

December, 2016

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Special points of interest:

- Dr James O'Donovan partners with Omni Med in Tablet Trial
- Omni Med partners with GWU's Rodham Institute in New Program
- Omni Med-Uganda staff expands: Welcomes Margarita Chukhina, MPH
- Cookstove Project Surpasses 5,500
- Omni Med ICATCH Grant enters third year
- Omni Med-Uganda seeks funds for Solar Panels

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Omni Med Update

Greetings,
Seasons of Change. Perhaps more than any election in recent US history, this last one throws US commitments overseas into question. From pledges to support developing nations' quest for clean energy to programs to improve health infrastructure, the US recent history of improving health in the poorest countries is suddenly in doubt. We will likely not know for many months what impact the incoming administration will have on the global poor, though initial leadership selections have raised considerable concern. Now, perhaps more than ever, our commitment to those with less is paramount. It is essential that we in the private sector continue our life-saving work, since larger, often invisible forces, may well inflict considerable pain on those in the poorest countries. To that

end, let me start by thanking you for your ongoing support, and ask at the outset that your support continue, and perhaps even increase. Your donations have made considerable impact in Mukono and we are now poised, via an expanded staff and larger budget, to bring our coordinated approach further north in Mukono District. As in other years, let me summarize our work in 2016.

-We now have 6 staff in Uganda, with the hiring of Dr Ken Kabali last year, and Ms Margarita Chukhina, MPH, in September. Margarita will serve as our strategic & research coordinator. Look for streamlining of our operations, an updated website and a Facebook presence in the coming months. Of course, our wonderful staff, Edward

New Partnership Produces Innovation via Tablets



James O'Donovan (left) is a far from typical physician-in-training. Two years ago, he won a prestigious prize as a medical student training Kenyan medical students on physical exam techniques using low cost tablets, i.e. small computers. Now a medical intern at Cambridge in the UK, he has collaborated with Omni Med for the past year to answer a basic question. Can Ugandan VHTs, similarly,

learn from hand-held tablets? James channeled grant support into what has become a randomized trial currently going in via Omni Med in Mukono. One arm uses standard didactic teaching. The other arm employs 30 Kindle Fire tablets with pre-loaded training materials. Wash U Medical student Jackie Kading conducted a pilot study last summer. We will know by early 2017 if the tablets work well. If yes, imagine the possibilities if every VHT owned their own tablet: training, patient referrals, data collection, and connection to the

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Please support Omni Med via amazon smile. Next time you shop online at amazon, go to smile.amazon.com and choose Omni Med. 0.5% of your purchases' value will then be donated to Omni Med. Thank you!

Mwebe, Elizabeth Nalweyiso, John Lubanga, and Prossy Namba continue on with their stellar work, just as they have for the past 8 years.

-We continue to serve 1250 VHTs and 200,000 people, conducting home visits, quarterly meetings, and regular trainings, with all efforts aimed at improving health in the district. We continually improve our means to maintain these VHTs; please see the story on page 3.

-We have completed construction of 26 protected water sources (see page 2)

Internet all await. Following this first trial, we are planning a much larger trial in 2017. We are very optimistic!



Holding the future?

Omni Med & GWU's Rodham Institute Launch The Health Equity Scholars Program

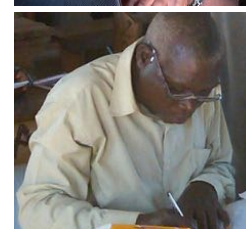
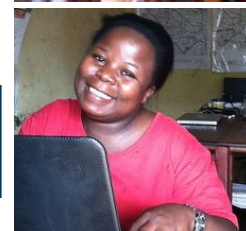


Dr El Bayoumi, GWU

Over the past four years, two GWU medical students, Daniel Mays, MD '16, and Ann Waldrop '17, working closely with Omni Med and GWU's Rodham Institute (created in memory of Dorothy Rodham) piloted a new program for GW Medical students. The Health Equity Scholars Program seeks to harness the transformational power of the international service experi-

ence and redirect young physicians' careers toward health equity. In this 4 year program, students spend their first summer with Omni Med in Uganda, years two and three working with GWU Rodham Institute's Dr Jehan (Gigi) El Bayoumi on inner city health equity issues in Washington DC. Then in year four they return to Uganda with Omni Med or can choose another global health experience. The program in-

volves mentoring, extensive readings, and an immersion in health equity issues, seeking to develop doctors grounded in social justice who will make a difference in our country and our world. Two students annually receive grant support. First year applications went out December 12.



Pictured Above: Omni Med-Uganda, Staff: Edward, Elizabeth, John, Prossy, Dr Ken Kabali, and our newest member, Margarita Chukhina

Omni Med Update (continued from Page 1)

that now bring clean drinking water to 1,300 households and 7,800 people.

-We have constructed over 5,500 cookstoves in our partnership with The Cookstove Project. This means much less respiratory illness and much less carbon dioxide in the atmosphere.

-We expanded the ITN Distribution & Monitoring Program, with over 550

ITNs distributed and monitored in 3 villages in Bunakijja Parish. The Ministry just authorized 1000 nets for us to distribute.

