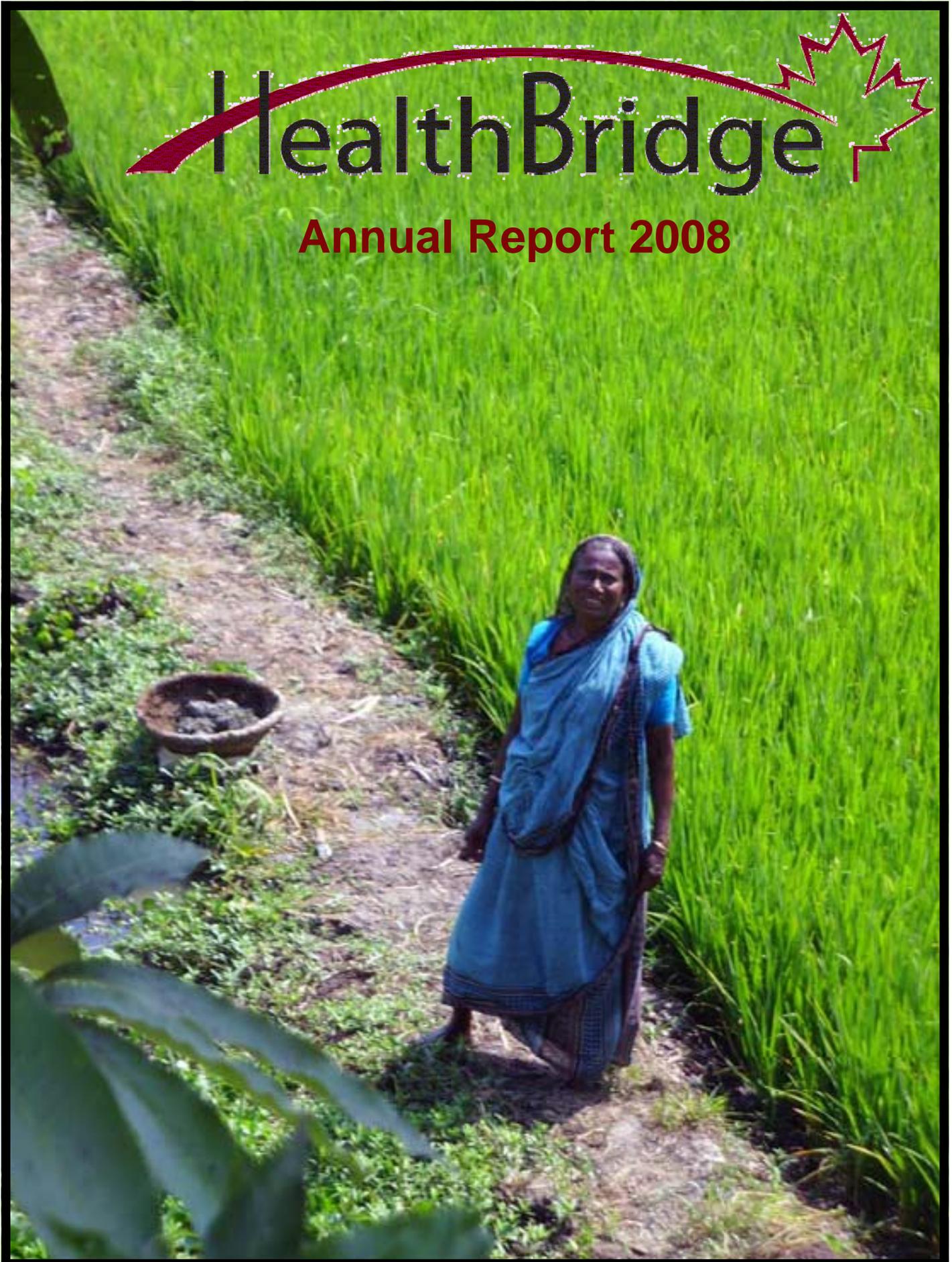




HealthBridge

Annual Report 2008





Governance

Dr. C.W.L. Jeanes
Board Member Emeritus

David T. Sweanor
Board Member Emeritus
University of Ottawa

Stephen Lewis
Honorary Board Member

Executive
Dr. Maureen Law, Chair
Dr. Frank Eady, Treasurer &
Chair Elect

Directors
Dr. Erick Boy
Dr. Don de Savigny
Dr. Shawn Gilchrist
Dr. Catherine Hankins
Dr. Terry Mc Gee
Dr. Tanjina Mirza
Mr. Rob Robertson
Dr. Karl Smith
Ms. Gail A. Taylor
Ms. Melodie Tilson

