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BOOKS

* * *

Health Situation Analysis in the African Region
World Health Organization, Regional Office for Africa, 2012

100 pp. 5.3 MB:

The Atlas of Health Statistics, 2012, which provides a health situation analysis of WHO’s African Region, is the most significant data output of the African Health Observatory (www.aho.afro.who.int). Its coverage has expanded and further indicators have been included. Another new development is the presence of the Atlas on the African Health Observatory web portal. It is being launched not merely as an electronic document, but as interactive web pages within the Observatory, allowing users to carry out searches and conduct analyses of their own. The publishers aim to develop the Atlas on an ongoing basis, expanding its reach, indicators and accuracy.

* * *

Capitalisations de politiques publiques d’exemption du paiement des soins en Afrique de l’Ouest

This book compiles case studies of the sharing and capitalization experiences of user fees exemption in West Africa project.

Coordonné par Valéry Ridde, Ludovic Queuille et Yamba Kafando
Centre de recherche du centre hospitalier de l’université de Montréal (CRCHUM) et Help - Hilfe zur Selbsthilfe e.V., Allemagne, Septembre 2012

297 pp. 15.8 MB(!):

En 2009, alors que de plus en plus de pays en Afrique de l’Ouest mettaient en œuvre des politiques publiques d’exemption du paiement des soins en faveur de populations vulnérables, nous ne disposions encore que de peu de connaissances sur ce sujet. Les besoins des décideurs ont alors justifié la mise en place par l’Université de Montréal (CRCHUM), l’Institut de recherche en sciences de la santé (IRSS) du Burkina Faso et l’ONG HELP (financement ECHO) d’un projet visant à soutenir les responsables de la mise en œuvre de ces politiques par un processus de partage et de capitalisation d’expérience en 2010 et 2011.

* * *

Implementing inclusive education: a commonwealth handbook to implementing article 24 of the UNCRPD
2nd Edition
by Richard Rieser

369 pp. 8.6 MB:
This guide presents a picture of the future constructed by critically examining programmes geared towards inclusive education across the Commonwealth and beyond. Article 24 of the UNCRPD requires the development of an inclusive education system at all levels, where children and students with disabilities can be part of their local school alongside their non-disabled peers, with the right support and accommodation to develop academically and socially. We should engage in restructuring our education systems to make this a reality, as everyone benefits and our societies are stronger and more democratic as a result.

ONLINE PUBLICATIONS

Global Health

*Future of WHO hangs in the balance*

by David Legge
BMJ 2012;345:e6877 (Published 25 October 2012)

WHO is in crisis. Unless member states can be persuaded to “untie” their donations and give the organisation leeway to control its budget and set priorities WHO will slide further into irrelevance with disastrous consequences for global health. This article outlines the problems and what the reforms are trying to achieve.

* * *

*New Voices in Global Health*

The Lancet - Published October 21, 2012

http://www.thelancet.com/abstracts/new-voices-in-global-health

In partnership with the World Health Summit and the M8 Alliance, The Lancet issued a call for abstracts under the title New Voices in Global Health to report important research, policy, and advocacy initiatives in global health. 169 abstracts were submitted from 46 countries in six continents. Through a peer review and selection process, we have chosen eight abstracts for oral presentation and 12 for poster presentation at the Summit. This webpage contains those 20 abstracts, which can also be found in a printed booklet.

* * *

*Partnerships for Global Health: Pathways to Progress*

3rd Cambridge International Development Report

Editors: Anne Radl, Virginia Barbour, Paul Chinnock et al.
The Humanitarian Centre, Cambridge UK, 2012

59 pp. 5.9 MB:
‘Global health’ is a relatively new term, but health has always had a global dynamic. This report features ways that the University of Cambridge and other Cambridge-based organisations are working with partners in developing countries to devise effective solutions to the global health challenges of today.

* * *

**Quantifying the Global Fund’s Contribution to Saving Lives: Methodological and Policy Issues**

by David McCoy and Nele Jensen
Aidspan, Nairobi, November, 2012


The paper examines how the Global Fund estimates the number of lives saved. The paper describes and examines the modelling exercise, providing a detailed look at why and how the numbers are generated, and describes possible implications for policies and programming. The paper also describes the Global Fund’s intent to invest more effort and resources in developing a more direct and empirical evaluation of performance in a selection of high priority countries.

