Developing your Humanitarian Mission: From short term mission to integrated community based program

JAMES E. SAUNDERS, MD
PROFESSOR OF OTOLOGY, DARTMOUTH COLLEGE
MEDICAL DIRECTOR OF MAYFLOWER MEDICAL OUTREACH
CO-CHAIR, COALITION FOR GLOBAL HEARING LOSS

DEBRA FRIED, MS
AUDIOLOGIST, MOUNT SINAI MEDICAL CENTER
NEW YORK CITY, NY
DIRECTOR OF AUDIOLOGY, MAYFLOWER MEDICAL OUTREACH

Organizational Structure for Humanitarian Programs

Guidelines for Building a Humanitarian program

- Vertical (“parachute”) missions
- Part of existing umbrella organizations
- Coordinated Recurring Short Term Missions
- Integrated Long Term / Community Based Program

Sustainability , Networking & Fundraising

“Seven Sins of Humanitarian Medicine”

Vertical "Parachute" Missions

Length of trip – 7 -1 4 days

Often first introduction to an area or problem

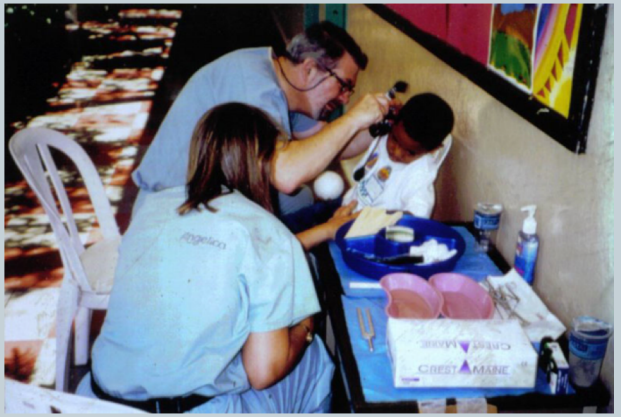
- Play an important "fact-finding" role
- Try to identify local partners

Some services are more amenable to a vertical structure

- Certain surgical pathologies (with local support)
- Hearing aids and chronic medical problems are difficult

Be Realistic!!!

Think long term.



Preparing for the Trip - Medical Documentation

Licensure / Credentialing

- Registration of professional documents (e.g. audiology/medical degrees and licensure)
- Check requirements with the country's Ministry of Health
- Importation and customs rules for medical equipment or Medications
- What is the necessary time line - may need to file months in advance
- How much advance notification of the arrival date is documentation required?

Detailed documentation required by the Ministry of Health?

- Make/model/serial numbers of hearing aids / equipment
- Details of equipment for "temporary use"
- Esxpiration date / dosage and quantity of medications

Engage the services of an in-country coordinator or in-country organization to assist with entry into the country and clearing customs

Preparations for the Trip – Equipment / Supplies

How will supplies enter the country?

- Suitcases – good for small items, may bet delayed in transit
- Shipping in advance - not always available, more difficulty with customs
- Shipping by container – "Banana express", takes a LOT to fill a container, $2000 - $5000

Other issues

- Electrical current available and type of outlets
- Are their monetary limits of equipment
- Inventory / tracking bags
  - Pre-sorting of equipment / supplies
  - Helps if a bag is delayed

Preparations for the Trip

Medical needs of the team

- Personal medications (be careful carrying narcotics)
- Immunizations –
  - Check with local travel clinic or CDC website (www.cdc.gov/travel)
  - Hepatitis, polio, usual immunizations required in U.S.
  - ? Typhoid, yellow fever
- Malaria prophylaxis
- Gastrointestinal – viral vs. bacterial
  - Prevention – If you can't peel it and can't cook it, don't eat it
  - Bottled Water
  - Prophylaxis – Pepto-Bismol
  - Treatment- Imodium, cipro
- Travel insurance?

Clearly define team roles / expectations

Prep your team members in advance

- Disseminate information with prepared written materials/guidelines
- Meetings in person, teleconference, Skype, Go To Meeting
- Work schedule
- Recruit lay personnel for triage / crowd control

Work with an in-country coordinator

- school term schedule or local holidays?
- OR / audiology clinic schedule
- recruitment of patients via public health system?
- numbers of patients to be seen daily
- patient notification of team's arrival and schedule
- instructions to patients to prepare for their visit

Relationships

- You are a guest of the country you are serving
- Ensure your services are desired before proceeding
- Consider your work a partnership with the professionals in the country
- Establish relationships and work closely with your contacts
- Building relationships takes time
  - Locals may be skeptical at first
- Learn of other aid groups providing similar services
  - Locals may be cautious about sharing this information
  - Form collaborations and partnerships
  - Networking: powerful tool for building a program
- Remain respectful, open-minded, resourceful and flexible
- You are giving and you are receiving. Listen to your hosts.

Audiometry on short term vertical missions

Challenges

- Lack of electricity?
- Testing outside of the Audio booth - background noise!

Settings – clinics? Schools? Ad hoc clinics

Diagnostic audiology testing

- Air/bone/speech/tympanometry with a diagnostic audiometer??
- Portable audiometer in a quiet room – heavy, requires electricity, TDH only?

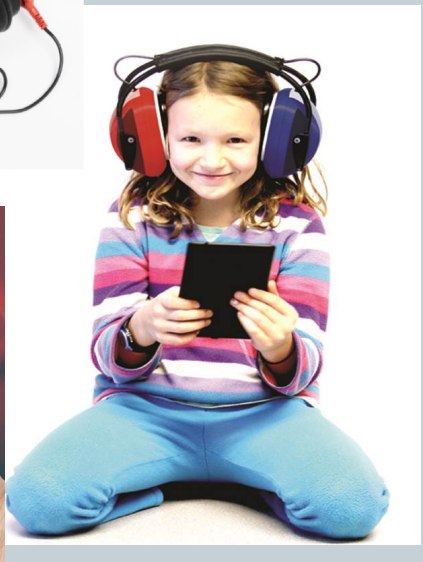
Insert ear piece under noise attenuating headphones?

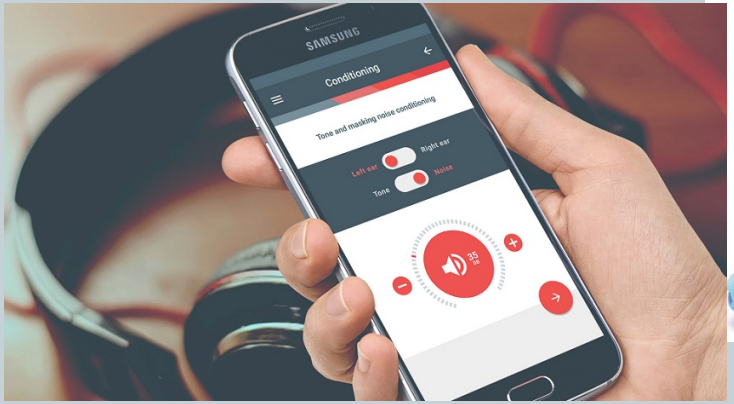
Other Screening Equipment Options

- Screening Audiometers
- I-phone applications
- Shoebox Audiometer

Portable Audiology: Getting out of the booth

- Kuduwave
- Shoebox Auudiometry
- Creare WiScreener
- HearX
- Otopad





Otologic Exams and Management

Hand held otoscope and headlight

Tools for Cerumen / Drainage Management

- Wax curette, Buck loop, Suctions?
- Wicking technique for purulent drainage
- Portable Suctions (used in home healthcare)

Medications

- Antibiotics – MAP Mission Packs (www.map.org/medicines)
- Samples – can't be outdated
- Ear Drops – Alcon Humanitarian

Instruction in native language (literacy?)

Referral to local providers? Surgery?

Specialty activities within broader established program

What is the nature of existing program?

- Medical / Surgical
- Community development / Construction
- Academic
- “Faith based”

What is the commitment to developing hearing loss services?

Sustainable program or vertical mission?

Use existing talents, relationships and resources

Coordinated Recurring Mission

Length of trip – 7 -1 4 days

Return to the same region or site

- Work with local providers to support projects / patients in between trips
- Transition to longer term program

Involves maintenance of equipment, etc…

Supports broader range of activities

- Hearing aids
- Surgery

Networking within the Country
"Think globally, act locally"

Must Engage Local Professionals

- Audiologists
- Audiology Technicians
- Physicians / Otolaryngologists

Benefits

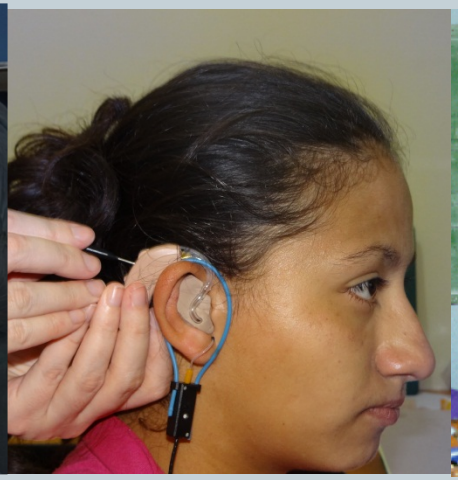
- Provide valuable insights into the local diseases / issues
- May be able to provide support services
  - Surgery
  - Ear Molds
  - Speech Therapy / Deaf Education

Challenges

- Must be interested and empowered
- May see your project as competition

Professional Networking in Country

- Employ local audiometric tech to dispense hearing aids
- Contract with local providers to provide ear molds
- Engage / employ local surgeons to care for ear disease
- Collaborate with deaf education / speech Rx programs
- Create business model for audiology services?