-We completed two clinical trials, submitted one for publication, have a third trial ongoing (page 1) and a fourth planned. Measuring the impact of our work remains a key guiding

principle for us, and one we hope others will emulate.

-We have sent over 90 US health volunteers to Uganda, with strongly positive reviews. Our relationship with CFHI continues to go well, with Omni Med featured on their advertising campaigns. Almost half of our volunteers this year came through

CFHI—Thank You!

Let me thank all of you for your support through the years. We have continued to thrive as an organization with great partnerships and remain a premier NGO providing for the people of Mukono District, Uganda. Please consider supporting our work We cannot do this without you.

Omni Med Builds New Undergraduate Partnerships: UCU and Bates



It has long been apparent to us here at Omni Med that we have much to offer young, idealistic people. Yet, of over 90 volunteers sent to Uganda thus far, only three have been un-

dergraduate students. That is changing. We are now large enough (and have so much work!) that we are expanding to include undergraduate students. In October, we welcomed two students from nearby Uganda Christian University, working with us as interns three days per week.

They have had considerable hands-on experiences, reading, and mentoring. In November of this year, we opened discussions with staff of the Harwood Center at Bates College, the alma mater of Omni Med's founder.

While discussions are ongoing, we hope to pilot sending Bates students this spring and summer, and may well host a Bates student in the Newton office during May's short-term month.

Bates

Of course the goal of these affiliations remains the same. We seek to transform young people by directly

exposing them to poverty, having them read extensively on underlying causality, and give them the opportunity to make a measurable impact working with the poor in a well-established, sustainable program. We need many more young people to engage in the developing world, and part of our mission is to equip them to serve well. We hope both new ventures work out; more will likely follow.

More Outstanding Volunteers

Omni Med has had yet another year of outstanding volunteers, on whom we rely greatly to provide energy, innovation, and countless hours of work. We would not have the program we have without them. Of note, this year, almost half came through CFHI.

- Hira Chowdhary MPH, GWU
- Luke Perkins, DO-1, PCOM
- Patrick Young, MS-1, UTHSCSA
- Abbie Ornelas MS-1, UTHSCSA
- Erica Orsini MS-4, GWU;
- Jackie Kading, MS-1, Wash U
- Regina Coyle Sr, Loyola U
- Dr Alan Penman, Prof., U Miss
- Bridget Cheng MS-1, U Miss
- Shelby Waters, MS-1, U Miss
- Michael McLarty, MS-1, U Miss
- Jacob Reed, MS-1, U Miss
- Lex von Hafften MD, GW '87
- Kate Wentzel, MPH Liberty U
- Shannon Stanfill, MPH Northwestern U

We would like to offer all of our volunteers a heartfelt thanks. We could not do this work without you.

A Brief Glimpse Into Our Approach

Since beginning our work in Uganda in 2008, we have broadened our focus beyond training VHTs to include maintaining them and adding programs to combat the three leading killers of children under age 5 in Uganda (and worldwide): pneumonia, diarrhea, and malaria. Early on, it became clear to us that training these wonderful people did not suffice—we had to continually upgrade their skills and keep them engaged. Our good friend and Ugandan national VHT program co-founder, Dr Deo Sekimpi, has advised us on how best accomplish this. In his honor we call this:

The Deo Program: Basically, we do the following five things: 1) conduct home visits with each VHT to educate whole villages and enhance VHT stature; 2) hold training workshops for groups of VHTs (diagnosing and treating pneumonia, diarrhea, malaria, etc.) every quarter; 3) bring VHTs to the local health centers to

work with the clinic staff, strengthening those ties; 4) hold elections in which VHTs elect leaders for each village, parish and sub-county, ensuring a good flow of communication; 5) hold annual VHT Gatherings, bringing all VHTs of a given Subcounty together. Although expensive (over \$3,000/ gathering), this energizes the VHT community and serves as a powerful motivator. With this program as the backbone of our VHT maintenance, we have added three other specific programs:



Protected Water Sources: We have constructed 26 PWS thus far, with each serving roughly 50 households or 300 people, for a total of 1,300 HH and 7,800 people. We know that before we build the protected water sources, the watering holes have 50 times more disease inducing bacteria than after, and that diarrheal



illness drops significantly. By how much, we will measure in a clinical trial in the coming year.

Cookstoves: To date, Omni Med and our partners in The Cookstove Project (www.cookstoveproject.org) have constructed over 5,500 cookstoves, serving over 33,000 people in Mukono District alone. Since over 4.3 million people die

each year and over 50% of pneumonia deaths in children come from these traditional “three-stone” fires, it is easy to see how these cookstoves save many lives. Well constructed cookstoves produce no indoor smoke and use 75% less wood. Made from termite mounds, banana plant roots/ branches, and village efforts, they are cheap, sustainable, and effective; no wonder villagers love them. Omni Med has recently initiated a program to incorporate the Cookstove Project’s innovative methods and high standards.



