

# ARCHIVE Global 2015 Annual Report



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HAPPY  
NEW

2013

START  
UP



**ARCHITECTURE FOR HEALTH**  
**MESSAGE FROM THE BOARD**  
**MESSAGE FROM THE FOUNDER**  
**SUSTAINABILITY**  
**OUR WORK**  
**EVENTS**  
**FINANCIALS**  
**THANK YOU**



archiv+  
architecture for health

## WHO WE ARE

ARCHIVE Global: Architecture for Health in Vulnerable Environments is an international non-profit organization with permanent offices in New York and London. ARCHIVE fights disease by delivering targeted housing design improvements. Prioritizing design as a key strategy in combating disease around the world, we believe that prevention is the key to reducing the burden of disease. As the cost of treatment-based solutions to disease continues to skyrocket, simple, cost-effective improvements and scalable interventions represent a preventive model that is replicable and sustainable.

Housing affects global health in a powerful way. ARCHIVE Global operates at the intersection of development, health, and architecture. We believe that a better built environment can drastically reduce the burden of disease and death in impoverished communities worldwide.

## OUR APPROACH

**Research** — We investigate how the built environment contributes to public health globally.

**Advocacy** — We strive to bring change at a national and international level through changes in public policy.

**Construction** — We believe in the need to design, test, and build practical housing solutions that combat poor health.

# MESSAGE FROM THE BOARD

We at ARCHIVE believe that access to adequate housing is a fundamental human right. This principle motivates us to create and implement solutions that are bold and innovative. Through the years, we have seen that the most efficacious ideas are powerful because of their simplicity. The best solutions are the result of an iterative process of distilling concepts, refining ideas, retesting assumptions, and driving implementation.

ARCHIVE's mission tackles some of the global communities' most pressing issues. Worldwide trends this year showed the challenges of providing healthy homes for an ever growing population faced with climate change, adverse health conditions, poverty, and urbanization. As these forces accelerate, organizations such as ours will have to respond. We are developing cost-effective solutions to reduce the burden of diseases in family homes. We are studying new techniques to mitigate the effects of rising flood waters and changing weather patterns and addressing the growing needs of crowded urban centers.

ARCHIVE has always set ambitious objectives. As the organization grows and takes on more challenges in more countries, the Board will increase our own capacity to be able to effectively advise, support, and promote the impressive work done by the ARCHIVE team. This year, in line with our strategic vision, we continued strengthening the capacity of the board. We welcomed several new members whose perspective, expertise, and dedication will help ensure that ARCHIVE will continue its mission.

As a body, we renew our commitment to supporting ARCHIVE. We look forward to 2016 and invite you to read about the work ARCHIVE accomplished this year.

The ARCHIVE Global Board of Directors

Angela Aidala  
Lenore Cooney  
David Drake  
Gregory Martin  
Kevin McGovern  
Chris Nicholson  
David Panton  
Paul Scialla  
David Vanderbush  
Peter Williams





## MESSAGE FROM THE FOUNDER

As we welcome the new year, I am proud to reflect on the progress that ARCHIVE Global has made in 2015. Primarily, our projects in both Cameroon and our first US based project in Camden, New Jersey, were successfully completed. Additionally, our dedicated board expanded, and we are grateful to welcome Kevin McGovern and Chris Nicholson to the ARCHIVE family. Year after year, I continue to be amazed by the growth of this organization, the commitment to our team both locally and abroad, and the reach of our mission.

ARCHIVE was recognized as one of the eight best sustainability ideas on the planet, and we have spent much of 2015 ensuring we uphold that honor. Innovation is at the forefront of our mission: our work converting dirt floors to cement was named one of the top ten ideas out of 400+ ZeroToFiveOpenIDEO Challenge submissions.

Since our inception, ARCHIVE has consistently set ambitious goals. The wonderful thing is that we have always managed to meet even the most difficult of objectives. This year certainly was busy and not without its set of challenges. Yet again, like in the past, we can look back in pride at the work we've done. I am continually grateful to the tenacity and dedication exhibited by the talented team here at ARCHIVE.

What we do would not be possible without the generosity of our supporters. The support you lend in unfailing friendship, expert input, and financial contributions allows us, quite literally, to be able to continue our work.

2015 was an exciting year and I am happy to be able to share this work with you. I look forward to the coming year and the possibilities that it brings.