Audiology Equipment and Supplies

Acquiring Audiology Equipment & Supplies

- New, used, reconditioned
- Donations and loans
  - Colleagues & manufacturers
- Discounted pricing from manufacturers

Equipment maintenance, repairs and calibration

- Biologic calibrations
- Compare tests: portable and diagnostic audiometer
- Sound field speaker calibration with a portable SL meter
- portable audiometer: annual calibration
- Train in-country availability or outside the country for calibrations
- A “handyman” for equipment repair (eiher in-country or as a trip participant)

Hearing Aid Services

World Health Organization: Guidelines for Hearing Aids and Services for Developing Countries. Second Edition – September 2004 www.who.int/pbd/deafness.

Device Types

- New (Digital)
- Used, / reconditioned (analog or digital)
- Programming/fitting strategy: trim pot adjustments, computer software, or no adjustments
- “Self-fitting”
- Personal Sound Amplifying Product (PSAP)

Devices Sources

- IHHAPP
- Starkey Foundation
- Solar Ear

Hearing Aid Services

Access to electricity and the internet in clinic

Battery distribution (e.g. annual supply)

Earmolds

- temporary
- custom – in or outside the country (donated?)

Dri-aid kit (20 grains of uncooked rice in a plastic bag!)

Verification/validation of the hearing aid fittings

- Real-ear measures?
- Sound field testing
- Ling 6 sounds

Counseling: direct patient contact supplemented by written materials

Follow up services: annual checks & adjustments (computer software??)

Hearing Aid Services – Financial Issues

Will be fees be assessed for these services

- rationale: e.g. maintain financial sustainability, create ownership
- itemized charges, donations
- May be prohibited

Record keeping and contact information

Inventory of equipment and all ancillary supplies (e.g. earmold impression material)

Hearing Aid Services: Clinic support during team's absence

- Loosely or formally trained personnel to provide ancillary services
- Hearing aid adjustments
- Hearing aid troubleshooting
- Hearing aid replacement policy (time frame?)
- Earmold repairs, impressions, replacements (pediatric Has)
- Replenishing batteries (e.g. annual supply)
- Maintaining contact with patients
- Maintaining contact with the team on an ongoing basis
- Informing team of patients on waiting list for hearing aids
- Informing team of ancillary supplies that are needed

Otologic Surgery - Planning

"Pre-Op Checklist" - reconnaissance visit to site to see what is available

- Inventory of equipment needed vs available on site
- Pre and post-op hospital wards
- Anesthesia resources: staff, drugs, anesthesia machines, monitoring
- Post-anesthesia recovery room
- Operating room: size, lighting, sterility, OR tables
- Sterilization of equipment: available, reliable, turnaround time
- Microscope
- Nursing care (pre op, post op, scrub nurse, ward nursing)
- Consultation specialties available
- Postoperative surgical care: immediate and long term
- Facilities for complications or prolonged care?
- How are patients recruited and evaluated for medical and surgical indications
- Financing of surgery, OR and hospital care

Sterility Issues

Infection rates higher

- Surgical Infections: 12 – 39%
- Tympanoplasty failure ~ 40%

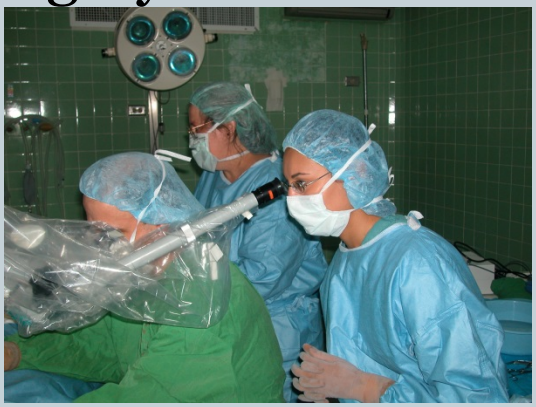
Prevention

- Instrument sterility
- Antibiotics
- Leave wound dressed
- Pre and post op hygeine

WHO Data 2005; Zaidi et al. Lancet 2005; Barrs et al. 1999

Otologic Surgery - Local Otolaryngologists

- Do they do the same surgery you are proposing?
- Can you train them in new techniques or upgrade their skills
- Are they willing to screen pre op patients and do post op care?
- Charges for the surgery if they are involved or do the same surgeries themselves?
- If you do the surgery free does that put them in a difficult position?



Otologic Surgery Principles

Choose cases with a high percentage chance of success

- Balancing severe disease vs. cases with low complication rates
- Easier, more straightforward cases in the beginning
- High teaching value balanced with need to do more advanced disease
- Not too many cases - may exceed their capacity
- avoid surgeries that need a staged reconstruction

Tympanomstoidectomy

- canal wall down mastoidectomy is preferred
- avoid prostheses or materials that may extrude
- cartilage ossicular chain reconstruction in most cases

Otologic Surgery Principles

- Outpatient surgery done here may not be acceptable, feasible or safe in their situation considering travel time, cleanliness of home environments, etc.
- Leave dressing in place for longer period of time
- Post-operative antibiotics in most cases, if feasible
- Avoid potential for severe delayed post op complications (e.g. tonsillectomy)
- Who will provide post op care?
- Do they have the equipment and capability?
- How long can patients go between visits? 3- 4 months?

Integrated Long-Term Community Based Project

May still have multiple short duration trips or longer duration visits (2-3 mo)

Build Infrastructure – permanent facilities

Emphasis on training / capacity building

Engage with other aspects of health care (e.g. PCP, OB-Gyn)

Collaborate with rehabilitation and educational services

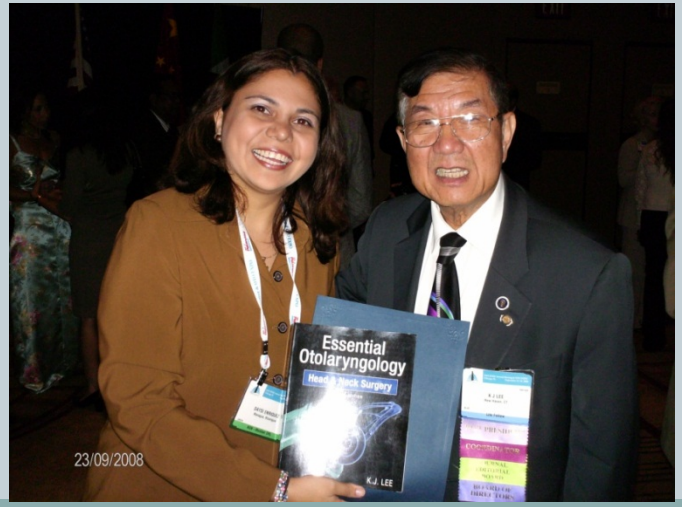
Increased family involvement

More advanced services:

- Cochlear implantation
- Telemedicine / Teleaudiology
- Infant Screening

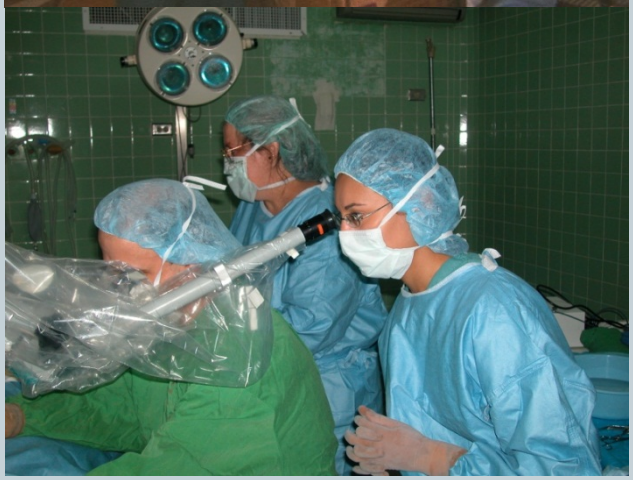
Sustainability Through Training

Teach a man to fish…



Sustainability Through Building Infrastructure

Give him a fishing pole..



