HealthBridge

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

Annual Report 2014-15

www.healthbridge.ca

INSIDE

Governance

Message from the Chair of the Board

Non-governmental organizations have played an essential role in helping Canada meet its obligation to the peoples of the developing world. With both commitment and professionalism, our NGOs have worked with vulnerable people on the ground to advance the social, economic and physical well-being of the most vulnerable. We believe that HealthBridge stands as a true and unique embodiment of this Canadian tradition.

For our excellent international staff and developing country partners this has been another year of accomplishment. From the Andes, where we helped advance the food security of indigenous peoples, to Asia, where we helped make cities amenable to better transportation, recreation and job opportunities for the poor, HealthBridge has pioneered sustainable solutions to the persistent problems of marginalization and unchecked growth. Our approach to development is no better illustrated than in the promotion of maternal and child health in Pakur, India. By providing education and training to over 9,000 women and men, the number of mothers accessing health facilities and ante-natal care increased by twenty percent in a district that has been a world leader in maternal and child illness and death.

This kind of success isn't possible without the continuing support of development donors, both in Canada and abroad, who have recognized HealthBridge as a responsible partner and an effective instrument in operationalizing their own mission. We are most grateful to the donors who support our vital work. We look forward to maintaining your trust as we build on our proud record of achievement.

On behalf of the Board of Directors, I salute the many activists, researchers and policy makers who have collaborated with HealthBridge in the past year. We pledge our strong support in your continuing efforts to bring health and social justice to your communities.

Mr. Rob Robertson
Chair, HealthBridge Board of Directors

Acknowledgements

Thank you to the generous and committed **HealthBridge Board of Directors,** whose support behind the scenes is critical to our position in the world.

Thank you to the **HealthBridge staff** around the world. They are truly dedicated and tireless in their work.

Thank you to our **partners,** without whom we would be unable to reach the people we aim to help.

We are grateful for the financial contributions made by individual donors and the following institutions: Adam and Rachel Fund, American Cancer Society, Asia Foundation, Bill & Melinda Gates Foundation, Bioversity International, Bloomberg Global Initiative, CARE Canada, Department of Foreign Affairs, Trade and Development (DFATD), Grand Challenges Canada, International Development Research Centre (IDRC), International Federation of Red Cross and Red Crescent Societies, Micronutrient Initiative (MI), Ontario Trillium Foundation, Philanthropic Ventures Foundation, Rosa Luxemburg Foundation, and UNICEF.

Where we started and where we are now

Det'may Murmu of Torai village, is a beneficiary of the Pakur Project. After her 3rd child died in infancy, she was provided counselling, then gave birth to her 4th baby in a health facility.

From global evidence, we know that when mothers and babies receive adequate health care, their chances of survival and healthy development increase tremendously. HealthBridge believes that every life is valuable, and everyone should have access to the same level of health care. This is why, three years ago, we embarked on a partnership with EFICOR, an Indian NGO, to improve maternal and child health in the Pakur district of India.

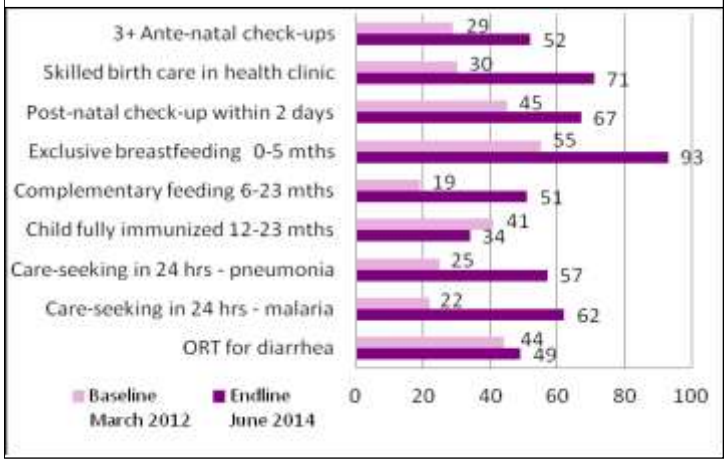
Worldwide, maternal and child deaths are highest in rural areas which are geographically isolated and have high levels of poverty. In these areas, far distances, difficult terrain and costs associated with transportation make care-seeking unrealistic for many families. This is compounded by a dearth of trained health care workers, as many physicians and nurses migrate to more developed areas. With almost half of the population living in remote, inaccessible villages and 50% illiterate, it's not surprising that Pakur has the third highest rate of infant mortality (81/1,000 die before reaching their first birthday) and the second highest rate of maternal mortality (318/100,000 die due to pregnancy and birth-related complications) in the state of Jharkhand.

