FOR TWO DECADES, THE GHANA MINISTRY OF HEALTH placed priority on community-based primary health care and family planning services. National programs were launched for deploying volunteers and community health nurses to communities, but by 1992 it was evident that the programs were not functioning as planned. Volunteers were inadequately supervised and the quality of service was poor. While 2,000 nurses had been hired, trained, and deployed to subdistrict clinics, the care offered at the clinics was inaccessible to most rural families.

In 1994, the Ghana Ministry of Health established the Navrongo Health Research Centre in northeastern Ghana to improve access to reproductive and child health services in impoverished communities. By 1996, differing strategies were being tested to determine how best to launch and sustain community health services: services provided by community-based nurses working alone, volunteers working alone, and nurses and volunteers working together. Conventional Ministry of Health clinical services were also provided in all areas of the study district, including those not receiving resident nurse or volunteer care.

Strategies for training and community involvement were designed to improve the quality of volunteer services. Engaging community members in construction and management of the health centres was seen as key to sustaining the programme.

In 2005, representatives of community health programs in Burkina Faso, Ethiopia, and Sierra Leone met in Navrongo with their Ghanaian counterparts to review the relevance of findings from the Navrongo research for health development in other African countries. Over half of the ten million under-five children who die each year are in sub-Saharan Africa, where only 14 per cent of the world's children reside.

The Population Council's collaborative research with the Navrongo Centre has demonstrated that deploying community nurses to village locations can accelerate this decline, cutting childhood mortality rates by two-thirds in only six years. After this strategy was proven replicable in a similarly poor, rural, but nonresearch setting, the Government of Ghana made the commitment to scale up the service model (see "The Navrongo Experiment").

In September 2005, United Nations members outlined eight Millennium Development Goals (MDGs) to reduce poverty and improve people's lives: 191 member states pledged to meet these goals by 2015. One MDG calls for reducing the mortality rate among children under age five by two-thirds within this 15-year timeframe.

Children born in low-income countries are 13 times more likely to die before their third birthday than children born in high-income countries. Over half of the ten million under-age-five children who die each year are in sub-Saharan Africa, where only 14 per cent of the world's children reside.

In one of the poorest and most remote regions of Ghana, in the Kassena-Nankana district where the Navrongo Health Research Centre is located, the under-five mortality rate has declined consistently from 188 deaths per thousand in 1993 to 79 in 2003—a 58 per cent drop in ten years.

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In 2005, representatives of community health programs in Burkina Faso, Ethiopia, and Sierra Leone met in Navrongo with their Ghanaian counterparts to review the relevance of findings from the Navrongo research for health development in other African countries. They formed a steering committee for ExCHANGE, a network to share ideas on expanding community health care accessibility. A compendium of papers is being prepared to document the success of the project's approach, its health and demographic effects, and its role in shaping national policy. The volume will set the stage for new research on the MDGs of reducing child mortality and of improving maternal health.

The MDGs: New Perspectives from Experienced Practitioners

A special issue of the Population Council's peer-reviewed journal Studies in Family Planning published in June featured original essays by high-level UN staff, scholars, and international nongovernmental leaders on global efforts to achieve the Millennium Development Goals. The edition was developed in anticipation of the UN's 2005 World Summit in September to aid review of progress on meeting the goals. To learn more about how closely the Population Council's research aligns with the MDGs, visit www.popcouncil.org/about/MDGs.html.
The Navrongo Experiment, continued

support of facilities to house care providers enabled the project to relocate nurses to the communities and sustain accessible care at low cost. In communities where nurses were deployed, mortality rates under age five dropped by 50 percent in three years. Adding volunteers to this strategy improved family planning acceptability and reduced fertility by 15 percent. These results prompted adoption of a combined community-nurse and volunteer-outreach strategy as the model for national policy.

As an advisor to the Ghana Health Service—James Phillips, a Council senior research associate, is bridging the gap between research results and their practical application, including how best to build consensus for health service reforms at the national, regional, and community levels.

“The government of Ghana wanted to find ways of solving the service quality and accessibility problems,” says Phillips. “But, given past problems with poorly planned, large-scale programs, they wanted to focus attention on launching a trial that could guide development of their health-care delivery system.”

Replication of the Navrongo model in the Nkwanta District was launched in 2000 to test the transfer of lessons learned to a non-research setting. This project demonstrated that the Navrongo approach to service delivery was replicable as long as accommodation was made for differences in prevailing customs and resources. The emphasis on what worked and what failed (see right) made successful scale-up possible.

On the basis of those results, the Ministry of Health adopted the Navrongo model as an integral component of its national poverty-reduction strategy. In 2000 the Ghana Health Service launched the Community-based Health Planning and Services (CHPS) initiative, with Phillips serving as advisor. CHPS mobilizes volunteers, resources, and cultural institutions to support delivery of community-based, primary health-care services throughout Ghana. CHPS has been fully implemented in 20 communities within Ghana’s 138 districts.