Primary Ear & Hearing Care Training

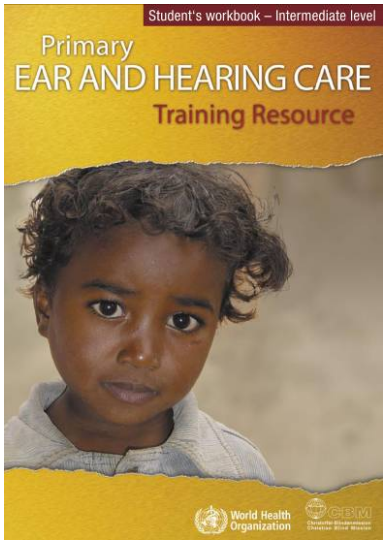
WHO Manuals

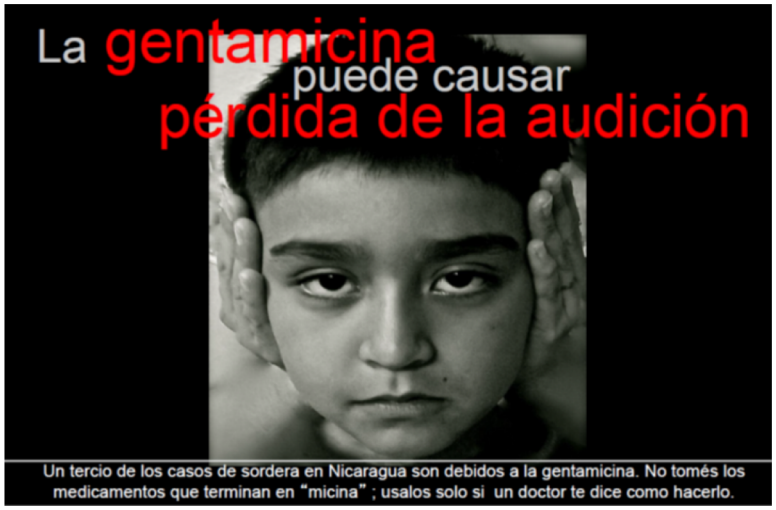
Basic, Intermediate, Advanced Levels

Conference to “Train the trainers”

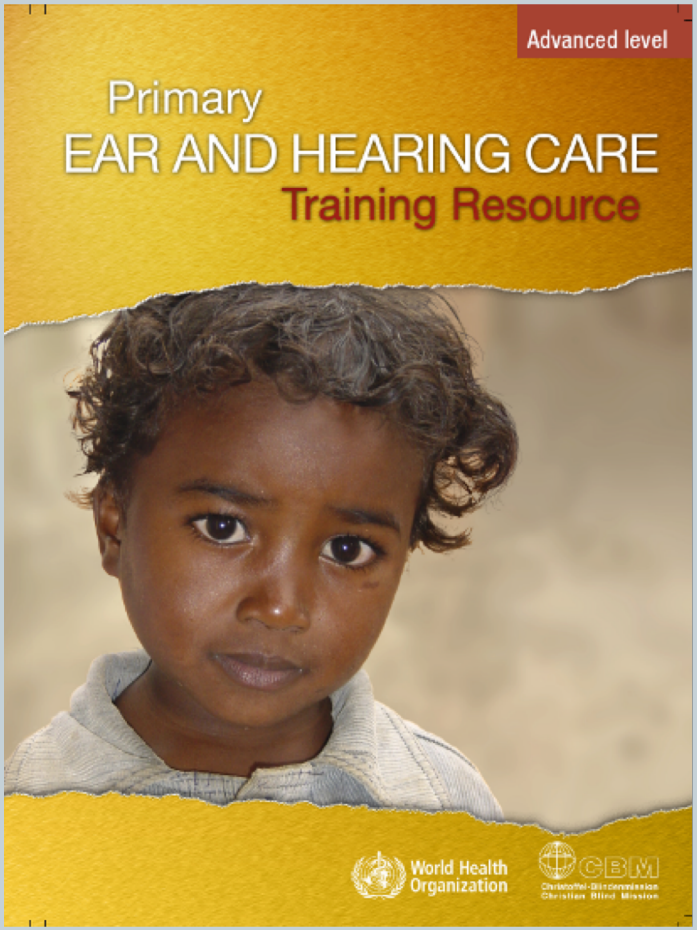
National Training of Health Care Workers

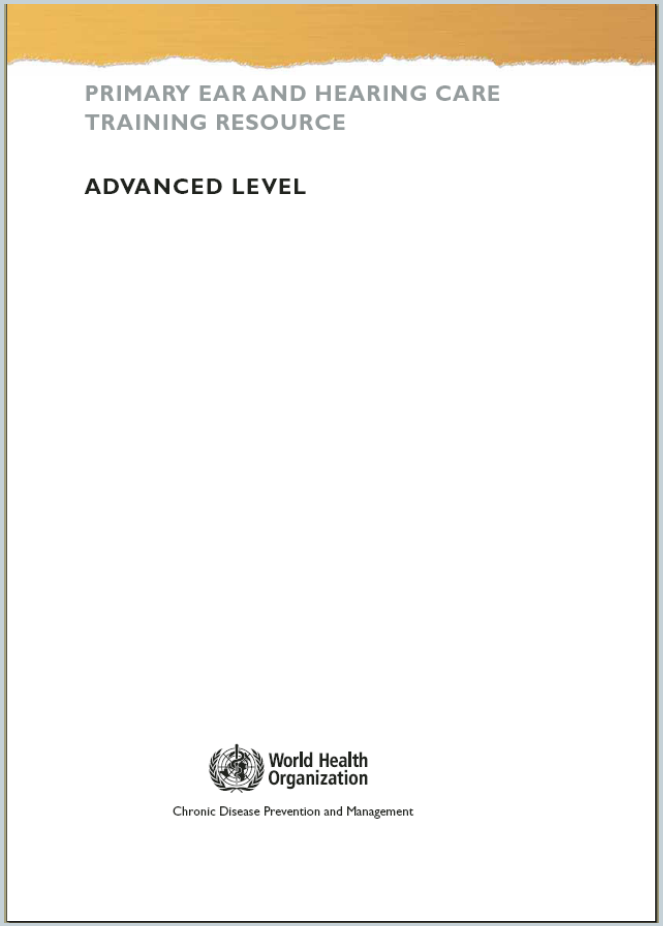
Public Awareness Campaigns





WHO Training Manuals





Empowering and Involving Families and Communities

Family Support Groups

Parent / Family Training – Speech Therapy

Local Business to Support Programs

Local Rotary or other Clubs

Employing and training local staff

Cochlear Implants in Low Resource Countries

Candidacy – best candidates only

Able to participate in rehab / mapping

- Transportation to clinics

Resources for long-term support

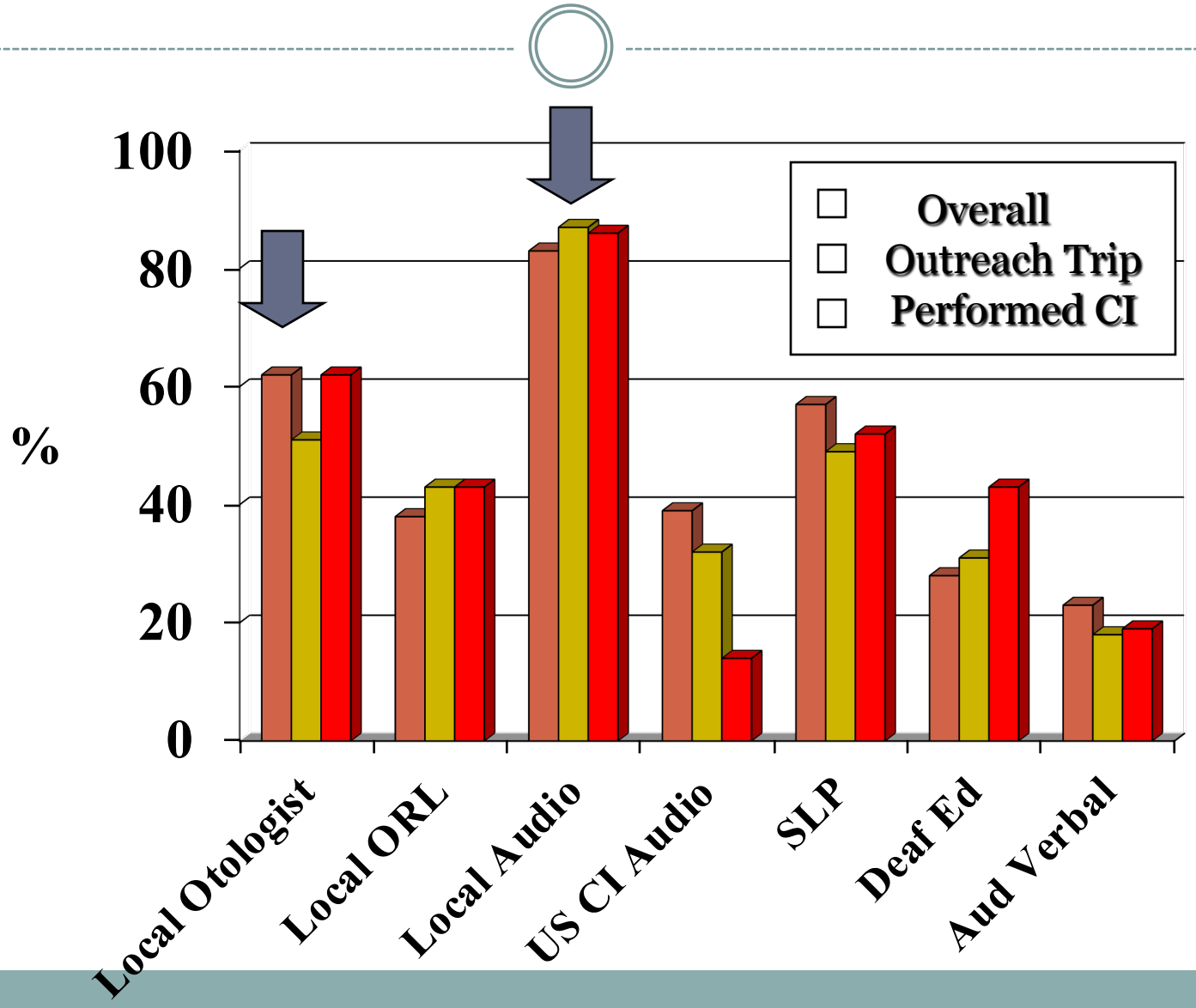
- External repairs
- Processor replacement
- Batteries

“Mainstream” devices only?