Over the past three years, The Pakur Mother and Child Survival Project has worked alongside the government system to bring essential health services closer to rural communities, focusing on the period between pregnancy and the first 23 months of life. Four integrated strategies were utilized: (1) Capacity Building of Community Health Personnel, (2) Community Mobilisation, (3) Behaviour Change Communication, and (4) Engaging Men and Mothers In-Law.

What difference did our efforts make? As shown in the table, the results show encouraging progress in the numbers of women and children able to access essential health care. More women received health care along the continuum from pregnancy, birth and the post-partum period. Most striking is the progress made in mothers receiving skilled birth care in a health clinic, which increased from 30% to 71%. Improvements were also seen in nutrition practices, with more mothers practising exclusive breast-feeding for the first 5 months, and appropriate complementary feeding from 6-23 months. In part due to drug shortages, there was no improvement in children receiving immunizations, or oral rehydration therapy for diarrhea. It's clear that more work needs to be done to ensure that essential health care is accessible to all.

An equally important achievement, not captured in the table, is the foundation which has been laid by the project. The capacity built in 600 Village Health Committees and over 1,800 Community Health Workers will enable communities to continue the momentum started by the project, as these key players in the health system are more aware of their roles and responsibilities and able to develop local solutions. The education provided to over 7,000 women, men and mothers-in-law has also increased care-seeking and raised awareness that maternal and child health is not just an issue for women, but for the entire community. It is our hope that this foundation will continue to pave the way to save the lives of women and children in Pakur into the future.

Changes in the Percentage of Women and Children Receiving Essential Health Care Services



Funding tobacco control with taxes in Vietnam

Today, Vietnam uses money raised through tobacco taxation to finance tobacco control measures. However, getting to this stage required a multi-year effort from individuals and organizations both in and outside the country, including HealthBridge.

HB-Vietnam Country Director Pham Hoang Anh, 2nd from right, receives an award from the Vietnamese Government for HealthBridge's work on tobacco control.

According to a recent study by HealthBridge Vietnam (HBV) the total economic cost of just five smoking-related diseases in Vietnam was US$1.2 billion in 2011, equivalent to 0.97% of the country's gross domestic product. The cost of treating tobacco users was US$592.4 million. In May 2013, the Government passed its first comprehensive tobacco control law. The tobacco tax rate has been set at 65% since 2008, but the government has promised to increase it.

The plan to earmark a portion of tobacco taxes for tobacco control activities was born in 2005, after a study tour by a group of Vietnam tobacco control experts and officers to Thai Health, which was established in Thailand in 2001. The first working group to discuss the development of 'VietHealth' was set up by the ministries of Health and Finance in 2008.

According to HBV Director Pham Thi Hoang Anh, local and international NGOs advocating for a dedicated fund focused on building awareness and knowledge among Vietnam's policy makers, targeting key agencies (ministries of Finance and Justice, Government Office and key committees of the National Assembly). They also organized other study tours to witness best practices in health promotion funds, including to Hong Kong and Singapore.

Generating a strong local evidence base was also important to convince policy makers that a fund was necessary, says Hoang Anh. The Tobacco Research Working Group (TRWG) was created with officials from a number of government agencies, academic bodies and HealthBridge to oversee tobacco research. The Ministry of Health's Vietnam National Committee on Smoking or Health (VINACOSH) took the lead, supported by funding via various projects from organizations including WHO, Atlantic Philanthropies, Bloomberg (via The Union and Campaign for Tobacco-Free Kids) and the Southeast Asia Tobacco Control Alliance, through HealthBridge.