In September, Phillips and Council Berelson Fellow Ayaga Bawah presented findings from the CHPS initiative to senior officials of the United States Agency for International Development (USAID), which recently awarded the Council a five-year grant to assist the Ghanaian Government in the scale-up of the CHPS initiative across their country, and useful for international readers seeking to learn how to foster reform in their countries. Of primary importance are the mechanisms it illuminates for consensus building. WWWF was created in 2001, and Santuah Niagia, Population Council communications specialist and WWWF editor, joined the Council soon afterward.

“Communication is considered absolutely vital to building consensus for organizational change,” says Niagia. “Communities, service providers, and managers develop a real sense of ownership when they are allowed—inlaid—to participate. What works? What fails? Is a road map of how we got from there to here, but it is also a guide for making your own maps of your local terrain.”

Each 1,000-word newsletter contains one article in an easy-to-read format featuring a picture or two. Early issues record how Navrongo evolved by interviewing residents, traditional leaders, nurses, local health volunteers and committee members, government workers, and even a local soothsayer or two. Although Niagia does most of the writing, contributors have ranged from principal investigators to chiefs to volunteers.

African Dreams

ANTUAH NIAGIA (pictured below, left) traveled to Cuenca, Ecuador, in July to present his prize-winning paper on “Innovative Strategies for Bridging Health Inequality Gaps” at the Second People’s Health Assembly, convened by the People’s Health Movement.

This paper, which Niagia submitted for the African Dreams Essay Competition 2004–2005, was based on his work for the Navrongo Health Research Centre (see above). His essay won first prize, including a cash award that allowed him to deliver his paper in person.

The meeting provided an opportunity to share the Navrongo experience with other activists in health-related sectors worldwide. Nearly 1,400 participants from 85 countries attended the conference.

Niagia’s essay in its entirety is available at www.popcouncil.org/africa/santuah.html.

On-the-ground Dissemination

WHAT WORKS? WHAT FAILS?

(WWWW) is a publication that hascharted and helped guide the evolution of the Navrongo Experiment into a national health-care delivery system. Growing from an informal paper newsletter to a series of 50-plus online issues, WWWF shares firsthand knowledge about the process of making primary health care widely accessible to rural people. Lessons from Navrongo and Nkwanta—especially how services were influenced by community opinion, reaction, and advice—are invaluable to the Ghanaians who are scaling up the initiative across their country, and useful for international readers seeking to learn how to foster reform in their countries. Of primary importance are the mechanisms it illuminates for consensus building. WWWF was created in 2001, and Santuah Niagia, Population Council communications specialist and WWWF editor, joined the Council soon afterward.

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Paper copies are distributed locally to all local chiefs, community health officers, volunteers, and health committees, and are mailed to the country’s 138 districts and to nurse training institutions, universities, public and institutional libraries, and elsewhere in Ghana, across Africa, and around the world. Copies are also e-mailed to some 300 recipients worldwide.

Every year, Niagia arranges the 24 or so new issues by theme in an electronic volume; he is currently assembling all of the issues into a single compendium. All issues are available on the USAID Web site. To join the electronic distribution list, e-mail what.works@navrongo.mimcom.net.

What works? What fails? was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, USAID, and the Bill & Melinda Gates Foundation.
Sowing Innovation

A S RECENT EVENTS have demonstrated, the magnitude of natural disasters—whether hurricane, tsunami, earthquake, or flood—is amplified by poverty. In communities already coping with tremendous challenges, women’s contributions to recovery can make a critical difference. “Women’s Participation in Disaster Relief and Recovery,” the latest issue of the SEEDS pamphlet series, underscores what local women accomplished after earthquakes struck their communities in India and Turkey. SEEDS is widely distributed throughout the developing world and is available electronically online at www.popcouncil.org/seeds.

The SEEDS series—now in its 25th year—was developed by the Population Council to provide information about innovative, practical programs addressing the economic roles and needs of low-income women in developing countries. The pamphlets are designed to share knowledge and to spark new initiatives guided by what works in the real world. They describe the basis for actions and their implementation in the hope that the lessons learned can be useful to women facing similar circumstances.

Funded by the Ford Foundation, the series is moving from its original home at the Population Council to The New School’s Graduate Program in International Affairs. The transition to The New School is an important capacity-building initiative that will give young practitioners entering the field of international development broader knowledge of strategies and policies for strengthening women’s earning potential and improving their working and living conditions. Judith Bruce, program director for the Council’s Gender, Family, and Development Program, will remain on the SEEDS advisory committee.