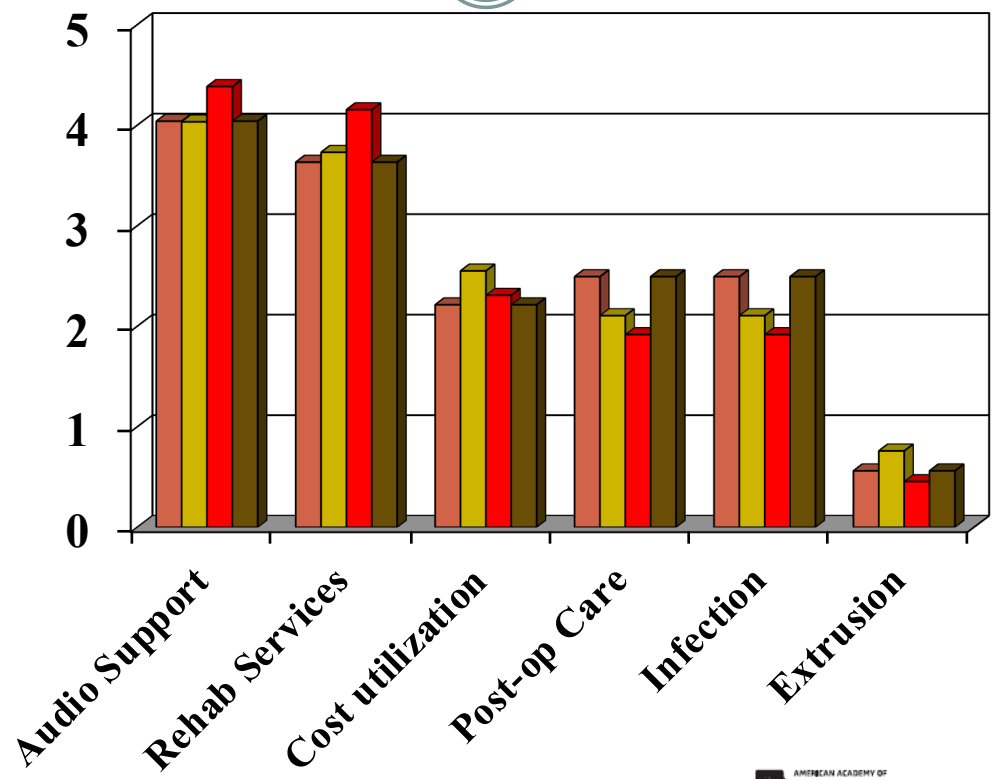
- Lower cost options are becoming available
- Reliability is critical

Case Examples

Minimum CI Team Requirements



Ranked Level of Concern
Survey of 198 US Cochlear Implant Surgeons



Original Research—International Health

Cochlear Implantation in Developing Countries as Humanitarian Service: Physician Attitudes and Recommendations for Best Practice

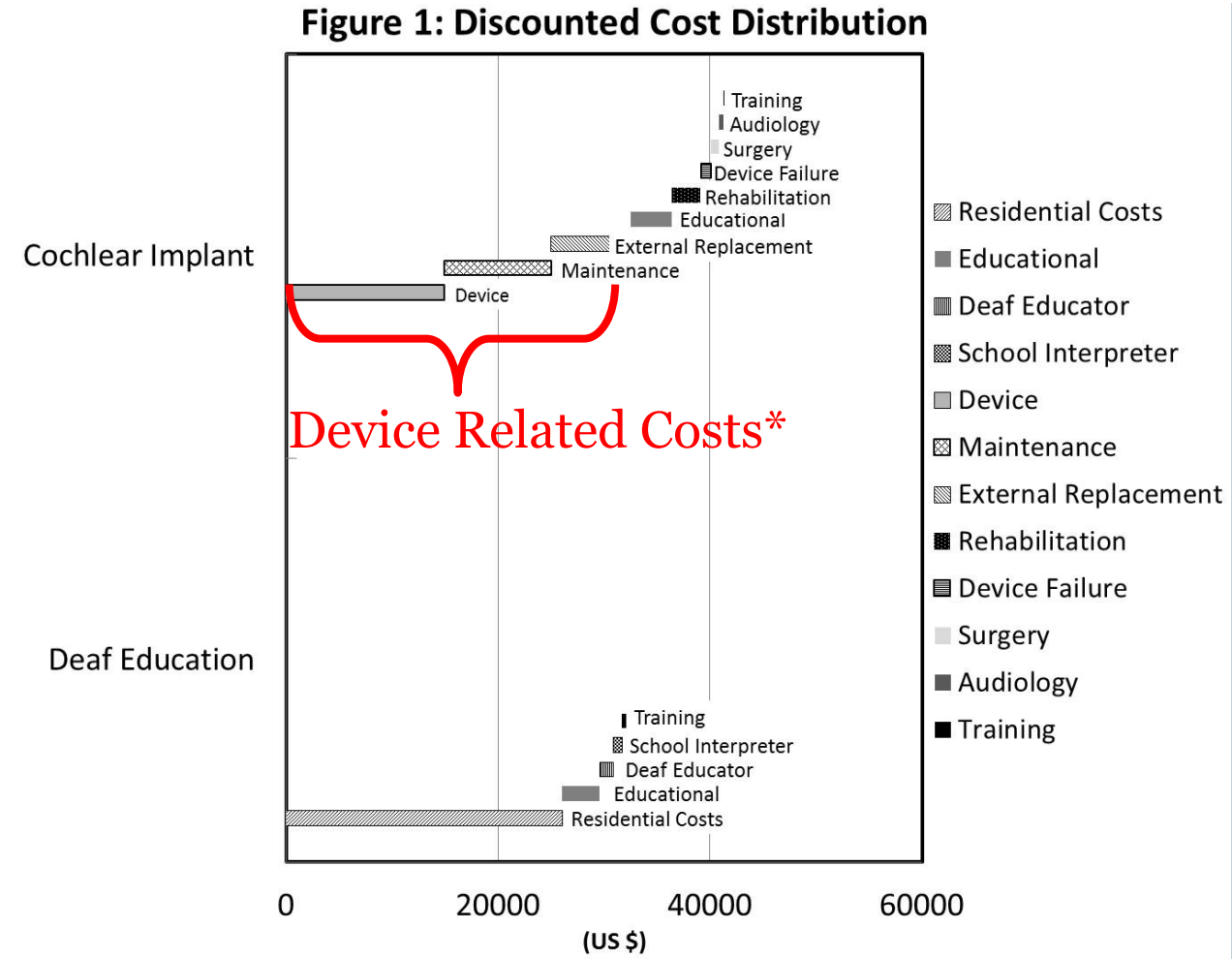
James Saunders, MD[1], and David Barrs, MD[2]

