

# NEWS FROM THE POPULATION COUNCIL

# Momentum

JUNE 2006

## Innovative Restructuring Creates New Possibilities

**T**HE YEAR 2005 MAY WELL BE LOOKED BACK UPON AS A MAJOR MILESTONE in the history of the Population Council.

Last year, Council trustees and staff took stock of the organization's strengths and weaknesses, reaffirming the Council's mission of improving the well-being and reproductive health of the world's most impoverished individuals and assessing policy directions to make the Council more effective in carrying out its mission.

A staff task force collected and analyzed information from the Council's global staff of more than 500, from Council trustees, colleagues in other organizations, supporters, and even some critics. More than 320 staff members, in 18 offices, attended workshops and presentations, some of which Peter J. Donaldson, the Council's president, conducted in Africa and Asia. Senior staff members analyzed responses and presented their findings to the trustees, officers, and staff. Having gained the imprimatur of the Board of Trustees, the strategic plan is now being implemented.

The new Council structure is organized around three overarching themes: HIV and AIDS; Poverty, Gender, and Youth; and Reproductive Health. The three programs will embrace a mixture of disciplines from the Council's rich pool of expertise, with laboratory scientists, social scientists, and policy researchers each bringing different perspectives and tools to the work, following research "from lab bench to bedside," as Donaldson characterizes it. Resources are being more closely aligned with the three focal programs; disciplinary lines are being bridged; and opportunities are opening up to spur innovation, staff collaboration, and research synthesis, and to promote use of the results.

"Merging biomedical, social science, and public health research on HIV and AIDS or reproductive health, for instance, allows us to integrate our work, increasing its quality and relevance," Donaldson says. "It's like going from a physics department to the space program. Researchers will use their skills and knowledge in a larger context."

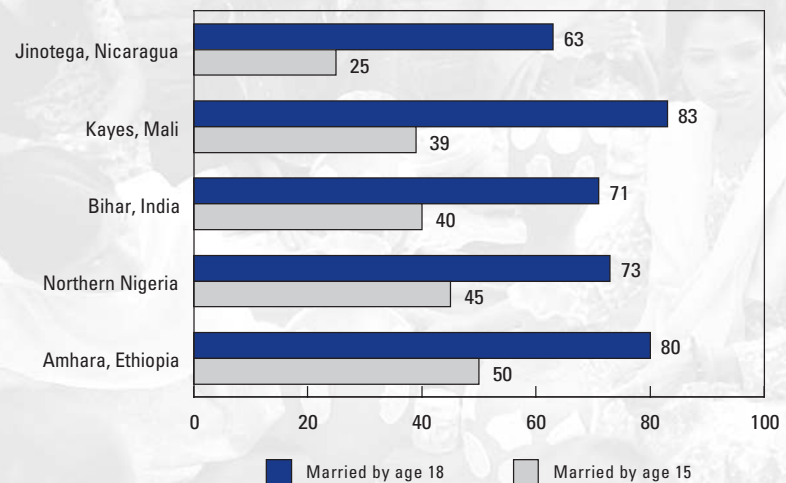
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## COUNCIL WORKS TO ELIMINATE CHILD MARRIAGE

**N**O MATTER WHERE THEY LIVE, GIRLS WHO MARRY PRIOR TO THE AGE OF 18 often lead lives marked by frequent childbearing, inferior social status, limited educational attainment, and social isolation. These conditions perpetuate the cycle of poverty and poor health. In areas with a high HIV prevalence, child marriage may render brides particularly vulnerable to infection.

Although child marriage is declining in most of the developing world, hot spots exist throughout Asia, Africa, and Latin America where the vast majority of girls marry before their 18th birthday (see graph). Building on nearly a decade of research on adolescents in the developing world, Population Council researchers are documenting and publicizing the extent, cost, and global implications of child marriage, through presentations to policymakers, through publications, and through the media.

Percentage of women aged 20–24 who were married by ages 15 and 18, by geographic area:



Source: Demographic and Health Surveys

**In Ethiopia**—where half the girls in some regions are married by age 15—the Council facilitated a fact-finding mission in February for a delegation of Democratic and Republican U.S. Congressional aides as well as representatives of faith-based organizations, a Christian journal, and a number of nongovernmental organizations (NGOs). In May, Judith Bruce, director of the Council's Gender, Family, and Development program, presented information to an audience that included Ethiopian government ministers and parliamentarians, representatives of the European Union and of NGOs, and health experts who were meeting to reshape the country's reproductive health strategy for adolescents.

