

# ARCHIVE Global 2014 Annual Report





Architecture for Health  
Sustainability  
Message from the Founder  
Message from the Board  
Our Work  
Events  
The Year Ahead  
Financials  
Thank You







# Architecture for Health

## Who We Are

**The costs of treatment-based solutions to diseases are skyrocketing.** Billions will be spent in fighting the threat of malaria, Chagas, diarrheal diseases, and tuberculosis. As the global population grows and drug-resistant diseases become major concerns, the costs and burdens of these problems will steadily become increasingly severe. Impoverished communities around the world will be the most vulnerable.

**What if there were simple solutions that lessened this burden?** What if there were economical solutions that delivered lasting improvements at a fraction of current costs?

**ARCHIVE Global (Architecture for Health in Vulnerable Environments) believes that housing affects global health in a powerful way.** We operate 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.

**We prioritize design as a key strategy in combating disease around the world.** Prevention is the key to reducing the burden of disease. Simple, cost-effective improvements and scalable interventions represent a preventive model that is replicable and sustainable.

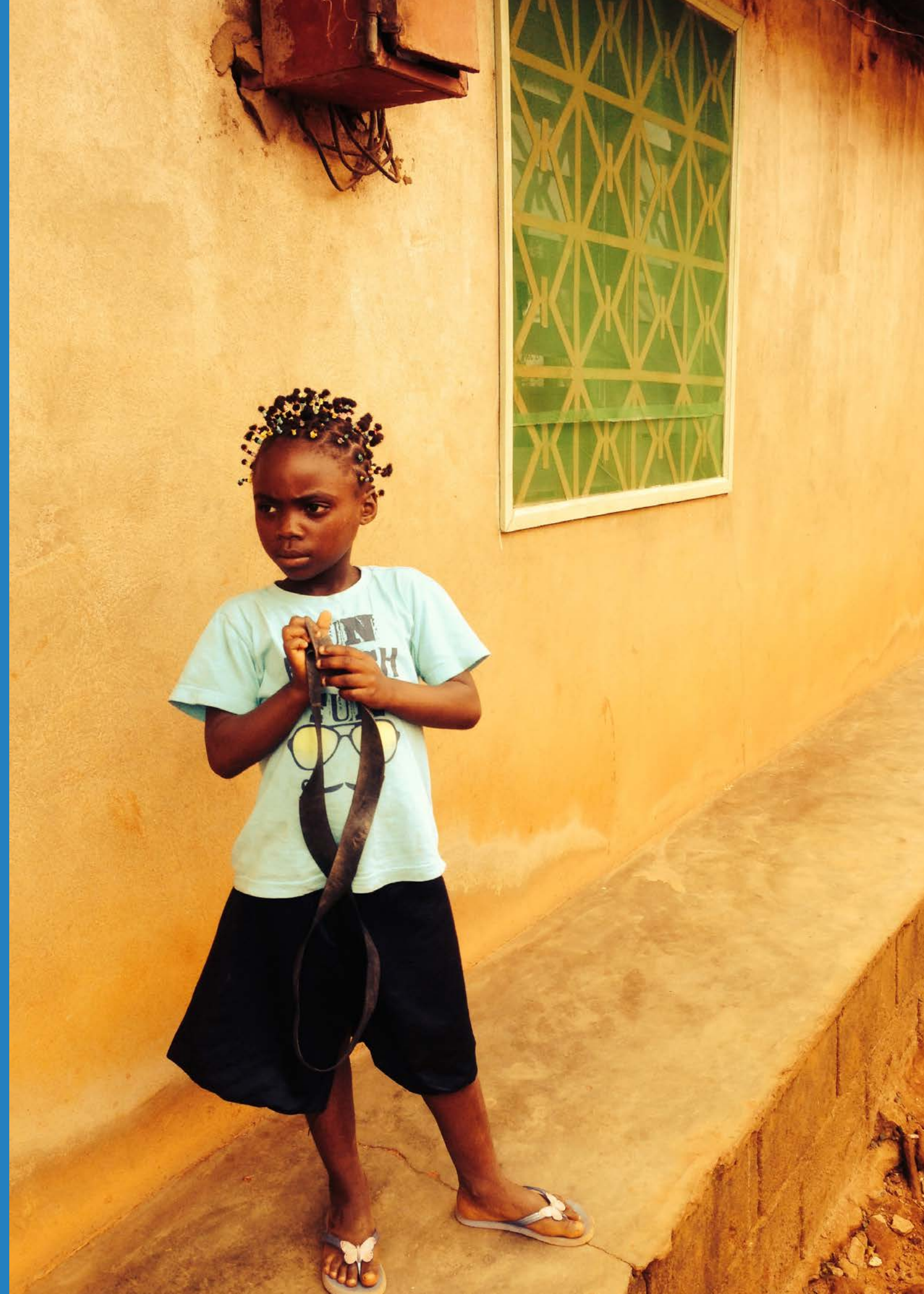
## Our Approach

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

**Awareness** — We inform communities about best practices to improve health and reduce the risk of disease.

**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.





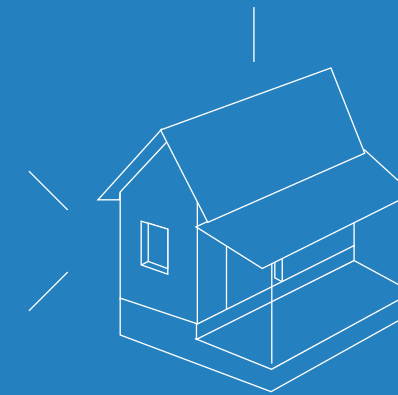


## Health and Housing at a Glance

Lack of ventilation can increase incidence of many airborne diseases, such as tuberculosis, and compound the effects of dusts and pollutants, such as those from indoor stoves using solid fuels.

