

## GHANA

### BD Volunteers, Direct Relief Team Up to Improve Care for Mothers and Children in Underserved Region

This spring, a team of 12 employee volunteers from medical technology company BD worked side-by-side for three weeks with clinic staff from Direct Relief-supported Maranatha Maternity and Motoka clinics in Ghana. The volunteers, selected from BD's worldwide workforce and bringing diverse professional skills, worked to strengthen the local healthcare capacity in this healthcare-deprived region of West Africa.

The BD volunteers bolstered the clinics' abilities to provide vitally needed services by:

- Training community health workers, midwives, and nurses, focusing on methods for infection prevention and health worker safety
- Building a 750 square-foot primary care clinic
- Upgrading diagnostic facilities, including two clinical laboratories, to improve capabilities in hematology, microbiology, and chemistry
- Establishing new computer systems that will allow for better inventory control and more accurate patient records to show disease patterns and results trends
- Introducing clean water solutions incorporating rain water collection, storage, and piping

In Ghana, the disease burden of malaria, tuberculosis, malnutrition, and HIV/AIDS is significant, and limited access to maternal and child health care compounds the challenge for healthcare providers. The Maranatha Maternity and Motoka clinics specialize in prenatal and obstetric care. Maranatha Maternity caters to the needs of poor, urban women, while Motoka is the sole clinic site for its surrounding rural community.

The BD volunteer project, aimed at these key points of access to health services, is a terrific boost for the clinics, the region, and the patients that have no other access to care.

#### Ghana Statistics:

UNDP 2006 Human Development Report

- Under 5 mortality rate – 112 per 1,000 births
- Children under 5 underweight – 22 percent
- Population living on less than \$2 per day – 78.5 percent



**Henry Schein** responded to outfit the new laboratories built by BD volunteers with a number of critical items, including a ventilator, Bunsen burners, and pipettes.



PHOTO: Sarah Thurston

BD volunteer Paul Soskey, left, assists Motoka Clinic staff with the renovation and upgrade of their laboratory.

**“Even if you know it intellectually, it is an eye-opener to actually experience that, a few hours away from all the comforts of your home and the modern world, there is another world where survival is a matter of a few dollars or just some practical help applied directly where it is needed. During our trip, we could both see and understand how our help reached those in need.”**

Mr. Anders Arekrans, BD Volunteer, Stockholm, Sweden

**“The BD team had such a great and positive impact on both clinics. In Kumasi, our laboratory has taken a new shape and thus is helping to provide quality services to our patients. Above all, the team on individual levels sacrificed a lot to sponsor patients with chronic diseases. They were such a wonderful group to work with. God bless them again and again.”**

Ms. Agatha Amoateng-Boahen, Head Nurse-Midwife, Maranatha Maternity Clinic

# Medical Product Donors

From April 1 to July 15, 2007, Direct Relief received medical aid with a wholesale value of \$49,352,483. We thank the following medical product donors whose generosity has enabled us to help millions of people around the world.

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## Afghanistan

### Abbott Backs Program to Address Critical Maternal and Child Health Challenges



**Pregnancy** is a life-threatening condition in Afghanistan. One in nine Afghan women dies during or shortly after pregnancy, giving Afghanistan one of the highest maternal mortality rates in the world (UNICEF, 2007). Women and children in Afghanistan face risks to their lives and health that are among the most severe on the planet.

**Responding** to this humanitarian health crisis, the Abbott Fund, the Afghan Institute of Learning (AIL), and Direct Relief have joined forces to ensure the survival and improve the health status of women, infants, and children. This partnership has led to significant medical material aid to AIL, located in Kabul, Afghanistan, with the combined total support from Direct Relief and Abbott eclipsing \$4.2 million (wholesale).

**Afghanistan's health crisis** can be linked to a lack of infrastructure, a shortage of medical professionals, and limited access to those professionals. A 2002 study by the Afghanistan Ministry of Public Health estimates that 60 percent of the population lacks access to any form of health care, and only an estimated two percent of women give birth with a trained health professional present.

**Staffed and run** by Afghan women, AIL operates health centers and mobile clinics that focus on maternal and child health, providing hundreds of thousands of people in remote villages with their only source of medical care. Ms. Sakena Yacoobi, Executive Director of AIL, has been a long-time champion for the health and education of women and children in Afghanistan and was among the 1,000 women nominated to receive the 2005 Nobel Peace Prize.

**“The women of Afghanistan are strong. If they get the opportunity to make something of themselves, they will.”**

– Ms. Sakena Yacoobi, Executive Director, AIL

**Recognizing** the unprecedented challenges faced by AIL, the Abbott Fund supported three of AIL's clinics, including sponsoring the education of 19 women to be nurses, midwives, and health educators. In 2006, AIL graduated their first Abbott-sponsored class. In 2007, the enrollment of students increased to 45, with approximately 100 women on the waiting list for the next class.