As time went on, leaders of key agencies, including the Tax Policy Department and the National Assembly's Committee of Social Affairs, went from being targets of advocacy to becoming strong and efficient advocates themselves at the National Assembly. It was that leadership, the strategic partnership between the Ministries of Health and Finance, and regional and international support that helped to make the plan successful, says Hoang Anh.

VietHealth was officially established in 2013, and was funded by a 1% levy on excise tax on tobacco products. The levy will increase to 1.5% on May 1, 2016 and to 2% on May 1, 2019.

Tim Stone Award winner learns about global health, Canada

By Hieu Nguyen

After the Canadian government awarded my family permanent resident status at the beginning of 2014, we started our life journey to Canada, settling down in Montreal. As soon as I arrived, I was informed that I was the first recipient of HealthBridge's Tim Stone Memorial Award, given to a HB intern in order to encourage young people seeking a career in international development.

The internship was a great opportunity for me to obtain my first

Continued on page 10

From Field to Fork: *in Vietnam and Thailand*

FOR ABOUT 15 YEARS, HEALTHBRIDGE HAS worked on what is now called "nutrition-sensitive agriculture": agriculture that considers the nutritional needs of the final user, the consumer, and not merely the production side of agriculture. It is gratifying that over the last few years nutrition-sensitive agriculture has become increasingly recognized and prioritized in the global agriculture and nutrition community, with many donors such as IDRC, McKnight Foundation, Carasso Foundation and Gates Foundation funding relevant work.

Quang Thi Tuan and her daughter in a field where sweet potato is growing among paddy. Dong Tau village, Chieng Dong commune. © Nguyen Xuan Xanh.

Unfortunately, we still do not have a solid understanding of the best way to conduct nutrition-sensitive agriculture interventions. There are many research projects underway, but the field is so complex and multi-dimensional that what works in one situation (these people, growing this crop, under these climatic, topographical and geopolitical conditions, with this level of intensity for X years) may not work if any of those dimensions are changed. Much more study needs to be carried out to build up a large matrix of experiences in which the different factors and variables are tweaked to see how the tweaking impacts outcomes.

HealthBridge is contributing to these efforts. We have worked for years in nutrition-sensitive agriculture in Bolivia and Ecuador, and now we are about halfway through a nutrition-agriculture project in Vietnam and Thailand. Working with Vietnamese partners Chiang Hue University and Hanoi University of Agriculture, and Chiang Mai University in Thailand, and with funding from IDRC we are working through a simple (sounding) three step process:
Step 1 – Surveys and qualitative research to characterize the nutrition and agriculture situation;
Step 2 – Given the situation, determine what interventions make sense to try;
Step 3 – Try selected interventions and monitor the effects.

Given the situation and baseline characteristics, it made sense for the communities to try to improve raising chickens, promote certain nutritious vegetables and, in one of the Vietnam sites, work on rice intensification.

Of course there are always a number of challenges. First, what we are promoting is inherently difficult. Being a productive farmer in resource constrained areas requires skill, energy and intelligence. The training and capital inputs that the project provides will be helpful only if the farmers are able to successfully integrate them into their farm and lifestyle. Fortunately what is good for the project – smooth implementation of the intervention – is good for the farmer, and so we are all pulling in the same direction. A second challenge is the short time frame we have to pull this off – three years from beginning to end. Farming practices can take years to be learned, incorporated and run effectively, and we are trying to compress the process into just a couple of growing seasons.

While the farmers and the project are all pulling in the same direction, we do not define success identically. For the farmers, successful chicken rearing would mean they are producing a useful number of eggs, they are eating the eggs and being healthier for it, and the benefits of production outweigh the costs. Similar success could be defined for vegetable and rice production. However this is a research project. And so for the researchers, while we sincerely hope that the farmers are better off for being involved in this project, what is of equal importance is that we learn more about what went right, or wrong, that we document it, we share it, and learn from it. By sharing these experiences we will help to fill the tremendous knowledge gap that exists around nutrition-sensitive interventions. There are many years of work left to do in this field.

