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Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

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Task shifting in maternal and newborn care: a non-inferiority study examining delegation of antenatal counseling to lay nurse aides supported by job aids in Benin

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**BOOKS**

*Designing and Implementing Health Care Provider Payment Systems*

**How - To Manuals**
by John C. Langenbrunner, Cheryl Cashin, Sheila O'Dougherty (eds.)
The International Bank for Reconstruction and Development / The World Bank, 2009

348 pp. 6.9 MB:  
http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/ProviderPaymentHowTo.pdf

Having experimented with different ways of paying providers of health care services, countries increasingly want to know not only what to do when paying providers, but also how to do it, particularly how to design, manage, and implement the transition from current to reformed systems. This book addresses this need. It has chapters on three of the most effective provider payment systems: primary care per capita (capitation) payment, case-based hospital payment, and hospital global budgets. It also includes a primer on a second policy lever used by purchasers, namely, contracting.

* * *

*Aid and Development Effectiveness: Towards Human Rights, Social Justice & Democracy*

by Alex Wilks
The Reality of Aid Management Committee, IBON International, 2010

305 pp. 2.6 MB:  
http://www.realityofaid.org/roa-
reports/download/file/QzJ6Mm5rVExtYWMwcENmYTNVbms2bVRsRWISM29EaThLNmh5TFhgk3RkT
kVjpWixTgM4d2g5M2UrS251G09FY01jMVjORkZmMyM2J5VGxsVzdCd2c9PQ/sec/2/part1

Millions of people worldwide have insufficient food to eat, are vulnerable to disease and disaster, and receive minimal income. However, rich countries have already made a series of pledges on poverty reduction and environmental protection. This report therefore, seeks to provide rigorous analysis for challenging accustomed notions on aid and development cooperation, as well as suggest practical measures for moving forward on urgent reforms.

* * *

*A Human Rights-Based Approach to Programming*
Practical Information and Training Materials
by Luz Angela Melo, Aminata Toure, Azza Karam et al.
United Nations Population Fund (UNFPA) and Harvard School of Public Health, 2010

630 pp. 14.5 MB:  

This Manual provides step-by-step guidance on how to apply a culturally sensitive, gen-
der-responsive, human rights-based approach to programming in each of UNFPA’s three core areas of work: population and development, reproductive health, and gender. It also covers how to apply such an approach in the context of a humanitarian emergency. This PDF file includes a facilitator manual.

* * *

**State of the World’s Cities 2010/2011: Bridging the Urban Divide**

by Eduardo López Moreno, Oyebanji Oyeyinka, Gora Mboup et al.
United Nations Human Settlements Programme, (UN-HABITAT), 2010

244 pp. 16.0 MB: http://www.unhabitat.org/pmss/getElectronicVersion.aspx?complete=true&nr=2917&alt=1

As this new edition of State of the World’s Cities demonstrates, the “Urban Divide” concept provides a theoretical framework that makes it possible to understand today’s urban realities, particularly in the developing world. The concept highlights the four critical dimensions of the divide - social, economic, political and cultural - at work in many cities of the world today. The findings suggest that economic growth cannot, on its own, bring the redistributive change required to address urban exclusion. This Report advocates rights-based policies as the best way of “Bridging the Urban Divide”.

**ONLINE PUBLICATIONS**

**Global Health**

**Health at a Glance Asia/Pacific 2010**

by Luca Lorenzoni and Michael de Looper
Organisation for Economic Co-operation and Development (OECD)/Korea Policy Centre, 2010

95 pp. 15.5 MB: http://www.oecd-ilibrary.org/health-at-a-glance-asia-pacific-2010_5kmjyvk2fnr.pdf

This first edition of Health at a Glance: Asia/Pacific presents a set of key indicators of health status, the determinants of health, health care resources and utilisation, and health care expenditure and financing across 27 Asia/Pacific countries and economies in the Asia/Pacific region. It builds on the format used in previous editions of Health at a Glance: OECD Indicators, and gives readers a better understanding of the factors that affect the health of populations and the performance of health systems.

* * *

**Ethics and Best Practice Guidelines for Training Experiences in Global Health**

by John A. Crump and Jeremy Sugarman

HESP-News & Notes - 02/2011 - page 5
Academic global health programs are growing rapidly in scale and number. Students of many disciplines increasingly desire global health content in their curricula. Global health curricula often include field experiences that involve crossing international and socio-cultural borders. Although global health training experiences offer potential benefits to trainers and to sending institutions, these experiences are sometimes problematic and raise ethical challenges.

* * *

**Health Financing in Brazil, Russia and India: What Role Does the International Community Play?**

by Devi Sridhar and Eduardo J Gómez

13 pp. 410 kB:
http://heapol.oxfordjournals.org/content/26/1/12.full.pdf+html

Analysing budgetary allocations in health is the first step towards understanding the power relations among various stakeholders at global, national and local levels. Resource allocation for public health in Brazil and India converge with global priorities while Russia’s financing pattern diverges. The combination of pressure from donors through financing of particular diseases, from the pharmaceutical industry, and from transnational advocacy movements at the global, national and local level seems to be key to understanding convergence in Brazil and India and divergence in Russia.

* * *

**Global capacity for emerging infectious disease detection**

by Emily H. Chana, Timothy F. Brewerc, Lawrence C. Madoff et al.
Proceedings of the National Academy of Sciences, published online before print November 29, 2010

6 pp. 1.6 MB:
http://www.pnas.org/content/early/2010/11/18/1006219107.full.pdf+html

The increasing number of emerging infectious disease events that have spread internationally, such as severe acute respiratory syndrome (SARS) and the 2009 pandemic A/H1N1, highlight the need for improvements in global outbreak surveillance. The lack of a timely mechanism for case detection and response can lead to rapid spread of disease, making the management of the case even more difficult, and this could have severe health consequences - in many cases, a large number of fatalities.

* * *

**Sharing research data to improve public health**

by Mark Walport and Paul Brest
The Lancet, Early Online Publication, 10 January 2011
The authors highlight how, in contrast to some other research disciplines, data sharing is not yet the norm within the public health research community - a situation that threatens to limit both the progress of this vital research and its application for health benefit. They recognise that increasing access to public health research data raises some key concerns, which centre on the rights and responsibilities of researchers and the potential risks to research participants.

**Updated Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents**

Panel on Antiretroviral Guidelines for Adults and Adolescents, The United States Department of Health and Human Services, January 10, 2011

Guidelines for treating HIV-infected adults and adolescents, including utilization of resistance testing, initiation of treatment, preferred first-line regimens, adverse events to antiretroviral medications, managing treatment-experienced patients, and considerations for special populations.