*continued next page*

*Restructuring, continued*

Sajeda Amin, a senior associate in policy research, participated in one of the five working groups that helped develop the strategic plan. “The basic idea,” she says, “is that instead of separating people into divisions according to their expertise—program-based versus science-based, bench science versus social science—we are organizing around themes. So your strength may be policy research on poverty, but you are on a team that together is doing much more applied work, to which your research on poverty is relevant. You are rubbing elbows with people who are doing very different things—on-the-ground programs, policy development, basic research, and so on.”

Elof Johansson, vice president of the Council’s Center for Biomedical Research, concurs: “In the HIV program, there are people who have been doing really cutting-edge work in all three of the Council’s old divisions, and now they will be supporting and challenging each other’s points of view.”

The Poverty, Gender, and Youth program adds poverty research to areas in which the Council has long shown leadership: gender and family dynamics, and adolescence. The poverty component “gives us a lens,” says Amin, “that we can focus on a specific intervention or use as a strategic approach to gender and youth studies.”

A search is now under way to find directors for each of the three programs. Descriptions of any still-open positions, which illustrate the breadth of each area, can be found via the “Employment” link at <http://www.popcouncil.org>. ■

*Child Marriage, continued*

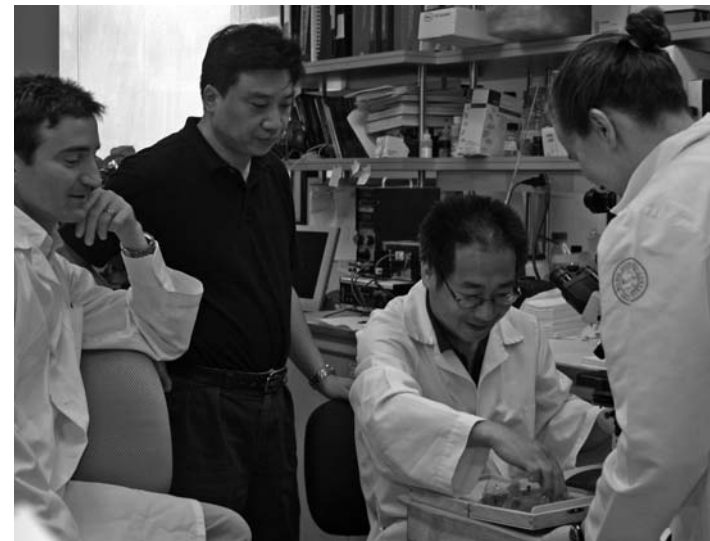
**In Bangladesh**—where more than 70 percent of women aged 18 to 24 were married before the legal age of 18—Senior Associate Sajeda Amin presented research at a conference in May on “Programmes and Policies to Prevent Early Marriage in Bangladesh.” Amin discussed the causes of early marriage, the harmful effect of dowries, and the need to motivate families and communities in order to effect change. One of the several newspapers that covered the conference editorialized, “To keep such a vast body of women-power chained to a life of drudgery, nonproductivity and health-related complications of early motherhood, is nothing short of a significant barrier to development.”

## Stem Leydig Cells Discovered

**P**OPULATION COUNCIL REPRODUCTIVE BIOLOGIST MATTHEW P. HARDY AND HIS COLLEAGUES at the Council’s Center for Biomedical Research have discovered the precursors of Leydig cells, the primary source of testosterone in males. Unlike embryonic stem cells, which are derived from embryos, stem Leydig cells are found in fully developed animals and humans. Stem Leydig cells could potentially be used to treat boys and men who suffer from male-hormone deficiency, or hypogonadism. (Hypogonadism can result in slowed growth, loss of sex drive, infertility, impotence, and osteoporosis.)

Stem cells can self-renew indefinitely; thus they remain “young” for a lifetime. They can also differentiate (become specialized) into other cell types, replenishing lost cells and repairing damaged tissue. These properties lead many scientists to believe that the study of stem cells may revolutionize disease treatment.