---

**Rapid Assessment of Pediatric HIV Treatment in Zambia**

by Dana Greeson, Bisola Ojikutu, Heather Pitorak et al.
AIDS Support and Technical Assistance Resources Project (AIDSTAR-One), October 2012


In 2011, AIDSTAR-One conducted a rapid assessment of paediatric HIV treatment scale-up in Zambia to better understand the barriers to providing and/or expanding high quality paediatric HIV care and treatment services. Recommendations for mitigating these barriers and improving the quality of paediatric HIV care and treatment are offered.

* * *

**The Determinants of HIV Treatment Costs in Resource Limited Settings**

by Nicolas A. Menzies, Andres A. Berruti, John M. Blandford
PLoS ONE 7(11): e48726 (7 November 2012)


Governments and international donors have partnered to provide free HIV treatment to over 6 million individuals in low and middle-income countries. Understanding the deter-
minants of HIV treatment costs will help improve efficiency and provide greater certainty about future resource needs. As programs gain more evidence about the cost and benefits of different clinical approaches, they will be better positioned to focus on high-impact services and streamline other aspects of care, freeing up resources to support larger patient cohorts. In this way the benefits of improved efficiency will be measured in the number of additional patients who can be enrolled on treatment, and through the resulting impact on HIV patients' health, their families' welfare, and the reduction in new HIV infections.

***

**HIV among people who inject drugs in Central and Eastern Europe and Central Asia: a systematic review with implications for policy**

by Emma Jolley, Tim Rhodes, Lucy Platt et al.
BMJ Open 2012;2:e001465

[21 pp. 921 kB: http://bmjopen.bmj.com/content/2/5/e001465.full.pdf+html]

HIV among people who inject drugs (PWID) is a major public health concern in Eastern and Central Europe and Central Asia. The HIV epidemic among PWID in the region is varied, with the greatest burden generally in Eastern Europe. Data suggest that the current response to HIV among PWID is insufficient, and hindered by multiple environmental barriers including restricted access to services and unsupportive policy or social environments.

---

**Sexual & Reproductive Health**

**Concurrent Sexual Partnerships Toolkit**

http://cptoolkit.hivsharespace.net/

Whether you are integrating concurrency into existing HIV prevention activities or designing a large scale concurrency campaign, this toolkit contains many useful resources and ideas to guide research, design, implementation, monitoring and evaluation of concurrent sexual partnership programs.

The toolkit was developed by PSI with support from the Royal Netherlands Embassy.

***

**Sexual violence in post-conflict Liberia: survivors and their care**

by K. Tayler-Smith, R. Zachariah, S. G. Hinderaker et al.
Tropical Medicine and International Health, Vol. 17 No. 11, pp. 1356-1360, November 2012


Using routine data from three clinics offering care to survivors of sexual violence (SV) in Monrovia, Liberia, we describe the characteristics of SV survivors and the pattern of SV and discuss how the current approach could be better adapted to meet survivors'
needs. The authors conclude that the current approach could be improved by: effectively addressing the psychosocial needs of child survivors, reaching male survivors, targeting the perpetrators in awareness and advocacy campaigns and reducing delays in seeking care.

Maternal & Child Health

_**Tackling Cervical Cancer: Improving Access to Cervical Cancer Services for Women in Southern Africa**_

by Nyasha Chingore-Munazvo, Priti Patel, Melody Kozah et al.
Southern Africa Litigation Centre, October 2012


The Report documents the availability and accessibility of cervical cancer services in southern Africa, as well as identifies the legal obligations of southern African governments to tackle cervical cancer. It points out that the failure by southern African governments to adequately provide medical and other cervical cancer-related services may result in violations of a number of constitutionally protected rights, including the rights to life, health, equality, dignity, bodily integrity, autonomy and information. Failure to provide services may also violate the rights to freedom from all forms of discrimination and from cruel, inhuman and degrading treatment.

* * *

_**Donor Funding for Newborn Survival: An Analysis of Donor-Reported Data, 2002-2010**_

by Catherine Pitt, Joy E. Lawn, Meghna Ranganathan et al.