* * *

**Reducing Early Mortality on ART**

by Annabelle South, Di Gibb & Susan Hoskins
Evidence for Action - Briefing Paper Issue 07, January 2011

Increasing access to ART has helped to reduce mortality and morbidity massively for people living with HIV. However, early mortality rates of those who on ART in sub-Saharan Africa are very high. A substantial proportion of patients die within the first year of starting ART. This briefing paper explores the evidence on whether Cotrimoxazole (CTX) prophylaxis can reduce mortality for those on ART, and how long it is useful for. The brief presents evidence supporting the use of CTX prophylaxis for at least the first 72 weeks after starting ART.

* * *

**UNESCO’s Short guide to the Essential Characteristics of Effective HIV Prevention**

by Claudia Sambo, Clare Dickinson and Justine Sass
United Nations Educational, Scientific and Cultural Organization (UNESCO), September 2010
This short guide aims to increase understanding of the characteristics of efficient and effective HIV and AIDS responses. It is designed to explain in a user-friendly and accessible format what these characteristics mean in practice, and how they can be applied, integrated and institutionalised into HIV and AIDS planning and programme processes.

Antiretroviral Therapy Awareness and Risky Sexual Behaviors: Evidence from Mozambique

by Damien de Walque, Harounan Kazianga, Mead Over
Center for Global Development - Working Paper 239, January 2011

This paper studies the effect of increased access to antiretroviral therapy on risky sexual behavior, using data collected in Mozambique in 2007 and 2008. The findings suggest that scaling up access to antiretroviral therapy without prevention programs may not be optimal if the objective is to contain the disease, since people would adjust their sexual behavior in response to the perceived changes in risk. Therefore, prevention programs need to include educational messages about antiretroviral therapy and address the changing beliefs about HIV in the era of increasing antiretroviral therapy availability.


by Leonardo Palombi, Karin Nielsen-Saines, Marina Giuliano, Maria Cristina Marazzi
AIDS Research and Human Retroviruses. - ahead of print.

The World Health Organization released recommendations on treatment, prevention, and infant feeding practices within the context of HIV infection based on the “latest scientific evidence” available. As investigators involved in public health programs providing HIV care in Sub-Saharan Africa, the authors are concerned about the ramifications of specific recommendations, often viewed as dogma by policy makers in this setting. In summary, although the guidelines do underscore major advances in the field, specific caveats are not yet supported by existing data.

Maternal Tuberculosis: A Risk Factor for Mother-to-Child Transmission of Human Immunodeficiency Virus

by Amita Gupta, Ramesh Bhosale, Arti Kinikar et al.
Maternal human immunodeficiency virus (HIV) RNA load, CD4 cell count, breastfeeding, antiretroviral use, and malaria are well-established factors associated with mother-to-child transmission (MTCT) of HIV; the role of maternal tuberculosis (TB), however, has not been well established. The authors conclude that maternal TB is associated with increased MTCT of HIV. Prevention of TB among HIV-infected mothers should be a high priority for communities with significant HIV/TB burden.

**Sexual & Reproductive Health**

*Effect of circumcision of HIV-negative men on transmission of human papillomavirus to HIV-negative women: a randomised trial in Rakai, Uganda*

by Maria J Wawer, Aaron AR Tobian, Godfrey Kigozi et al.  
The Lancet, Early Online Publication, 7 January 2011

10 pp. 184 kB:  
http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610619678.pdf

Wives and girlfriends of circumcised men had a 28 percent lower rate of infection over two years with the human papilloma virus or HPV, which causes warts and cervical cancer. The findings indicate that male circumcision should now be accepted as an efficacious intervention for reducing the prevalence and incidence of HPV infections in female partners. However, protection is only partial; the promotion of safe sex practices is also important.

* * *

**Break Another Silence: Understanding sexual minorities and taking action for sexual rights in Africa**

Oxfam, The Netherlands, 2010

24 pp. 487 kB:  

This booklet is about marginalised sexualities and human rights. It is written for people working in civil society and government organisations, with a focus on Africa. The booklet seeks to encourage staff in civil society and government organisations to: understand sexual rights as human rights; to become aware of the ongoing abuses of sexual minorities’ human rights including lack of access to essential services; and to take action to protect rights for all, including minority groups.

* * *

**Intergenerational sexual relationships and HIV**

Exchange No. 4, 2010 - Royal Tropical Institute, The Netherlands

16 pp. 7.6 MB:  
Intergenerational and age-disparate sexual relationships expose adolescents and young adults to partners who are likely to be HIV positive because of their age and longer sexual history. Contents:

- Prioritising HIV prevention in programmes for young women & girls
- Risky sex in urban Kenya: the bitter side of ‘sugar daddy’ affairs
- Why young women in southern Africa are going for riskier older men
- Condom use among young Swazi in mixed-age relationships
- Nigeria age mismatch in sex relations
- Underage female sex workers and HIV in Nepal
- “Go-Getters”: Empowering young women in Uganda

* * *

**Methodologies for Estimating Abortion Incidence and Abortion-Related Morbidity: A Review**

Editors: Susheela Singh, Lisa Remez, Alyssa Tartaglione
Guttmacher Institute and International Union for the Scientific Study of Population, 2010


The social and political sensitivity surrounding induced abortion makes it very difficult to conduct high-quality research to measure its incidence. The publication is based on the International Seminar on Measurement of Abortion Incidence, Abortion-Related Morbidity and Mortality, which took place in Paris, France, in November of 2007. The volume includes 14 chapters based on presentations at the 2007 conference.

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**The WHO Reproductive Health Library (RHL)**


The WHO Reproductive Health Library (RHL) is an electronic review journal published by the Department of Reproductive Health and Research at WHO Headquarters in Geneva, Switzerland. RHL takes the best available evidence on sexual and reproductive health from Cochrane systematic reviews and presents it as practical actions for clinicians (and policy-makers) to improve health outcomes, especially in developing countries. To order the RHL CD-ROM [mailto:rhl@who.int](mailto:rhl@who.int)

* * *

**WHO Catalogue of Major Publications on Sexual and Reproductive Health**

WHO Department of Reproductive Health and Research, 2010

48 pp. 3.5 MB: [http://www.who.int/reproductivehealth/publications/catalogue.pdf](http://www.who.int/reproductivehealth/publications/catalogue.pdf)

This catalogue provides a selected annotated list of the major publications on sexual and reproductive health from the World Health Organization’s Department of Reproductive Health and Research (RHR). A complete list of publications, along with their full text versions in most cases, is available from the Department’s web site at: [http://www.who.int/reproductivehealth/en/](http://www.who.int/reproductivehealth/en/). Other resources available through the web
Maternal & Child Health

*Choices for women: planned pregnancies, safe births and healthy new-borns*

The UK’s Framework for Results for improving reproductive, maternal and newborn health in the developing world

The Department for International Development (DFID), December 2010

59 pp. 1.5 MB:  

Improving reproductive, maternal and newborn health is one of the most cost-effective ways to empower women and accelerate development progress. This document sets out a clear and logical framework for achieving development goals. It blends experience of what works with fresh-thinking and a new focus on innovation and results, recognising that success will depend on committed action at all levels, by all stakeholders.

