HealthBridge

HealthBridge works with partners world-wide
to improve health and health equity through research, policy and action.

Annual Report 2009

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Message from the Board Chair

I am very pleased to introduce the annual report of HealthBridge. The report demonstrates the remarkable contributions of the staff and partners of HealthBridge to international health development. And, once again, it shows that HealthBridge is conducting leading edge but very practical research.

For example, it is clear that given the severity of the continuing problem of gender inequality, new approaches are needed. HealthBridge has carried out research on the economic contribution of women in five developing countries in Asia based on the assumption that the low perceived value of women and the work they do are key reasons for their low status, and thus also for the lack of government concern to protect women's rights and work towards improving their status.

International aid and development continues to largely ignore the prevention and control of NCDs, saying that there are much more urgent matters to address. However, in 2008, 60% of all deaths in the world were from the four main NCDs: cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases; 80% of these deaths occurred in low- and middle-income countries. These countries now face a double burden of increasing chronic, non-communicable conditions, as well as the communicable diseases that traditionally affect the poor. Recognising this growing dilemma, HealthBridge in Vietnam, with support from the Atlantic Philanthropy Foundation, is working with the National Cancer Control Program to address the increasing burden of cancer.

The success of these important programs depends upon the active participation of local partners and the support of development partners and individuals. We are very grateful to all of them. I also want to express the thanks and the admiration of the Board of HealthBridge for the outstanding work of the staff in Canada and in the field.

Maureen Law

Dr. Maureen Law
Chair, HealthBridge Board of Directors

It pays to invest in women

The United Nations Deputy Secretary-General has called for greater investment in women to ensure the health and wellbeing of women, stressing that healthy women can lead to better families and societies, and help achieve the Millennium Development Goals 2015 targets. According to Asha Rose Migiro, the UN Deputy Secretary-General, "It pays to invest in women – investing in women triggers greater progress for all. … healthy women are the answer to solving many of the world's most complex and pressing problems: poverty, hunger, disease, and political instability."

Given the severity of the continuing problem of gender inequality, new approaches are needed. HealthBridge has carried out research on the economic contribution of women in developing countries based on the assumption that the low perceived value of women and the work they do are key reasons for their low status, and thus also for the lack of government concern to protect women's rights and work towards improving their status. Such low perceived value is shared by women themselves, who fail to give importance to their own daily work and thus to themselves. We believe that by raising the profile and highlighting the economic value of the work carried out by women without pay, most of which is done for the betterment of families and societies, the perceived value of women may also increase, and thus provide incentive to address the various forms of inequality that persist throughout the world.

In order to gain better understanding of the enormous and economically invisible contributions of women to family and society, HealthBridge has worked with organizations in five countries to carry out studies on the economic value of the unpaid work regularly performed by women, in Bangladesh, India, Nepal, Pakistan and Vietnam. The research was carried out by local NGOs with technical assistance from HealthBridge and financial support from the Canadian International Development Agency (CIDA) as part of a program aimed at increasing gender equality. A summary of each country report is available on the HealthBridge website.

"When women are healthy and their rights are protected, they are more productive. Healthy women with equal rights will lead to healthier families and societies. And when women have a more equitable place in the family and in society, they invest more in children's health, nutrition, and education. Such investments can break the cycle of poverty."

-UN News Centre, April 15 2010, quote from Deputy Secretary-General Asha Rose Migiro.

In all cases, governments tend to underestimate the value of women's unpaid work, excluding most of women's work from GDP and other measures of national wealth. As a result, women appear to be a net drain to the economy, rather than important contributors to society and the nation. In order to improve women's lives, the perceived value of woman must change. Economic decisions are made on the basis of GDP, and the relative worth or value of different segments of society are reflected in economic figures. When full-time housewives are categorized as economically unproductive, putting them in the same category as beggars and prisoners, it is easy to avoid enacting or enforcing any serious policy meant to improve their condition.

Ahead of the curve – Overtaking Noncommunicable Diseases before they overtake the poor

> "There is clear evidence that prevention efforts addressing tobacco and alcohol use, unhealthy diets, and physical inactivity provide the highest return on investment and are therefore excellent socio-economic investments."
>
> *-WHO Global Strategy for the Prevention & Control of NCDs*

NCDs, while dropping in developed countries, are rapidly on the rise in most developing countries. In 2008, 60% of all deaths in the world were from the four main NCDs: cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases; 80% of these deaths occurred in low- and middle-income countries. Low- and middle-income countries now face a double burden of increasing chronic, non-communicable conditions, as well as the communicable diseases that traditionally affect the poor. Yet international aid and development continues to largely ignore the prevention and control of NCDs, saying that there are much more urgent matters to address.