Now that the Hardy lab has isolated stem Leydig cells, scientists can study them to understand how they are regulated and learn what factors cause them to specialize or inhibit them from doing so. Theoretically, these stem cells could be removed from hypogonadal boys and men, grown in a Petri dish, and then transplanted back into the same person as a treatment for male-hormone deficiency. There would be no chance of tissue rejection or need for anti-rejection drugs because the cells are those of the individual being treated. Such transplants may provide a treatment for male-hormone deficiency that is superior to current treatments. The *Proceedings of the National Academy of Sciences* published the



*Matthew P. Hardy meets with his staff, Senior Research Investigator Renshan Ge, visiting professor Guorong Chen, and Senior Technician Chantal Sottas, in his laboratory. The team’s research into stem Leydig cells has been funded by the National Institute of Child Health and Human Development. Chen also receives support from the Monder Fund, named in honor of the late Council researcher Carl Monder, discoverer of an enzyme that protects Leydig cells.*

Hardy lab’s findings in February 2006; the research was funded by the National Institute of Child Health and Human Development.

Hardy and his Council colleagues Renshan Ge, Qiang Dong, and Chantal M. Sottas conduct basic research on androgen secretion and male reproductive health; stress and reproduction; environmental toxicants and male fertility; and male contraception. Last year the team found that exposure to low levels of phthalates can alter testosterone levels and significantly accelerate the onset of male puberty in rats. Phthalates are chemicals used to make food packaging and infant toys more flexible; they are also found in many common cosmetic products. ■

**In Guatemala**, the Council and 18 governmental and nongovernmental groups sponsored a two-day regional conference entitled “Innovative Multisectoral Strategies for Meeting the Needs of Indigenous Girls and Other Vulnerable Adolescents.” Council researchers reviewed the situation of Mayan girls and young women—who drop out of school and marry before other girls at a disproportionate rate—and the progress they have made in gaining skills and overcoming their social isolation. Media representatives were present throughout the December meeting, interviewing coordinators and participants for national radio and newspapers.

Media coverage of the Council’s work on child marriage has appeared recently in *The Daily Star* and *The Independent* (Bangladesh), *The Daily Monitor and Capital* (Ethiopia), and *New Kerala* (India), on Voice of America, and on the AIIAfrica and Business in Africa Web sites. In the past year, the Council has published six Transitions to Adulthood policy briefs; five country briefing papers; two Policy Research Division working papers; and a workshop report on early marriage, the problems and conditions associated with it, and the policies and programs that may help prevent it.

For more information on the Council’s work in this area, please visit <http://www.popcouncil.org/ta/mar.html>. ■

## Council Scientists Present Latest Findings at Microbicides Summit

**T**WELVE HUNDRED HIV/AIDS ADVOCATES, POLICYMAKERS, RESEARCHERS, AND SERVICE PROVIDERS attended Microbicides 2006, a biennial global conference held April 23–26 in Cape Town, South Africa. It was the fourth such meeting and the first to be held in Africa.

Elof D.B. Johansson, vice president of the Population Council's Center for Biomedical Research, and Ayorinde Ajayi, the Council's regional director for sub-Saharan Africa, were members of the Scientific Advisory Committee. Gita Ramjee, principal investigator for the Medical Research Council site of the Council's Phase 3 microbicide trial, was one of three conference co-chairs.

The large-scale clinical trial of the Council-developed product Carraguard®—one of the leading microbicide candidates—is evaluating the product's efficacy and long-term safety in preventing HIV seroconversion among women. The trial, at three sites in South Africa, began in March 2004, and more than 6,000 women are now enrolled.

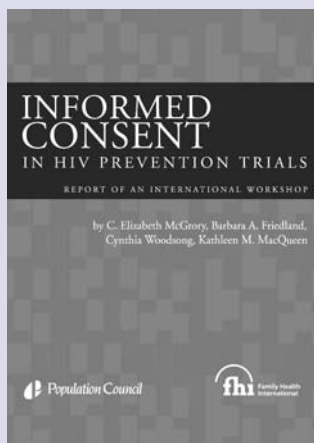
The Saturday before the conference, reporters and microbicide researchers from other organizations toured the Empilsweni Centre for Wellness Studies (a trial site in Gugulethu managed by the University of Cape Town) and spoke with trial staff and participants from an earlier study.

Council presentations on the progress of Carraguard, one of the first microbicide candidates to enter an advanced clinical trial, attracted a large number of conference participants and substantial press coverage. Council researchers discussed the challenges of testing Carraguard, presented findings from the initial studies, and co-sponsored a satellite session, "Informed Consent in HIV-prevention Trials."

