



Wild4life is a rural health program working in sub-Saharan Africa.

Like most of the world, healthcare in Africa is organized around regional hospitals in the cities and a system of satellite clinics. But in Africa, most of the population — 70% — live in rural areas outside the reach of this system, often with little or no access to healthcare. These are the people that we reach.

Health service providers in Africa are typically urban-based, and not geared to deliver health programs to dispersed populations in rural areas, where they often are most needed. Wild4life bridges the gap by building a rural platform to deliver health programs to these unserved communities in hard-to-reach areas. We establish strong relationships and mobilize rural communities around HIV to deliver an array of health services.

Since Wild4life's inception in 2008, we have established programs at multiple sites in 12 countries in sub-Saharan Africa. Our model is scalable, easily replicable, and provides a cost-effective alternative for delivering health services to unserved rural areas in Africa.



Wild4life

We connect rural communities to health service providers and create demand — by leveraging the resources of field partners already there



Field Partners

Organisations already established out in remote rural areas e.g., conservation or agricultural NGOs, or safari companies

Partners benefit through the improved health of their staff and gain a critical new service to provide to communities where they operate



Health Service Providers

Ministries of Health, NGOs, and churches

We enable existing health providers to increase their reach and impact by providing a ready-made delivery infrastructure, connecting them with rural communities, and generating demand



Rural Communities

in sub-Saharan Africa

We focus on rural communities outside the reach of traditional health services, connecting these unserved communities to much needed services

How it works

We start by building a relationship with a field partner already established in a remote rural area, typically a conservation or agricultural organization. Our field partners have built up a network of resources and are deeply connected to the rural communities that we want to reach. In working with these communities they rely on trust and the relationships established to achieve their aims.

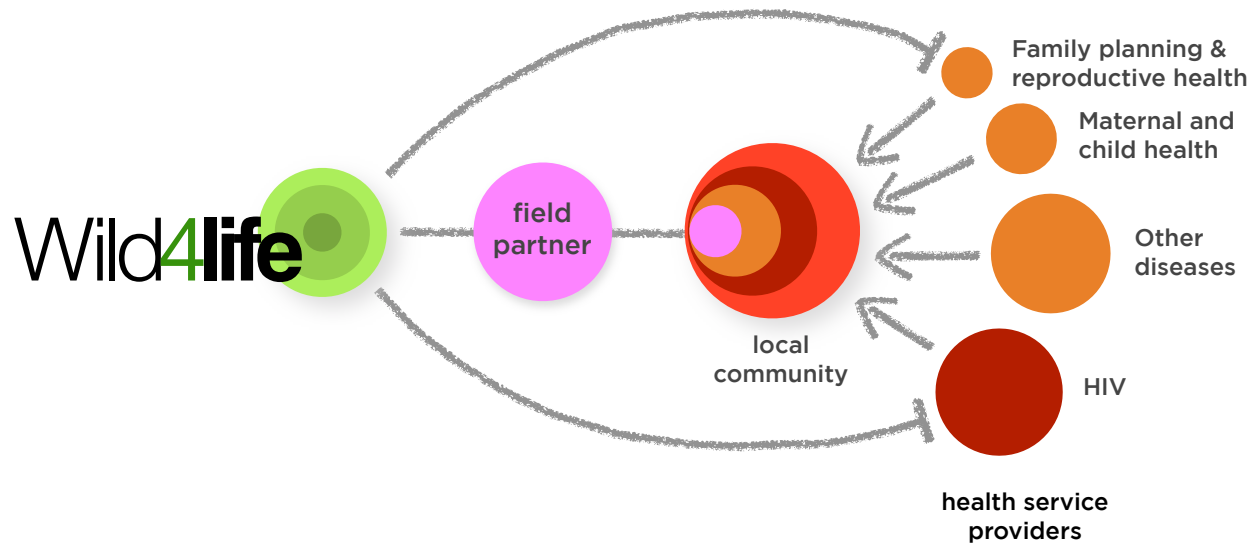
With Wild4life's help, our field partner engages local communities, raising awareness about health issues, creating demand for services, and identifying priorities. Wild4life then helps to close the gap by bringing in providers to establish regular delivery of health services, and manage the relationships to provide a co-ordinated response.

With the delivery infrastructure in place (provided by

the field partner), and growing demand, providers begin periodically visiting these rural communities to deliver services.

In summary, Wild4life creates a platform to deliver health services in rural areas — by leveraging the resources of our field partners, and uses their relationships with local communities to drive demand.