The current demographic situation of developing countries provides a window of opportunity for prevention of NCDs, a window that, according to the WHO, will close in two decades: "the world is at a unique point in the history of public health, a chance to stem the tide of a predictable epidemic". In the next two decades, urbanization will force much of the poor among developing world populations into increasingly unhealthy cities, where their choices for healthy behaviors will be extremely limited.

For them, NCDs will exert a double burden, alongside the very real issues of infectious disease, maternal mortality, and child survival. In order to understand the link with poverty, one must understand some of the most important fundamental causes of the NCD epidemic. The policy environment directly affects the risk of NCD. Personal behaviors are not always a matter of personal choice. For example, the urban landless family may only have access to low-quality, energy-dense foods, with no opportunity for physical activity, thus leading to the paradoxical "obesity of poverty". The NCD epidemic is not simply a result of aging. People aged 30-59 in low-income countries die from NCD at twice the rate of their counterparts in high-income countries.

> "Cancer is already the fourth most common cause of death and disease in the WHO South East Asia Region. In the next 15 years, cancer incidence will increase between 100 and 180%."
>
> *-Global Burden of Disease*

In Vietnam, with support from the Atlantic Philanthropy Foundation, HealthBridge is working with the National Cancer Control Program to address the increasing burden of cancer. The project will focus on improving public awareness of the risk factors and prevention measures for major preventable cancers, supporting policy changes that will reduce risk of cancer at the population level, and increasing the availability and accessibility of the public and grassroots health workers to information on early signs of cancer. By working to create an enabling environment, strengthen the health system to provide continuity of care, and engaging the public, Vietnam is taking a very important first step in addressing the NCD epidemic, and in taking advantage of an important opportunity to stem the tide of NCDs before they overtake the poor.

Innovations in Food System Development

Food systems include everything from "field to fork" in producing food and delivering it to peoples' plates. There are many places in that system where break-downs occur - the food produced is not sufficient to meet human nutritional needs, the food is processed in a way that lowers their quality or does not prevent spoilage, the transportation network does not deliver the food where it is needed, food marketing creates unhealthy food demands, the retail systems are out of reach for consumers (too far or too expensive) and the consumer makes unhealthy food choices. Human malnutrition is a result of a dysfunctional food system, and the malnutrition can be "undernutrition" or "overnutrition/obesity" or a combination of the two, even in the same individual.

EkoRural is an Ecuadorian NGO, working with HealthBridge at various points from field to fork to improve the health of the Ecuadorian food system. EkoRural works with small-scale poor farmers to improve on-farm water management, increasing capacity for water capture allowing for low-cost irrigation and steady production throughout the year. EkoRural also works with "Canastas Comunitarias" ("Community FoodBaskets", which are ecologically and health-minded food buying co-operatives) who buy directly from farmers, improving access to fresh food, and providing farmers with a better price for their produce. In Riobamba (a city of 125,000), EkoRural is developing a "food map" which identifies all food markets and retail outlets, thus enabling us to identify "food deserts" - areas where the urban poor would have no access to healthy food, and thus identify areas where Canastas should be actively promoted. Finally, EkoRural is working with families to consider ways that they can make healthy food choices, selecting foods which will meet the needs of the children without promoting obesity in the adults.

-Written by Ross Borja, Director, EkoRural

Online Training

HealthBridge has developed expertise in conducting large-scale health surveys, using hand-held computers (PDAs or "personal digital assistants") for direct data capture. This enables survey results to be ready almost immediately after data are collected, as opposed to the many month delay that usually follows pen-and-paper based surveys.

Since beginning with this technology in 2008, HealthBridge has led or provided support to large scale malaria surveys in Sierra Leone, Madagascar, Mali, Togo and Nigeria, and nutrition surveys in Ecuador, Bolivia and Senegal. Partners have expressed interest in learning how to carry out surveys with PDAs and so in 2008, HealthBridge twice offered week long workshops in Ottawa. However, this did not satisfy the demand for training, and so to develop a more affordable alternative, with funding from IDRC, HealthBridge has teamed up with distance education specialists at DevEd International to develop an online training course. All of the content, and more, that was offered in person is now available in a series of presentations lasting approximately three hours. The material is managed using a Moodle (Modular Object-Oriented Dynamic Learning Environment) Learning System, so that the students can view the material online at their own pace, and the course instructors can monitor every students' progress. Please contact HealthBridge if you are interested in taking this course.

Promoting Public Spaces:

HealthBridge's newest publication, *Public Spaces, How they humanize cities*, explains the importance of public spaces in urban life.