The impact of SEEDS is movingly described in excerpts from a July 2005 letter to Sandy Schilen, longtime editor of the Council’s Q/C/Q magazine. In her letter, Schilen attributed the success of the SEEDS series to “a primer for spreading awareness on the issue of women and land rights both locally and globally.

We have used this publication in workshops at the village level, for training NGO activists, and for lobbying the government and international agencies, so that they take up this issue in action and policy. Since it is available both in English and in the Hindi translation published here (as also in Gujerati), it has had an extensive reach and impact.

The village women consider the volume their prized possession. I have seen them carry the booklet in their bags for months after they have attended a workshop. They carry it around even though they cannot read it, as they have memorized which page they may ask to be opened in a courtroom or during a village council (pan-chayat) meeting to get across the fact that women do have land rights.

Some days ago our Prime Minister received a letter from the National Advisory Council chaired by The President of Congress Party (saying) that land rights and inheritance rights, especially on agriculture land for women, needs to be an issue of priority for our government. This significant move has been a result of the hard work of many individuals which has been captured very successfully in the SEEDS publication. This body of knowledge has been turned into information that could be picked up to build an action agenda for activists and policy influencers.

The SEEDS publication has been a pioneer. Indeed it is a jewel in the documentation that helps strengthen positive approaches for the realization of women’s right to agricultural land.
Global: The Changing Transitions to Adulthood in Developing Countries, has presented its findings to policymakers and social scientists in Mexico City, London, and New Delhi. In the last six months she has made two presentations to USAID, and one each at the World Bank and Woodrow Wilson Center. A congressional briefing is scheduled for the beginning of December.

Regine L. Sitruk-Ware, executive director of the Council’s Product Research and Development program, chaired a session at the 11th World Congress on the Menopause symposium in Buenos Aires in October on “The meaning of individualized therapy for prescribers and patients,” and delivered four papers.

Ragui Assaad, regional director for West Asia and North Africa, chaired a panel on “International databases and data sharing” at the Social Science Research Council’s October conference, “Promoting International Cooperation in Social Science Research.”

With underwriting from the John D. and Catherine T. MacArthur Foundation, the Council for the first time has posted information in Arabic on its Web site. The nearly 30 Arabic publications comprising over 1,300 pages—and expanded Spanish- and French-language sections of the site—are accessible from www.popcouncil.org, which serves over 1,300,000 visits each month.

The critical question is whether computerized interviewing provides more accurate reporting of risky behaviors than traditional face-to-face interviews. Council researchers, in collaboration with Brazilian colleagues at the Centro de Saúde Escola Dr. Alexandre Vranjac, Barra Funda (CSEBF) health center, set out to answer this question by conducting a randomized experiment comparing the reporting of risky behavior in computerized versus face-to-face interviews. This study— involving over 800 women in a low-income area of São Paulo who were receiving care and treatment at CSEBF—found that those interviewed using the computer were significantly more likely to report high-risk sexual activities, for instance a greater number of lifetime and overlapping sexual partners, as well as less condom use. ACM researchers were also more likely to reveal that they and their partners had recently used alcohol or drugs, behavior often associated with high-risk sexual activity. The results of this study provide strong evidence of the benefits of computerized interviewing for reporting of sensitive behavior.

A broader program of research and evaluation on this topic has been initiated by Council researchers in countries with high rates of STIs and HIV/AIDS, including Kenya, Madagascar, Malawi, and Uganda. The cumulative results of these studies, and studies of alternative methods for collecting accurate information about populations in settings where computers may not be feasible, are helping researchers and program managers learn more effective ways of collecting evidence crucial to improving reproductive health for both men and women.

Funding was provided by the National Institute of Child Health and Human Development (NICHD), USAID, and the Bill & Melinda Gates Foundation. Future work on this topic will be funded by NICHD.

Getting Personal

Instead of answering questions aloud in a face-to-face interview, a respondent using an ACASI computer personally controls the computer, pressing numbers on a numeric keypad to answer them. The computer can remain open, allowing the respondent to read the question along with the audio, or may be closed for complete privacy. Council researchers have found that most participants quickly learn how to use the interview program and prefer the computer over face-to-face interviews.
A “Win-Win” for Science

Emergency Contraception (EC) fills an important niche in the range of contraceptive options available to women and couples. EC refers to several contraceptive methods that can be used to prevent pregnancy after rape, failure of a contraceptive method, and/or other acts of unprotected sex.

Established in 2003 under the auspices of the Population Council, the African Forum on Emergency Contraception, or ECafrique, is a bilingual, international network of health care and business professionals seeking to expand the availability of EC services in Africa. Almost every country in sub-Saharan Africa is represented among ECafrique’s over 200 institutional and individual members.