Then we connect health service providers (that don't usually operate in these areas), to rural communities by solving the dual problems of a delivery infrastructure, and demand generation in dispersed rural populations. The net result is that we can deliver health programs to previously unserved rural communities with continuity and depth of service. It's a reliable, cost-effective way to create long-lasting change.



How we do it

It starts with the staff of our field partners and some insight into what motivates people in rural communities in Africa.

In most of the areas that we work, HIV is the big health issue. Also, we've found that communities will mobilize around HIV — for both these reasons, HIV is our initial focus.

We start with a comprehensive HIV prevention and treatment program targeting the staff of our field partner. The relationships developed in this process create trust and lead to the second step, which is to extend the program to local communities. This approach creates crucial credibility and is an important step in generating demand in the broader population.

The HIV program creates momentum and gets the community organized. We follow this with a second wave of programs: targeting other common maladies such as TB and malaria, maternal and child health, reproductive health, and related activities like family planning.

Wild4life doesn't "reinvent the wheel" by trying to deliver this programmatic menu itself.

Instead, we leverage the untapped capacity of provider organizations already in-country to deliver an array of services.

This is achieved by building and managing partnerships with local community-based organizations, NGOs, and available government healthcare services. Together they comprise comprehensive health service delivery — at very low cost.

For healthcare service providers already in-country, Wild4life offers a cost-effective means of increasing their impact in rural areas. We connect providers with local communities without the logistical issues or expense of having to establish their own infrastructure in these remote regions or having to create demand.

The program is community driven, and makes good use of resources and an infrastructure that already exists in rural areas — to deliver health services. We bridge the gap between where resources are and where the need is. The best part is that it's cheap, at less than \$10 / person.

Our Supporters

Wild4life is a recipient of start-up grants from:

Draper Richards Kaplan Foundation

Mulago Foundation

Boehringer Ingelheim

We partner in the field with:

Population Services International

The Wildlife Conservation Society

One Acre Fund

Wildlife Conservation Network

Wilderness Safaris

Olifants Game Reserve

Lewa Conservancy

Our advisory board includes leading innovators in the HIV field:

Dr. Paul Volberding of the UCSF Center for AIDS Research

Dr. Arthur Ammann of Global Strategies for HIV

Dr. Elaine Abrams of the Columbia University Mailman School of Public Health

Dr. Scott Hammer of Columbia University Medical Center and the WHO's Strategic and Technical Advisory Committee for HIV/AIDS

Dr. Philippa Musoke of Makerere University, Uganda

Dr. Sten Vermund of the Institute of Global Health at Vanderbilt University



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Zimbabwe - a case study

Wild4life partners with the Painted Dog Conservation project (PDC) in a remote corner of Matabeleland in western Zimbabwe. PDC employs about 50 local people in its conservation efforts and is a well established entity with local communities in the area. This semi-arid region has a highly dispersed and impoverished rural population with very high HIV prevalence and virtually no access to healthcare services, including services for HIV. For the most part, this is a practical issue. For example, the distance to the only local clinic, at Hwange, about 50 miles from the project. Transport is either unavailable or unaffordable for most people and few service providers ever visit the area.

With the medical staff of the clinic at Hwange, St Patricks, Wild4life has established a mobile clinic system, staffed by local doctors and counselors, that now routinely visit three previously unserved sites in the area. They offer VCT, HIV treatment and care, and treatment for other commonly associated diseases. In the first year of operation, as a direct result of the program, over 18,000 people have visited the mobile clinics, many seeing a doctor for the first time. 2500 people have tested for HIV at the sites. Of those, 712 proved to be infected with HIV and now are receiving treatment and routine follow-up as part of the on-going program.

PDC has implemented condom distribution, a peer-to-peer education initiative, and a male circumcision program in conjunction with Population Services International.

Currently, we're in discussion with the Elizabeth Glaser Pediatric AIDS Foundation in Zimbabwe to establish a PMTCT program at the PDC sites.

PDC has joined forces with Wilderness Safaris in the area, a regional safari operator, and the Zimbabwe National Parks service to increase the reach of the program.

Wild4life supports local medical staff with stipends to supplement meager state salaries, and has assisted with a range of issues that they face, including provision of basic medical materials and diagnostic equipment.

The cost in Zimbabwe has been around \$11 per participant in the program, and this under some of the most extreme conditions that we've encountered anywhere in Africa. It's proving a cost-effective way of reaching large numbers of people in remote rural areas and of making efficient use of resources already in-country.