The presentations included information on the Council-developed method for determining whether microbicide applicators in the Carraguard trial were used vaginally and other testing methodologies. An overall update of the progress of the Carraguard trial was also presented. Poster displays featured next-generation microbicide candidates under development at the Council's Center for Biomedical Research and now in the early stages of testing.

Widespread interest in the Council's decade-long work on informed consent (IC) in clinical trials gave rise to a satellite seminar that drew an audience of 80 people. The seminar was co-sponsored by

Family Health International and the Research Triangle Institute. A newly published report on the subject, *Informed Consent in HIV Prevention Trials: Report of an International Workshop*, was one of the most popular publications offered at the Council's exhibit table, which was visited by hundreds of conference attendees. (That report and more on the Council's IC activities are available online at [http://www.popcouncil.org/micro-](http://www.popcouncil.org/microbicides/ethics)



[bicides/ethics.](http://www.popcouncil.org/microbicides/ethics)) Nearly 150 visitors to the exhibit signed up to receive information by e-mail from the Council on microbicides, HIV and AIDS, and other topics.

Sumen Govender, clinical study manager, was quoted by The Associated Press and United Press International in their conference coverage; the AP story was carried in dozens of US newspapers and on the CNN Web site. Johansson and all three of the Carraguard study-site principal investigators—Ramjee, Khatija Ahmed, and Lydia Altini—were quoted. Local papers carried half a dozen stories mentioning the Council's Carraguard trial, as did Voice of America and South African Broadcasting. ■

**Microbicides** are gels being developed to substantially reduce the transmission of HIV—and possibly other sexually transmitted infections—when applied vaginally.

An urgent need exists for products that women can use to protect themselves. Women are twice as likely as men to acquire HIV infection from heterosexual intercourse. Yet current strategies for HIV prevention—abstinence, mutual monogamy between HIV-negative partners, condom use, and treatment of sexually transmitted infections—are not available or feasible for many women.

## Speaking Out

**“W**HAT DO WOMEN DO NOW?” a reporter asked in a February *New York Times* article detailing the confusing and sometimes contradictory findings of studies based on the National Institutes of Health's Women's Health Initiative.

“They can insist that the National Institutes of Health undertake an impartial outside review of the \$400 million Women's Health Initiative that has produced report after counterintuitive report with conclusions that contradict hundreds of other studies published in respected medical journals,” responded Council Distinguished Colleague Sheldon J. Segal in a letter to the editor. Segal went on to delineate some of the problems with the original study and to propose that an objective external review be conducted by the independent Institute of Medicine of the National Academies.

Segal is celebrating the 50th anniversary of his association with the Council this year. He is a leading expert on the biology of reproduction. ■

## Day of Dialogue

**F**OR DECADES, PATIENTS, DOCTORS, ETHICISTS, POLICYMAKERS, AND OTHERS have debated the economics of the pharmaceutical industry. What is the best way to get medications to the people who need them, regardless of their ability to pay for these drugs? Can prices be lowered without jeopardizing basic research for new drugs? Are drug company pricing practices monopolistic? What are the legal and ethical obligations related to drugs developed—partially or fully—with public funds?

The Population Council convened a day-long meeting of an eminent group of academics and scientists; representatives from the nonprofit sector, the pharmaceutical industry, foundations, and government donor agencies; and practicing lawyers and doctors—all of whom have some connection with pharmaceutical products. The purpose of this “Day of Dialogue” was to explore ways of getting medicinal products—especially those invented and developed using public funding—into the hands of poor people worldwide.

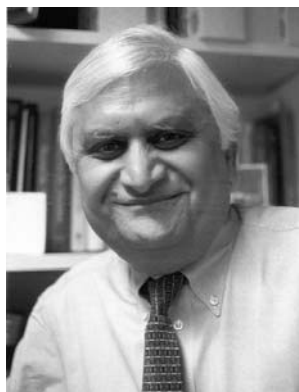
The report of this October 2005 meeting is now available for download at <http://www.popcouncil.org/pdfs/DayOfDialogue.pdf>. ■

## Jain Named Head of International Programs

**A**NRUDH K. JAIN, WHO HAS HAD A LEADERSHIP ROLE IN THE COUNCIL'S LARGEST DIVISION—International Programs (IPD)—for over 20 years, has been named its vice president and director.