* * *

*UN Women: A new opportunity to deliver for women*

A Gender & Development Network (GADN) Policy Paper, January 2011

20 pp. 1.9 MB:  

The birth of UN Women marks a historic moment. This is an unprecedented opportunity to accelerate progress towards the goals of gender equality and women’s empowerment and bring about far-reaching changes for the world’s women and girls. But success is only possible if we build a powerful and effective agency that has the autonomy, status, expertise, operational capacity and budget to deliver real and lasting impact. This policy paper sets out a series of recommendations to make this happen.

* * *

*Levels & Trends in Child Mortality - Report 2010*

by Dazheng You, Gareth Jones and Tessa Wardlaw

UN Inter-agency Group for Child Mortality Estimation, December 2010

24 pp. 3.5 MB:  

In 2004 the United Nations established the Inter-agency Group for Child Mortality Estimation (IGME) to advance the work on monitoring progress towards MDG 4 and to enhance country capacity to produce timely and properly assessed estimates of child mortality. This report presents the IGME’s latest estimates of infant and under-five mortality.
and assesses progress towards MDG 4 at the country, regional and global levels.

* * *

**Comparison of Oral Amoxicillin with Placebo for the Treatment of World Health Organization-Defined Nonsevere Pneumonia in Children Aged 2-59 Months: A Multicenter, Double-Blind, Randomized, Placebo-Controlled Trial in Pakistan**

by Tabish Hazir, Yasir Bin Nisar, Saleem Abbasi et al.
Clin Infect Dis. (2011) 52 (3): 293-300; First published online: December 28, 2010

8 pp. 243 kB:  
http://cid.oxfordjournals.org/content/52/3/293.full.pdf+html

WHO acute respiratory illness case management guidelines classify children with fast breathing as having pneumonia and recommend treatment with an antibiotic. There is concern that many of these children may not have pneumonia and are receiving antibiotics unnecessarily. The authors found that clinical outcome in children aged 2-59 months with WHO-defined non-severe pneumonia is not different when treated with an antibiotic or placebo. Similar trials are needed in countries with a high burden of pneumonia to rationalize the use of antibiotics in these communities.

* * *

**Setting Implementation Research Priorities to Reduce Preterm Births and Stillbirths at the Community Level**

Asha George, Mark Young, Abhay Bang et al.

8 pp. 108 kB:  
http://www.plosmedicine.org/article/fetchObjectAttachment.action;jsessionid=3FE33AA64FEE8A6D5F48395B35EC5839.ambr01?uri=info%3Adoi%2F10.1371%2Fjournal.pmed.1000380&representation=PDF

Preterm birth complications are the leading cause of neonatal mortality, contributing 1 million deaths annually. Stillbirths account for another 3.2 million deaths. Both causes of perinatal mortality are inextricably linked to maternal health and to conditions at birth. While some community-based interventions have proved effective in controlled settings and specific contexts, the implementation research challenge is to understand how to sustain these interventions at scale in different contexts.

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**Setting Research Priorities to Reduce Almost One Million Deaths from Birth Asphyxia by 2015**

Joy E. Lawn, Rajiv Bahl, Staffan Bergstrom et al.

11 pp. 383 kB:  

Intrapartum-related neonatal deaths (previously called “birth asphyxia”) are the fifth most
common cause of deaths among children under 5 years of age, accounting for an estimated 814,000 deaths each year. This paper uses a systematic process developed by the Child Health Nutrition Research Initiative (CHNRI) to define and rank research options to reduce mortality from intrapartum-related neonatal deaths by the year 2015, in order to advance Millennium Development Goal (MDG) 4 for child survival.

* * *

**Saving Newborn Lives in Nigeria: Newborn health in the context of the Integrated Maternal, Newborn and Child Health Strategy**

by Chinyere V Ezeaka and Kate Kerber
Federal Ministry of Health of Nigeria, January 2011

120 pp. 5.3 MB:
http://www.healthynewbornnetwork.org/sites/default/files/resources/Nigeria%20Sit%20An%20final%20lowres_FINAL.pdf

The report calls for an increased focus on reducing newborn deaths, the vast majority of which are avoidable. It says thousands of newborn lives can be saved via simple methods, such as teaching mothers about danger signs, encouraging them to seek help early and making sure there is enough medicine and enough healthcare workers at community health centres. The policies are mostly in place and the cost is affordable so now priority must be given to implementing these policies and making sure all families receive essential care.

* * *

**Six months of exclusive breast feeding: how good is the evidence?**

by Mary Fewtrell, David C Wilson, Ian Booth et al.
BMJ 2011; 342:c5955 (13 January 2011)

Read online at: http://www.bmj.com/content/342/bmj.c5955.full

In 2001, the World Health Organization announced for the consideration of member states its global recommendation that infants should be exclusively breast fed for six months. The authors have reviewed the evidence behind the current guidance and say the time is right to reappraise this recommendation. They support six months exclusive breast feeding in less developed countries where access to clean water and safe weaning foods is limited and there is a high risk of infant death and illness. However they have reservations about whether the WHO’s guidance about when to introduce other foods is right for the UK.

* * *

**Valuing Children’s Potential: How children’s participation contributes to fighting poverty and social exclusion**

Edited by Mieke Schuurman
Eurochild, September 2010

80 pp. 1.0 MB:

Through the description of concrete case studies, this report demonstrates how children and young people can participate and get involved in decisions affecting their lives and
how their participation can contribute to the fight against child poverty and social exclusion.

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_Small Voices, Big Dreams: A Global Survey of Children in Developing Countries_

ChildFund Alliance, December 2010


In order to deepen our understanding of the needs of children, ChildFund Alliance captured the views of nearly 3,000 children, aged 10 to 12 years, across 30 countries. The report explores the views of these children, proving that they understand what’s needed to transform their own lives better than anyone.

***

_UN Convention on the Rights of the Child: Monitoring and Reporting_

An overview of South Asia

by Ashish Damle, John Evans, Turid Heiberg et al.

Save the Children, 2010

40 pp. 520 kB: [http://www.crin.org/docs/UNCRC_Monitoring_SA.pdf](http://www.crin.org/docs/UNCRC_Monitoring_SA.pdf)

This report analyses State reports to the UN Committee on the Rights of the Child, alternative reports by civil society and Concluding Observations by the Committee for seven South Asian countries, including Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka.

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**Malaria**

_Breaking the Cycle: Saving Lives and Protecting the Future_

The UK’s Framework for Results for malaria in the developing world

The Department for International Development (DFID), December 2010


With leadership and resources, countries can tackle the toll of malaria. Concerted action by Senegal has seen child deaths drop by nearly a third, while in Zambia, malaria-related deaths in hospital have fallen by around two thirds. These benefits go beyond mere prevention and treatment - investments in staff and better ways to deliver drugs can help tackle other illnesses too. The UK Coalition Government is determined to play a full part in helping to achieve the international targets for malaria by 2015.