Windows, doors, and eaves can be entry points for vector-borne diseases, such as malaria and dengue fever.

Walls and roofs can host insect vectors carrying Chagas and leishmaniasis.



Dirt floors carry parasites, bacteria, and viruses that cause diarrhea, hepatitis, typhoid fever, and Neglected Tropical Diseases, such as trachoma.

Food stored in unhygienic environments can host life-threatening bacteria and mold, as well as rodent-borne illnesses.



Direct contact with waste water, or indirect contact through contaminated water supplies or through animals and insects, is a common source of diarrheal diseases, hepatitis, and many of the Neglected Tropical Diseases.



Overcrowding is a major driver in the spread of infectious diseases and is linked to higher morbidity and mortality.

## The Cost of Housing

**Beneficiary Financial Equity**  
Increased ownership of the project reduces construction costs and supports financial independence through credit.



Hand Out Service



**Credit Building for the Poor**



Exclude the Destitute



Market Rate

### Cost of Housing



**Beneficiary Sweat Equity**  
Increases ownership of the project, reduces construction costs, and supports capacity building at the local level.

Business As Usual



Basic Sweat Equity



**Capacity Building**



Lowest Possible Cost









The Need for Prevention

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**Limited Access to Treatment** — For many in both developing and developed nations, access to treatment is a luxury. And when there is access, it can mean a loss of precious hours of productivity.
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**Drug and Insecticide Resistance** — Many major diseases, such as malaria and tuberculosis, are increasingly resistant to existing drugs. Less reliance on treatment means the drugs will work when they are most needed. The same counts for insecticides.
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**Research and Development Costs** — Drug resistance demands increasing research and development to keep up with changing pathogens. For many diseases of the poor, industry has little financial incentive to do research and development, as the poor cannot afford patented drugs.
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**Healthcare Costs** — Rising costs are a challenge for both public and private healthcare, and developing countries often have overburdened and inadequate systems. Prevention allows healthcare to be focused on those that need it most.

Why Housing?

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**Global Urbanization** — Cities can be a boon or bane for our health, with numerous challenges such as overcrowding, sanitation, disease outbreaks, violence, and a wide range of non-communicable diseases that result from poor living conditions and lack of planning.
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**Slum Growth** — Overcrowding and unsafe living conditions, along with limited access to clean water and healthcare, make slums hotbeds of both communicable and non-communicable diseases.
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**Resilience in the Face of Disasters** — Housing quality can mean life or death in the face of natural disasters. This challenge comes hand-in-hand with better urban planning and infrastructure.
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**Prevention of Homelessness** — Rates of homelessness are steadily increasing in both rich and poor nations alike. The health problems created by this paradigm are numerous, with high exposure to diseases of poverty, the elements, violent crime, and vector-borne illnesses.







### Empowering Communities

**There's no place like home.** The state of one's home is known to affect behavior, emotions, and overall mental health. The benefits of improved housing include greater financial independence, better access to credit, and a more secure life for an entire family. These factors translate into improved productivity, greater upward mobility, and more resources spent on what matters most.

**Poor housing is a defining feature of underserved communities.** It not only impacts their health and wellbeing, but is an immediate visual indicator of a community's wellbeing or lack thereof. Poor housing can often act as a trigger for stigma and even desensitization, both by outsiders, who may be less inclined to visit or develop an interest in a community, and by residents, who may feel powerless due to the state of their living conditions. Accordingly, better housing can serve as an image of optimism for both residents and outsiders, leading to greater investment and stability.

### Lasting Change

**Improved housing permanently transforms landscapes of poverty.** It raises the standard for what is considered an acceptable living environment, a standard that is particularly compromised in urban slum settings. A community that is sensitized to these changes is also more likely to pursue them further, as are surrounding communities who witness the transformation. This viral nature of housing improvement can be a strong, self-sustaining driver of change.

**Housing improvements bring value and greater negotiating power to communities.** In modern cities, land values can change rapidly. What was once considered a no-man's land can become prime real estate overnight. For the poor, the quality of one's home often determines ownership, as with informal slum housing that is commonly written off as temporary in the face of wider development projects. The better the housing, the greater the claims and voices of individuals and families regarding the future of their neighborhoods.







## Message from the Founder

I founded ARCHIVE Global in 2006 to address the compounding burden of disease and inadequate housing faced by many of the poorest and most vulnerable communities in the world. What started as a simple realization — that the built environment can dramatically affect our well-being — has become my life's work. It is a rare privilege to be able to devote one's professional career to making substantive and lasting improvements in the lives of others. I can say with certainty that just as I strive to see ARCHIVE positively impact individuals and communities around the world, so the opportunity to continue this work also cultivates and enriches me on a daily basis.

I'm happy to say that I am not in this alone. Any organization, ARCHIVE included, thrives on the energy and dedication of its team members. In year 3 of our 5-year strategic growth plan, we continued to build the organization by recruiting several new officers. With each new team member, ARCHIVE expands the breadth of its knowledge and skills, uniquely positioning the organization to pursue its innovative and cross-disciplinary mission.

2014 also presented exciting growth in our governance capacity, as we welcomed three new members to our Board of Directors. As always, the targeted support and valued input of our Board is a mainstay of ARCHIVE's success. Our work is advanced by individuals who are not only leaders in their fields but, more importantly, who devote themselves to the values and principles of our mission. This year we continued building the foundation for sustained growth by bolstering our internal governance capacity. With the implementation of forward-thinking organizational policies and practices in 2014, we have ensured the long-term advancement and expansion of ARCHIVE's work in the years to come.