“This appointment officially acknowledges Anrudh’s importance to the Council,” President Peter J. Donaldson said.

Jain has played a key role in the Council’s recent strategic planning process, traveling with Donaldson to Council overseas offices, where they collected valuable ideas from regional staff and discussed the strategic plan and its implications.



Jain served as senior director of policy and regional programs in IPD from 1998 until his promotion to VP. He joined the Council in 1971 as staff associate based in New Delhi, India, moved to the Center for Biomedical Research in New York in 1973, and shifted to the International Programs Division in 1976. Before joining the Council, he worked with the Ford Foundation in New Delhi, and at the University of Michigan, where he received his Ph.D. in sociology in 1968.

Jain has played an important role in shaping the research and program agenda in international population and reproductive health by identifying links between quality of care and fertility behavior and by detailing a reproductive health approach to family planning. He collaborated as a founding member of the African Population and Health Research Center in Nairobi and served on its Board of Directors until 2005. He has edited, authored, or co-authored five books and over 70 research papers on population policy, fertility, reproductive health, and related subjects. ■

## High Honors in Pakistan and Ghana

**Z**EBA A. SATHAR, THE COUNCIL'S SENIOR PROGRAM ASSOCIATE AND COUNTRY DIRECTOR FOR PAKISTAN, received the Tamgha-e-Imtiaz medal from President Pervez Musharraf on April 11, Pakistan Day. The Tamgha-e-Imtiaz, or Pakistan Medal of Honor, is one of several medals conferred annually by the president. Sathar (pictured right) was honored for dedicated service and selfless devotion to human rights and public service. Her parents and sister attended the investiture, which was held at President House in Islamabad.

A demographer with expertise in the areas of fertility and family planning, Sathar was honored for contributions to Pakistan, including helping to shape national population policy. She was instrumental in forming the Population Association of Pakistan and was elected its first vice president and its second president; she serves on a number of Pakistani government committees.

Sathar earned a doctorate in medical demography from the London School of Hygiene & Tropical Medicine. She spent more than 15 years at the nation’s premier research institution, the Pakistan Institute of Development Economics, and has worked for the World Fertility Survey, the World Bank, and the London School of Hygiene & Tropical Medicine. She is the first Pakistani to be elected to the governing council of the International Union for the Scientific Study of Population.

JOHN KOKU AWOONOR-WILLIAMS, DIRECTOR OF THE NKWANTA HEALTH DEVELOPMENT CENTRE and valued colleague of the Population Council, was one of 65 doctors who were honored by the World Medical Association as “Caring Physicians of the World.” The honorees are chosen by their peers for “demonstrating humanity and the core values of medicine at its finest.” Awoonor-Williams is also featured on the cover of the *2006 World Health Report*, the World Health Organization’s lead publication. This annual report assesses global health with a focus on a specific subject; this year, the report focuses on the current crisis in the global health workforce. A second picture appears inside the report, captioned “Dr. John Awoonor-Williams is the only doctor at Nkwanta District Hospital, Ghana, serving a population of 187,000 in a remote, vast area in the northern part of the Volta Region.”



*Sathar receives the Tamgha-e-Imtiaz medal from Pakistani President Pervez Musharraf.*

Awoonor-Williams has co-authored dozens of studies and presentations with Council researchers. Senior Council researcher James F. Phillips, who has worked for more than a decade in Ghana, says of him, “Dr. Awoonor-Williams’s success in developing health care in a challenging setting has been an inspiration to his Ghana Health Service colleagues and to those of us at the Council who are privileged to work with him.” ■

## New Board Officers Elected

**M**ARK A. WALKER, MANAGING PARTNER OF THE INTERNATIONAL LAW FIRM CLEARY GOTTlieb STEEN & HAMILTON, was elected chairman of the Population Council’s Board of Trustees at the board’s December 12 meeting. Former chairman Elizabeth J. McCormack and Angel Gurria were named vice chairmen.

“This year has seen an infusion of new talent and experience. Together with the knowledge of the Council that its seasoned members bring to it, this may be the strongest board the Council has ever fielded,” said Council president Peter J. Donaldson.