***
Global Plan for Artemisinin Resistance Containment (GPARC)

by Elisabeth Heseltine, Olusoji Adeyi, Paul Aliu et al.
Roll Back Malaria and World Health Organization, January 2011

The world risks losing its most potent treatment for malaria unless steps are quickly taken to prevent the development and spread of drug resistant parasites. The Global Plan for Artemisinin Resistance Containment (GPARC) is a call to action for all members of the Roll Back Malaria (RBM) Partnership. The document is a companion to the Global report on antimalarial efficacy and drug resistance: 2000–2010, which provides the extensive evidence on which the GPARC was based. The GPARC sets out a high-level plan of attack to protect ACTs as an effective treatment for Plasmodium falciparum malaria.

* * *

A Toolkit for Developing Integrated Campaigns to Encourage the Distribution and Use of Long Lasting Insecticide-treated Nets (LLINs)

The Alliance for Malaria Prevention (AMP), 2010

This toolkit contains seven key chapters that take organizations through the process of planning and implementing rapid scale-up campaigns to encourage universal use of LLINs. It covers planning; coordination; budgets and fundraising; logistics; communication; the technical aspects of campaigning; and sustaining campaign results. It also includes examples of chronograms, a sample timeline, and a list of resources.

Tuberculosis

Using Giant African Pouched Rats to Detect Tuberculosis in Human Sputum Samples: 2009 Findings

by Alan Poling, Bart J. Weetjens, Christophe Cox et al.
3 pp. 412 kB: http://www.ajtmh.org/cgi/reprint/83/6/1308

In 2009, giant African pouched rats trained to detect tuberculosis (TB) evaluated sputum samples from 10,523 patients whose sputum had previously been evaluated by smear microscopy. Microscopists found 13.3% of the patients to be TB-positive. Simulated second-line screening by the rats revealed 620 new TB-positive patients, increasing the case detection rate by 44%. These data suggest that the rats may be useful for TB detection in developing countries, although further research is needed.

* * *
WHO recommends against inaccurate tuberculosis tests

by Kelly Morris
The Lancet, Vol. 377, Issue 9760, pp. 113-114, 8 January 2011

Misleading serology tests for tuberculosis could be worsening the epidemic in some high-burden countries. Although no international guideline recommends their use, scores of commercial serology tests for tuberculosis are being sold in high-burden countries. Some are laboratory-based tests, whereas others are rapid dipstick tests, which could fill a vital niche for a point-of-care tuberculosis diagnostic test. The pity is that they do not work. In fact, they are inaccurate and useless.

Descriptive spatial analysis of the cholera epidemic 2008-2009 in Harare, Zimbabwe: a secondary data analysis

by Miguel Ángel Luque Fernández, Peter R. Mason, Henry Gray et al.

This ecological study describes the cholera epidemic in Harare during 2008-2009 and identifies patterns that may explain transmission. The identification of this spatial pattern in the spread, characterised by low risk in low density residential housing, and a higher risk in high density south west suburbs and Mbare, could be used to advocate for improving water and sanitation conditions and specific preparedness measures in the most affected areas.

Antibiotics for Both Moderate and Severe Cholera

by Eric J. Nelson, Danielle S. Nelson, Mohammed A. Salam et al.

The 2010 Haitian cholera outbreak has pressed local and international experts into rapid action against a disease that is new to many health care providers in Haiti. Whereas the current WHO cholera-treatment protocol recommends antibiotics for only severe cases, the approach of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), recommends antibiotics for both severe and moderate cases. The authors believe that patients with moderate and severe cholera should be treated with antibiotics - especially in Haiti, and especially now.
**Schistosoma mansoni Infections in Young Children: When Are Schistosome Antigens in Urine, Eggs in Stool and Antibodies to Eggs First Detectable?**

by J. Russell Stothard, Jose C. Sousa-Figuereido, Martha Betson et al.

9 pp. 194 kB:
http://www.plosntds.org/article/fetchObjectAttachment.action;jsessionid=DDDD3B3C205EFC8B11363DB3C2BD5D70.ambra02?uri=info%3Adoi%2F10.1371%2Fjournal.pntd.0000938&representation=PDF

In Uganda, control of intestinal schistosomiasis with preventive chemotherapy is typically focused towards treatment of school-aged children; the needs of younger children are presently being investigated as in lakeshore communities very young children can be infected. The study applied current methods of disease diagnosis to better define the ‘age of first infection’ and estimate general infection prevalence within a disease-endemic village. In the context of identifying future treatment needs, the authors propose that antigen detection methods are most suitable.

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**Anthrax outbreaks in Bangladesh: an update**

Health and Science Bulletin (English) Vol. 8, No. 4, December 2010
International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B), December 2010

21 pp. 799 kB:

Since August 2009, there have been intermittent reports of human and animal anthrax outbreaks in different parts of Bangladesh. Participation in slaughtering anthrax infected animals and exposure to infected meat and animal by-products was responsible for the human outbreaks. Routine vaccination of livestock should be undertaken to prevent further outbreaks of anthrax in animal and humans in Bangladesh.

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**Essential Medicines**

**Susceptibility of community-acquired pathogens to antibiotics in Africa and Asia in neonates – an alarmingly short review**

by Yoel Lubell, Elizabeth A. Ashley, Claudia Turner et al.
Tropical Medicine & International Health, Vol. 16, Issue 2, pp. 145-151, February 2011

7 pp. 379 kB:

The most significant and robust finding of this review is the severe paucity of data on the susceptibility of widely used antibiotics for the management of neonatal infections, one of the most important causes of premature death in the world. Data were particularly lacking for South Asia, where the number of neonatal deaths is the highest, with a single study reporting on susceptibility in Bangladesh. This must be one of the most important deficiencies in global information on infectious diseases.
Counterfeit Medicines Advice for Healthcare Professionals
Guidance for Pharmacists and Dispensing Doctors

The Medicines and Healthcare products Regulatory Agency (MHRA), 2010

4 pp. 321 kB:  
http://www.mhra.gov.uk/home/idcplg?IdcService=GET_FILE&dDocName=CON2033091&RevisionSelectionMethod=Latest&noSaveAs=0&Rendition=WEB

Counterfeit medicines can harm patients in two ways: individually and at the community level. Taking adulterated substances or lack of treatment can harm an individual, from unexpected adverse reactions to toxicity and / or anaphylaxis. Counterfeit medicines can also be life threatening and have caused deaths in Africa and Asia. Ensuring both the public and healthcare professionals have sufficient information about counterfeit medicines, how to avoid them, and how to report any suspicions – this guidance is part of that effort.