This year was an exciting one in the field. Our pilot project in Bangladesh, for instance, successfully delivered new floors to marginalized families in the outskirts of the country's capital. Our monitoring efforts in this project have shown a substantive reduction in diarrheal disease among the beneficiary families, providing strong evidence for the impact of our work. Similarly, the initiative we built to combat

asthma among children in Camden, New Jersey, USA, promises to have lasting impact for families living in an area that has become synonymous with urban decay and endemic poverty. More than anything else, the opportunity to come face-to-face with these individuals whose health is regained and lives are improved through our projects is the most powerful reminder of the vital importance of our work and the single greatest reward for our tireless pursuit of ARCHIVE's mission.

This year I look to ARCHIVE's supporters, who are vital in making our work possible. Their generosity, measured in financial support, technical expertise, and unwavering encouragement, demonstrates the value that many recognize and place in our mission. This validation of ARCHIVE's ethos not only enables us to expand the scope and reach of our projects, it also energizes us as a team. We are fortunate to have friends and supporters who provide an invaluable network of talented and like-minded individuals who both inspire us and celebrate our achievements with us.

Amongst these valued friends, the year was also one of grief for the ARCHIVE family. Paul Katz, a dedicated Board Member and valued supporter and friend, passed away in late 2014. We mourn his loss while we also celebrate his life's work as a visionary architect. Reflecting on his lasting legacy, we also find new purpose in our organization's work, to which he contributed so generously.

As I look back on the year, I consider the extraordinary tenacity of ARCHIVE's growing team, its visionary Board of Directors and its fantastic network of friends and supporters, and I am grateful for the opportunities we all have to continue building a more healthy and equitable world. 2014 was a milestone year for ARCHIVE. 2015 promises even more.



Peter Williams  
Founder / Executive Director







## Message from the Board

The principles guiding ARCHIVE Global are powerful. The idea that a healthy home can create lasting benefits for individuals, families, and communities is both simple and profound. This focus on the home as a fundamental tool in achieving better health outcomes in underserved communities worldwide is revolutionary. Housing is a preventative, enduring health intervention that is more sustainable than treatment-based approaches and also brings greater socioeconomic benefits to individuals, families, and entire communities.

Major global issues continue to demonstrate the relevance of our mission. The multi-faceted challenges of accelerating climate change, booming world population, and increasing global health crises show that a broad spectrum of solutions is essential. Our organization's work tackles some of the most pressing aspects of these varied threats by designing and delivering low-cost yet highly effective solutions that simultaneously combat persistent diseases of poverty and meet the growing global demand for safe, healthy housing.

We measure our success not just by the creation of safer homes through our projects, but also through the development of forward-thinking policies at the national and international levels. As such, our mission to provide healthy homes through cost-effective housing upgrades and health education in marginalized communities is bolstered by our commitment to comprehensive public policy advocacy. This multi-pronged approach is essential to the long-term success of ARCHIVE's mission, as we spur the development of resilient and adaptive policies to support healthy living environments, both in our project countries and within the wider international community.

As ARCHIVE grows, we will increasingly focus on achieving change at a national and international level. This is the end goal of ARCHIVE Global: a global understanding and standard of healthy housing. Accordingly, our projects serve as precedents, demonstrating both the need for better housing and its most effective implementation in different settings. The scope of this mission is likely to expand and include living standards for more developed environments as well. Active Design,

the use of the built environment to encourage more active lifestyles, is gaining ground in architecture, planning, and public health discourse. This too will play an important role in ARCHIVE's mission as our organization increases its presence in the United States and throughout the developed world.

2014 was a remarkable year for ARCHIVE Global. *Forbes Magazine* named ARCHIVE one of the eight best sustainability ideas on the planet. We have enhanced our operational capabilities through the recruitment of a highly qualified team of specialists. We launched several new projects around the world, including our first domestic project in the United States, and our network of supporters and funders grew substantially. Our projects in Cameroon and Bangladesh continue to gather considerable attention from the press and the international development community, and we're confident that they will inform further work both in their respective nations and in others with similar needs.

In 2015, to build on this exciting momentum, as Directors we resolve to continue to grow its membership, thereby expanding the range and breadth of our support as an advisory and governance body. We also reiterate our commitment to maximizing the organization's strategic capacity by strengthening the financial resources available to ARCHIVE.

We look forward to the coming year and invite you to read about ARCHIVE's many accomplishments in 2014 in the following pages.

### The ARCHIVE Global Board of Directors

Angela Aidala  
Lenore Cooney  
David Drake  
Michael Feigin  
Gregory Martin  
David Panton  
Paul Scialla  
Denise Williams







Our work informs global practices concerning health reforms and housing strategies in our rapidly urbanizing world.

In 2014, *Forbes Magazine* named ARCHIVE Global 1 of the 8 Best Sustainability Ideas on the Planet.





## Health from the Ground Up Dhaka, Bangladesh

**50,000 children die each year in Bangladesh due to diarrhea. For others, parasitic worm and diarrheal infections can result in malnutrition, anemia, and cognitive and physical stunting.**

**Dirt floors are a proven pathway for these diseases, particularly for children under five. In Bangladesh, we're pioneering a movement to provide flooring for underserved families.**

### Health and Hygiene

The transmission of infections like diarrhea and parasitic worms is inextricably linked to extreme poverty and unhygienic living conditions. Every year these diseases impact the lives of billions worldwide, with young children experiencing the greatest morbidity and mortality. In 2013, diarrheal diseases claimed the lives of 1,600 children per day and an estimated 880 million children needed treatment for parasitic worms. The socioeconomic burden associated with the direct and indirect health outcomes of these diseases perpetuates the cycle of poverty from one generation to the next. As such, prevention is essential. By targeting common pathways of disease transmission within the home, like dirt flooring, we can create healthy spaces and communities for children to play and grow.