Walker’s practice focuses on international finance and transactions. He has served as an advisor to the governments of Guatemala, Indonesia, Ivory Coast, and the Philippines. Gurria is Secretary-General of the Organisation for Economic Co-operation and Development and has served as Foreign Secretary and Treasury Secretary of Mexico. McCormack is an advisor to the Rockefeller family philanthropy office, which she headed for 12 years. ■

# Arabic-language Resource Center Now Online

**T**HE POPULATION COUNCIL RECENTLY LAUNCHED AN ONLINE RESOURCE CENTER offering more than 80 Council publications in Arabic. The response from Arabic speakers has been immediate and positive.

“This step is a milestone in the history of research in the Arab region,” writes Ahmed R. A. Ragab, associate professor of reproductive health at Al-Azhar University, Egypt. “Producing the publications is not the end, it is their utilization. It is extremely important to target the policy-makers and the program planners, the population at large, the students and young researchers, the many researchers in the Arab region for whom the English language is difficult. By having this site, you increase utilization tremendously, which will be reflected positively in the overall population and health policies in the region, and in the quality of life of millions of men, women, and children.”



Jonathan F. Fanton (left), president of The John D. and Catherine T. MacArthur Foundation, with Ragui Assaad in Cairo.

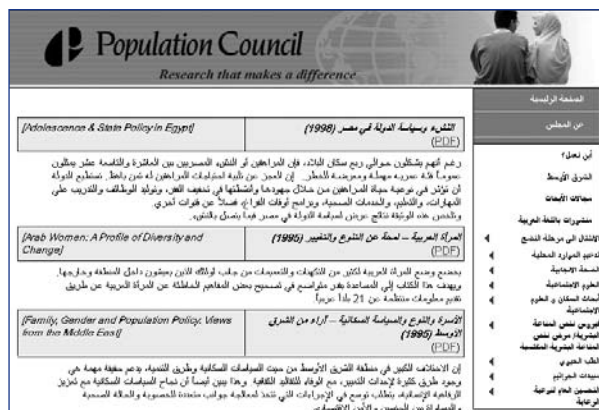
the opportunity to provide such needed, evidence-based research to this huge new constituency.”

Nafisa Bedri, of Ahfad University for Women in Omdurman, Sudan, agrees: “This is definitely going to be a very valuable source for all of us working in the Arab world.”

With funding from The John D. and Catherine T. MacArthur Foundation, the Population Council established the online Arabic-language resource center to increase dissemination of research findings that address population and reproductive health issues in the Middle East. The MacArthur grant supported the translation of the publications and nearly 70 Council Web pages, virtually all of which will be included in the 2006 edition

of the free CD-ROM, *Population Council: Selected Publications*, when it is published in late summer.

To pre-order the selected publications CD-ROM, contact [dwarn@popcouncil.org](mailto:dwarn@popcouncil.org). ■



Available for free download from the Council Web site, the articles present research results in such areas as biomedicine, reproductive health, HIV and AIDS, gender and family dynamics, and transitions to adulthood. Some articles present research conducted in Arabic-speaking countries, while others offer findings from Asia, sub-Saharan Africa, and Latin America, where useful and transferable lessons have been learned. Titles include “The school environment in Egypt: A situation analysis of public preparatory schools”; “Arab women: A profile of diversity and change”; and “Promoting healthy relationships and HIV/STI prevention for young men: Positive findings from an intervention study in Brazil.”

“Response to the publication in Arabic of so many quality Population Council studies has been gratifyingly positive,” says Ragui Assaad, the Council’s regional director for West Asia and North Africa. “By some reckonings, Arabic is the fifth most widely spoken language on Earth, with around 200 million speakers. It’s very exciting to have

# Setting a Regional Agenda

**T**HE POPULATION COUNCIL’S REGIONAL OFFICE for Latin America and the Caribbean, with support from the Rockefeller and Ford foundations, hosted a three-day meeting in Mexico City in February 2006, which brought together leaders from academe, civil society, national governments, and donor organizations to set priorities for research and action on migration, sexually transmitted infections, including HIV and AIDS, and related themes. More than 50 experts from El Salvador, Honduras, Mexico, Nicaragua, and the United States participated.

The meeting focused on the need to employ such methodologies as operations research to identify service-delivery problems and test programmatic solutions for responding to the AIDS epidemic and migration issues. Operations research has been instrumental in designing prevention and care interventions and building support for policy change.

Programs highlighted during the conference included the Council’s “Health on the Road,” a holistic program to provide STI/HIV and other health services and education to truck drivers crossing the Brazil-Paraguay border; and the Mesoamerican HIV/AIDS and Mobile Populations project, coordinated by Mexico’s National Institute of Public Health, which has implemented HIV-prevention interventions at 11 border crossings in Mexico and Central America.