What others have said about the book:

"This book fills an obvious void in the international literature on public spaces by dealing with the situation of people in the many poor cities of this world. A book like this has been seriously needed for years - and here it is, concise and clear in its language, excellently illustrated, well-researched and with moving examples and extracts from interviews with the people most affected. It is a book with much warmth and compassion for people. An excellent book."
-Jan Gehl, Author of "Life Between Buildings"

Public Spaces is an important resource for anyone concerned about the liveability of their cities. To find out more or to download the book visit: www.healthbridge.ca

The principles of Liveable Cities
Innovation for healthy urban populations

There is no question that the built environment of cities has an enormous impact on the health and well being of its population, particularly that of marginalized women and the poor. Research on NCDs has clearly shown that NCDs are directly related to unhealthy lifestyles that are affected by adverse physical and social environments in cities, particularly among the poor. Typical development policies that are car-centric tend to have a very negative impact on the poor, including compromising their access to low-cost forms of transport, loss of livelihoods that are street-based, and increased difficulty in accessing health services and healthy affordable foods. And the loss of public space results in reduction of physical activity particularly among children and women. The HealthBridge Liveable Cities program promotes sound urban design that promotes health, gender equality, poverty reduction, and a cleaner environment. The Liveable Cities program promotes cities that are built for people, focused on accessibility rather than mobility, and that emphasize health and economic well being for the poor. The Liveable Cities program, active in five countries, is supported by HealthBridge's Innovation Fund which comes from special individual donors, the Friends of HealthBridge, who believe in and support our mission.

HealthBridge Liveable Cities guiding principles

1. Liveable Cities promote equality. They enable the equitable sharing of limited resources, facilitate the rights of the low income to earn a living, and contribute to reducing the gaps between the rich and poor.
2. Liveable Cities value people over machines. Liveable Cities are designed to meet the needs of people, with a focus on the lowest-impact activities in terms of transport, agriculture, and sanitation.
3. Liveable Cities avoid creating distinctions between what is good for people's health and wellbeing, what is good for the environment, and what is good for the economy. Liveable Cities acknowledge that it is useless for the economy to prosper if people or the environment suffer as a result.
4. Liveable Cities value people of all ages and abilities. On the streets of Liveable Cities, small children, the very old, and people with a range of disabilities move safely and conveniently.
5. Liveable Cities reflect the principles of Small is Beautiful, of farming versus agribusiness, of nurturing people and the soil and a diversity of living forms.
6. Liveable Cities promote human interaction, friendliness, and a culture of looking out for one another. Liveable Cities avoid separation between their inhabitants and the buildings and means of travel. Liveable Cities reduce barriers.
7. Liveable Cities promote access rather than mobility, being rather than moving, a sense of place and a slower pace rather than constant movement.
8. Liveable Cities are cities that people cherish and work actively to protect. Liveable Cities inspire devotion in their residents. People in Liveable Cities happily work to keep their city clean, attractive, safe and green.

Q & A with HealthBridge Board Member: Dr. Catherine Hankins

What made you take the career path you have chosen? Is there one person who inspired you?

After studying modern languages, I felt the need to develop other skills that could contribute to 'improving the campsite'. Two biographies of the Canadian hero Norman Bethune inspired me to choose the field of medicine and student electives in Nepal underscored for me the importance of public health. The epidemiological bug came with the story about John Snow's investigation of London's cholera epidemic which led to the handle being taken off the Broad Street pump in Soho. A number of people have encouraged me to embrace different perspectives and to see life as one long learning process, the most important being my parents Gerald Warren Hankins and Alison Cathro Matthews Hankins.

How did you become involved in HIV/AIDS?

In June 1981, I was responsible for communicable disease control as Assistant Medical Officer of Health in Calgary when the first reports of a new immune deficiency disease came from the US Centers for Disease Control. My involvement has been sustained by the relentless challenges of HIV on so many levels – scientific, social, behavioural, ethical, economic, and developmental. Today, HIV is hampering progress on every one of the eight Millennium Development Goals.

What led you to become the Chief Scientific Advisor to UNAIDS and what does your work involve?

Leaving behind a very rewarding research and public health policy career in Montreal, I joined UNAIDS in 2002 as Associate Director of Strategic Information and Chief Scientific Adviser to UNAIDS. My role is to provide policy setting and strategic scientific advice to the Executive Office, to build the capacity of UNAIDS staff across the programme to provide scientifically-based strategic inputs to policy formulation and programming at country, regional and global levels, and to improve stakeholder understanding of the epidemic and key components of effective responses through timely knowledge translation.

How did you first get involved with HealthBridge? What has motivated you to continue to be involved?

I was involved from the very beginning of PATH Canada, the precursor of HealthBridge, and have stayed involved because I believe in its mix of innovative technology, knowledge translation into effective policies, and programmatic application in the interests of development in the Global South. HealthBridge really is a trailblazer in so many respects and it is a real privilege to serve on its board.

What other volunteer initiatives are you part of?

I also am a board member, since its inception in 2005, of Première Ligne, the Geneva harm reduction organisation that runs the supervised injecting facility Quai 9, a needle/syringe/condom distribution bus BIPS, the party drug awareness programme Nuits Blanches, and a social integration programme for people who inject drugs.