ITN Distribution/ Monitoring: When used properly, ITNs (bed nets) cut malaria rates in half. In 2015, we began a program to distribute ITNs to homes with pregnant women and children under age 5. Launched through a 3-year grant from the American Academy of Pediatrics, we have developed a VHT-based system in which we distribute ITNs and then track usage rates. We have distributed ITNs to several villages in Bunakijja Parish, over 550 to date. User rates have remained in the mid 90% range. The Ministry recently authorized 1,000 ITNs for us to distribute and track. We look to expand this program in 2017, though we may well have to purchase many more ITNs, at \$4 apiece.

Omni Med-Uganda and Climate Change: An Update and a Plea for Solar Panels!

As we pointed out last year, 98% of current population growth occurs in developing countries, driven by a lack of social safety nets for the elderly like Social Security and Medicare. When you get old in Africa, you rely on your kids; and you have large families to ensure that at least some of them are still around when you can no

longer care for yourself. Fertility in Uganda is 6.2 children/ woman, vs. 1.9 children/ woman in the US—Africa’s population will *double* by 2050. More people means more energy use, more CO2 in the atmosphere and more global warming; The developing world is where the real battle against climate change will move in the coming decades. We can stop this by improving health of rural Africans and thereby decreasing

family size (well proven) and carbon use. Omni Med is doing that and modeling energy use by putting solar panels on our home in Kisoga. We are currently seeking support to have all electricity supplied by solar panels. I hope some of you will consider supporting these efforts. We have one panel now, but need several more.

Thank You Donors!

Every year, we update you on all that we are doing in Uganda, and then ask for your support. You are the reason we have come as far as we have. You should know that almost all funds go directly to Uganda to support all of the above initiatives, with only a small amount staying here to cover a local office. As most of you know, I take no salary for this work—never have. And while our volunteers learn and contribute an enormous amount of work, they also pay for the experience, just

as they pay for college, medical school or for MPH programs. It is a balance that has worked well. But we would like to take a moment to recognize some of you. While some prefer to remain anonymous, we’d like to thank those of you who will allow us to do so. Much thanks to Malcolm & Sharon Visser, Drs Roger & Cynthia Sublett, Mr Marc & Claire Perlman, Mr Bruce & Frances MacFarlane, Drs Lex von Hafften, & Kitty Miller, Dr Ross Hoff-

man, Mr Steve & Julie Ryan, Ms Ellen MacInnis, Dr James & Christina Eadie, Dr George & Kathy Barrett, Dr Mark Turco & Justine Varieur, Dr John O’Brien, Dr Tom & Marie Barnett, Dr Mary Catherine Fischer, Drs Dave Rosenberg & Deborah Dyer, Mr Edward O’Neil Sr, Drs Angel Gonzalez & Caroline Garza, Mr Frank Iarrobino, Mr John & Andrea Keough, Mr Robert Matson, Dr Alan & Anne Penman, Dr Mary Nobilski-Plaskov, Dr Marc & Iracema Siegel, Dr James & Karen

Stevens, Mrs Betsy Barnes, Dr Karen Prowda, Ms Kathryn Johnson, Dr Lessa Phillips, and so many, many more. To each of you, and to so many others not listed here, we offer a heartfelt thanks. .



Dr Mark Turco and Justine Varieur asked wedding guests to donate to Omni Med in lieu of gifts. They did; Thank you!



Omni Med

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Please Provide Support

Omni Med is a 501 (c)(3) non-profit organization. We rely on donations from individuals, companies, foundations and governments to fund all of our efforts. Most of our services are donated, but we still incur significant costs training and maintaining the VHTs, building the protected water sources, cookstoves, hanging bed nets, and maintaining our ever expanding staff in Uganda. Virtually all of your funds go directly to Uganda to save lives, with only a small amount used here to maintain an office with an all volunteer staff. Your contributions help us make a difference in the lives of those who need better health care. In rural Uganda, a little goes a long way! Please consider supporting this work. Thanks

Omni Med

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Susan DameGreene,
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Waban, MA 02468***

***There is a return envelope enclosed with a slip so we know you are.
All of your support helps!***

Omni Med comes from the Latin, loosely translated as “health care for all.” Our mission is to reduce global disparities in health care, primarily through health volunteerism and education. Recognizing the interconnected nature of this shared human experience, we heed Dr. Albert Schweitzer’s “ethical imperative,” calling all health providers to bring quality health care to all the world’s people—including those not in our traditional realm of concern. During our nineteen years of operation, Omni Med has run teaching/ service programs cooperatively with local health providers in Belize, Kenya, Guyana and Uganda, helps health volunteers develop ongoing relationships with host providers, and works collaboratively on other projects deemed important by host providers or governments. We have also published books on global health, poverty and health service that prepare prospective volunteers for service opportunities throughout the world. Over 7,000 copies have been sold, helping thousands of health providers serve where they are most needed. Our current work focuses on using US health volunteers to train and maintain community health workers in rural Uganda, while improving quality of drinking water through construction of protected water sources, reducing indoor air pollution by building cookstoves, and reducing malaria through a bed net program. We have demonstrated that these efforts are life saving through two large clinical trials, with the third underway and a fourth currently being planned. As our work expands, we will save still more lives. None of this work happens without you. Thanks for your ongoing support.