Executive Director
Sian FitzGerald

International Presence

Bangladesh
Debra Efroymsom
Regional Director

India
Shoba John
Programme Director
Phaeba Abraham
Programme Officer

Vietnam
Pham Thi Hoang Anh
Country Director

Message from the Board Chair

It is such a pleasure to introduce the Annual Report of HealthBridge. Once again the small staff of HealthBridge has produced big results in some very important areas. Their innovative approach to improving gender equality in Bangladesh by partnering with local organizations to promote male responsibility in addressing the issue has produced excellent outcomes in the first phase and should certainly be continued into the future. Their “ecocities” initiatives in several countries have also resulted in some impressive achievements and will no doubt continue to do so. They have done fine work in other areas such as tobacco control, HIV prevention and child health – too much to try to summarize here, but also important.

HealthBridge has demonstrated the value of PDA’s in research – a success which will be valuable in the future work not only of HealthBridge but of other researchers and program staff as well.

All of this work has depended not only on the outstanding dedication and competence of HealthBridge staff and of their partners, but also on the contributions of the organizations which have funded the work. We are grateful for this support and are confident that despite the current economic environment, both organizations and individuals will recognise the need to continue this essential and exciting work.

In closing, all of the Board Members join me in expressing our thanks and admiration for a job very well done.

Dr. Maureen Law
Chair, HealthBridge Board of Directors



Valuing Women & Engaging Men

No person is an island.
The creation of equal rights for individuals must involve entire families and communities—even nations.

Gender equality in particular requires widespread social investment and commitment. Programs related to gender equality, like those promoting reproductive and sexual health, typically target women.

However, **efforts to ensure that people of both sexes experience equal opportunities affect men as well as women, and long-term change requires the positive involvement of both.**



This is the idea at the core of the HealthBridge program *Promoting Male Responsibility Towards Greater Gender Equality* (PMR), which came to a close in 2008 after three years of working to provide fresh perspectives on gender issues.

The project focused on Bangladesh, India and Vietnam and aimed to unravel the bindings that tie people to preconceived notions about gender roles and equality.

The main goals were to improve reproductive and sexual health by engaging men in the pursuit of gender equality, increasing their sense of responsibility in reproductive and sexual health, and improving women's rights as well as recognition of unpaid work.

This program was one of overwhelming successes. Most significantly, our local partner organizations in all three countries have emerged as leaders on gender issues, both nationally and internationally.

The local partner organizations' strengthened capacities to develop and implement activities and research make the sustainable future bright for the initiatives that began within PMR.

These initiatives include increasing the availability and use of condoms within conservative Indian slums, as well as conducting in-depth research in Bangladesh on economic contributions of women's unpaid labour and presenting policy recommendations to officials. Another project involves collaboratively developing training programs on gender issues, including male involvement in reproductive and sexual health, which local Vietnam partners will run in their communities.

Since changing people's attitudes and practices on gender issues is a very long-term process, building locally grounded, sustainable foundations for the future was the standout success of PMR.

HealthBridge is also in the process of seeking funding for a follow-up phase of this project, in effort to continue our work on "valuing women and engaging men." It is our goal to remain active in the ambitious and crucial endeavor of fostering lasting gender equality, on a global scale.



*“Through this very useful project, National Aids Authority of Cambodia and the Mobility Technical Working Group have **enhanced their capacity remarkably in HIV/AIDS programming.**”*

Dr. Teng Kunthy
Secretary General
National Aids Authority
of Cambodia

Journey Home

Over the past decade in South-East Asia, millions of workers have traveled within their home countries and to neighboring nations in search of work and financial stability.