Neonatal mortality accounts for 43% of global under-five deaths and is decreasing more slowly than maternal or child mortality. Donor funding has increased for maternal, newborn, and child health (MNCH), but no analysis to date has disaggregated aid for newborns. The authors evaluated if and how aid flows for newborn care can be tracked, examined changes in the last decade, and considered methodological implications for tracking funding for specific population groups or diseases.

* * *

_**Early Child Development in China: Breaking the Cycle of Poverty and Improving Future Competitiveness**_

by Kin Bing Wu, Mary Eming Young and Jianhua Cai

HESP-News & Notes - 24/2012 - page 8
Investments in early child development are among the most cost-effective strategies for breaking the intergenerational transmission of poverty and improving productivity and social cohesion in the long run. This report studies how programs to improve prenatal care; raise the health status and nutritional standards of young children; improve the knowledge of mothers and primary caregivers about health, child care, and nurturing techniques; and expand the availability of pre-primary education services across China can strengthen a child’s prospects for success later in life.

---

**Private Sector Drug Shops in Integrated Community Case Management of Malaria, Pneumonia, and Diarrhea in Children in Uganda**

by Phyllis Awor, Henry Wamani, Godfrey Bwire et al.

Am J Trop Med Hyg 2012 Vol. 87 No. 5, Suppl. 92-96

The authors conducted a survey involving 1,604 households to determine community care-seeking patterns and 163 exit interviews to determine appropriateness of treatment of common childhood illnesses at private sector drug shops in two rural districts of Uganda. They conclude that management of common childhood illness at private sector drug shops in rural Uganda is largely inappropriate. There is urgent need to improve the standard of care at drug shops for common childhood illness through public-private partnerships.

---

**Defeating malaria in Asia, the Pacific, Americas, Middle East and Europe**

by Richard Cibulskis, Roly Gosling, Ryan Williams et al.

World Health Organization on behalf of the Roll Back Malaria Partnership Secretariat

Progress & Impact Series Number 9, November 2012

The Roll Back Malaria (RBM) Progress & Impact Series is a collection of comprehensive reports benchmarking progress towards the RBM 2010 goals. Launched in March 2010, the series aggregate and analyze data on malaria burden, new tools and strategies, and intervention coverage - highlighting accomplishments and driving future action and investment. This report details the impact of malaria on development and health systems in countries outside of Africa. Malaria is a potentially fatal disease which threatens over 2 billion people each year in the Asia-Pacific Region - approximately 67% of the world’s total population of people at risk of malaria.
Case-studies on malaria elimination: Cape Verde, Mauritius, Sri Lanka and Turkmenistan

The WHO Global Malaria Programme and the Global Health Group at the University of California - with support from the Bill & Melinda Gates Foundation - have launched a new series of case-studies on malaria elimination. In this series, national malaria control programmes and researchers generate new evidence about what works - and what does not - for reaching and sustaining zero malaria transmission.

Case Study 1 – Achieving elimination in Turkmenistan
Case Study 2 – Moving towards sustainable elimination in Cape Verde
Case Study 3 – Progress towards elimination in Sri Lanka
Case Study 4 – Preventing reintroduction in Mauritius

The first four case studies of this series – Cape Verde, Mauritius, Sri Lanka and Turkmenistan - chronicle their malaria histories, programme successes, challenges and future outlooks.

* * *

Roll Back Malaria Country Reports: Focus on Swaziland

by Harmonie Adams, Simon Kunene, Eric Mouzin et al.
Progress & Impact Series - Number 5, November 2012

80 pp. 7.8 MB:

Swaziland is working to become the first mainland sub-Saharan African nation to eliminate malaria. With commitment, leadership, political will, and a strong malaria programme, they are well on track to become malaria-free by 2015. It is hoped that Swaziland’s achievement of elimination will have a substantial impact in the region by providing a pioneering example of the feasibility of elimination in mainland sub-Saharan Africa.

