (provisional)). About 2% bled too much (> 500 ml), while up to 18% bleed too much when giving birth, and 10.5% bleed over a liter (worldwide, WHO) without intervention. PPH normally causes 25%-35% of maternal deaths, officially 29% in Niger, compared to many fewer after Niger put in place HDI's strategy. An article with detailed results is being finalized for peer-reviewed publication.

Thanks to **The Protect Your Sister Project** and individual supporters, the Auxiliary Midwives in our initial obstetric fistula prevention project area are continuing their fantastic 24/7 on-call availability at health centers previously staffed by only one (male) nurse who is not always there, to make sure a woman trained in obstetrics and how to organize medical evacuations in obstetric emergencies is always available to care for women who come to these very rural health centers in labor.

Something fun happened this spring. An email from Professor David Molyneux, retired dean of prestigious Liverpool School of Tropical Medicine and Hygiene introduced a physician at Vanga Evangelical Mission Hospital (<https://www.facebook.com/VangaEvangelicalHospital>) because of big problems with obstetric fistula in that part of the Democratic Republic of Congo, in a difficult area to access where for example women in mortal danger due to obstetric emergency often do not dare to be paddled across the river to hospital at night for fear of a fatal hippopotamus encounter in the dark. Since then, Dr. Mudji and I have been in contact by Skype and Whatsapp. Our idea is to see if the hospital can treat excessive postpartum bleeding more successfully, and reduce PPH mortality across the entire "health zone" with its population of over 300,000 using at least misoprostol tablets and Tamponade Kits if we are unable to finance anti-shock "trousers" for the health centers. We also want to prevent obstetric fistula at the same time without establishing a program in the villages themselves.

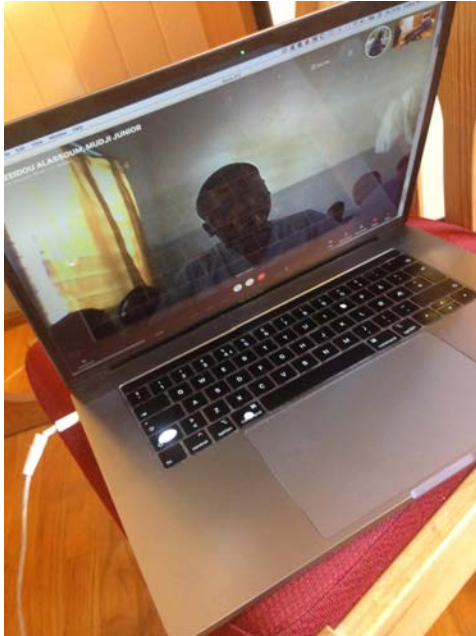
We had even more fun when Dr. Mudji asked us to teach doctors, midwives, nurses, and medical students(!) there at the hospital. One Sunday in April, HDI's representative and technical advisor Dr Zeidou taught via Skype from Niger in French, accompanied by demonstration of how to apply an anti-shock garment from my kitchen in rural Norway.

Inclusion of information in this update to selected supporters of HDI does not constitute "publication" of that information.

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[www.hdi.org](http://www.hdi.org); Email: [info@hdi.no](mailto:info@hdi.no); HDI is a 501c3 Public Charity, EIN: 30-0207842

As I showed how to apply the anti-shock garment on my wife, on our kitchen floor, the process was described by Zeidou from Niger's capital city. Pictured on on my laptop's screen tilted with the camera pointing at my wife, Dr Mudji and colleagues in Congo are watching, listening, and asking questions live. 😊



The manufacturer in Hong Kong let us buy even just one box of 5 anti-shock “trousers”, for the hospital itself. Unfortunately, in Paris it got transferred to the wrong plane and landed in East Africa. It took months to get to Kinshasa, the capital, and through Customs there. But it got there. And a woman's life was saved on October 20th. (Photo below including blood transfusion.)



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Via the hospital's supporting religious order in Germany, we recently sent \$1,200 for Vanga to buy components for 300 Tamponade Kits, enough for the entire district. (The hospital is also supported by congregations in the US, but their bank account is handled by a religious order in Germany.) Plastic bags are prohibited by law in the Congo, so I am working to buy clear, compostable "plastic" bags to pack the Tamponade Kits in, which exist but turn out to be hard to buy in both the US and Europe.

Sadly, the UN system has been the biggest challenge so far. UNFPA (the UN's organization for women, as UNICEF is for children) has said they will provide misoprostol tablets for a pilot or demonstration project for the entire "health zone", about \$7,000/year, or \$22,000 dollars-worth, 89,000 tablets for the entire 3-year project. A written agreement between UNFPA and the hospital is needed first. But before that, UNFPA clearly wishes to visit the place, 500 km (300 mi.) from Kinshasa. The day before UNFPA's planned departure in July for a visit, a member of the delegation tested positive for COVID-19. And since then.... The issue is that UNFPA has a "considerable" budget to procure misoprostol for Congo; HDI does not have funds; and this district needs a stable, lasting solution. The obvious solution would be to bring UNFPA in as a partner, for UNFPA's benefit but mostly to benefit the women of Congo from the start. We continue working on it, both from the Congo side and HDI.

Thanks to USAID's fantastic grant for Neglected Tropical Diseases elimination and control, HDI continues to collaborate with Togo's Ministry of Health as it treats over 3 million people through Mass Drug Administration by village volunteer community drug distributors 1-2 times a year, with 3 medications in 5 combinations. Each man, woman, and child receives an individually determined dose of 1, 2, or all 3 drugs, depending on the burden of each disease in their community and their height. With HDI support prior to the USAID funding, Togo became the first country in Africa to be verified by WHO as having eliminated lymphatic filariasis (LF) which caused "elephantiasis", most often in women, and (often huge) accumulations of fluid in the scrotums of men, at enormous economic and socio-economic cost to individuals, families, and whole communities when e.g. 25% of men are afflicted. Since USAID funding commenced in 2009, Togo has made great strides. Togo may soon have eliminated River Blindness (onchocerciasis) too. And progress against schistosomiasis (causes cancer, increased HIV transmission to women, and much else) has been so strong that Togo is now aiming to eliminate this disease too, starting in selected areas and then hopefully nationwide.

Huge thanks to the people of the United States and USAID for funds to help Togo eliminate River Blindness and schistosomiasis, and to IZUMI Foundation, The Protect Your Sister Project, and everyone who is making HDI's effort to protect women's lives and dignity in Niger possible!!!

In addition to the wonderful Izumi Foundation and Protect Your Sister grants, we are completely dependent upon help from current and new supporters to sustain the work that is saving women's lives, protecting their dignity, preventing human and economic catastrophe for a large number of families. The ability to prevent disaster when women give birth has been severely stretched since The Kavli Trust's generous 10 years of funding ended earlier this year.

Hearty thanks to you, for your support and encouragement !!!

Anders Seim, MD, MPH  
Executive Director, HDI

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