Social Protection

Social Health Insurance: A guidebook for planning
Second Edition

by Charles Normand & Axel Weber  
ADB, ILO, WHO and GTZ, September 2009

161 pp. 1.4 MB:  
http://www2.gtz.de/wbf/4tDx9kw63gma/Guidebook_SHI_WHO-GTZ-ADB.pdf

This guidebook is designed to be used by planners, policy-makers and stakeholders in countries that are considering the introduction of social health insurance as a replacement for or supplement to existing financing mechanisms for health care. The focus of this guidebook is on one particular approach - social health insurance - and not on the relative merits of different mechanisms.

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The Consolidation of Social Assistance in Brazil and Its Challenges, 1988 - 2008

Luciana Jaccoud, Patricia Dario El-Moor Hadjab, Juliana Rochet Chaibub  
Institute for Applied Economic Research (IPEA), December 2010

36 pp. 353 kB:  

This paper seeks to describe the development of Brazil’s social assistance policy over the two past decades. It covers the large expansion of non-contributory cash transfer programmes, including those that provide transfers to the poor, and its impact on the establishment of guaranteed income policy. The paper also considers the efforts involved in consolidating social assistance services and the integration of private provision so as to secure proper quality and coverage. This broad movement was followed by tensions and difficulties, which are also discussed.
Oil to Cash: Fighting the Resource Curse through Cash Transfers

by Todd Moss

22 pp. 565 kB:
http://www.cgdev.org/files/1424714_file_Oil2Cash_primer_FINAL.pdf

Many of the world’s poorest and most fragile states are joining the ranks of oil and gas producers. These countries face critical policy questions about managing and spending new revenue in a way that is beneficial to their people. At the same time, a growing number of developing countries have initiated cash transfers as a response to poverty, and these programs are showing some impressive results. In this paper, the author proposes putting these two trends together: countries seeking to manage new resource wealth should consider distributing income directly to citizens as cash transfers.

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Can Insurers Improve Healthcare Quality? Evidence from a Community Microinsurance Scheme in India

by Jonathan Bauchet, Aparna Dalal, Parimal Mayasudhakar et al.
New York University - Wagner Graduate School, September 2010

40 pp. 525 kB:

This paper investigates whether microinsurers can help improve the quality of healthcare, and not just its price. The paper studies Indian patients who had a caesarean section, appendectomy, hysterectomy, or abdominal hernia surgery. It compares facility’s infrastructure; doctor’s qualification and knowledge; process of care; and patient satisfaction. The paper states that being insured is not significantly associated with receiving better-quality care.

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Community-based microinsurance: localised and responsive

by Ralf Radermacher and Iddo Dror
Rural 21 Focus – 04/2010

3 pp. 412 kB:

Community based insurance schemes are widespread throughout the world and exist in different forms. They are an important tool to overcome gaps in the supply, caused by either lack of trust in conventional insurers, absence of any insurance coverage or inadequate processes or products.

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Microinsurance: A Large Untapped Market

by Susan Steiner and Lena Giesbert
German Institute for Economic Research, December 2010
In tandem with the growth of microloans and microsavings, insurance policies geared towards low-income households have also become increasingly widespread over the past decade in developing and emerging countries. Yet much work is to be done if this goal is to be attained. On the one hand, the availability of microinsurance is still extremely limited. On the other hand, potential and current microinsurance customers do not place much trust in insurance providers. They also lack knowledge about specific insurance products, as shown by an investigation of a microinsurance policy in Ghana.

**Water, Sanitation & Hygiene**

**Progress on Sanitation and Drinking Water: 2010 Update**

WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), 2010

60 pp. 15.3 MB:  

This report confirms that advances continue to be made towards greater access to safe drinking-water. Progress in relation to access to basic sanitation is however insufficient to achieve the Millennium Development Goal (MDG) target to halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

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**A Critical Review of Public-Public Partnerships in Water Services**

by Gemma Boag and David A. McDonald  

25 pp. 286 kB:  
[http://www.municipalservicesproject.org/sites/default/files/A_critical_review_of_public-public_partnerships_in_water_services_-_Water_Alternatives_-_Issue_3,_Number_1,_Feb_2010_0.pdf](http://www.municipalservicesproject.org/sites/default/files/A_critical_review_of_public-public_partnerships_in_water_services_-_Water_Alternatives_-_Issue_3,_Number_1,_Feb_2010_0.pdf)

This paper provides a critical review of the public-public partnerships (PUPs) literature, in part to reveal some problematic trends, but ultimately in an effort to advance our understanding and practice of public alternatives in the water sector (and beyond). Specifically, it analyses the different partnership arrangements available, discusses the advantages and critiques of the PUP model in both theoretical and practical terms, and considers the recent emergence of Water Operator Partnerships (WOPs).

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**Waterless Urinals for Sustainable Resource and Environmental Management**

by V M Chariar and S Ramesh Sakthivel  
Centre for Rural Development and Technology Indian Institute of Technology Delhi, 2010
Waterless urinals are an important intervention to be considered in the context of the rapid urbanization and increasing pressure of waste management being faced in the cities. Promoting waterless urinals as an essential component of sanitation in public places and individual houses can help in addressing the larger issue of sustainable resource management needed at this hour of environmental crisis. The innovative designs of urinals and waterless urinal odour trap “IIT Zerodor” offer some robust options for promoting waterless urinals.

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**Community-Led Total Sanitation (CLTS) for people in vulnerable situations**

by Ammar Fawzi and Hazel Jones
WaterAid, September 2010

Bangladesh is one of the poorest countries in the world with a large number of people still living without improved sanitation. However, despite this, it is still on course to meet its Millennium Development Goal (MDG) on sanitation, largely due to the success of Community-Led Total Sanitation (CLTS) in rural areas. This study aims to explore the suitability of methods used to identify and support the most disadvantaged members of communities that are participating in CLTS, to assess their participation levels in the CLTS process and, where possible, to make recommendations of best practice.

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**Financing On-Site Sanitation for the Poor: A Six Country Comparative Review and Analysis**

by Sophie Trémolet, Pete Kolsky and Eddy Perez
Water and Sanitation Program (WSP), The World Bank, January 2010

This study aims to improve understanding of the finance of on-site household sanitation through careful analysis of practical field experience in a wide range of projects. The Sanitation and Hygiene Global Practice Team of the World Bank Water and Sanitation Program (WSP) initially conceptualized this study to offer better guidance to sector professionals developing on-site sanitation projects and programs.

Human Resources

**Health professionals for a new century: transforming education to strengthen health systems in an interdependent world**

by Julio Frenk, Lincoln Chen, Zulfiqar A Bhutta et al.
Health professionals have made huge contributions to health and socioeconomic development over the past century, but we cannot carry out 21st century health reforms with outdated or inadequate competencies. The extraordinary pace of global change is stretching the knowledge, skills, and values of all health professions. That is why the authors call for a new round of more agile and rapid adaptation of core competencies based on transnational, multiprofessional, and long-term perspectives to serve the needs of individuals and populations.