* * *

A Phase 3 Trial of RTS,S/AS01 Malaria Vaccine in African Infants

The RTS,S Clinical Trials Partnership
N Engl J Med; November 9, 2012

11 pp. 660 kB:

The candidate malaria vaccine RTS,S/AS01 reduced episodes of both clinical and severe malaria in children 5 to 17 months of age by approximately 50% in an ongoing phase 3 trial. The authors studied infants 6 to 12 weeks of age recruited for the same trial. But the vaccine co-administered with EPI vaccines provided only modest protection against both clinical and severe malaria in young infants.

* * *

The affordable medicines facility-malaria--A success in peril

by Ambrose O Talisuna, Seraphine Adibaku, Chioma N Amojah et al.
Malaria Journal 2012, 11:370 (8 November 2012)
The Affordable Medicines Facility-malaria (AMFm) has put into place a bold financing plan for artemisinin-combination therapy in a pilot phase in seven countries covering half the population at risk of malaria in Africa. A report of the AMFm independent evaluation, conducted by ICF International and the London School of Hygiene and Tropical Medicine, describes the success of the programme in the pilot sites: Ghana, Kenya, Madagascar, Niger, Nigeria, Tanzania (mainland and Zanzibar) and Uganda. Despite this success, opposition to the programme and dwindling resources for malaria control conspire to cripple or kill AMFm.

The Future of AMFm: Making Sense from All the Noise

by Victoria Fan in AMFm, Global Fund, Malaria, Value for Money Center for Global Development, 8 November, 2012


The Global Fund Board’s decision over the Affordable Medicines Facility – malaria (AMFm) rapidly approaches, and tensions within the malaria community are acute. The debate on the AMFm has devolved into bickering and accusations from many sides. But the overstated rhetoric obscures genuine differences of opinion on how best to move forward with an evidence-based decision-making process, and what counts as “evidence” sufficient to approve, modify, or scrap the program.

Tuberculosis

Linezolid for Treatment of Chronic Extensively Drug-Resistant Tuberculosis

by Myungsun Lee, Jongseok Lee, Matthew W. Carroll et al.

Linezolid has antimycobacterial activity in vitro and is increasingly used for patients with highly drug-resistant tuberculosis. The authors enrolled 41 patients who had sputum-culture-positive extensively drug-resistant (XDR) tuberculosis and who had not had a response to any available chemotherapeutic option during the previous 6 months. They conclude that Linezolid is effective at achieving culture conversion among patients with treatment-refractory XDR pulmonary tuberculosis, but patients must be monitored carefully for adverse events.

Other Infectious Diseases

Research priorities for helminth infections

This report presents an evaluation of current research and challenges in controlling the helminthiases of public health importance, including onchocerciasis, lymphatic filariasis, soil-transmitted helminthiases, schistosomiasis, food-borne trematodes and taeniasis/cysticercosis. Recommendations for improving disease control and reducing poverty are presented to inform public health policy, guide implementation programmes, and focus the research community on the needs of disease control and the opportunities for bettering human welfare.

* * *

Missed: Polio Communications Quarterly Update - October 2012

United Nations Children's Fund (UNICEF), October 2012

With a focus on Pakistan and Nigeria's most vulnerable communities, this report provides insight about the role that community push-back is playing in the transmission of the polio virus and how the Global Polio Eradication Initiative (GPEI) can mitigate these social risks to reach every missed child.

* * *

New open access journal Infectious Diseases of Poverty launched

http://www.idpjournal.com/

A new open access journal, “Infectious Diseases of Poverty”, has been launched by BioMed Central, in partnership with the National Institute of Parasitic Diseases, China CDC (NIPD). The inaugural issue contains a number of themed articles on “Health system framework for controlling the infectious diseases of poverty”.

Non-communicable Diseases

Socioeconomic inequalities in risk factors for non-communicable diseases in low-income and middle-income countries

by Ahmad Reza Hosseinpoor, Nicole Bergen, Anton Kunst et al

27 pp. 770 kB:
http://www.biomedcentral.com/content/pdf/1471-2458-12-912.pdf

Monitoring inequalities in non-communicable disease risk factor prevalence can help to inform and target effective interventions. The prevalence of current daily smoking, low fruit and vegetable consumption, physical inactivity, and heavy episodic alcohol drinking were quantified and compared across wealth and education levels in low- and middle-income country groups. Disaggregated analysis of the prevalence of non-communicable disease risk factors demonstrated different patterns and varying degrees of socioeco-
nomic inequalities across low- and middle-income settings. Interventions should aim to reach and achieve sustained benefits for high-risk populations.