The reasons for movement vary, but there is one reality that all of these mobile populations and their families share: a greatly increased vulnerability to HIV/AIDS.

As the mobile and migrant populations of South-East Asia swell to unprecedented levels, they face a greater risk of exposure to HIV/AIDS due to the marginalization, discrimination and exploitation that often results from their movement.

They have little or no right to legal or social protection, and generally lack access to HIV/AIDS services and information.

First Steps

Since 2004, HealthBridge has co-headed the Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP) with the Canadian Society for International Health.

2008 marked the end of this five-year initiative focused on nations located in the Greater Mekong Subregion, which is considered by many to be the epicenter of the HIV/AIDS crisis in Asia.

The goal of CSEARHAP was building national government capacity to reduce the vulnerability of migrant and mobile populations to HIV/AIDS.

We worked with national and regional authorities in Thailand, Vietnam, Cambodia, and Lao People's Democratic Republic.

Over the course of the project, all four partner countries made significant strides towards developing policies and building programmes that reach across the diverse groups of people who make up the migrant and mobile populations, and help reduce their vulnerability to HIV/AIDS.

Steps forward

Eighteen new national policies and plans were developed, approved and in some instances operationalised to address mobility-related HIV/AIDS risks.

We also helped form national and provincial teams that worked towards creating, finalizing and approving Pre-Departure Orientation Seminars (PDOS) aimed at potential emigrants.

PDOS have already been finalized in three of the four partner nations.

In Cambodia, the number of migrant workers accessing HIV/AIDS training jumped from about half in 2004 to almost 75% in 2007, after the country adopted a policy to provide orientation seminars for citizens leaving the country to find work elsewhere.

UNAIDS has recognized and published many of our innovative strategies.

But more importantly, by helping partners to gain the capacity to identify new financial resources and develop funding proposals, **we have provided the fundamental tools for local governments and organizations to sustain the activities begun with CSEARHAP funding.**

As a result, although CSEARHAP has ended, the effects of the locally-generated and sustainable developments that we have helped generate will continue to be felt throughout the region.



Ecocities

About half of the world's population lives in cities.

Although city life offers many opportunities, it also presents many challenges.

Cities are not only a major source of pollution, but can also by their very design encourage crime, isolation and social aggressiveness—or friendliness, community and harmony.

HealthBridge is currently working in Asia and Africa, in partnership with a variety of local NGOs, academic institutions and governments, to promote urban design and transport policy that supports the physical and emotional health of all citizens.

Together, we are striving to build cities that promote health, gender equality, poverty reduction, and a cleaner environment.



What's been done:

- Stopping the conversion of a major park in Hanoi, Vietnam into a Disneyland
- Achieving the inclusion of pedicab drivers into government health insurance in the Philippines
- Generating widespread news coverage showing that traffic congestion in Dhaka, Bangladesh, is caused not by cycle rickshaws, but by cars, and nearly stopping the ban on rickshaws
- Creating a vehicle regulated zone in Kathmandu, Nepal that greatly reduced car and motorbike travel in the most tourist-populated part of the city

"It is difficult to put into words how important to us, and to the low-income people of Bangladesh, is the ongoing support that HealthBridge provides..."

Every day we can see the effects of the work, from the disappearance of tobacco advertising, to the ongoing presence of rickshaws on many roads and vendors on the footpaths."

Saifuddin Ahmed
Executive Director
Working for a Better Bangladesh

HealthBridge Publications

Efroymsen, D. Promoting Male Responsibility Towards Greater Gender Equality: Lessons Learned. HealthBridge, Regional Director. 2008.

Efroymsen, D., B. Biswas and S. Ruma. The Economic Contribution of Bangladeshi Women through their Unpaid Labor. HealthBridge and WBB Trust. October 2007.

Journey Home: the Story of Migration. Presented by CSEARHAP, financial support from CIDA, made in collaboration with CSIH, CARE Canada and HealthBridge. 2008.