Meeting participants focused on the challenges in translating existing research results into practice and the reality that few of the existing programs for mobile and migrant populations have been evaluated to gauge their effectiveness and impact. They also emphasized the need to ensure government accountability by increasing capacity for monitoring national and international agreements related to human rights as efforts are made to address such concerns as HIV and AIDS and migration. ■

## Dissemination

### Radio Bangladesh

The Population Council collaborated with Radio Bangladesh (Bangladesh Betar), a nationwide station, on a social marketing campaign to raise awareness about emergency contraception. With resources from the United Nations Population Fund, the Council’s Sharif Mohammed Ismail Hossain served as technical expert and was the featured guest on a public affairs program. The program aired throughout the day during May and used dramatic arts, music, and discussion to inform listeners about emergency contraception. The possibility of a television version is being explored.

### Recognition for the Council’s Vietnam Office

In conjunction with the tenth National Party Congress and the Government of Vietnam’s new five-year plan, the party’s online newspaper invited comments from leading nongovernmental organizations—including Oxfam, Catholic Relief Services, Bread for the World, and the Population Council—on their work in the country. Council senior associate Jane Hughes highlighted the Council’s efforts to build research capacity and to create new practical knowledge on issues such as quality of reproductive health and primary health care, domestic violence, and HIV prevention. She also noted “the dramatic record of positive achievements” in economic development since Vietnam’s 1986 Renewal Policy (*Doi Moi*). ■

*Momentum* is a semiannual newsletter of the Population Council. Information may be reproduced without permission, provided it is distributed free of charge and the source is acknowledged. The Council is an international, nonprofit, nongovernmental organization that seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council conducts biomedical, public health, and social science research and helps build institutional capacity in developing countries. Established in 1952, the Council is governed by an international board of trustees. Its New York headquarters supports a global network of 18 regional and country offices.

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*Sub-Saharan Africa:* Accra, Ghana

*West Asia and North Africa:* Cairo, Egypt

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#### STAY CONNECTED

*We want to be sure all Population Council alumni have the opportunity to stay in touch through Momentum. Contact Rob O'Sullivan, manager, Annual Fund and alumni relations, at 212-339-0511 or [rosullivan@popcouncil.org](mailto:rosullivan@popcouncil.org) to share your news or comments about Council projects.*

Photo credits—page 1: Population Council/India; page 2 and page 4 (Jain): Karen Tweedy-Holmes/Population Council; page 4 (Sathar): Government of Pakistan/PID; page 5: EIDaw Suliman/Population Council; page 6: James Phillips/Population Council.

## A Life-saving Gift

**W**ITH FUNDING AND TECHNICAL SUPPORT FROM THE POPULATION COUNCIL, the Ghana Health Service established the Nkwanta Health Development Centre in 2001 to improve access to health services in rural communities.

A new ambulance, now being used by the Centre, was purchased with a recent gift to the Council of \$2,500. The tractor-plus-trailer serves a region in the Volta region of northern Ghana that is home to 187,000 people and just one doctor. That physician, John Koku Awoonor-Williams (see related story on page 4 titled "High Honors in Pakistan and Ghana"), wrote in regard to the gift:

*Nkwanta is a remote rural area where there are no paved roads and very limited means of communication. We have used this donation to purchase a small tractor and a trailer that serves as an emergency obstetric-care ambulance. Community health officers . . . have been provided with two-way radios, thanks also a donation to the*

*Council, that connect them with a nurse coordinator in Nkwanta Town. When emergencies arise we can dispatch the ambulance, refer the case to Nkwanta, and pursue clinical interventions that may be indicated. We have already used this capability to save a young mother's life and the life of her baby. Based on the number of obstetric emergencies that are encountered in communities here,*

*we expect that using the ambulance will lead to the prevention of 40 maternal deaths each year.*

This and other contributions in support of the Council's work in Ghana make it possible for colleagues in the Ghana Health Service to develop, test, and demonstrate practical, low-cost models for providing such crucial services as sustainable emergency obstetric care. ■



*Physician John Koku Awoonor-Williams (foreground) attends a celebration of the arrival of ambulance services and the opening of a community health compound where a newly posted nurse will live and work. These and other major elements of the services in this village have been provided by gifts to the Population Council.*