Peter Williams  
Founder/Executive Director



**Housing is a health investment.** It is a primary prevention strategy against diseases, illnesses and health risks whether that be malaria, asthma or exposure to lead. Housing is a valuable public investment not only in terms of finance but also in terms of health outcomes. The space you live in can enhance, exacerbate, or reduce the effects of bacterial proliferation, respiratory illnesses, cardiovascular diseases due to pollution, extreme changes in temperature, moisture exacerbated by climate change, and conditions of crowding and mental health. Housing is an effective and cost-saving long-term intervention that tackles health issues in a holistic way through structural and primary prevention. It is fundamental for health resiliency for individuals and communities.

**Not only is housing an appropriate strategy to defend and protect people from dangerous health issues.** It is also a key indicator of health disparities, income inequities, and unequal access to care. This makes housing a strategic point of intervention to mitigate health risks and to better understand and design a systems approach in mitigating preventable diseases and health risks. We spend 80-90% of our time in built environments and most often in homes. By transforming the space we live in and the space we interact with, we can change our relationship with health in the long-run. Design not only handles the external factors affecting health but it can also trigger behavioral changes. Rising healthcare costs, increasing drug resistance, unequal availability, and access to treatment undermine community and individual health, particularly for the world's most vulnerable.

**Through research, awareness, and construction, ARCHIVE provides a sustainable long term solution to health issues crippling the most vulnerable communities.** Research based on scientific evidence, organizational lessons learned, and community wisdom inform our decisions and projects in order for them to be relevant, pertinent, and meaningful. The housing improvements are designed and constructed with durable materials so that the modifications implemented create long-lasting change. In parallel, through workshops and trainings, ARCHIVE trains beneficiaries and residents to build, manage, maintain, and replicate these practices.







# BUILDING MALARIA PREVENTION

## YAOUNDÉ, CAMEROON

*We believe that developing 'malaria proof' housing that provides long-term protection is essential to protecting vulnerable families living in poverty.*

### BACKGROUND

The World Health Organization estimates that malaria affects about 300 – 500 million people every year, and more than 90% of the cases are reported in sub-Saharan Africa. Current malaria control efforts focus on distributing bednets and spraying homes with insecticides. However, due to the poor uptake of bed nets along with growing insecticide and drug resistance, new prevention strategies have become a necessity. Additionally, poor living conditions and poverty only exacerbate the burden of the disease. Studies suggest that the prevalence of malaria is highest among the urban poor, who cannot afford protection against malaria and are often victims of ineffective diagnosis and treatment.

### YAOUNDÉ, CAMEROON

In Cameroon, malaria is responsible for 50% of deaths among children under 5, claims 40% of the national health budget, and accounts for 50% of all doctors' visits annually. An overburdened health system struggles to care for the ever-expanding needs of a growing population. In our beneficiary community of Minkoameyos, a staggering 80% of children tested positive for malaria prior to the launch of our initiative. ARCHIVE links this high mortality rate to the inadequate state of housing among the urban poor and works to reduce malarial mosquito exposure through housing innovations. In the capital of Yaoundé, 85% of settlements are considered informal and typical homes in Minkoameyos have walls riddled with holes and cracks, floors made of dirt, and easy entry points in windows, doors, and eaves for mosquitoes.

### PROJECT & IMPACT

Vast evidence confirms that adequate housing is more effective in reducing malaria incidence than other preventative measures. Working with the lead researcher behind this study, Professor Steve Lindsay of the London School of Hygiene and Tropical Medicine, we drafted our Cameroon housing project and began the Building Malaria Prevention Campaign in 2012. In 2013, we fostered important community initiatives, and by the year's end we had trained 1,144 individuals in malaria awareness and home improvements. Additionally, we began to directly combat malaria through housing design in Minkoameyos, Cameroon, renovating 24 pilot houses to have screened doors, windows and eaves, adequate ventilation, sewage, and drainage systems.

2015 marked the end of the three-year project in Minkoameyos. In total, we completed the renovation of more than 340 homes and extended lifesaving protection to nearly 1,700 people. In doing so, we addressed the challenges associated with bed nets by creating designs that increase ventilation and decrease humidity to make the indoor environment more comfortable. Additionally, we trained more than 3,000 community members on malaria transmission and strategies for protecting their homes. Using this project as a precedent, we plan on turning our attention to the national level to advocate for new policies that incorporate housing standards in the fight against malaria.





# BREATHE EASY CAMDEN

## CAMDEN, UNITED STATES

### BACKGROUND

Asthma is a chronic respiratory disease that affects 1 out of every 12 Americans and is the leading cause of ER visits, hospitalizations, and missed days of school. While asthma mortality is low, it is the recurrent—but largely preventable—sickness, which is responsible for the heaviest social and financial costs. In 2007 alone, asthma treatment and missed days of school and work cost the United States over \$56 billion. Since 1980, asthma prevalence has more than doubled and rates are continuing to climb, especially among low-income and minority children. Widespread substandard living conditions and limited access to preventative health care are fueling this inequitable health burden. For children that suffer from asthma in New Jersey, just 25% report that their asthma is well-controlled meaning that they have experienced fewer than 8 symptomatic days in the last month and no limitations on their physical activity in the last year.