Innovative Technology

New technology is an important tool in many areas of international development, and within the health field the benefits of hand-held electronic devices used in population surveys, or Personal Digital Assistants (PDAs), are beginning to be realized.

PDAs automatically enter information into a database right when the survey is conducted, meaning that the results can be analyzed right away.



With traditional pen and paper surveys, it is usually *months* before the information collected is organized enough to be analyzed.



HealthBridge is at the cutting edge of this new technology.

In 2008, we led a number of health surveys propelled by the introduction of PDAs. These included the evaluation of two national malaria control programs in Africa, and the evaluation of three nutrition interventions in South America.

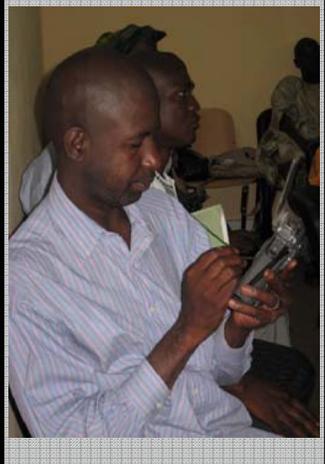


As the health research community becomes more excited about the potential that PDAs hold for research, HealthBridge's unique expertise is already being recognized.

We have been called upon to train a number of NGOs and government partners in the use of PDAs for surveys, and are now involved in developing new, innovative applications appropriate for health interventions in developing countries.



HealthBridge is committed to remaining a leader in this sector by continuing to improve and develop PDA-related training and projects throughout the coming year.



An Intern's Story:

Ian Mungall



Shortly after graduating from university in 2006 I embarked on a six month internship as a Communications Assistant at the Canada South East Asia Regional HIV/AIDS Programme's Bangkok, Thailand office.

Arranged by HealthBridge, with funding from the Canadian Government, the placement served as an invaluable introduction into the field of international development.

As a young person coming out of university at the time I found myself in the common situation of being unsure of the direction I wanted to take in my professional life.

In addition to the obvious professional development that the HealthBridge internship offered, I found that the contacts I was able to make during that time and the experiences of working in a multi-cultural and linguistic environment have been really beneficial in guiding me towards an interesting and rewarding career path.

Following the placement, I have moved on to do similar communications work with two other public health related development projects in South East Asia. Most recently, I was involved in managing a six month film project documenting the successes and lessons learned of an innovative HIV/STI project in the Mekong Delta provinces of southern Vietnam.

This interface between international development, communications, and media is definitely an exciting field, and one that I most certainly wouldn't have found myself involved with if it was not for the opportunities presented through my internship with HealthBridge!

Tobacco Control in Action

The following excerpt of an editorial was published in the ACT Newsletter April 2009 n°48 by Paula Johns. Paula Johns is the Founder and Director of ACT, an NGO working in tobacco control in Brazil in partnership with HealthBridge, and with support from CIDA and IDRC.

The Government of the State of São Paulo has taken a tremendous leap forward in the area of public health and has passed a law that designates where smoking is permitted. In April 2009, the law was approved at the State Legislative Assembly with 69 votes in favour and 18 against.

This is the moment to acknowledge and recognize the excellent team work that has taken place over the past few years with partners in the NGO, medical and legal communities, and others who have all actively fought for and contributed to achieving smoke-free public places. The ACT team along with the members of CEPALT are celebrating this victory. We are certain that this law will have a positive domino effect in advancing similar initiatives in other states of Brazil, and possibly at the federal level where a bill proposed by Minister Jose Temporão has been stalled in Congress for more than a year.

We would like to congratulate all those who made this victory possible, as we know that we could not have accomplished our work without the involvement of many people in many different places – each of them motivating their networks to action. For this support, many thanks to the ACT network membership, partners and friends. Thank you to the state deputies of São Paulo that defended the passing and approval of the smoke-free law, and to Governor Jose Serra who took the initiative to send the bill to the legislature. Thank you to the journalists and media who have covered this issue, and brought it to the public sphere for open debate.