HealthBridge's fundraising pioneer says goodbye

By Gail Taylor

Nearly 10 years ago, I was approached by my sister Joanne Bourgeault to get involved with HealthBridge. Joanne appealed to my desire to help our less fortunate neighbours and described the incredible projects that HealthBridge was involved with. I was sold.

I agreed to join the HealthBridge Board and kick-start its fundraising in 2007. My previous experience had been at the local level in Canada but my passion was with developing nations. I never understood why, with so many good people on this planet and so many resources, we messed up the distribution so bad. So many people don't have clean water or food or medicine and that makes no sense to me.

I started the HB Fundraising committee with an idea: Build a strategic plan and take a year or two to get grounded. However after the first committee meeting, HB was presented with this amazing opportunity to help with mother and child survival in Pakur, India. This meant shifting gears and going straight into a 3-year, fund raising mandate. Why not, I thought. My strategy quickly shifted, from planning to operations. With the need to provide matching funds to CIDA's contribution, my group and the HealthBridge community set out to raise just over a quarter of a million dollars.

Today, the Pakur Mother and Child Survival Project is coming to an end, and most of the money needed is in the bank. I'm preparing to say goodbye to the HealthBridge Board and happy to see that the fundraising committee now has some time to get back to basics. The best way for us to succeed is to increase the size of the existing committee. If we can get the group to eight or nine people, we'll have the right amount of energy and folks in place to continue to build and keep the momentum going.

We also need to keep working to position HealthBridge as a Canadian organization that just happens to be domiciled in Ottawa, and to market the organization, as well as the individual projects. Building recognition of HealthBridge in the community can really open doors with service clubs and corporate partners.

An intern's story: Alexandra Veri di Suvero

During my junior year of college, I had the opportunity to spend six months in Hanoi interning at HealthBridge. It was both a homecoming and a new experience. I had spent a year in Vietnam when I was 16, and had been looking for a way to return but I was unprepared for how much the capital city had changed in four years. And I had never worked for a public health non-profit.

I was assigned to the Livable Cities program, and tasked with developing new communications material to summarize the breadth and effectiveness of its programming to a range of audiences. To do my job, I had to understand the full scope of HealthBridge's work in Vietnam. Through the material I was digesting and with the support of my peers, I gained a whole new perspective on a country I had already come to love.

My time at HealthBridge was marked by a couple of projects: I started creating a new profile for the Livable Cities program, and was then put in charge of developing a media profile for all of HealthBridge Vietnam. Doing these profiles really helped me understand the core messages and aims of HealthBridge. At first it was daunting to ask my colleagues to explain their many incredible projects so I could concisely express their goals and activities.

Making early presentations to the group during meetings and at HealthBridge's retreat was nerve-wracking because I wanted to best reflect everyone's priorities. But over time, I'd like to think my project was helpful in deepening the shared knowledge of the collective impact that HealthBridge is having in Vietnam.

I am so grateful for my time at HealthBridge Vietnam: I learned how to craft materials for a thoughtful, wonderful organization, and gained a far more complex understanding of a country I love.

Action for the greater good

Debra Efroymson celebrates 20 years of working with HealthBridge!

There is not enough space on the page to talk about all of Debra's accomplishments and contributions to HealthBridge and to the world, but here are a few. First, Debra has just published a book called *Beyond Apologies – Defining and Achieving an Economics of Well-being*, which has been a labour of love for several years. The book should be of interest to all social activists working to try to make the world a better place for everyone.

That is what Debra spends most of her time doing – trying to make the world a better place for everyone.

When Debra first started working with HealthBridge, she was based in Vietnam. One of her great claims to fame is producing a series of books in Vietnamese that used spoken language (rather than the very formal written language); these books were about understanding one's own sexuality, and protecting yourself from HIV and other reproductive health problems. The books became very popular. The Vietnam Women's Union, a mass organization that reaches the most remote populations in the country, has printed and reprinted tens of thousands of copies.