### CAMDEN, NEW JERSEY

Camden, New Jersey, was selected as the project site due to the high prevalence of both poverty and asthma in the city. In Camden, 18% of residents suffer from asthma and the city reports some of the highest asthma hospitalization rates in the state. Nearly 40% of all residents live in poverty, including 52% of children. Knowledge of asthma maintenance strategies is limited and strongly connected to poverty. Just 40% of residents living on household incomes of less than \$35,000 reported having worked with a doctor to develop an asthma management plan. This leaves 60% of those most vulnerable to asthma sickness without the necessary tools to successfully maintain their own health. Further adding to the risk of poorly maintained asthma, the living conditions within the city are exceptionally poor. A large percentage of the homes are in disrepair, which creates prime conditions for the collection of asthma triggers and results in a costly cycle of severe asthma sickness among young children living in poverty.

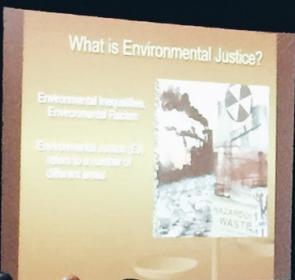
### PROJECT & IMPACT

The goal of our first US-based project was to create healthy, trigger-free living environments by increasing the knowledge base of high-risk households to identify and remove asthma triggers from their homes. During the 4-month-long pilot project, 2 community health workers (CHW) worked with 9 families completing an initial assessment and two home visits to improve asthma management at the home level. As part of the prevention-focused approach, CHWs conducted environmental home assessments alongside family members to identify asthma triggers and co-develop personalized solutions to prevent asthma sickness. Participating families also received packages of asthma-friendly cleaning products and bedding. Additionally, to improve knowledge of and access to non-emergency medical care, participants were connected to local asthma and allergy care providers to receive continued support and achieve positive health outcomes.

What is Environmental Justice?

Environmental Inequities,  
Environmental Racism

Environmental Justice (EJ)  
means the inclusion of  
all people in the  
decision-making process



## **ASCA AIA CONFERENCE | ATLANTA, GA**

ARCHIVE presented the Cameroon project at the inaugural Intersections Conference by the AIA.

## **BERNARD VAN LEER FOUNDATION | AMSTERDAM, NETHERLANDS**

ARCHIVE was on the Advisory Committee for the Bernard van Leer Foundation & Aspen Institute's Whole Family Approaches Report. This work culminated in a 3-day conference in Washington, D.C., entitled, Breaking the Cycle of Poverty: Family Economic Security and Early Childhood Development.

## **J. MAX BOND CENTER TALKS | SPITZER SCHOOL OF ARCHITECTURE CUNY | NEW YORK, NY**

ARCHIVE was invited to participate in the annual speakers series by the college. We presented on our work in Cameroon and our pipeline projects.

## **ELLIS ISLAND TOUR | NEW YORK, NY**

Our sold-out tour brought ARCHIVE supporters on a two-hour private, hard-hat walking tour of Ellis Island's old hospital complex, which has been abandoned and off limits since 1954. Featuring the art installation 'Unframed – Ellis Island,' by French artist JR, the tour included a walk through the former infectious disease wards, autopsy rooms, and more.

## **HAPPY HOUR @ JOHN SULLIVAN'S | NEW YORK, NY**

ARCHIVE hosted several happy hour events at John Sullivan's in mid-town to raise funds and garner a larger following in our hometown of New York City.

## **NEW YORK INSTITUTE OF TECHNOLOGY PANEL @ JOHN JAY COLLEGE | NEW YORK, NY**

We participated in a panel discussion titled: Ebola, the isolation crisis along with other public health organizations.