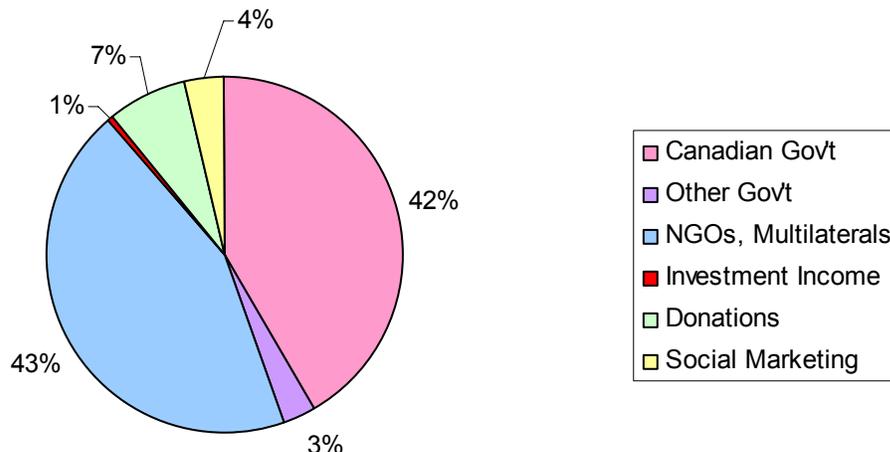
Lastly, thank you to our opponents who are largely responsible for allowing us to clarify the debate surrounding smoke-free spaces to the public after having tried to distort and polarize the merits of the issue, with no success.

It is important to highlight that the law was ultimately approved on World Health Day, a day that could not have been more appropriate and meaningful. As someone who greatly appreciates symbolism, I'm thankful to the deputies who, in trying to obstruct the passing of the law throughout the past few months, ended up contributing to the symbolism of the day. An important law ended up being approved on a special day by a large majority of state deputies.

Now the real work of implementation of the law will begin; drafting responses to the barrage of legal challenges and other controversial debates that inevitably come with change. As seen in other countries where similar legislation already exists – change comes with resistance. We will therefore continue to rely on our many partners and friends during this transition period. The times ahead will certainly be fun!



FINANCIAL SUMMARY 2008



Small Animals, Big Changes

In the Bolivian Andes, child malnutrition rates are startling. World Neighbors and HealthBridge have been working with communities in these areas to help improve their agricultural practices and diets, but we are fighting against an over 70% malnutrition rate. Over 15% of children die before their 5th birthday.

HealthBridge has initiated a fundraiser to reduce malnutrition among children and their families in Bolivia. Native Quechua- and Aymara-speaking communities are among the most geographically isolated and socially marginalized of the Americas.

World Neighbors and HealthBridge have begun working to promote small animal production as a component of the communities' farming systems. Your donation will help improve the lives of malnourished children and their families by providing adequate nutrition in a sustainable way. We are working towards the goal of cutting the malnutrition and young child deaths in the Andes of Bolivia in half by 2015.

We invite you to be part of this solution, and help these communities nourish their future: their children. To find out more or to make a donations visit our website at www.healthbridge.ca



Acknowledgements

HealthBridge would like to thank our dedicated Board of Directors, CIDA, IDRC, McKnight Foundation, Adam and Rachel Fund, Esperanza Trust, Health Canada, SEATCA, WHO, American Cancer Society, International Union Against Lung Disease and Tuberculosis, Bloomberg Global Initiative, TFK, Canadian Red Cross, PAHEF, IFPRI, Canadian Tobacco Control Initiative and our many individual donors for their generous gifts and continued support.



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

Ecocities ▲ Food and Nutrition ▲ Gender, Reproductive Health, HIV & AIDS ▲ Malaria ▲ Tobacco Control

1 Nicholas Street, Suite 1105, Ottawa, ON K1N 7B7 CANADA
Tel: +1.613.241.3927 Fax: +1.613.241.7988
Email: admin@healthbridge.ca

www.healthbridge.ca