Not content with bringing innovation to the world of sexual and reproductive health in Vietnam and beyond, Debra went on to spotlight for the world the important link between tobacco and poverty. Tobacco use is not just a health issue, it is a key contributor to poverty, and therefore tobacco control is key to poverty reduction. Hungry for Tobacco, an analysis of the economic impact of tobacco consumption on the poor in Bangladesh, was highlighted in Tobacco Control Journal as one of the most influential tobacco control publications of all time.

Living in South Asia brought Debra ever closer to issues of inequality, for the poor, for women, for children. Some of her most innovative work examined the link between valuing women and the value of women – part of the reason for the low status of women is the belief that women who do not hold paying jobs contribute nothing of value to the family, society or the nation. If women don't count, they are not counted, and are considered a net loss to the economy. Yet the unpaid work done by women is vital: nobody could survive without it. Debra has written extensively on this topic, raising the importance of valuing women's work globally.

Looking for ever increasing challenges, in the mid-2000s Debra highlighted that in urban settings it is the poor who are most vulnerable to development – for example, their access to healthy and affordable food often decreases, as does their access to healthy transportation options, such as walking and biking. But who would think it possible to take on such issues and actually make a difference? Debra would, and through her persistence and innovative thinking, she worked with us to create the Livable Cities program, which now addresses these issues in more than a dozen countries, through research, policy and meaningful action.

Because taking on transportation issues in Bangladesh, sexual health in Vietnam, the value of women, and tobacco control globally wasn't enough, Debra now directs her energy towards spreading the word about how to make the world a better place for everyone – through the media, through her books, and now through videos. The latest video about women's work is entitled "I don't do anything".

What is next for Debra? It's hard to imagine what seemingly insurmountable world problem she will tackle, but it isn't hard to imagine that she will find one worthy of her energy, her intelligence and her hopefulness. This is, after all, the woman whose HealthBridge blog is titled "Reflections of an Optimist"…

Q&A with Board member Melodie Tilson

How did you get involved with HealthBridge?
I was invited to join the Board by then Chair, Francis Thompson. Francis was previously in the position that I currently hold, Director of Policy with the Non-Smokers Rights Association in Canada, and he was familiar with my background and extensive experience in tobacco control. Francis was stepping down from the Board to take a staff position with HealthBridge, and it was felt that his departure would leave a void in tobacco control on the Board.

Why has HB put so much emphasis on global tobacco control?
HealthBridge has rightfully placed a high priority on tobacco control. Tobacco use is the second leading cause of death worldwide. If current trends continue, the annual death toll from tobacco will exceed 8 million people a year by 2030, more than 80% of whom live in low- and middle-income countries. In addition to the growing proportion of illness and death in developing countries due to increasing rates of tobacco use, tobacco is also a development issue—a perspective that HealthBridge pioneered and has been championing for many years. Money spent on tobacco and on health care to treat tobacco-caused diseases worsens poverty in families already struggling with the brutal impacts of poverty.

What are some of the main achievements in this area?
There have been major changes in tobacco control at the global level over the past 15 years, most notably the advent of the global treaty, the Framework Convention on Tobacco Control (FCTC), one of the most widely embraced treaties in UN history, with 180 Parties to date. The FCTC is serving to accelerate implementation around the world of what we know works to reduce tobacco consumption—bans on smoking in public places and workplaces, large pictorial warnings on tobacco packages, bans on all forms of tobacco promotion, and high taxes on tobacco products, to name some of the key measures. Full implementation of the treaty will save millions of lives in developing countries and will save their economies billions of dollars; however, this goal is a long way off, and the major sources of funding to assist low- and middle-income countries implement and enforce the treaty provisions have moved from tobacco control.

How has HB changed since you began working with it?
HealthBridge has transformed in significant ways since I joined the Board nine years ago. There has been an evolution in program areas; for example, malaria control is no longer a major focus, and, after years of increased program activity, tobacco control has recently been integrated into a broader non-communicable diseases prevention program. The Livable Cities program, on the other hand, has seen major expansion, with a variety of groundbreaking projects in numerous countries in Asia and Africa. And, although there have been changes in board membership and staffing, what has remained constant is the commitment of the board and staff to HealthBridge's mission: improving health and health equity through research, policy, and action. HealthBridge's unique approach endures—working with local partners on innovative projects that produce real change.