Where do you see yourself in five years?

I think I will still be involved in some way in the response to HIV and its link to development, although I hope that the tide will have turned for good by then.

An Intern's Story: Kristie Daniel

I awake to the sounds of horns, street life, and the energy of the city. Walking to work, I dart in amongst the rickshaws, cars and buses, which takes a surprising amount of skill! Walking along the lake, I'm greeted by shy children who practice their English by saying "Good morning" and "How are you?" And, when I respond, I'm treated to giggles. Finally, I arrive at work and it feels like I've arrived home… my new family greets me warmly and inquires about the evening before. This is how I spent the mornings during my first seven weeks as a HealthBridge intern.

I've been completing a Masters in Public Health, while also working as a Senior Policy Analyst for a Canadian health unit. My final requirement for my masters was to complete a work term and I could think of no better organization than HealthBridge. As someone passionate about health and the built environment, I knew that HealthBridge was an international leader in Liveable Cities. I was hoping to apply my skills in an international setting and my internship with HealthBridge exceeded all of my expectations.

In my 14 weeks, I had the pleasure of working in Bangladesh and Vietnam. I consulted with a variety of local partners on issues related to Liveable Cities and had many opportunities to share my expertise and learn from my colleagues. HealthBridge gave me an incredibly valuable experience that will benefit me professionally for years to come. In addition to the wonderful professional experience, I've also made some life-long friends.

Financial Highlights

Thank you for supporting our work!

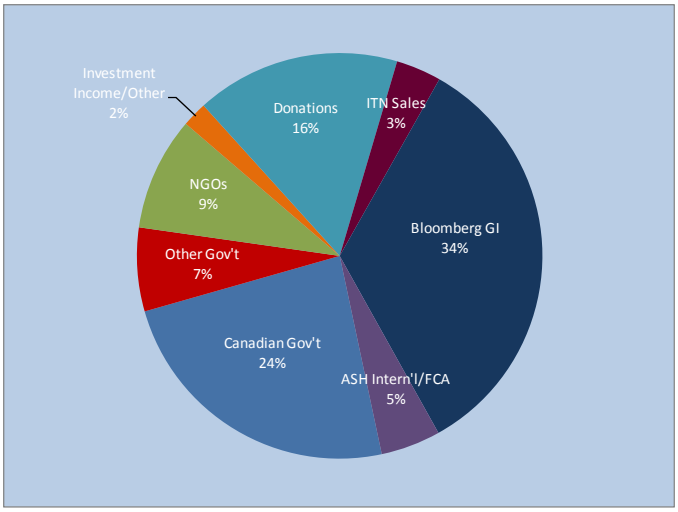
Individuals who contribute to HealthBridge in the way of donations play an important role in transforming ideas into reality. The support from individual donors to our Innovation Fund allows HealthBridge to pursue new initiatives and build on existing successes. Last year HealthBridge received $318,000 from individual donors; this funding helped to grow the Liveable Cities program and made important contributions to food systems in Ecuador.

With the help of individuals and institutional supporters who share our vision, HealthBridge improves health and health equity world-wide. To find out how you can help visit: http://www.healthbridge.ca/support_e.cfm. HealthBridge is a registered charity and will issue receipts for income tax purposes, please visit our website for more ideas.

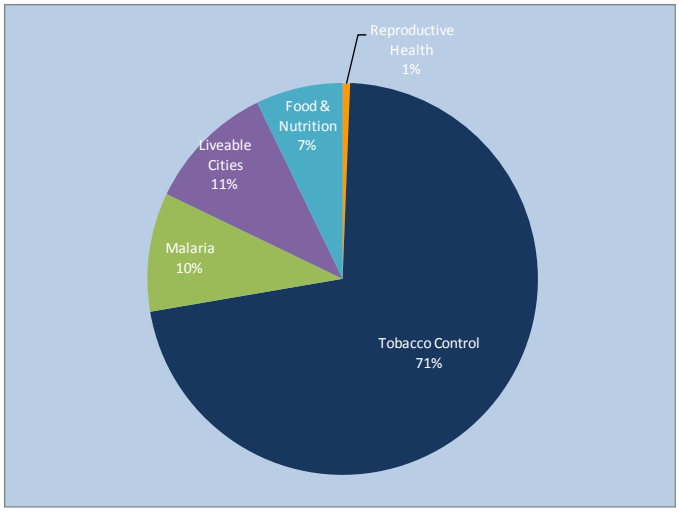
2009 Financial Summary

The financial summary below is an excerpt from HealthBridge's audited financial statementsFor more information or for a copy of the audited financial statements please contact admin@healthbridge.ca

Sources of Revenue



Use of Funds by Programme Categories



Acknowledgements

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