**Food & Nutrition**

***Moderate Acute Malnutrition: A Decision Tool for Emergencies***

UNICEF Global Nutrition Cluster, Moderate Acute Malnutrition (MAM) Taskforce, July 2012


The Moderate Acute Malnutrition (MAM) Taskforce has developed a decision making tool to support practitioners in emergencies to decide which type of intervention is most appropriate for the prevention and treatment of moderate acute malnutrition. It is a working document and the Global Nutrition Cluster will organize a review process in the coming year.

***The double burden of obesity and malnutrition in a protracted emergency setting: A cross-sectional study of Western Sahara refugees***

by Carlos S. Grijalva-Eternod, Jonathan C. K. Wells, Mario Cortina-Borja et al.


12 pp. 469 kB: [http://www.plosmedicine.org/article/fetchObjectAttachment.action;jsessionid=E9459CA0C4364B5F96DE5174D2D68069?uri=info%3Adoi%2F10.1371%2Fjournal.pmed.1001320&representation=PDF](http://www.plosmedicine.org/article/fetchObjectAttachment.action;jsessionid=E9459CA0C4364B5F96DE5174D2D68069?uri=info%3Adoi%2F10.1371%2Fjournal.pmed.1001320&representation=PDF)

The paper looks at the prevalence of the ‘double burden’ of malnutrition – undernutrition and obesity - among refugees living in a prolonged emergency situation, who rely mostly on humanitarian food assistance for survival. Based on the findings, a number of recommendations are made: to revise food assistance policies to take into consideration the longer term effects of meeting minimum nutritional needs in emergencies; and to promote long-term food security in protracted emergencies.

**Essential Medicines**

***Could a new business model be the next wonder drug?***

by Paula Park

Devex, 15 October 2012


In a departure from an approach that focused solely on drug giveaways, big pharma is in the process of designing a new business model that marries improved health outcomes for the poorest with their own business survival.

***
**Strengthening Medical Product Regulation in Low- and Middle-Income Countries**

by Charles Preston, Mary Lou Valdez, Katherine Bond


The authors use case studies to describe how regulatory systems for medical products and medicines must be strengthened in low- and middle-income countries to assure adequate quality, safety, and efficacy.

* * *

**Combating Antibiotic Resistance in Tropical Countries – Don’t Ignore Patent Medicine Vendors**

by Akuse Rosamund, Eseigbe Edwin, Ahmed Abubakar et al.
The Internet Journal of Preventive Medicine, Vol. 1 Nr. 2, 2012


The World Health Organization has identified Antimicrobial Resistance (AMR) as one of the greatest threats to human health. AMR threatens to undermine the effectiveness of various health programs and the achievement of the Millennium Development Goals and has even been described as a threat to global stability. The aim of this study was to investigate Patent Medicine Vendors treatment of sick children less than five years in Kaduna city, Nigeria, specifically, to document their use (if any) of antibiotics. Such information could assist policy makers develop effective strategies to combat antibiotic resistance and improve healthcare delivery in areas where PM Vendors contribute to healthcare delivery.

**Social Protection**

**Validating one of the world’s largest conditional cash transfer programmes**

A case study on how an impact evaluation of Brazil’s Bolsa Familia Programme helped silence its critics and improve policy

by Gala Díaz Langou and Paula Forteza
Centre for the Implementation of Public Policies Promoting Equity and Growth (CIPPEC), August 2012

29 pp. 1.6 MB: [http://www.3ieimpact.org/media/filer/2012/09/19/working_paper__16.pdf](http://www.3ieimpact.org/media/filer/2012/09/19/working_paper__16.pdf)