Continued on page 10

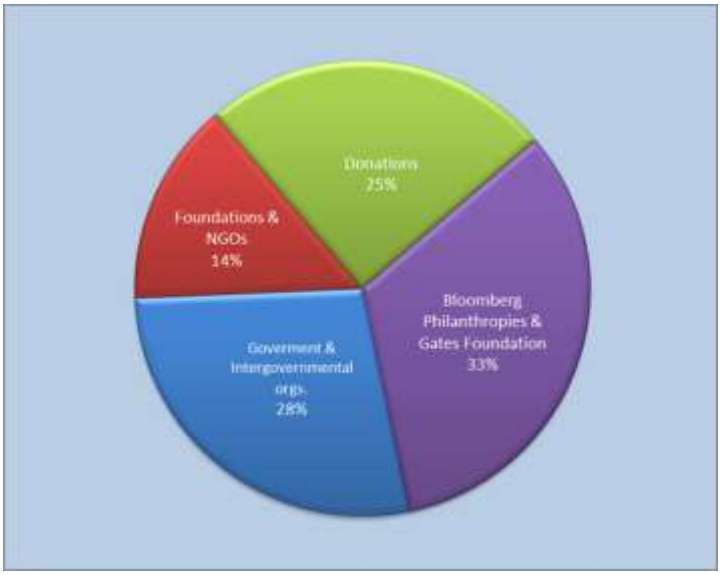
The buzz in Tanzania

Data collection and modelling are in full swing for our **Grand Challenges Canada** project in Tanzania! Debora Kajeguka, PhD candidate at Kilimanjaro Christian Medical University College in Moshi, is testing patients with a fever for malaria, Chikungunya and dengue fever while Robert Kaaya, also at KCMUC, is leading the collection of mosquitoes.

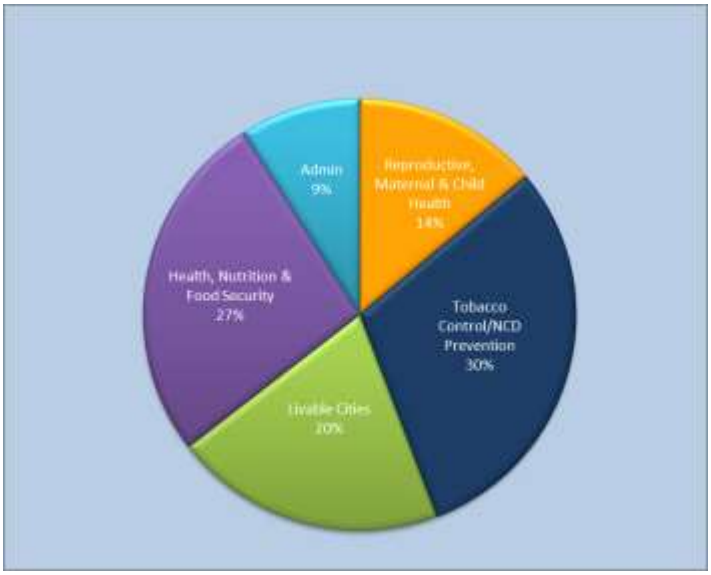
Back here in Ottawa, Rachelle Desrochers, GeoHealth Specialist at HealthBridge, and her colleague Manisha Kulkarni, Assistant Professor at the University of Ottawa, are making maps of mosquito habitat and malaria hotspots with the help of several graduate students from the School of Epidemiology, Public Health and Preventative Medicine. Exciting results to come!

Financial Summary 2014

The summary below is an excerpt from HealthBridge's audited financial statements.
For more information: admin@healthbridge.ca



Source of Funds



Use of funds by program category

Fundraising events in 2015

Art Changing Life

June 3, 2015, 5:30 pm
Pineview Golf Course, Ottawa
Give a donation, take a piece of art!
For more information, email artchanginglife@healthbridge.ca, or call Vicki Schmitt at 613-868-8067.

Empowering Families Worldwide

September 24, 2015
Palace Banquet Facility, Edmonton
Gala in support of HealthBridge
Live Music, silent and open auctions
For more information, email Judy Bain jjaques@shaw.ca

Thank you 2014 Run Supporters!