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

Otolaryngology–Head and Neck Surgery
145(1) 74–79

DOI: 10.1177/0194599811401343
http://otojournal.org
SAGE

Proportion of Implant Costs

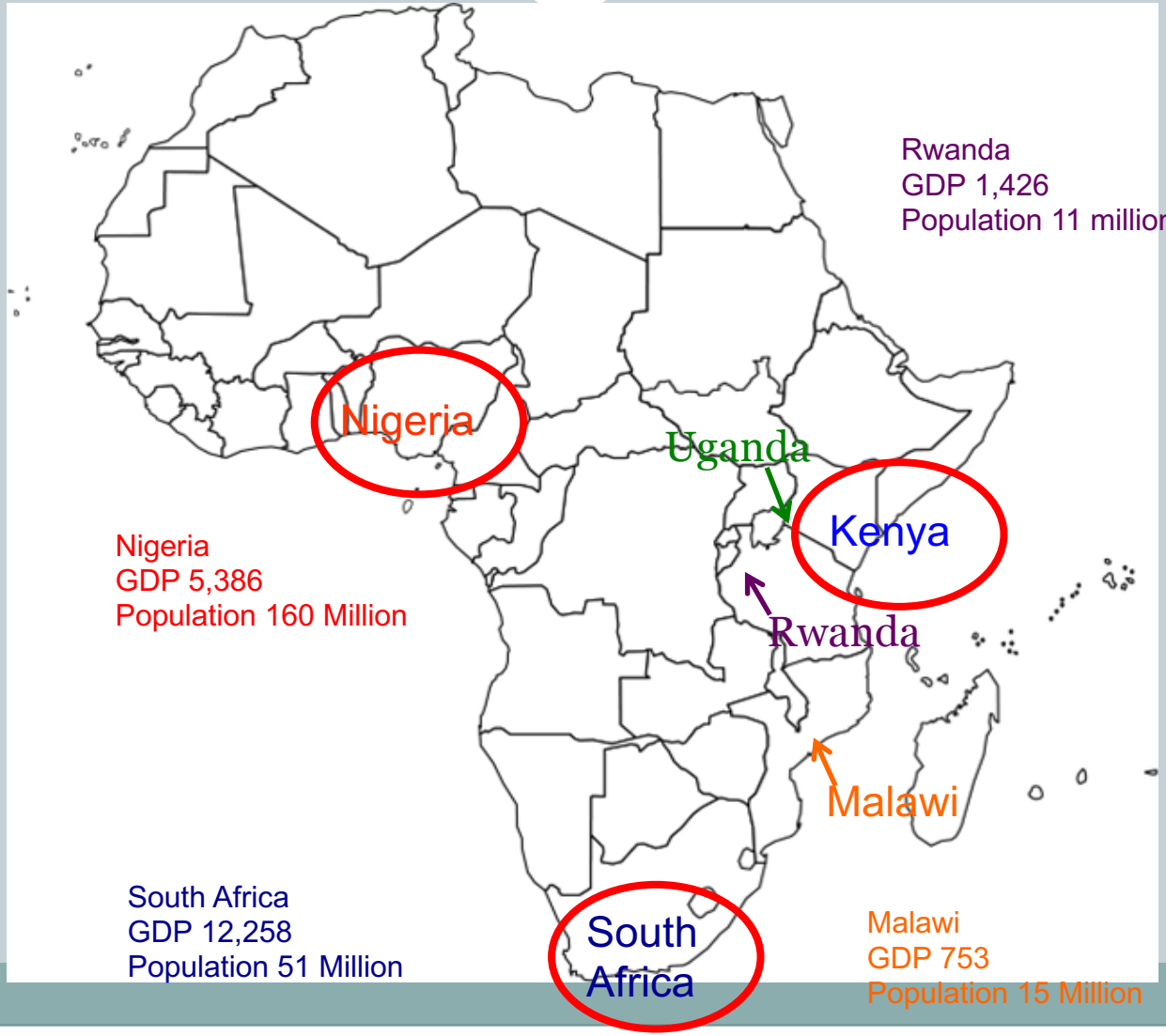


* Includes External Repairs, Batteries, Replacement, Device Failure

CEA using DALYs averted Congenital SNHL: Nicaragua (GBD 2000 Disability Weights)

	Total Program Cost	Individual Cost	Individual Discounted DALY	DALY Averted (discounted)	Cost Effectiveness Ratio (CER) Costs per DALY averted	Cost Effectiveness Ratio per Gross Domestic Product (CER/GDP)
Cochlear Implantation	$49,475,475	$40,815	2.79	6.92	$5,898	1.31
Cochlear Implantation Minimum Cost Scenario[1]	$52,560,233	$32,520	2.79	6.92	$4,699	1.04
Cochlear Implantation Maximum Cost Scenario[2]	$33,337,470	$44,003	2.79	6.92	$7,263	1.61
Deaf education[3]	$38,936,915	$32,121	3.9	5.81	$5,529	1.23
No Treatment	$0	$0	9.71		n/a	n/a

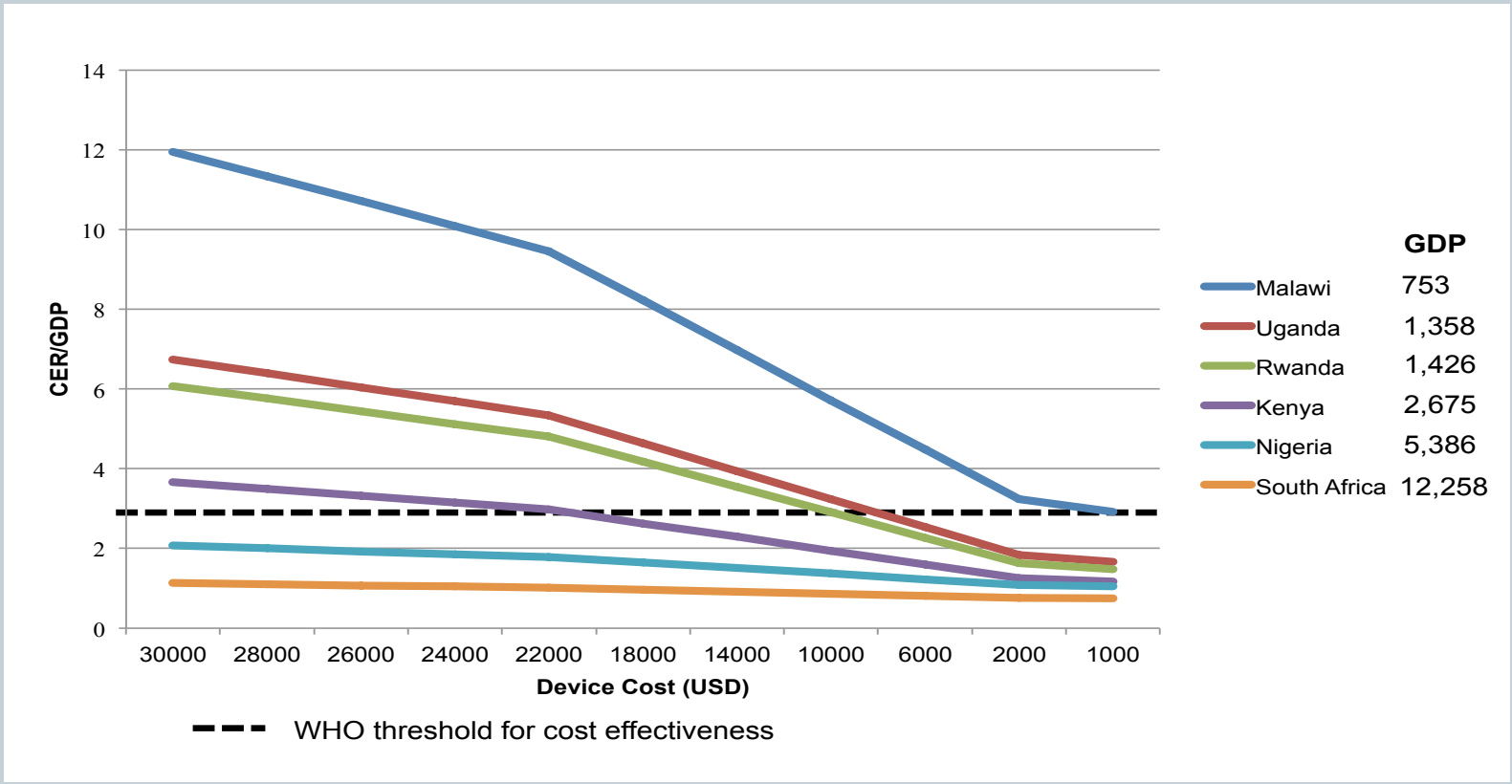
African Survey of Cochlear Implants



CI and Deaf Education
Cost Effectiveness in Africa

	Cost Effectiveness Ratio (CER) per Gross Domestic Product (GDP)	
	CI (Min, Max)	Deaf Education
South Africa	1.03 (0.94 – 1.12)	1.56
Nigeria	2.05 (1.77 - 2.41)	0.69
Kenya	3.27 (2.83 – 3.80)	1.11
Rwanda	4.89 (4.23 – 5.66)	0.55
Uganda	5.43 (4.67 – 6.35)	1.30
Malawi	9.62 (8.37 – 11.07)	0.89

Sensitivity Analysis (CER/GDP by CI Device Cost)



Latin American Countries

Vary greatly in population and economy:

Trinidad / Tobago
GDP 30,285
Population 1.4 million

Brazil
GDP 15,838
Population 207.8 million

Guatemala
GDP 7,454
Population 16.3 million

CI and Deaf Education
Cost Effectiveness in Latin America

	Cost Effectiveness Ratio (CER) per Gross Domestic Product (GDP)	
	CI (Min, Max)	Deaf Education
Brazil	**0.69 (0.62 – 0.78)**	**0.55**
Columbia	**0.83 (0.76 – 0.93)**	**0.07**
Ecuador	**2.09 (1.98, 2.24)**	**0.25**
Guatemala	**2.96 (2.76, 3.21)**	**0.83**
Paraguay	**2.50 (2.15, 2.91)**	**0.64**
Trinidad and Tobago	**0.94 (0.87, 1.03)**	**0.93**
Venezuela	**1.51 (1.44, 1.59)**	**0.35**

Recommendations

Cochlear Implant surgeons should continue to be involved with programs to provide cochlear implants to appropriate candidates in low resource countries and we should seek ways to expand cochlear implant services where appropriate.

However, cochlear implant surgeons should evaluate programs, candidates and their social situations VERY carefully to avoid inadvertent problems.

Specific Recommendations

Established long term relationships with local otolaryngologist trained in mastoid surgery

Local audiologist trained in Cochlear Implants

Audiology support in U.S. to mentor / advise

Only best candidates:

- Early implanted children w/o other comorbidities
- Acquired (post-lingual) deafness

Pre op counseling and expectations

Patients / families should be able to provide:

- Batteries & hardware
- Transportation
- Rehabilitation?

Tele-Audiology

Need: A shortage of trained health care professionals. Can be provided within and across countries.

Definitions:

- Tele-Health: health science services delivered by physician and non-physician providers.
- Tele-Practice: application of telecommunications technology to deliver professional services at a distance.

Requirements: Tele-health equipment, specialized audiological equipment, technician staff, software. Intern

Services that can be provided: hearing screenings, diagnostic audiology examinations, impedance measures, infant hearing screenings (OAE, ABAER), diagnostic ABR tests, cochlear implant programming, hearing aid fittings and verification, video otoscopy, ear scanning (for earmold labs), vestibular testing, education and training for health care providers and parents, tinnitus services.