ECafrique supports two broad sets of activities. It undertakes research, advocacy, and service-delivery interventions at the country level; and it disseminates information on improving access to quality EC services regionally. The network informs the media and links national regulatory agencies and service providers with local pharmaceutical companies to encourage registration and production of high-quality EC products in Africa. It publishes a quarterly bulletin in French and English covering critical issues in EC. Circulation exceeds 2,000 electronic and hard copies.

The Secretariat of ECafrique is headquartered at the Council’s Nairobi office, with a program associate John Skibik serving as network coordinator. Skibik was elected last year to the steering committee of the International Consortium on Emergency Contraception (ICEC), of which the Council is a founding member. ECafrique facilitates communication between its members and those of the ICEC and other regional EC networks, particularly those in Latin America and the Arab-speaking world.

Pictured below, from left to right, are: Australian Ph.D. Stuart Turville, who investigates the biology of dendritic cell–driven HIV infection and tests compounds to block infection in vitro and in vivo; Gavin Morrow, an Australian with a Ph.D. from Sydney University, who studies mucosal innate and adaptive immune responses during immunodeficiency virus infection; Melissa Pope, Laurence Vamoth, a French Ph.D. who is investigating how the co-pathogen Candida albicans interacts with dendritic cells in HIV infection; German Susanna Trapp, a Ph.D. from the University of Erlangen, who works on HIV modulation of dendritic cell functions and how this contributes to HIV transmission and tissue damage; Italian Ph.D. candidate Silvia Peretti, on exchange from the Superior Institute of Health in Rome, whose work examines the effects of a herpes simplex virus on the biology of dendritic cells and the role of dendritic cells in mucosal transmission; and Panagiotis Vagenas, a Greek with a Ph.D. in immunology from Imperial College London, who conducts vaccine studies aiming to improve mucosal vaccine efficacy by targeting activated dendritic cells.

The Pope lab fellows are currently funded by individual grants from the National Institutes of Health, with additional support to Turville from USAID and the Australian National Health and Medical Research Council.

Year-end Gifts

Unrestricted Gifts to the Population Council’s Annual Fund provide core support for the Council’s research and evidence-based advocacy, and its population, health, and development activities. The Population Council is a nonprofit 501(c)(3) organization. Your gift is tax-deductible in the United States in accordance with Internal Revenue Service regulations. We thank the many individuals and foundations that already have made a gift to the 2005 Annual Fund. There is still time to contribute or make an additional gift prior to December 31, 2005. Cash gifts can be made by check or credit card as well as online at www.popcouncil.org/supporting/secureonline.html. The Council also welcomes gifts of appreciated securities, bequests, charitable remainder and lead trusts, and designations of the Council as beneficiary of insurance policies or pension plans. For further information contact Ruth Kalla Ungerer, Director of Development, Population Council, One Dag Hammarskjold Plaza, New York, NY 10017 (212) 339-0515, or rungerer@popcouncil.org.
Nobel Laureate, Financier Elected to Board of Trustees

OBEL PRIZE WINNER AND HARVARD PROFESSOR AMARTYA SEN AND FINANCIER AND FORMER U.S. TREASURY OFFICIAL DARCY BRADBURY were elected to the Population Council’s Board of Trustees at its June meeting, joining 15 other academic, business, and intellectual leaders from eight countries.

"Darcy Bradbury’s financial management expertise and her commitment to reproductive health and Amartya Sen’s knowledge of international development and human rights are potent additions to the board’s collective knowledge," said Council president Peter J. Donaldson. "We are delighted that the Council’s mission continues to attract such distinguished individuals."

Bradbury is a managing director of The Blackstone Group, a private investment and advisory firm. She is also an experienced trustee, serving on several boards including the Women’s Campaign Fund, a nonpartisan group dedicated to "preserving access to reproductive choice by helping elect progressive women to political office," and the Nurse-Family Partnership, which works with first-time, impoverished mothers to improve the health and development of women and their children. Bradbury began her career as an investment banker, eventually moving into government service as New York City’s Deputy Comptroller for Finance. She was appointed to the U.S. Department of the Treasury during the Clinton administration, first as Deputy Assistant Secretary for Federal Finance and later as Assistant Secretary for Federal Markets.

Sen is Lamont University Professor and Professor of Economics and Philosophy at Harvard University. His previous academic appointments include the Delhi School of Economics, Jadavpur University, the London School of Economics, Oxford University, and Trinity College. He has served as president of the Econometric Society, the Indian Economic Association, the American Economic Association, and the International Economic Association. Sen has written or edited 25 books. His latest books are The Argumentative Indian: Writings on Indian History, Culture and Identity and Identity and Violence: The Illusion of Destiny. His Poverty and Famines was called “a key contribution to development economics” by the Royal Swedish Academy of Sciences when it awarded him the 1998 Nobel Prize in Economics.