One of the world’s largest conditional cash transfer programme, Bolsa Familia reaches 48.7 million people in Brazil with subsidies that are tied to health- and education-related conditions. In this case study the authors look at how the dissemination of evaluation findings led to improvements in the programme design as well as a major shift in the government’s commitment to increase funding and expand coverage of Bolsa Familia.
From impact evaluations to paradigm shift: A case study of the Buenos Aires Ciudadanía Porteña conditional cash transfer programme

by Gabriela Agosto, Eduardo Nuñez, Horacio Citarroni et al.
The International Initiative for Impact Evaluation (3ie), August 2012

40 pp. 1.3 MB: http://www.3ieimpact.org/media/filer/2012/10/08/working_paper-17.pdf

This case study looks at how the evaluations of Ciudadanía Porteña: Con Todo Derecho, a cash transfer programme in Buenos Aires, were used to influence policy. The authors show that the three evaluations of this programme were important for strategically sharpening social policy and improving implementation.

* * *

Impact of Education on Informal Workers Willingness-to-Pay and Knowledge of Health Insurance

by Jahangir A. M. Khan
International Labour Office (ILO), Geneva, March 2012


This paper assesses the impact of educational intervention on knowledge, attitude, and willingness-to-pay (WTP) for health insurance using occupational solidarity. It also explores the views of relevant actors on occupational solidarity-based health insurance.

Water, Sanitation & Hygiene

Willingness to Pay for Cleaner Water in Less Developed Countries: Systematic Review of Experimental Evidence

by Clair Null, Jorge Garcia Hombrados, Michael Kremer et al.
The International Initiative for Impact Evaluation (3ie), May 2012

46 pp. 642 kB: http://www.3ieimpact.org/media/filer/2012/05/28/sr006.pdf

This systematic review has found that the willingness to pay for clean water is less than the cost of technologies available to improve water quality. Subsidising these technologies can improve uptake but the costs are prohibitive. Cheaper and innovative technologies and distribution models can, however, encourage people to change their behaviour and start using water treatment technologies which would improve their health.

* * *

Evaluating the Sustained Health Impact of Household Chlorination of Drinking Water in Rural Haiti

by Eric Harshfield, Daniele Lantagne, Anna Turbes
Am J Trop Med Hyg 2012 Vol. 87 No. 5 786-795
The Jolivert Safe Water for Families program has sold sodium hypochlorite solution (chlorine) and conducted household visits in rural Haiti since 2002. To assess the impact of the program on diarrheal disease, in 2010 the authors conducted a survey and water quality testing in 201 program participants and 425 control households selected at random. They conclude that diarrheal disease reduction in this long-term program was comparable with that seen in short-term randomized, controlled interventions, suggesting that household chlorination can be an effective long-term water treatment strategy.

**Models for increasing the health workforce**

by Sabiha Yusuf Essack
SAMJ, November 2012, Vol. 102, No. 11

A stable human resource base in the health sector is critical to achieving health-related Millennium Development Goals. There is a severe quantitative and qualitative shortfall of healthcare professionals in South Africa, and the existing and future health workforce production is inadequate for our healthcare needs. The production model must include all healthcare disciplines because the quadruple burden of disease necessitates multi-professional healthcare teams working synergistically to improve health outcomes and life expectancy.

* * *

**Health worker perspectives on user fee removal in Zambia**

by Barbara S Carasso, Mylene Lagarde, Caesar Cheelo et al.
Human Resources for Health 2012, 10:40 (30 October 2012)

User fees for primary care services were removed in rural districts in Zambia in 2006. Experience from other countries has suggested that health workers play a key role in determining the success of a fee removal policy, but also find the implementation of such a policy challenging. The findings of this study highlight the need to pay attention to supply-side measures when removing demand-side barriers such as user fees and in particular to be concerned about the burden that increased demand can place on already over-stretched health workers.

* * *

**Human resources needs for universal access to antiretroviral therapy in South Africa: a time and motion study**

by Jan AC Hontelez, Marie-Louise Newell, Ruth M Bland et al.
Human Resources for Health 2012, 10:39 (30 October 2012)
Universal access to HIV treatment for patients with a CD4 cell count of [less than or equal to]350 cells/mul in South Africa may be affordable, but the number of HIV health workers available for HIV will need to be substantially increased. Treatment as prevention strategies will require considerable additional financial and human resource commitments.