Teleaudiology Models of delivery:

- **self-guided tools**: online hearing tests, hearing aid adjustments through the patient's telephone.
- **synchronous application**: live contact between patients and service providers through the internet, telephone with use of computers or video-teleconferencing systems. Includes professional training. Used most often for HA fitting management
- **asynchronous application**: patient information delivered off line and reviewed at a later time. Used primarily for screening applications

Challenges and Limitations of Teleaudiology

Access to electricity

Internet connection

Dropped internet connectivity

Video conferencing failures

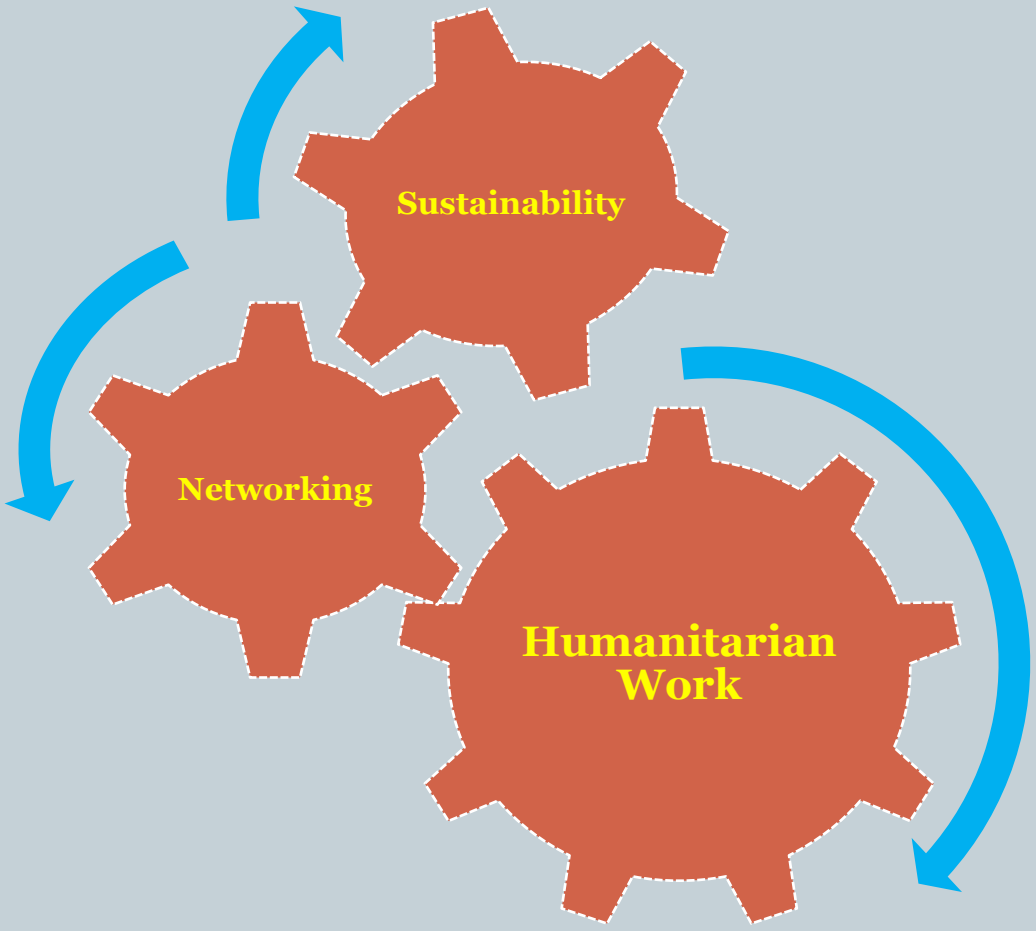
Ambient noise levels

Prolongation of testing time?

Infant Hearing Screening

- Challenges and Strategies
  - Physiologic testing preferred (OAE / ABR)
- Infant screening vs. school screening
  - Acquired HL are relatively common
- "Community Based Screening"
  - Combine OAE for older infants (<1 yr) with health worker screening for speech development
- Cost Effectiveness?

Networking and Sustainability



Building Sustainability Through Networking

- Networking within the Country
  - Local Professionals
  - Community / Businesses
  - Governmental Offices
  - Other NGO's
- Networking at Home and Abroad
  - Local resources
  - Fund raising through networking
  - Other professionals
  - Global organizations / movements

Sustainability

Community Networking

- WHO – “Community Based Rehabilitation”
- Partner with existing NGO’s – e.g. Casa Materna
- Invest / create businesses to support your work
- Microfinance - lending circles
- Vocational training / marketing products



Getting the Government Involved

- Local government more supportive than national
- Think beyond health agencies (e.g. education, etc…)
- Train or support audiology positions
- Disability related services? (e.g. Todos con Voz)

Primary Intervention: School Screening

Getting the Government Involved

- What is the Healthcare structure?
  - Centralized management?
  - Local autonomous units?
- Is there a National Policy or Plan for Ear and Hearing Care?
  - If not, is there interest in the government? Petition of professionals?
- What is the role of the World Health Organization?
  - Technical support (not funding)
  - Work with Ministry of Health only
  - Only at the invitation of Member States
  - Important catalyst for action

Challenges of Getting the Government Involved

- Bureaucracy (endless…)
  - Todos con Voz support
  - Autonomous local governments
  - Political environment
- Poor coordination with other branches of government
  - Customs, etc…
- Helps to have NGO recognized in host country – national regulations vary.

World Health Organization National Plan for Ear and Hearing Care?

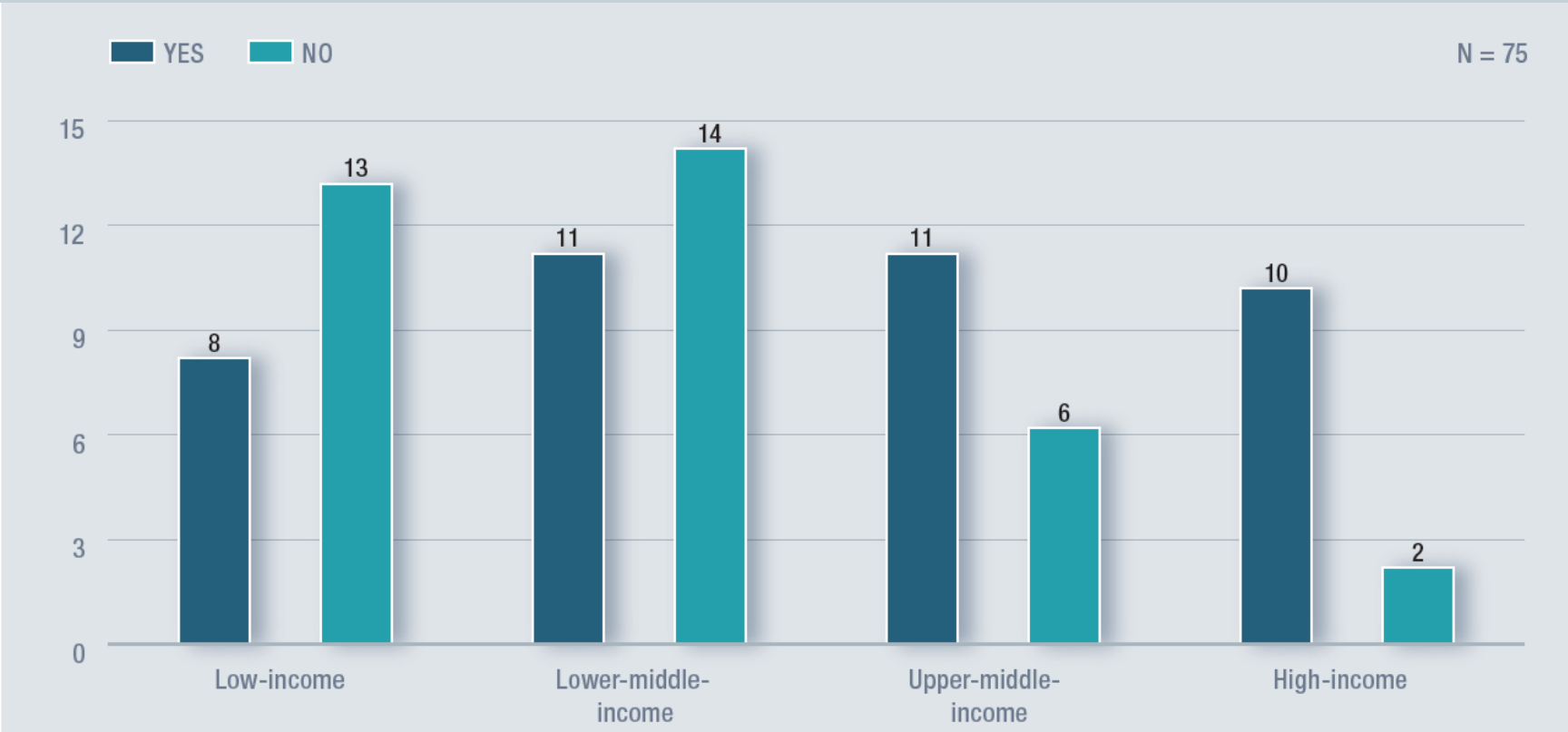


FIG. 27 Existence of government-initiated national or subnational plan/programme/policy for ear and hearing care, by income level

http://www.who.int/pbd/publications/WHOReportHearingCare_Englishweb.pdf

World Health Organization National Plan for Ear and Hearing Care?