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**Health workforce skill mix and task shifting in low income countries: a review of recent evidence**

Brent D Fulton, Richard M Scheffler, Susan P Sparkes et al.
Human Resources for Health 2011, 9:1 (11 January 2011)

Task shifting is a promising policy option to increase the productive efficiency of the delivery of health care services, increasing the number of services provided at a given quality and cost. Future studies should examine the development of new professional cadres that evolve with technology and country-specific labour markets. To strengthen the evidence, skill mix changes need to be evaluated with a rigorous research design to estimate the effect on patient health outcomes, quality of care, and costs.

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**Task shifting in maternal and newborn care: a non-inferiority study examining delegation of antenatal counseling to lay nurse aides supported by job aids in Benin**

by Larissa Jennings, Andre Sourou Yebadokpo, Jean Affo et al.
Implementation Science 2011, 6:2 (6 January 2011)

Shifting the role of counseling to less-skilled workers may improve efficiency and coverage of health services, but evidence is needed on the impact of substitution on quality of care. The authors conclude that lay nurse aides can provide effective antenatal counseling in maternal and newborn care in facility-based settings, provided they receive adequate training and support. Efforts are needed to improve management of human resources to ensure that effective mechanisms for regulating and financing task shifting are sustained.

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**Think Long Term: How Global AIDS Donors Can Strengthen the Health Workforce in Africa**

by Christina Droggitis and Nandini Oomman
Center for Global Development, September 2010
To achieve ambitious HIV/AIDS targets, AIDS donors mobilized health workers from weak and understaffed national health workforces. The shortages were the result of weak data for effective planning, inadequate capacity to train and pay health workers, and fragmentation and poor coordination across the health workforce life-cycle. Ten years and billions of dollars later, the problem still persists. The time has passed for short-term fixes to health workforce shortages. AIDS donors must begin to address the long-term problems underlying the shortages and the effects of their efforts on the health workforce more broadly.

**Health Systems & Research**

*A scoping review of the literature on the abolition of user fees in health care services in Africa*

by Valéry Ridde and Florence Morestin  

![Image](http://heapol.oxfordjournals.org/content/26/1/1.full.pdf+html)

In Africa, user fees constitute a financial barrier to access to health services. Increasingly, international aid agencies are supporting countries that abolish such fees. However, African decision-makers want to know if eliminating payment for services is effective and how it can be implemented. This survey shows that abolition of user fees had generally positive effects on the utilization of services, but at the same time, it highlights the importance of implementation processes and our considerable lack of knowledge on the matter at this time.

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**India: Towards Universal Health Coverage**

![Image](http://www.thelancet.com/series/india-towards-universal-health-coverage)

India is a vast, complex country, and despite recent economic development, its health-care system is inadequate to deal with the country’s main health challenges: infectious diseases, chronic diseases, and poor maternal and child health. A new Lancet Series engages with the construct of Health for All in India by investigating the Indian health system, and to offer solutions for evidence-based and affordable health care for all Indian citizens by 2020.

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**Keeping health facilities safe: one way of strengthening the interaction between disease-specific programmes and health systems**

by Anthony D. Harries, Rony Zachariah, Katie Tayler-Smith et al.  
Tropical Medicine and International Health, Vol. 15 No. 12, pp 1407-1412, December 2010

HESP-News & Notes - 02/2011 - page 23
The debate on the interaction between disease-specific programmes and health system strengthening in the last few years has intensified as experts seek to tease out common ground and find solutions and synergies to bridge the divide. The authors argue that proper attention to infection control and an emphasis on safe health facilities is a concrete first step towards strengthening the interaction between disease-specific programmes and health systems where it really matters - for patients who are sick and for the health care workforce who provide the care and treatment.

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Glimpses of innovations in primary health care in South-East Asia

WHO Regional Office for South-East Asia, New Delhi, August 2010

The South-East Asia region is home to nearly a quarter of the world's population and accounts for nearly 30% of the global disease burden. Governments in the region are making concerted efforts for reducing the disease burden and improving the health of their people and the countries have adopted the primary health care approach for health development. This document gives a brief overview of some of the experiences in the delivery of primary health care in the Member States of the WHO South-East Asia region.

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Improving Family Medicine in Kosovo with Microsystems

by Donald O. Kollisch, Cristina S. Hammond, Ellen Thompson et al.
J Am Board Fam Med 2011;24:102-111 (January-February 2011)

Family medicine is being adopted in many low-income countries to meet medical care needs. A systems approach may be useful for international organizations offering aid, in addition to providing resources and training. An established methodology called Microsystems was used to help implement family medicine in Kosovo, a small country seeking to rebuild after decades of turmoil and war. The authors conclude that Microsystems methods are adaptable for use in low-income countries or those rebuilding after conflict that are implementing family medicine models to improve medical care and population health.

Information & Communication Technology

Sharing research data to improve public health: full joint statement by funders of health research

Wellcome Trust, January 2011
The institutions that fund most health research in developing countries (and a good deal of research in rich countries too) have finally launched an assault on Data Hugging Disorder. They are pushing the scientists they fund to put any data they collect in the shared scientific domain. The broadside against the culture of data-hoarding that dominates in public health is published in a joint statement on data sharing signed by 17 institutions, including the three biggest funders of public health research globally.

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**eHealth Country Profiles Atlas**
Global Observatory for eHealth Series - Volume 1, 2010
by Misha Kay, Jonathan Santos, Marina Takane et al.
World Health Organization, January 2011

This publication presents data on the 114 WHO Member States that participated in the 2009 global survey on eHealth. Intended as a reference to the state of eHealth development in Member States, the publication highlights selected indicators in the form of country profiles. The objectives of the country profiles are to describe the current status of the use of ICT for health in Member States and provide information concerning the progress of eHealth applications in these countries.

**Telemedicine: Opportunities and Developments in Member States**
Global Observatory for eHealth Series - Volume 2, 2010
by Kendall Ho, Jennifer Cordeiro, Ben Hoggan et al.
World Health Organization, January 2011

Telemedicine can bring the eyes of a specialist to examine a critically ill patient from halfway around the globe. It bridges the distance between people and the best health care available and can be applied to a vast range of situations - from home care to specialized clinical settings. This publication examines trends in the uptake of telemedicine, from the well established to newly emerging telemedicine applications. With an emphasis on the needs of developing countries, it looks to the future with an analysis of the strategic actions required to support and strengthen telemedicine in countries.

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**Real-Time Bio-surveillance Pilot Programme in Sri Lanka: Lessons Learned**
by W.G. C. Sampath, N. Waidyanatha, Vinya Ariyaratne et al.
The Real-Time Bio-surveillance Program (RTBP) is a pilot study aiming to introduce modern technology to the Health Department of Sri Lanka to complement the existing disease surveillance and notification systems. The processes involve digitizing all clinical health records and analysing them in near real-time to detect unusual events to forewarn health workers before the diseases reach epidemic states. This paper discusses the technologies used in the pilot and the initial findings in relation to usability of the system.