## **GARBAGE & THE CITY: TWO CENTURIES OF DIRT, DEBRIS, AND DISPOSAL | NEW YORK, NY**

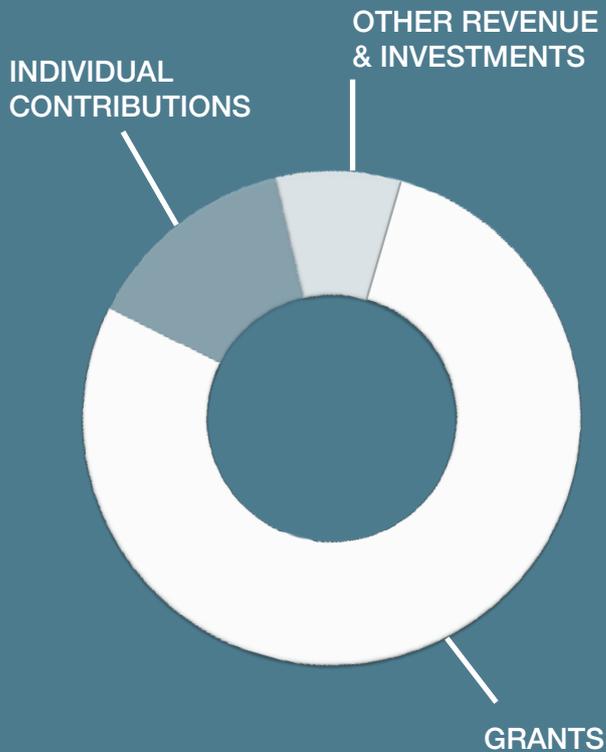
We co-sponsored a 3-talk series called Garbage in the City with The New York Academy of Medicine and The Museum of the City of New York. This series of sold-out events explored the hidden history of New York, the built environment, and public health.

## **ROLL BACK MALARIA VECTOR CONTROL | GENEVA, SWITZERLAND**

At the Working Group meeting, ARCHIVE's Peter Williams presented, "Housing modifications as a malaria control strategy in peri-urban Cameroon."



## REVENUE & OTHER SUPPORT



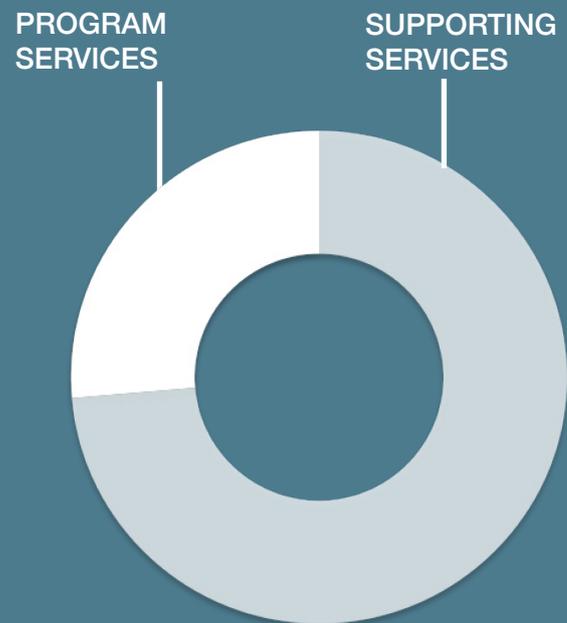
**GRANTS**  
Total \$154,353

**INDIVIDUAL CONTRIBUTIONS**  
Restricted \$3,472  
Unrestricted \$24,324  
Total \$27,796

Other Revenue \$15,941  
Other Investments \$122  
Total \$16,063

**Total \$198,212**

## EXPENSES



**PROGRAM SERVICES**  
Total \$267,926

**SUPPORTING SERVICES**  
Total \$95,822

**Total \$363,748**

## ASSETS AND LIABILITIES

Total Assets \$19,064  
Total Liabilities -  
Net Assets \$19,064

# THANK YOU

Thank you to the **UBS Optimus Foundation** for its generous support in advancing our mission.

UBS Optimus  
Foundation



**UBS**

## **PARTNERS & SUPPORTERS**

Article 25

Association of Development for Economic and Social Help (ADESH)

Camden Area Health Education Center (NJ AHEC - Camden)

Delos Building Wellness

DXA Studio

Fondation Esther Boucicault Stanislas

Malaria Consortium – Cameroon Coalition Against Malaria (MC-CCAM)

Museum of the City of New York

National Health Service – UK (NHS-UK)

New York Academy of Medicine

Patrick Cullina: Horticulture Design + Consulting

Rutgers University Center for Urban Research and Education (CURE)

University of Yaoundé

## **INDIVIDUALS**

Juan Ageitos

Kia Collet

Andrew Herndon

Carol Kurth

Lisa O'Sullivan

Raakhi Williams

Nigel-Ann La Qua Williamson

## **AN EXTRA SPECIAL THANKS TO**

Alexandra Davis

Corine Faletto

Jalisa Gilmore

Emma Klock

Jacquelin Tancredi

Linda Warshaw

Skyler Yost





ARCHIVE Global is a registered tax-exempt 501(c)(3) public charity in the United States.

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