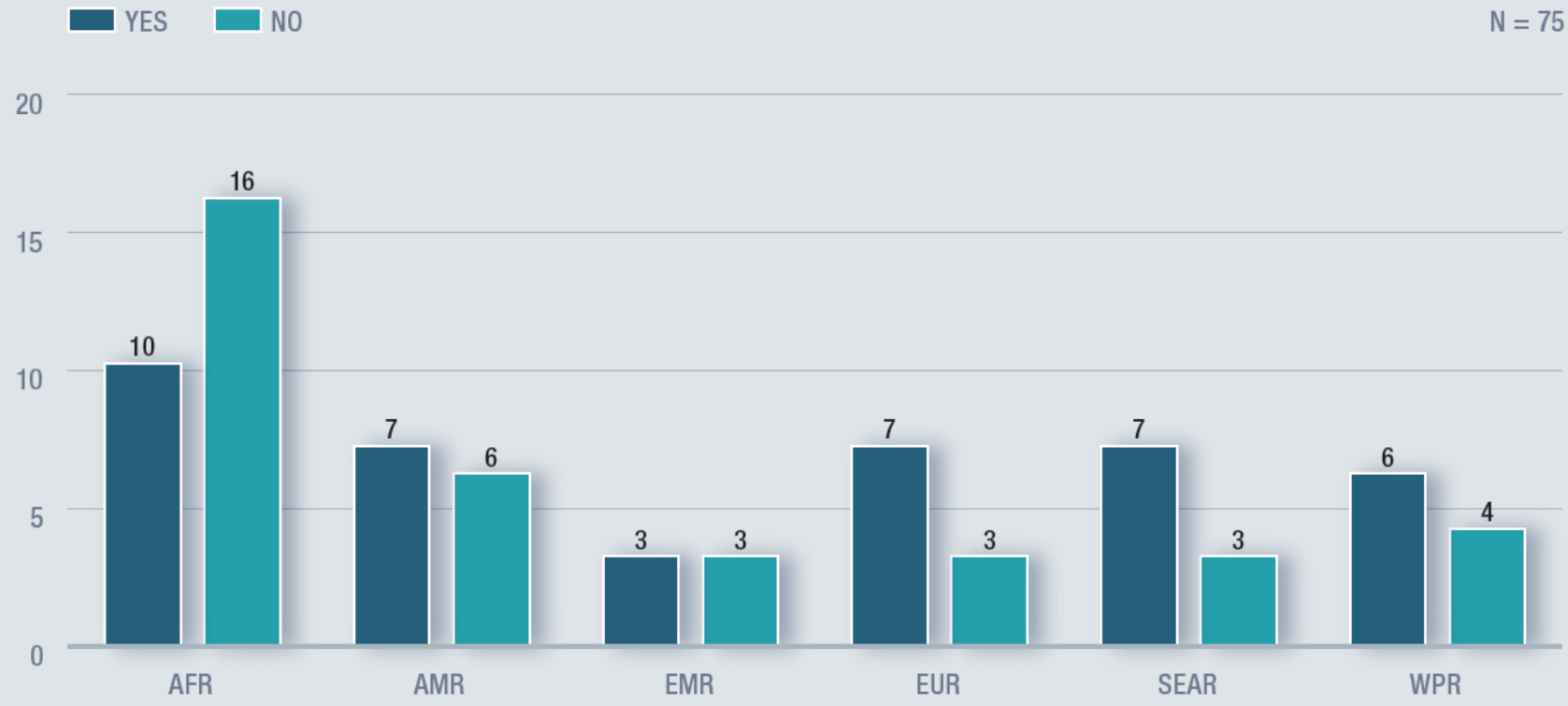
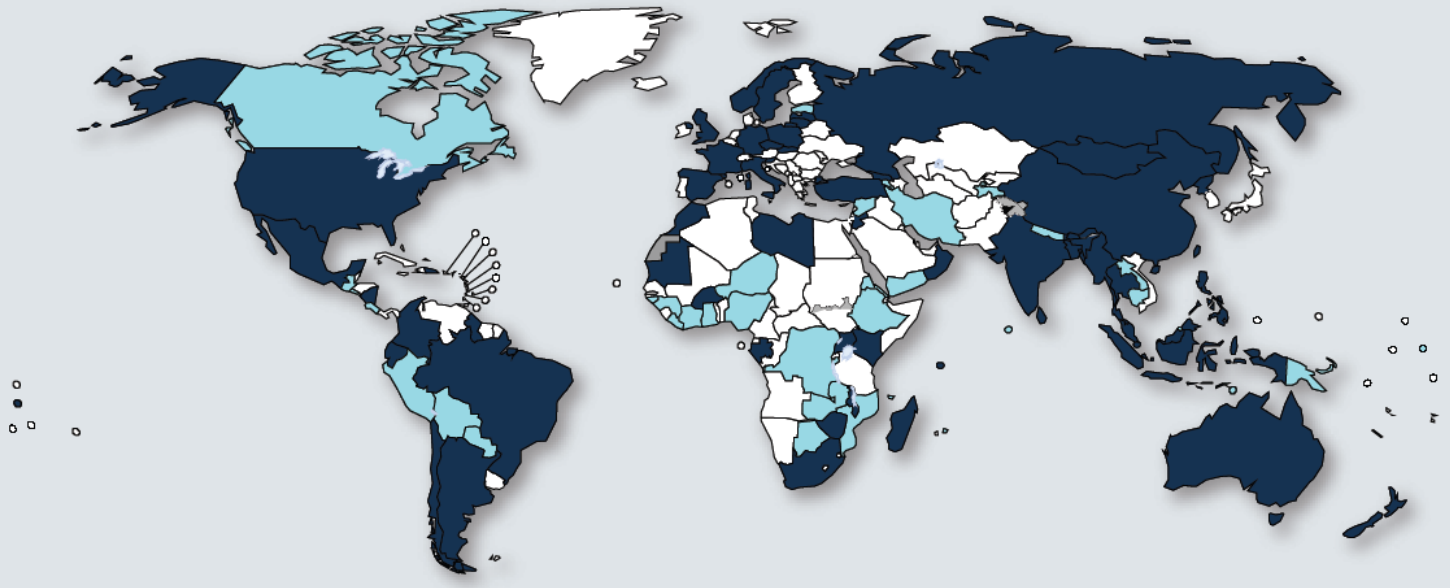


FIG. 28 Existence of government-initiated national or subnational plan/programme/policy for ear and hearing care, by WHO region

http://www.who.int/pbd/publications/WHOReportHearingCare_Englishweb.pdf

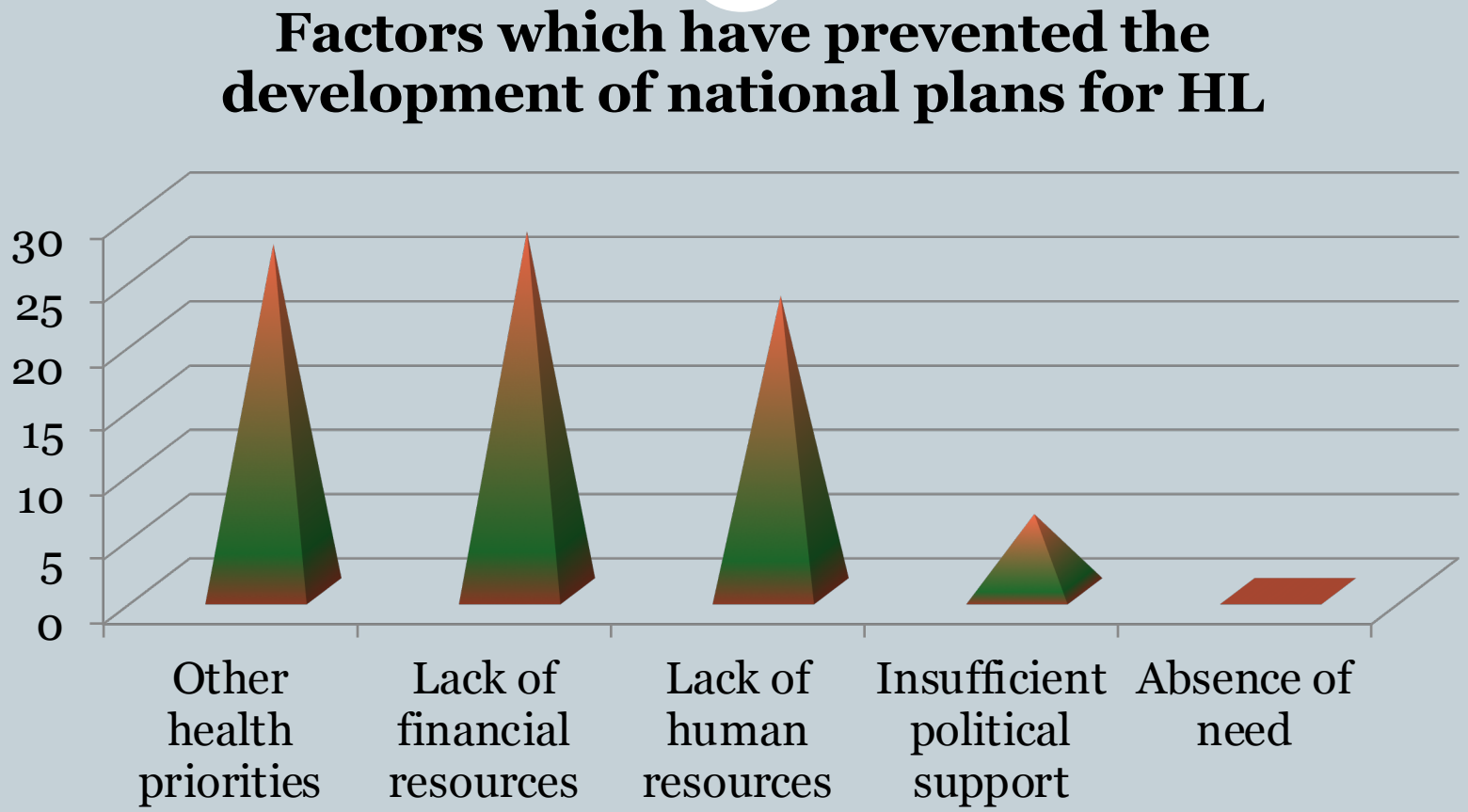
World Health Organization National Plan for Ear and Hearing Care?