**AIL's community-based approach**, which includes delivering services while training additional nurses and midwives, is essential to reduce the tragic and preventable loss of life among women and children. AIL's work, enhanced significantly by the Abbott Fund's investment as well as Direct Relief's ongoing support, is a bright source of hope for the future.

PHOTO: Brett Williams



Ms. Sakena Yacoobi addresses an Abbott-sponsored women's health education class.

## South Africa

### Supporting Hospice and Palliative Care to Enhance Quality of Life for People Living with HIV/AIDS

Hospice and palliative groups represent one of the key providers of care for the estimated one in five adults in South Africa living with HIV/AIDS (WHO, 2005). These dedicated groups focus on traditional end-of-life care and, increasingly, treatment to extend the length and improve the quality of patients' lives.

This spring, Direct Relief formed partnerships with hospice and palliative care groups in South Africa to strengthen their important efforts.

In March, seven hospices in Eastern Cape Province received an initial contribution of specifically requested wound care products, mattresses, blankets, and personal care items. This assistance – the first in what is planned to be an ongoing support program – constituted Direct Relief's largest-ever donation to South Africa.

South Africa faces enormous disease burden and limited health resources. With 80 percent of South Africa hospice patients HIV positive (Hospice and Palliative Care Association of South Africa, 2007), the network of community-based hospice and palliative care sites is an important part of the strategy to provide integrated care for those affected by HIV/AIDS.

In the past year, hospice and palliative organizations began furnishing antiretroviral drugs to patients with HIV, in addition to providing home-based care for patients and their families and placement and care for orphaned children. These groups, which serve patients who typically have no income, are themselves lacking in financial and basic material resources needed to enhance or expand their services.

On May 15, in San Diego, California, CEO Thomas Tighe announced Direct Relief's commitment to supporting palliative care at the launch of the Diana Legacy Fund, the charitable organization honoring the memory of the late Princess Diana of Wales. The Fund will support the work of hospices and palliative care in sub-Saharan Africa. Tighe's remarks followed Nobel laureate Archbishop Desmond Tutu, who was the keynote speaker. The fund hopes to raise \$10 million over five years to support hospice and palliative care.



PHOTO: Foundation for Hospice in Sub-Saharan Africa

*Beyond comfort in the end of life, hospice and palliative care groups, like this one in Chittora, South Africa, see to the health of families affected by HIV/AIDS.*

# NUMBERS

Audited figures for Direct Relief Fiscal Year 2007 (April 1, 2006, through March 31, 2007)

**\$136.2 million** medical resources furnished (wholesale value)

**34.8 million** courses of treatment provided

**59** countries served

**1,293** number of aid shipments

**1,098 tons** of medical material aid provided

# USA

## Action Before an Emergency: Direct Relief Assists Nonprofit Safety-net Clinics Prepare for the Hurricane Season

The National Weather Service predicts an active 2007 Atlantic hurricane season. In preparation, Direct Relief has strengthened ties with the network of nonprofit safety-net clinics along the Gulf Coast that proved to be essential points of access for victims of Hurricanes Katrina and Rita two years ago.

In partnership with the Texas Association of Community Health Centers, the Louisiana Primary Care Association, the Mississippi Primary Health Care Association, and clinics in Alabama, Direct Relief has pre-positioned emergency supplies and assisted in emergency planning.

Sixteen clinics, chosen by location, past emergency response experience, patient populations, and capacity to treat victims during a disaster, will receive pre-positioned emergency shipments that:

- Provide the most-needed medical products for a 72-hour period of patient treatment
- Contain treatment for 100 patients in a wide range of trauma situations
- Apply to a variety of emergencies beyond hurricanes, including tornadoes and flooding

Medical manufacturers Pfizer and Abbott generously provided \$20,000 in cash and \$600,000 (wholesale) in product, respectively, in support of this disaster preparedness initiative.

If the hurricane season is milder than expected, and the partner clinics with pre-positioned product are not affected, the material provided will be integrated into the normal inventories of the clinics to serve their low-income and uninsured patients.

Direct Relief also identified essential medical products most likely to be needed in a prolonged emergency situation. This analysis was conducted through a review of product shortages that emerged during Hurricanes Katrina and Rita, and in conjunction with Direct Relief's participation on the Texas Blue Ribbon Commission on Emergency Preparedness and Response. The resulting list is essentially a large-scale "go pack" suitable for primary care clinics' use. These items would be available for distribution to Direct Relief's entire partner network as needed.