The 3rd Annual 5km Run for Child and Maternal Health was held in Ottawa and Edmonton in June 2014. Thank you to our wonderful volunteers for putting together two fun events and to our generous participants and sponsors, who raised over $40,000 for our Project in Pakur India.

A special thank you for financial contributions:

Platinum $10,000+
Tenaquip Foundation, Montreal

Gold $5,000+
NEI Investments, Toronto
IA Clarington Investments Inc., Toronto
Roger and Peggy Gouin, Edmonton

Silver $2,500+
Rotary Club of Edmonton, Riverview
Taylor Remy Investment Group of CIBC Wood Gundy, Edmonton
Guardian Capital LP, Toronto
Wendy Bryan, Edmonton

Friends $500+
Capital Hill Group, Ottawa
Foyston Gordan Payne, Toronto
James Whittaker, Sherwood
Wayne Kauffman, Sherwood

Q&A with Melodie Tilson

Continued from page 8

What have you learned, personally, via your involvement with HB?
Where to begin? I have learned so much and been so enriched by my involvement with the HealthBridge Board and staff! I am one of a few associated with HealthBridge with no prior experience in development, so the past 9 years have been a sort of 'crash course' in the needs and challenges of development work and the many and varied opportunities to make a meaningful difference in the health and well-being of people around the world.

In 2014 I had the privilege of visiting the site of the Pakur Mother and Child Survival Project in the Indian state of Jharkhand, where the rates of maternal and infant/child mortality were among the highest in the world. In Pakur I got to see first-hand how people live in this remote and rural part of India and how a relatively modest investment can produce huge improvements in the proportion of women and children who receive essential health care services, including prenatal and antenatal care and life-saving immunizations.

An Intern's Success

Anita Liu, HealthBridge Intern 2013-2014

I worked as an intern at HealthBridge Vientnam (HBV), in Gender, Reproductive Health and HIV/AIDS. Before this position, I worked in research for 6 years. Although scientific research was interesting and meaningful, I felt that something was missing. What was the point of research if it didn't benefit the people who were funding it? More importantly, how does research benefit the people who need it the most?

The opportunity at HBV helped me merge my skills in research and interest in international development and gender equity. It helped me transition from academia to health policy. Just two years after leaving HBV, I am working as the Assistant Scientific Director at the Canadian Institutes of Health Research, Institute of Gender & Health.

Although I have worked very hard to achieve this, I also think I wouldn't have been able to go as far without the people at HealthBridge who were willing to give me this opportunity. For that, I'd like to thank Sian and Lisa and HealthBridge Vietnam!

Tim Stone Award, cont'd

Continued from page 4

professional experience in Canada, learn many interesting things about the Livable Cities Program, and also to enhance my professional skills in my new environment so that I can continue along my global health career.

With the help of friendly HB colleagues, I had a wonderful opportunity to improve my research, language and presentation skills. I have much to do in the days ahead, and will always be grateful for the Tim Stone Award and for the wonderful experiences I had at HealthBridge Canada.

Recently Published

All publications are available at http://healthbridge.ca/library

* Cities will play an important role in achieving the SDGs. UN Chronicle. 2014;LI(4):26-7.
* Tobacco control programmes and prevention of non-communicable diseases (NCDs): Way Forward. The Union. Feb. 2015.
* An adequacy evaluation of a maternal health intervention in rural Honduras: the impact of engagement. Panam Salud Publica. 2015;37(2):90–7.
* Campaigning to save market women's livelihoods in Hanoi: experience from HealthBridge. Gender & Development. 2015;23(1):13-30.
* Male engagement in family planning: reducing unmet need for family planning by addressing gender norms. Institute for Reproductive Health, Georgetown University. 2014.
* A systematic review of the nutritional adequacy of the diet in the Central Andes. Panam Salud Publica. 2014;34(5):314–23.

HealthBridge Foundation of Canada

admin@healthbridge.ca, www.healthbridge.ca,

Registration Number 12995 00051 RR0001