### Why Dhaka, Bangladesh?

In Bangladesh, nearly half of those below the poverty line live in homes with dirt floors. We are currently working in the Savar district of Dhaka, which is characterized by widespread poverty and substandard living conditions. Dirt floors are the most common flooring type among local households, and most families lack access to improved sanitation. Diarrheal and intestinal worm infections are significant causes of morbidity and mortality among young children. According to a 2013 needs assessment, over 60% of local children surveyed had recently suffered from an episode of gastrointestinal disease. In Savar, the burden of these diseases weighs heavily on local families, as the high cost of frequent treatment and lost time at work and school is a significant barrier to financial stability.

### Our Program

In early 2014, ARCHIVE commenced activities for the Health from the Ground Up pilot project in two communities in Savar. Alongside our project partner, ADESH, we piloted the replacement of dirt floors in ten homes with a redesigned concrete flooring system. This means that 70 people, including 12 young children, are now living in homes that protect them from disease. Community health workshops complemented this construction process and over 120 individuals attended the first training session. Demonstrated health impacts and community enthusiasm for the project led to the expansion of our activities in Savar. During the next 12 months, more than 3,000 people will benefit from redesigned flooring systems, including nearly 1,000 children under 5 years.







## Communities Building Out Chagas Cochabamba, Bolivia

About 6 million to 7 million people are estimated to be infected with Chagas worldwide, mostly in Latin America where the disease is endemic. As victims predominantly live in rural poverty, emergency care is often inaccessible.

Housing improvements can entirely eliminate vinchuca infestations. The pilot phase of this project is expected to improve housing for 50 children and providing training for over 650 people on Chagas prevention.

### Chagas Disease

Chagas is a Neglected Tropical Disease that infects millions, mostly in Latin America. This deadly parasitic infection is transmitted by the bite of an insect, called a vinchuca, which lives in the cracks and spaces of poor housing materials such as walls and roofs. Victims are infected in childhood, unknowingly bitten at night while they sleep. Decades later, 20-40% develop severe organ damage from the incurable, chronic stage of the infection. The loss of the primary income earner leaves already destitute families struggling financially, thus perpetuating the cycle of poverty in endemic areas. The cost of treatment for Chagas remains substantial, and spraying insecticides to control vectors would cost nearly \$5 million annually. Prevention is simple: eliminate vinchucas from the home.

### Why Cochabamba, Bolivia?

Bolivia has the highest rates of Chagas disease in the world. In the central region of Cochabamba, which has a large rural and poor population, the rates of infection are particularly severe. Homes in these regions are typically made of poor, cracked, and inadequate materials, which create ideal conditions for the vinchucas to nest. In Cochabamba, there are more than 670,000 people living with Chagas disease, but these numbers are difficult to measure as the disease can be present without visible symptoms for many years. Recently reported high infection rates in the city of Cochabamba have led to the increasing recognition of Chagas as an urban health problem as well.

### Our Program

In 2014 ARCHIVE developed the Communities Building Out Chagas project, which seeks to empower local families through the creation of Chagas-free homes. It engages hundreds of community members in hands-on workshops on Chagas transmission and the construction and maintenance of safe living spaces. Microhabitats for vinchucas will be eliminated by repairing cracked foundations, plastering cracked walls, installing screened windows, replacing poor roofing, and constructing ceilings. These initiatives will be developed and completed through collaboration with the local community. Good hygiene practices in food preparation, transportation, storage, and consumption will also be encouraged as vector control methods.



Foto: Annintha Piccolo e Rafael Vile



# Sanitation in the Favelas

## Rio de Janeiro, Brazil

Every 20 seconds a child dies due to lack of access to proper sanitation, and for every dollar invested in sanitation, four dollars are saved in healthcare. Benefits span individual, family, and societal levels, with reductions in school absences and more productive days of work.

Our pilot project looks to set a precedent for sanitation in Brazil’s favelas, bringing functioning bathrooms to the homes of 50 families, including 100 young children, while 30,000 others will receive community training and awareness programs.

### Sanitation in Slums

Inadequate sanitation sickens and kills thousands of children every day, resulting in over 600,000 deaths each year from diarrheal diseases. Providing improved sanitation, which safely separates waste from the living environment, drastically reduces the risk of contracting sanitation-related diseases. The World Health Organization estimates expanding access to improved sanitation infrastructure, even independent of water and hygiene improvements, can reduce diarrheal disease by up to 37.5%. This reduction, in turn, has powerful socioeconomic returns, ranging from measurable improvements in school attendance and economic productivity to reductions in cognitive and physical stunting.

### Why Rio de Janeiro, Brazil?

For many living in Brazil’s urban slums, known as favelas, access to safe sanitation remains out of reach. Nearly 30% of Rio de Janeiro’s urban population, particularly those living in poverty, remains unconnected to the city’s sewer system. Even among those who are connected, up to half of this sewage is not fully treated before it is released into the environment. This was a major driver of protests during the 2014 World Cup games and remains a major source of civil unrest. In Niteroi, a favela in Rio de Janeiro where our beneficiary community is located, many low-income and underserved residents currently lack access to functional sanitation within their home and, therefore, live at risk of disease.