Open access in 2010

by Peter Suber
Scholarly Publishing and Academic Resources Coalition (SPARC)
Open Access Newsletter, Issue #153, January 2, 2011

Read the issue online at: http://www.earlham.edu/~peters/fos/newsletter/01-02-11.htm

The growth of Open Access (OA) over the past year was deep, wide, and steady. At some point we’ll have to accept that OA movement is so large that annual reviews must either be sketchy or come out six months late. In this article you find a summary of OA under the following topics:

- OA policies at funding agencies
- OA policies at universities
- Some growth numbers
- Open access journals
- Data
- Books and digitization
- Copyright and licensing

Capacity-building for ICT integration in education

by Wai-Kong Ng, Fengchun Miao, and Molly Lee
Digital Review of Asia Pacific, 2009-2010

ICTs are not a panacea or cure-all for gaps in education provision. The right conditions need to be in place before the educational benefits of ICT can be fully harnessed, and a systematic approach is required when integrating ICTs into the education system. This fact is often overlooked and, in their eagerness to jump on to the technology bandwagon, many education systems end up with technologies that are either not suitable for their needs or cannot be used optimally due to the lack of trained personnel.

There Are No Technology Shortcuts to Good Education

by Kentaro Toyama
Exploring ITC and Learning in Developing Countries, January 2011
There is much seductive rhetoric around the use of information and communication technologies (ICT) in education. And now an ex-director of Microsoft India Research has a point-by-point refutation of frequently heard sound bites extolling technology in schools. Computers can help good schools do some things better, but they do nothing positive for underperforming schools. This means, very specifically, that efforts to fix broken schools with technology or to substitute for missing teachers with technology invariably fail.

### Harm Reduction and Drug Use

**US smokers’ reactions to a brief trial of oral nicotine products**

by Richard J O’Connor, Kaila J Norton, Maansi Bansal-Travers et al.

Harm Reduction Journal 2011, 8:1 (10 January 2011)

30 pp. 835 kB: [http://www.harmreductionjournal.com/content/pdf/1477-7517-8-1.pdf](http://www.harmreductionjournal.com/content/pdf/1477-7517-8-1.pdf)

Findings from this study show that smokers, who are currently unwilling to make a quit attempt, may be willing to use alternative products in the short term as a temporary substitute for smoking. However, this use is more likely to be for partial substitution (i.e. they will continue to smoke, albeit at a lower rate) rather than complete substitution. Of the various substitutes offered, smokers were more willing to use a nicotine replacement product over a tobacco-based product.

### Millennium Development Goals

**Millennium Development Goals in Russia: Looking into the Future**

by Sergey N. Bobylev, Vladimir A. Mau, Lilia N. Ovcharova et al.

National Human Development Report in the Russian Federation, October 2010


The main objective of the report is to monitor the achievement of the Millennium Development Goals (MDGs) adapted for Russia, and to reflect the new socio-economic trends that have affected this process in the past few years. The Report was prepared in relation to the discussion of the global progress towards achieving the MDGs at the UN General Assembly in September 2010.

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**Gender Dimensions of the Millennium Development Goals in Sri Lanka**

by Swarna Jayaweera, Hiranthis Wijemanne, Leelangi Wanasundera et al.

Centre for Women's Research, Colombo, 2007
Since independence, Sri Lanka has made remarkable achievements in reaching gender equality, especially in the area of health and education. Nevertheless, these accomplishments have not yet fully translated into commensurate economic, social and political opportunities for Sri Lankan women. Representation of women in parliament and in local governments is low, as compared to other South Asian countries. Women are also under-represented at senior decision making levels, both in the public and private sector, and gender based violence is significantly high.

Development Assistance

Consolidation or Cooperation: The Future of EU Development Cooperation

by Mikaela Gavas, Deborah Johnson, Simon Maxwell
Deutsches Institut für Entwicklungspolitik, Bonn, June 2010

Two future paths are available for European development cooperation: either “cooperation”, in which the European Commission takes on the role of network coordinator and Member States take the lead in delivering aid; or “consolidation”, in which the EC plays a progressively larger role in shaping policy and delivering aid. The development agenda is evolving in a consolidationist direction, with a greater focus on collective solutions to global problems. However, the EU will find it difficult to move in this direction: the core conditions favouring greater consolidation, including the interests of Member States, do not appear to be met.

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Performance Based Grant System: Concept and International Experience

by Jesper Steffensen
UN Capital Development Fund (UNCDF), 2010

In recent years, a number of innovative reforms with performance-based grant systems have been applied in various Least Developed Countries to create incentives for enhanced Local Government capacity and performance. This publication shares the experiences of UNCDF and others in designing and implementing performance-based grants. The piloting of performance-based grant systems demonstrates how local catalytic capital can be deployed to bring about real improvements in local development and poverty reduction by encouraging local governments to improve their capacity and focus on results.

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Results Based Monitoring and Evaluation Toolkit
2nd Edition 2009

by Freer Spreckley and Sally Hunt
Local Livelihoods, July 2009

This short Toolkit provides an outline for the monitoring and evaluation of development and regeneration projects and programmes. Results Based Management is a whole system which should be incorporated into the culture of an organisation and its programme of projects: its values; operational systems and decision making procedures. Staff, and their skills and capacity, and partners should be focused on achieving outcomes and impact rather than activities and inputs.

A Guide for Project M&E

by Luciano Lavizzari
International Fund for Agricultural Development (IFAD), 2002

This Guide has been written to help project managers and M&E staff improve the quality of M&E. The Guide focuses on how M&E can support project management and engage project stakeholders in understanding project progress, learning from achievements and problems, and agreeing on how to improve both strategy and operations. The main functions of M&E are: ensuring improvement-oriented critical reflection, learning to maximise the impact of rural development projects, and showing this impact to be accountable.

The implications of climate change for health in Africa

Joto Afrika, Issue 5; December 2010

Moses J. Chimbari (ed.)
Arid Lands Information Network, 2010

The interactions between health and climate change are clearly recognised. To date, much of the evidence of the health impacts of climate change has focused on malaria. But the impacts are much wider than this. Climate change projections for Africa indicate that temperatures will increase by 0.2-0.5°C per decade, and many African regions will experience more severe droughts. These changes may affect human health directly, as the changing weather patterns encourage the production of disease vectors and parasites. But we still need to better understand all the possible impacts of climate change on health.
Nanotechnology for health: Facts and figures

by Priya Shetty
Science and Development Network, 24 November 2010

Read online at: http://www.scidev.net/en/south-east-asia/features/nanotechnology-for-health-facts-and-figures-1.html

Nanotechnology - the science of the extremely small - holds enormous potential for healthcare, from delivering drugs more effectively, diagnosing diseases more rapidly and sensitively, and delivering vaccines via aerosols and patches. However, it is still early days for nanotechnology in healthcare and whether it will be of value to resource-poor countries is still hotly debated.