MAP 6 Existence of a government-initiated national or subnational plan or programme for ear and hearing care or prevention of hearing impairment, 2013 data

http://www.who.int/pbd/publications/WHOReportHearingCare_Englishweb.pdf

Reasons for lack of programme



Networking with other NGO's Working in the "Field"

- May be similar services to the nearby community (or same community on previous week)
- Local providers often reluctant to share information about other support they receive
- May have common goals or complementary objectives
- Be open to collaboration, but "not all seeds bear fruit"
- No central registry of Humanitarian organizations (more on this later)

Networking at Home
"Act globally, think locally"

- Explore local resources for volunteer or intellectual support:
  - University training programs?
  - Local doctors or providers?
  - Global health departments or institutions?
  - Other university departments?
- "Local" Resources for Financial Support
  - Tell your story - Rotary Club, Lions Club, local news, etc…
  - Special events – raise awareness about your work
  - Foundation support - https://fdo.foundationcenter.org

Networking from Home
"Act globally, think globally"

- Online Resources for Volunteer / Financial Support
  - Create a website – raise awareness about your work
  - Social Media
    - Facebook, Twitter, Linkedin
- Online Giving
  - Causes - https://www.causes.com/
  - Network for Good - http://www1.networkforgood.org/
  - Razoo - http://www.razoo.com/
  - Charity Navigator - http://www.charitynavigator.org/

Professional Organizations

- American Academy of Audiology Interest Group
  - Jackie Clark, PhD - jclark@utdallas.edu
  - Annual networking event at AudiologyNow
- American Academy of Otolaryngology – HNS
  - Database of Humanitarian Activities - http://entnet.org
  - Humanitarian Efforts Committee
  - Beverly Clifton - Bclifton@entnet.org
- Operation Giving Back- directory of surgeons
- OmniMed - http://www.omnimed.org/
- Global Health Council - http://www.globalhealth.org/

World Health Organization Resources

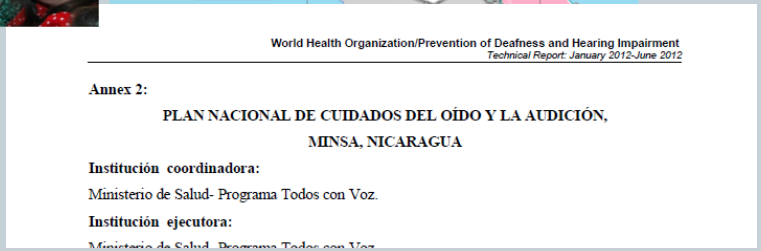
- Office for the Prevention of Deafness and Hearing Impairment
- Staffed by Shelly Chadha, MD
- Collect epidemiological data
- Public Awareness
  - March 3rd International Ear and Hearing Day
  - Downloadable PR materials
- Technical Publications
  - Training Manuals for Ear and Hearing Care
  - Multi-country assessment of national capacity to provide hearing care
  - Community-Based Rehabilitation: Promoting Ear and Hearing Care through CBR
  - Guidelines for hearing aids and services for developing countries
  - Report on Newborn and Infant Screening
  - Otitis Media, Otoxicity, Noise Induced Hearing Loss

Summit Meeting on National Hearing Health Plan – May 2012

WHO / PAHO, MINSA health workers

CBM, Los Pipitos, Mayflower Medical Outreach

Otolaryngologist, audiologist and speech therapist



World Health Organization/Prevention of Deafness and Hearing Impairment
Technical Report: January 2012-June 2012

Annex 2:

PLAN NACIONAL DE CUIDADOS DEL OÍDO Y LA AUDICIÓN, MINSA, NICARAGUA

Institución coordinadora:

Ministerio de Salud- Programa Todos con Voz.

Institución ejecutora:

Funding through donations…

Tax-exempt 501(c)(3) status

- Individuals want the tax break
- Organizations require it

Piggyback onto an umbrella organization

- Faith based groups
- Lion's or Rotary Clubs – series of matching grants
- Will you have as much autonomy as you like?
- Will it limit your fund raising efforts?

Academic Affiliations

Do you work in an academic institution?

Does your institution have a relationship with a hospital or university in the developing world?

- If yes, are they interested in expanding services (eg hearing loss services for HIV patients)?
- If not, is administration interested in developing relationships?

Are there other people at your institution that are working in your region of interest?

Going it alone…
Setting up your own non-profit

Advantages

- Broadens your fundraising base
- May be eligible for some grants
- Autonomy??

Process

Select board members - 5-7 like minded people

Draft mission statement / purpose

Contract attorney (pro bono?)

- Draft By Laws
- Board of Directors Structure
- Organizational Minutes

Non-Profit Status Continued….

Incorporate – in which State?

- Most board members in one State?
- Several States? Delaware?
- Office of representation in state where incorporated

Tax Exempt Status - IRS 1023 Application and Responses

Form **1023**
(Rev. June 2006)
Department of the Treasury
Internal Revenue Service

Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code

OMB NO. 1545-0056

Note: *If exempt status is approved, this application will be open for public inspection.*

Use the instructions to complete this application and for a definition of all ***bold*** *items.* For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I **Identification of Applicant**

1 Full name of organization (exactly as it appears in your **organizing document**) The Coalition for Global Hearing Health, Inc.	2 c/o Name (if applicable) James E. Saunders
3 **Mailing address** (Number and street) (see instructions) Room/Suite 500 Hanover Center Road	4 Employer Identification Number (EIN) 45-4496391
City or town, state or country, and ZIP + 4 Etna NH 03750	5 Month the annual accounting period ends (01 – 12) 5
6 Primary contact (officer, director, trustee, or **authorized representative**) **a** Name: Ranlet S. Bell	**b** Phone: (336) 721-3675 **c** Fax: (optional) (336) 733-8332

7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, *Power of Attorney and Declaration of Representative*, with your application if you would like us to communicate with your representative. ☒ Yes ☐ No

The Coalition for Global Hearing Health, Inc.
500 Hanover Center Road
Etna, NH 03750

ATTACHMENT
Form 1023

EIN: 45-4496391

Part I, Line 7

Ranlet S. Bell and **Edward W. Griggs** are authorized representatives and their firm is Womble Carlyle Sandridge & Rice, LLP, at One West Fourth Street, Winston-Salem, NC 27101.

Part II, Lines 1 and 5

Copies of the Certificate of Incorporation and Bylaws are attached.

Part IV

The Coalition for Global Hearing Health, Inc. (the "Corporation" or the "Coalition") has applied for recognition of exemption as a public charity described in Sections 501(c)(3), 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code (the "Code").

Charitable Purposes

The World Health Organization has documented that approximately 285 million people in the world have debilitating hearing loss and that most of these hearing impaired people live in developing countries. The mission of the corporation is to improve hearing health in resource poor environments through equipping professionals, empowering families, educating, and advocating for best practices of care and appropriate health policy.

The specific goals of the corporation, are:

- To advocate for policies pertinent to hearing health care practices in a humanitarian capacity by
  - Directing professionals, students and stakeholders to existing policy

Setting up a Foreign Branch

Advantages

- Official business activities (contracts, personnel, etc…)
- Full time “in country” person
- Local fund raising?

Process

- Local “in country” attorney
- By Laws and organizational minutes approved by Dept of State
- “Apostille” certification by consulate of country
- Notarized translation to local language
- Present documents to regulatory board of country

Independent In Country NGO

Advantages

- Involving local partners
- Grant funding opportunities – USAID

Does an partner already exist?

Process – varies with countries

- Local Board of Directors
- Small group of like minded people
- Independent By Laws and minutes
- Approved by regulatory and legislative body

The Seven Sins and how to avoid them…

ORIGINAL SCIENTIFIC REPORTS AND REVIEWS

Seven Sins of Humanitarian Medicine

Sin #1: Leaving a mess behind

Sin #2: Failing to match technology to local needs and abilities

Sin #3: Failing of NGOs to cooperate and help each other

Sin #4: Failing to have a follow-up plan

Sin #5: Allowing politics, training, or other distracting goals to trump service, while representing the mission as "service".

Sin #6: Going where we are not wanted, or needed and/or being poor guests

Sin #7: Doing the right thing for the wrong reason.

Thank You!

Discussion

- Developing a sustainable program/increasing capacity
- Neonatal Hearing Screening
- Otological Surgery
- Cochlear Implants
- Public relations and fund raising
- Relationships

Moving Forward

- How can we best suggest and distribute best practice guidelines?
  - Coalition for Global Hearing Health
  - American Academy of Audiology
  - American Academy of Otolaryngology
  - The International Society of Audiology
  - Journals
  - Websites
  - Others