### Our Program

In 2014, ARCHIVE Global received funding to launch its first project in South America. In the coming year, we will collaborate with our local partner on a project that aims to improve the health and standard of living of the 50 most vulnerable families living in the Vital Brazil neighborhood in Niteroi. Over a period of 7 months, beginning in early 2015, we will collaborate with local community members to design and construct on-site sanitation systems in 50 homes. Community training and public awareness programs will reach 30,000 more. This pilot project will then serve to highlight the need for further initiatives throughout the favelas of Rio de Janeiro and Brazil.





## Building Malaria Prevention Yaounde, Cameroon

80% of malaria transmission occurs inside the home, and in Cameroon, just 11% of children under age 5 sleep under bed nets.

To date, the Building Malaria Prevention campaign in Minkoameyos has provided over 400 people with 'malaria-proof' housing and trained over 3,000 in malaria prevention.

### Malaria

Over half the global population is at risk of malaria, a mosquito-borne disease that caused nearly 200 million infections and 600,000 deaths in 2013. Currently, malaria control efforts focus on distributing bed nets and spraying homes with insecticides. According to the World Health Organization, bed nets and insecticide spraying alone will not be sufficient to achieve and maintain the interruption of malaria transmission in Africa. Challenges with growing insecticide and drug resistance, combined with consistently poor bed net usage, mean that these strategies will become increasingly more costly and ineffective in the future. Developing alternative interventions, like 'malaria proof' housing that provides long-term protection, is essential to protecting vulnerable families living in poverty.

### Why Yaounde, Cameroon?

In Cameroon, the year-round transmission of malaria represents both a serious health threat and a significant financial drain. The disease accounts for 50% of all child morbidity, claims 40% of the national health budget, and accounts for 50% of all doctors' visits each year. An overburdened health system struggles to care for the ever-expanding needs of a growing population. In our beneficiary community of Minkoameyos in particular, a staggering 80% of children tested positive for malaria prior to the launch of our initiative. In a typical home in Minkoameyos, the walls are riddled with holes and cracks, the floors are made of dirt, and windows, doors, and eaves are easy entry points for mosquitos.

### Our Program

Since 2011, ARCHIVE has worked in Minkoameyos renovating homes to prevent mosquito entry. In doing so, we are addressing the challenges associated with bed nets by creating designs that increase ventilation and decrease humidity to make the indoor environment more comfortable. In 2014 we completed over 80 homes, and in 2015 we will renovate more than 260 homes and extend life-saving protection to nearly 1,700 people. Additionally, in 2014 we trained more than 3,000 community members on malaria transmission and strategies for protecting their homes. In 2015, we plan to use this project as a precedent for change at a national level by advocating for new policies that incorporate housing standards in the fight against malaria.





# Healthy Air, Healthy Lives

## Addis Ababa, Ethiopia

Around 3 billion people cook and heat their homes with open fires or traditional stoves that use solid fuels such as wood, charcoal, coal, dung, and crop wastes. Over 4 million people a year die from exposure to this indoor air pollution.

Along with more efficient cooking stoves, improved ventilation significantly reduces exposure to smoke. This includes adjustments to chimneys, smoke hoods, and eaves, as well as enlarged and repositioned windows.

### Indoor Air Pollution

The WHO estimates that 100 children die every hour from exposure to indoor air pollution from the burning of biomass fuels in poorly ventilated homes. Exposure to high levels of indoor pollution doubles a child's risk of pneumonia and is the cause of 50% of all respiratory infections. Families living in poverty are disproportionately burdened by these diseases, as they rely on biomass fuels to cook their food and light their homes. Additionally, these families are most likely to live in homes without sufficient ventilation, resulting in consistently high levels of indoor air pollution exposure.

### Why Addis Ababa, Ethiopia?

Children living in Ethiopia are at particular risk of respiratory infections caused by indoor air pollution because biomass fuels are widely used. Nationally, an estimated 98% of the population depends on biomass fuels daily. Adding to this issue, approximately 60% of homes in Addis Ababa are of poor quality and overcrowded, meaning pollution levels have a greater impact and risk of disease transmission is more severe. Every year, 21,000 young children in Ethiopia die from exposure to indoor air pollution within their homes.

### Our Program

The Healthy Air, Healthy Lives project, developed in 2014, addresses childhood exposure to indoor air pollution through the design and renovation of cooking and living spaces in 100 homes in Addis Ababa. ARCHIVE, its local partners, and community residents will collaborate to develop and construct designs that increase ventilation and reduce heavy concentrations of pollution within the home, regardless of fuel or stove type. Community trainings for more than 4,000 residents will address simple strategies to reduce air pollution exposure within the home.







## Kay e Sante nan Ayiti St. Marc, Haiti

In 2014, we scaled down our operations in Haiti and transferred the responsibility of the project and the construction site to our local partner.

Upon handing over the project, ARCHIVE had created 21 full-time jobs, brought improved access to basic necessities to 7,500 residents through the construction of a road, and trained 300 residents in health/housing strategies. Our Open Innovation Campaign brought together more than 1,600 health and design professionals to gather ideas on housing.

### HIV/AIDS and Housing

For persons living with HIV/AIDS around the world, access to safe and stable housing is one of the most critical factors in the successful maintenance of their health. Research has shown that those with access to housing have lower viral loads, better access to health care, higher antiretroviral adherence, and fewer episodes of deadly, opportunistic diseases. Those with HIV/AIDS risk losing their housing due to compounding factors, such as increased medical costs, limited incomes, reduced ability to keep working due to related illnesses, and violence due to the stigma associated with the disease.