### Featured Clinic

**Westside Family Health Center (WFHC)** in Santa Monica, California, was founded in 1974 and offers prenatal care, pediatric services, adolescent health care, and a family practice program that includes a healthy aging component. WFHC:

- Educates and serves over 7,000 men, women, and children – 90 percent of whom are uninsured
- Coordinates 10,000 community health education encounters annually
- Has received over \$434,000 (wholesale) in assistance through 21 shipments from Direct Relief in the last three years

**“Deepest Appreciation”:** What the Westside Family Health Center feels for Direct Relief. Thank you for joining us in providing affordable quality health care services to low-income women and their families.”

– Ms. Michelle O'Donnell, WFHC Director of Development

### Disaster Preparedness Worldwide

- Emergency Response Coordinator and EMT Brett Williams participated in the **First Responder Training Course** hosted by Muhammadiyah in Central Java, Indonesia, in June. Muhammadiyah, a long-time partner of Direct Relief, is the second-largest civic organization in Indonesia and has a healthcare operation consisting of hundreds of hospitals, clinics, and medical schools. Hosted at their Disaster Management Center, the course trained teams of doctors and paramedics in rescue skills and emergency coordination.
- After Hurricane Rita, the Texas State Health Commissioner created the **Texas Pharmaceutical Blue Ribbon Task Force** – a working group to better prepare the state to effectively deliver pharmaceuticals in the event of another disaster. Direct Relief participates on the committee as one of Texas' largest nonprofit providers of donated medical goods. At the annual meeting in July, Direct Relief presented information on emergency pharmaceutical sources and mapping efforts with the Texas Association of Community Health Centers, the state's nonprofit clinic organization.
- Direct Relief staff briefed the California Primary Care Association's (CPCA) Emergency Preparedness Task Force Committee on Direct Relief's extensive involvement following Hurricanes Katrina and Rita and about ongoing support of clinics and health centers in California. CPCA represents more than 600 clinic sites, many of which are supported by Direct Relief.



Since 2004, Direct Relief has provided over \$90 million (wholesale) in medical material aid to health centers and clinics nationwide.

## 2007 Shareholders' Meeting

The May 17 Shareholders' Meeting was the fifth-annual event to provide greater transparency on how the organization receives and allocates resources, and to provide an opportunity for discussion between its partners worldwide.



PHOTO: Monie Photography

Speakers at the Shareholders' event included, from left: National Association of Community Health Centers Vice President Malvise Scott, Direct Relief Board Member Dorothy Largay, AMREF Uganda Director Joshua Kyallo, Pro-Mujer Bolivia Executive Director Carmen Velasco, and Direct Relief CEO Thomas Tighe.

To watch video of all the speakers at this year's Shareholders' Meeting, visit our website at [www.DirectRelief.org](http://www.DirectRelief.org).

## Expanded Assistance and New Partnerships

- \$141 million (wholesale) in humanitarian assistance
- A record 34 million courses of treatment provided through local healthcare programs worldwide
- The addition of 39 new healthcare partners internationally
- Rapid escalation of support to U.S. safety-net clinics serving uninsured persons, including free medicines provided to over 800 clinics in all 50 states
- Launch of a three-year nationwide Vitamin A campaign in El Salvador with Salvadoran partner FUEM, building upon the long-standing sponsorship of the national Vitamin A program in neighboring Nicaragua.
- New global partnerships forged with Marie Stopes International, the African Medical Research and Education Foundation (AMREF), the Foundation for Hospice Support in Sub-Saharan Africa, and the South Africa Hospice and Palliative Care Association

## Bequest

An unanticipated gift of \$34 million will greatly enhance Direct Relief's assistance to people in need. With these funds, Direct Relief:

- Has established an emergency revolving fund to enable quick response to emergencies
- Will seek matching co-funders to support long-term plans to strengthen local health services
- Has established a separate, wholly controlled supporting foundation to enable long-term organizational viability
- Will pay 100 percent of its traditionally low administrative and fundraising expenses

## 2007 Fiscal Year Highlights

## Our Investors

Gifts received from April 1 through July 15, 2007

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*Thank You*

### A Special Word of Thanks...

**Bruce Campbell** appreciates efficiency and innovation. Direct Relief's high ratings with *Forbes* and low overhead attracted Mr. Campbell to the organization in 2004. He has since supported Direct Relief with seed money for a number of new initiatives featured in this newsletter, including:

- Expansion of safety-net clinic support in the state of California
- Strategic partnerships in Sub-Saharan Africa related to HIV/AIDS
- The redesign of Direct Relief's website

Direct Relief extends its most sincere gratitude to Mr. Campbell for his generosity and desire to sharpen the cutting edge of the organization's work.



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27 S. La Patara Lane  
Santa Barbara, CA 93117  
tel: (805) 964.4767  
fax: (805) 681.4838  
[www.DirectRelief.org](http://www.DirectRelief.org)  
[info@DirectRelief.org](mailto:info@DirectRelief.org)  
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