



Newsletter - December 2023

Dear friends and supporters of HDI

I hope and believe all who receive this update also received the article which *Lancet Global Health* published in January, and BBC's reporting on its World Service, News Hour. The positive waves continue, though they have not been enormous. Most recently *Journal of the Norwegian Medical Association* published a wonderful little piece, just 2-3 paragraphs on December 8th which I did not know about in advance. I thought it was such a fantastic summary of the essence that I immediately translated it into English. While I have not yet received a reply to my request to use the translation, to put it on our website etc while giving them full credit as copyright holder, I'll insert it in this letter in hopes you will not spread it widely unless we get the OK, and in hopes that, "Forgiveness is easier to obtain than permission", as people say here.

I was invited to WHO's "Summit" on postpartum hemorrhage (PPH) in Dubai in February, due to the *Lancet Global Health* article. It was not discussed there, but I got the opportunity to discuss it with participants from many countries, experts from countries with high maternal mortality, as well as the UK and America. I was invited by USAID to present at their headquarters in Washington next time I came to the US. That occurred in April when Julius Coles kindly invited me to the Fulbright Prize ceremony and gala in Washington. With HDI's chair, Ambassador Bisa Williams, we also visited the World Bank and Niger's ambassador to Washington. In Atlanta, Julius Coles and I then met people at Carter Center, Emory University's School of Public Health, a former Director of CDC who has also been the administrative head of the Bill and Melinda Gates Foundation, and others. All agreed that when an experiment succeeds, the next step in science is to repeat it in other settings, although USAID and World Bank made no promises.

In collaboration with people interested in implementing Niger's approach in their own country, many in key positions, we worked to engage countries like Liberia, Sierra Leone, Senegal, Nepal, even Papua New Guinea which has the highest maternal mortality in that part of the world. Things seemed promising right up to the point where we during the budgeting process for a large USAID grant needed to know how in many health clinics and hospitals women give birth, in the country or the areas where implementation was being envisioned. Then, "radio silence" descended, not just from one person but from all of the countries in spite repeated of friendly reminders. Complete and total silence. We have several hypotheses about what may lie behind this. But we do not know. And speculations would be speculation. Going down that path would be going out into "the wrong left field" in a summary such as this.

Later this autumn, Professor Jennette Magnus of Tulane University and University of Oslo, a fellow professor in Oslo, and one from Karolinska Institutet in Stockholm raised the interest of people at two universities and the national Ministry of Health in Ethiopia. This resulted in a proposal to the Bill and Malinda Gates Foundation for a Grand Challenge Grant, which was at least previously funded jointly by Canada, Norway, and Gates Foundation. Submitted in early December, we will learn in April whether we got one of these highly competitive grants.

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A celebrated, highly decorated OB/GYN Professor, Johanne Sundby in Oslo, introduced me some weeks ago to a leader in Gambia's new National Health Insurance Scheme who very successfully defended his PhD thesis on December 6th. He and I will continue our conversation early in the new year, when he has re-settled in The Gambia. Perhaps The Gambia will be the first country to "repeat the experiment" from Niger. We'll see.

Wherever people choose to do as in Niger, I will suggest they use the system to simultaneously prevent deaths due to eclampsia and other hypertensive catastrophes in pregnancy which can be handled by health workers by using a low-cost, heat-stable injectable medication, and to prevent deaths due to obstructed labor, as well as obstetric fistula among survivors of obstructed labor. It should work, and it will bring even bigger returns, both human and economic, on the investment.

If you know anybody who knows somebody with good contacts in a country with high maternal mortality, an introduction would be wonderful. 😊

Here is the article from Journal of the Norwegian Medical Association, in translation:



Interventions against postpartum bleeding led to reduced maternal mortality in Niger

From [Other Journals](#)

AMANDA HYLL AND SPJELDNÆS
University of Oslo

Maternal mortality in Niger sank considerably after introduction of systematic measures against postpartum bleeding



Illustration photo: Paul Raffaele / REX / NTB

Postpartum bleeding is an important cause of birth-related maternal mortality, especially in low-income countries. In a recently published study, the effect of a new package of interventions to reduce postpartum bleeding was evaluated (1). The interventions, which were introduced in 2014, consisted among other things of treatment with misoprostol and uterus balloon tamponade in all hospitals and health centers in Niger. The analysis encompassed almost 1.4 million births.

The interventions were effective as early as the first year they were introduced, and the effect persisted, remaining stable for six years. Before the interventions were introduced, postpartum bleeding cause one third

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of all maternal deaths in the country. This portion sank to around 10%. Total maternal mortality in Niger sank by 24%, and that without any significant reduction in the occurrence of other causes of maternal deaths. The interventions were estimated to prevent societal expenses of seven times the cost of the intervention package.

- When one is to do research on health problems which afflict the most vulnerable women giving birth, one must do it in areas where it is difficult to do research, such as in this study, says Johanne Sundby, gynecologist, public health physician, and professor emerita at the University of Oslo.

- This study shows that maternal mortality can be reduced by introducing measures based on modern technology, and that one can achieve changes, also in situations where the political conditions are challenging, says Sundby.

REFERENCES

1. Seim AR, Alassoum Z, Souley I et al. The effects of a peripartum strategy to prevent and treat primary postpartum haemorrhage at health facilities in Niger: a longitudinal, 72-month study. *Lancet Glob Health* 2023; 11: e287–95. [PubMed][CrossRef]

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The post-coup situation in Niger continues to be calm, and HDI's team has come to work safely every day, as did the rest of the population. Apparently the number of ministers was cut from over 40 to about 22, more than half of whom are non-military. The new minister of health is a physician, and the new Secretary General in the health ministry is the same person who in 2013 approved the PPH project that led to the Lancet paper. This time too, he comes across as serious about improving Niger's maternal mortality situation and on other key issues. After "sitting quiet" for some weeks while people worried whether a threatened invasion by neighboring countries would materialize, etc, we again started contacting MOH staff and others to ensure as best we can under HDI's current severe funding constraints for this part of our activities, continuation of ongoing efforts. Our many years of support from Izumi Foundation ends this month as they transition to funding new, also excellent projects elsewhere. We are tremendously grateful for all they, the Protect Your Sister Project, and so many of you have done, so we could show that preventing obstetric fistula on a public health scale is possible. The work continues.

On December 14th Togo celebrated being the first country to eliminate four "Neglected Tropical Diseases" (NTDs). HDI has supported these efforts since 1997, funded by USAID since 2009. The four are: 1) blinding trachoma, 2) lymphatic filariasis as the first country in Africa (causes elephantiasis, and in men also massive accumulations of fluid in the scrotum), 3) African sleeping sickness (African trypanosomiasis) which used to be universally deadly and which Togo is the first in the world to have eliminated while we in HDI were not involved in any way, and 4) Guinea Worm Disease, the last case of which Togo had in 2006. USAID's NTD grant that was supposed to end this year has been extended to May 2026.

I and everyone at HDI greatly appreciate your support, friendship, and encouragement, for making these results possible !!

Warmest wishes for lovely Holidays, a fine new year, and peace where tragedy is still unfolding.

Anders