### Why St. Marc, Haiti?

Haiti has the highest rates of both poverty and HIV in the Western hemisphere. ARCHIVE's partner, FEBS, is at the forefront of the struggle for the empowerment and destigmatization of those living with HIV/AIDS in Haiti. The 2010 earthquake resulted in the severe destruction of both the nation's health system and infrastructure. Of those who were receiving antiretroviral treatment before the earthquake, just 40% had access after the crisis. Secure housing was a rarity, and thousands of persons with HIV/AIDS lived in tent cities, where they were at risk of being exposed to opportunistic infections such as tuberculosis, pneumonia, and gastrointestinal diseases.

### Our Program

Since 2011, ARCHIVE and our partners both in the United States and Haiti have worked to address this missing link between HIV/AIDS care and housing access. This work began with the hosting of an Open Innovation Campaign, which invited designers from all over the world to create housing designs that addressed the specific health threats, particularly opportunistic respiratory infections associated with HIV/AIDS. Since the Campaign, we have constructed three of these designs, and our local partner will be using those designs to expand essential care services to its community. In 2014, we transferred responsibility of the project to our local partner.





## Breathe Easy Camden Camden, United States

Asthma is the leading cause of ER visits, hospitalizations, and missed days of school in the United States. In Camden, 18% of residents suffer from asthma compared to approximately 8% nationally.

Breathe Easy Camden is a collaboration between ARCHIVE Global, the Camden Area Health Education Center, and The Rutgers University Center for Urban Research and Education. The pilot phase of this project will launch in early 2015.

### Asthma

In the United States asthma rates are increasing most rapidly among low-income and minority communities, which frequently lack access to preventative health care services and healthy living environments. Many of these marginalized sufferers turn to emergency departments for treatment. These visits are incredibly costly, and the emergency care system inherently lacks the capacity to both deliver health education and address the environmental conditions that set off asthma symptoms. Known as “triggers,” these conditions include dust mites, cockroaches, pet dander, molds, dust, and smoke. The elimination of triggers from homes and schools is critical to the development of lasting health, improvement in school attendance, and reduction of medical costs.

### Why Camden, United States?

Poverty is a serious issue in Camden. Nearly 40% of the city's population lives below the poverty line, including 52% of all children. Overstretched resources mean that preventive care services are limited. In a city-wide assessment, 60% of low-income residents reported that they have never worked with a care provider to develop an asthma prevention plan. Additionally, living conditions within Camden are exceptionally poor. Many homes have not been renovated in several decades, which has created prime conditions for the collection of asthma triggers. We aim to create healthy, trigger-free living environments by building the capacity of high-risk households to identify and remove asthma triggers from their homes.

### Our Program

In 2014 we launched our first project in the United States: Breathe Easy Camden. The pilot stage of the project, beginning in 2015, focuses on developing and supporting trigger reduction strategies among 10 low-income families suffering from severe asthma and expanding knowledge of asthma prevention techniques among 50 caregivers of children with asthma within the broader Camden community. The pilot project is expected to result in an 80% increase in trigger reduction activities, up to a 50% reduction in symptomatic days and emergency visits, and a 30% reduction in school absenteeism among the beneficiary families. The project will also train over 100 people in trigger reduction strategies.







In 2014, ARCHIVE UK merged with Article 25, a London-based organization that designs, builds, and manages projects for some of the world’s most vulnerable communities.

This partnership will leverage ARCHIVE’s public health programs for the advancement of our joint mission of improving built environments globally.

**Article 25**

Established in 2006 as “Architects for Aid,” our new partner later changed its name to “Article 25,” a reference to the principle of the 25th Article of the United Nation’s Universal Declaration of Human Rights:

*Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.*

Article 25 now has a board of seven trustees, nine permanent staff, 35 volunteers, ten professional partner organisations, and 700 student members.

**Design as a Service**

As a provider of design services for projects around the globe, Article 25 focuses on design that engages community participation, is climate-responsive, incorporates appropriate technologies, and balances high quality with low costs. Its projects include a school and sanitation system in the villages of Hinche and Malte Peralte in Haiti’s Central Plateau region, a new secondary school in Gourcy, Burkina Faso, and a new shelter for homeless children in Nkoranza, Ghana. Its work spans five continents, and it has partnered with non-governmental organizations and charities on more than 50 projects in 22 countries.

**Our Partnership**

ARCHIVE UK’s merger with Article 25 represents a unique opportunity for ARCHIVE Global. The two organizations’ combined expertise in infrastructure, design, and public health will allow for a broader scope of impact and the ability to take on larger, more comprehensive projects. Our combined networks in the United Kingdom and the United States will allow for a wider funding base and joint action in our advocacy and awareness efforts. As both organizations prioritize the built environment as a medium for change, this potential for collaboration will give a stronger voice to our mutual mission.





# NYC Walking Tours

## New York City, United States

Today’s wealthy cities once faced the very same problems of the developing world. In the 19th century, the slums of NYC’s Lower East Side had the highest rates of disease in the world.

Over the course of two centuries, housing played a pivotal role in the public health campaigns that made the Big Apple the city it is today. In partnership with the New York Academy of Medicine, we’re using our hometown to educate New Yorkers about the challenges that face developing countries today.