ELECTRONIC RESOURCES

Guttmacher Institute Launches New International Data Center

http://www.guttmacher.org/idc/

This new tool allows researchers, advocates, policymakers, journalists and others working on reproductive health issues at the international level to build, download and print custom tables and maps using the most current information available from 75 Countries and 22 World Regions. The International Data Center includes country and regional level data, which the user can compare and customize to meet his or her needs.

Database of National HIV and AIDS Treatment Guidelines


AIDSTAR-One has developed a database of National Treatment Guidelines from over 30 countries. The database is updated on an ongoing basis and includes national HIV and AIDS treatment guidelines, technical briefs, case studies and other related materials. Search by country, treatment area or keywords. Click on the title of the document to download the guideline in its entirety. You may also access a summary of the treatment regimen by clicking on the link in the Regimen Summary column.

Bulletin of the World Health Organization (BLT)

Volume 89, Number 1, January 2011, 1-80

http://www.who.int/bulletin/volumes/89/1/en/index.html

Highlights from the January 2011 issue:

- Campaigns against acid violence in Bangladesh spur change
- Twice as many road deaths in China found in death registration data than in police records
- Have advertising campaigns worked to reduce antibiotics use in France?
- Call for an end to free formula milk for newborns in South Africa
• Cross-border medical travel challenges conventional public health thinking
• Dr Robert D Newman, WHO's Global Malaria Programme, says in an interview that malaria eradication will take 40 years or more to achieve.

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Health Sciences Online (HSO)

http://hso.info/about/about.html

HSO is a virtual learning center with browse and search functions. HSO provides free, online linkages to a comprehensive collection of top-quality courses and references in medicine, public health, pharmacy, dentistry, nursing, basic sciences, and other health sciences disciplines. HSO is a sieve that includes world-class materials (currently numbering >50,000 resources), hand-selected by clinicians and other experts from already-existing reliable sources and resource collections.

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My M&E

http://www.mymande.org/

My M&E is an interactive WEB 2.0 platform to share knowledge on country-led M&E systems worldwide. In addition to being a learning resource, My M&E facilitates the strengthening of a global community, while identifying good practices and lessons learned about program monitoring and evaluation in general, and on country-led M&E systems in particular.

INTERESTING WEB SITES

Global Health Education (GHE) Initiative

http://www.gheducation.ca/

The Global Health Education (GHE) initiative exists to educate, engage, and connect students with global health affairs. GHE is a collective of students and professionals committed to understanding and contributing to global health. We bring knowledge from all over the web and the world to this one, easy place.

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Global HIV Monitoring and Evaluation Information

http://www.globalhivmeinfo.org/Pages/HomePage.aspx

This Web site is designed for monitoring and evaluation (M&E) specialists supporting HIV/AIDS initiatives in countries, headquarters, regional organizations, etc. These include field officers placed in-country by international partner agencies; their country counterparts working in national, regional, and local government agencies and non governmental organizations; staff located at headquarters of international partner agencies; and other practitioners interested in M&E of HIV/AIDS programs.

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The world’s population is growing - and aging. Very low birth rates in developed countries, coupled with birth rate declines in most developing countries, are projected to increase the population ages 65 and over to the point in 2050 when it will be 2.5 times that of the population ages 0-4. This is an exact reversal of the situation in 1950. The animated graphics show the trends in the growth of the two age groups for the world, more developed countries, and less developed countries.

**TRAINING OPPORTUNITIES**

*e-learning course: Basics of Health Economics*

Duration and course load: 5 Weeks - 8 to 10 hours per week  
Dates: January 26 - March 2, 2011  
Application deadline: January 26

Participants: (Health) Professionals  
Course fee: US$ 200  
Organizers: The World Bank Institute  
Language: English only  
For more information see:  
http://wbi.worldbank.org/wbi/event/basics-health-economics-e-learning-course

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*Course on Anaesthesia for Developing Countries*

27th March - 1st April, 2011  
University of Oxford and Kampala, Uganda

Course Content: Draw-over anaesthesia, ketamine, disaster planning, economics of anaesthesia, planning anaesthetic services, anaesthetic experience in five continents.

Language: English; Fees: GBP 800-860  
For more information contact:  
Pat Millard  
Tel.: +44-1865-221-590  
mailto:pat.millard@nda.ox.ac.uk

For more courses and conferences see also:  
http://www.going-international.at/index.php?lang=EN

**CONFERENCES**

*The Long Tail of Global Health Equity: Tackling the Endemic Non-Communicable Diseases of the Bottom Billion*

2 - 3 March, 2011, Harvard Medical School Campus, Boston
Historically, non-communicable disease (NCD) in middle-income countries has received close attention. It is crucial to focus on the disease burden of the poorest populations, the bottom billion, largely composed of children and young adults. Discussions at this meeting will contribute to deliberations of a high-level and timely United Nations meeting in September about NCD health systems issues.

For more information see: [http://www.pih.org/pages/harvardncd](http://www.pih.org/pages/harvardncd)

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**14th International Symposium on Electronic Theses and Dissertations**

ETD2011 is an international symposium and gathering of current and future researchers and practitioners in the area of Electronic Theses and Dissertations. ETD2011 will provide delegates with the unique opportunity to network, share experiences and discuss current good practices from around the world, enabling researchers and practitioners to chart a future course.

For more information see: [http://dl.cs.uct.ac.za/conferences/etd2011](http://dl.cs.uct.ac.za/conferences/etd2011)

**CARTOON**

"I was trying to delete something on my cell phone, but I guess I was holding it too close to my face."

**TIPS & TRICKS**

**Google Search Preview**

Browsing around on Google you may have noticed a little magnifying glass Icon next to your search results. It looks like this:

*German Health Practice Collection (GHPC) - German Practice Collection*

3 proposals for the new German Health Practice Collection...

german-practice-collection.org/.../german-health-practice-collection-ghpc - Cached

Show more results from german-practice-collection.org
It is called Search Preview (or Site Preview), and what it does is give you a sneak-peek at a site, without actually having to expend the bandwidth to browse to it! This is great if you remember stuff better visually, or if you are doing rapid research and can’t recall where you left off. Why waste the time clicking and waiting for a page to load, when you can get quick preview, instead? So, give it a shot! Next time you are “Googling”, click the little magnifying glass and look at the web a quicker way.

* * *

Laptop Mobility Center

For people who use Windows Vista and Windows 7 on their laptops, Microsoft added a very useful little control panel called the Mobility Center. This is not the regular control panel you have been used to for so many years. The goal of the Mobility Center is to easily let you configure small basic things with your PC. Simple tasks, such as checking the battery level, enabling or disabling wireless connections, attaching an external display/beamer or even muting the sound, for example. For heavy laptop users, it is a good idea to add a shortcut to the start-up group to always have the Mobility Center ready for use. Or, you can just hold the Windows key and hit the X key (Win+X) to access it as well.

Best regards,

Dieter Neuvians MD

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