### A History of Health & Housing

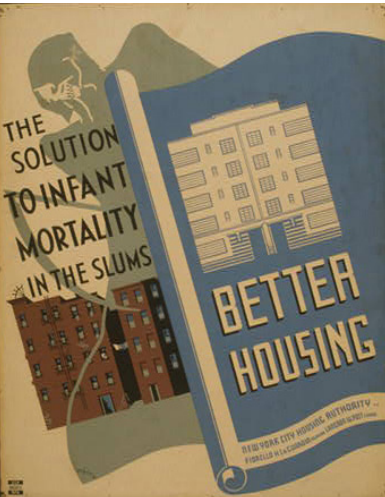
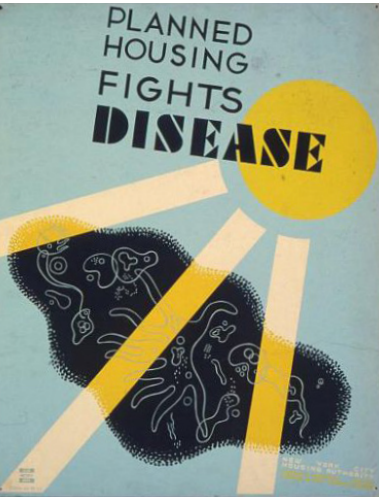
In the 19th century, New York City had the highest rates of disease and epidemics in the world: cholera, smallpox, typhoid, malaria, yellow fever, TB ... epidemics were occurring so frequently that many city hospitals were forced to deny patients treatment due to extreme overcrowding. The problem? Lack of attention to the root causes of these epidemics, namely the crowded, unsanitary conditions of tenements and slums, and buildings and communities developed to contain the maximum number of people at the least possible cost. This often meant no windows, no bathrooms, no access to water, and an ideal breeding ground for disease.

### Making the Link

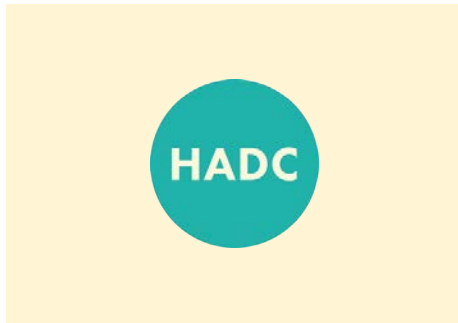
Many of us in wealthier countries forget that some of our most liveable and exemplary cities once had slums that were nearly identical to those of developing countries today. We at ARCHIVE want to highlight this point, both as a testament to progress and optimism, but also to emphasize the changes that brought us to where we are today. In fact, a major component of the public health campaigns that transformed today’s wealthier cities was housing. Over the course of a century, these cities saw entire communities shift from living in near-temporary slum dwellings to better housing with adequate sanitation, space, light, and ventilation.

### The Tours

In 2014, we launched our first tour: Fevernests and Firetraps. The tour focuses on the Lower East Side neighborhood of New York City, once the first stopping point for immigrants, and a notorious hotbed of crime and disease. At its worst, the Lower East Side had such high rates of disease that it brought the city’s average down to record levels. The tour takes visitors from the city’s marshy beginnings in the 18th century all the way through the heyday of tenement slums in the 19th century, and onto the major public housing and infrastructure transformations of the 20th century.







## ARCHIVE Global NYC Happy Hour

Every month, ARCHIVE hosts a happy hour with raffle prizes in order to raise money for our projects and gather a larger following in our hometown. Live in NYC? Join us at our next event.

## Sustainability Frameworks in Action | Columbia University

ARCHIVE Global's Riksum Kazi, a Columbia University alumnus, spoke at the Practitioners Reflect on Sustainability Theory panel alongside representatives from ARUP International, Loomstate, and BlockPower.

## Harvard African Development Conference | Harvard University

In March, ARCHIVE Global was invited to speak at Harvard University's annual African Development Conference on the Raising Safety and Quality Expectations in African Health Systems panel.

## Dwell on Design LA | The largest design event in the United States

ARCHIVE Global's Peter Williams was a featured speaker at the largest design event in the United States, hosted by Dwell in Los Angeles.

## Small Children, Big Cities; Early Childhood Matters | Bernard van Leer Foundation

In New Delhi, ARCHIVE contributed to the Small Children, Big Cities conference, hosted by The Bernard van Leer Foundation as part of their Early Childhood Matters series. ARCHIVE also contributed to the publication that was borne out of the conference.

## born[e] to build: ARCHIVE Global's Annual Benefit | Häfele Showroom

Our 2014 benefit event was hosted by Häfele at their showroom on Madison Square Park. The event was attended by professionals from a wide range of fields including health and design.







# The Year Ahead

ARCHIVE Global is still a very small organization, but the powerful simplicity of its mission demands attention. The arguments in favor of preventive health models are staggering, and housing stands evident as sustainable, lasting change with profound additional benefits.

Widespread urbanization has become an unprecedented challenge for nations, often illuminating a staggering inequality. Across the globe, some of the world's deadliest and most prevalent diseases, such as malaria and tuberculosis, are developing drug resistance. Vector-borne diseases are faced with the challenges of insecticide resistance. All of this is occurring in an increasingly inter-connected global society where pathogens are mutating at unprecedented rates, and the risks of truly global epidemics are at historical highs.

And yet, much as the history of our own hometown of New York City shows, these challenges are surmountable. This year, ARCHIVE Global launched the first of its walking tours in the Big Apple. We named it Fevernests and Firetraps. Many people referred to the slums of NYC with these words, and they were no exaggeration. All the similar symptoms that we at ARCHIVE so often talk about were all there — overcrowding, lack of sanitation, poor hygiene, and dirt. Perhaps just as importantly, there was inadequate appreciation at that time that as a city, or as communities, the quality of our living environments should be a central aspect of our existence.

Across the developed world, many look at poverty today as if it were a new, unprecedented evil. The slums of developing nations strike us as aberrations of modern development, perhaps the living conditions even make some of us question modernity. And yet, the example of New York City's past tells us that this is in no way the case. In the words of the famous NYC journalist Jaob Riis: "The slum is as old as civilization."

This is why we at ARCHIVE truly believe that just as New York City saw its transformation over the past century, so will the poor communities of the developing world today. What's important is that throughout the process, investment is focused on sustainable, lasting change, and more importantly the

empowerment of residents. Housing truly is unique in this respect. With pathogens adapting rapidly in today's high-density and high-interconnectivity, more attention needs to be given to the spaces in which we interact, and how surfaces and air conditions contribute to disease transmission. With rising drug resistance and skyrocketing healthcare costs, disease needs to be cut off at its roots. And perhaps most importantly, individuals themselves need to understand the consequences of our living environments, so they will have a voice to shape a healthier, more liveable world.

In 2014, ARCHIVE Global received one of its highest honors to date. After winning the Katerva Sustainability Prize, ARCHIVE was featured by *Forbes* as one of eight "World's Best Sustainability Ideas." This was, indeed, great news, and we couldn't agree more. Sustainability is not just a buzz word for ARCHIVE Global. While vaccinations and treatments obviously remain critical in today's world, more needs to be done to address living conditions that are inherently conducive to disease. This will put less strain on individuals, families, healthcare systems, research costs, and infrastructure. These are exactly the kinds of things that sustainable development should do, because they permanently increase self-reliance and reduce the ongoing need for highly demanding industries.

We expect 2015 to be a groundbreaking year for ARCHIVE Global. Our organization has made major breakthroughs in the scope of its projects, fundraising capacity, and operational management. We hope you continue to support and engage our organization in this defining year and together we will build lasting health for communities around the world.

## The ARCHIVE Global Team

Tommaso Dalla Favera  
Mattias Ernst  
Olivia Johns-Yost  
Riksum Kazi  
Stefanie Wessner  
Peter Williams



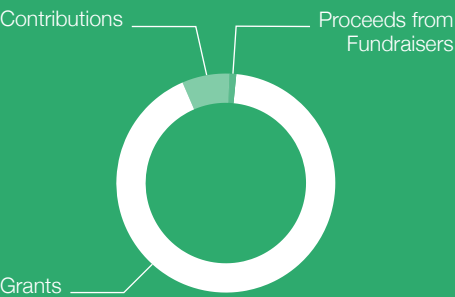








Revenue & Other Support



GRANTS

Restricted	\$339,760.00
Unrestricted	-
Total	\$339,760.00

CONTRIBUTIONS

Restricted	-
Unrestricted	\$23,010.00
Total	\$23,010.00

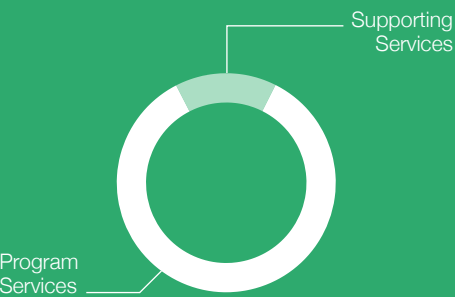
PROCEEDS FROM FUND RAISERS, NET OF DIRECT BENEFIT COSTS	
Restricted	-
Unrestricted	\$4,197.00
Total	\$4,197.00

NET ASSETS RELEASED FROM RESTRICTIONS	
Restricted	-\$346,915.00
Unrestricted	\$346,915.00
Total	-

TOTAL RESTRICTED	-\$7,155.00
TOTAL UNRESTRICTED	\$374,122.00
TOTAL REVENUE	\$366,967.00

OTHER INCOME	
Interest and other Income	\$7,477.00

Expenses



PROGRAM SERVICES

Restricted	-
Unrestricted	\$312,939.00
Total	\$312,939.00

SUPPORTING SERVICES

Restricted	-
Unrestricted	\$54,267.00
Total	\$54,267.00

TOTAL RESTRICTED	-
TOTAL UNRESTRICTED	\$367,206.00
TOTAL EXPENSES	\$367,206.00

Assets & Liabilities

ASSETS	
Cash & Cash Equivalents	\$180,410.00
Prepaid Expenses	\$720.00
Total Assets	\$181,130.00
LIABILITIES	
Accounts Payable & Accrued Expenses	\$59,330.00
NET ASSETS	
Restricted	\$91,016.00
Unrestricted	\$30,784.00
Total Net Assets	\$121,800.00
TOTAL LIABILITIES AND NET ASSETS	\$181,130.00







# Thank You

We would like to thank the UBS Optimus Foundation for their generous support in advancing our mission.

## Partners & Supporters

Article 25  
Association of Development for Economic and Social Help (ADESH)  
Camden Area Health Education Center (NJ AHEC - Camden)  
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Haiti Water  
Malaria Consortium – Cameroon Coalition Against Malaria (MC-CCAM)  
National Health Service – UK (NHS-UK)  
New York Academy of Medicine  
Patrick’s Horticulture Business  
Population Health and Environment – Ethiopia Consortium  
Rutgers University Center for Urban Research and Education (CURE)  
SELAVIP  
University of Yaounde

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Carol Kurth  
Xuan Ky Le  
Jane Yost  
Gina Zaloom

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Nora Ciano  
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Cleo Stern  
Jacquelin Tancredi  
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## In-Kind Donations

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Storefront for Art and Architecture  
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**archive<sup>+</sup>**  
architecture for health