* * *

**Experiences, opportunities and challenges of implementing task shifting in underserved remote settings: the case of Kongwa district, central Tanzania**

by Michael A Munga, Stella P Kilima, Prince Pius Mutalemwa et al.
BMC International Health and Human Rights 2012, 12:27 (2 November 2012)

Task shifting implementation occurs as an ad hoc coping mechanism to the existing shortages of health workers in many undeserved areas of Tanzania, not just in the study site whose findings are reported in this paper. It is recommended that the most important thing to do now is not to determine whether task shifting is possible or effective but to define the limits of task shifting so as to reach a consensus on where it can have the strongest and most sustainable impact in the delivery of quality health services. Any action towards this end needs to be evidence-based.

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**A descriptive study on health workforce performance after decentralisation of health services in Uganda**

by George William Lutwama, Janetta Hendrika Roos and Bethabile Lovely Dolamo
Human Resources for Health 2012, 10:41 (7 November 2012)

The health system in Uganda was decentralised in the 1990s. Despite the health sector reforms, the services have remained significantly deficient and performance of health workers is thought to be one of the contributing factors. Although Uganda is faced with a number of challenges as regards human resources for health, the findings show that the health workers that are currently working in the health facilities are enthusiastic to perform. This may serve as a motivator for the health workers to improve their performance and that of the health sector.

Health Systems & Research

**Performance-based financing for health systems in Sub-Saharan Africa: What have we learnt so far? - Part 1**

by Adanna Chukwuma
Consultancy Africa Intelligence (Pty) Ltd, 02 November 2012
This paper, the first in a two-part series, provides an overview of the basic concepts behind performance-based financing (PBF). The evidence for the effectiveness of PBF in healthcare is evaluated. It is concluded that, despite the gaps in our current understanding of PBF, it could provide a means of improving health outcomes and healthcare quality while increasing the efficiency of resource use. These features make the PBF model a particularly attractive option for cash-strapped African Governments in countries with under-staffed and over-burdened health systems.

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Moving from ideas to action - developing health financing systems towards universal coverage in Africa

by Laurent Musango, Juliet Nabyonga Orem, Riku Elovainio et al.
BMC International Health and Human Rights 2012, 12:30 (8 November 2012)

Accelerating progress towards universal coverage in African countries calls for concrete actions that reinforce social health protection through establishment of sustainable health financing mechanisms. In order to explore possible pathways for moving past the existing obstacles, panel discussions were organized on health financing bringing together Ministers of health and Ministers of finance with the objective of creating a discussion space where the different perspectives on key issues and needed actions could meet. This article presents a synthesis of panel discussions focusing on the identified challenges and the possible solutions. Improving health in Africa is a driver for long-term economic growth and development and this is the reason why the ministries of health and finance will need to find common ground on how to create policy coherence and how to articulate their respective objectives.

* * *

A diagonal approach to building primary healthcare systems in resource-limited settings: women-centred integration of HIV/AIDS, tuberculosis, malaria, MCH and NCD initiatives

by Celine R. Gounder and Richard E. Chaisson
Tropical Medicine & International Health, Article first published online: 1 November 2012

Maternal and child health, reproductive health and family planning services are reliable points of contact between women and the healthcare system; these points of contact represent a missed opportunity to engage women in longitudinal care. Antenatal care, PMTCT and HIV care and treatment programmes were the first to provide population-wide longitudinal care for chronic diseases and should be used as the foundation for delivering primary and preventive health care for women in place of the acute care that passes for primary care in most resource-limited settings. Additional services should be
integrated based on epidemiologic burden including those to reduce morbidity and mortality due to TB, malaria, tobacco, obesity, hypertension, diabetes and cancer.

**A Comparative Analysis of Health Forecasting Methods**

by Roberto Astolfi, Luca Lorenzoni, Jillian Oderkirk
Organisation for Economic Co-operation and Development (OECD)

121 pp. 1.6 MB: http://www.oecd-ilibrary.org/docserver/download/fulltext/5k912j389bf0.pdf?expires=1352133927&id=id&accname=guest&checksum=52A2132D39BAB12DDCA8727DF535BD93

Concerns about health expenditure growth and its long-term sustainability have stimulated the development of health expenditure forecasting models in many OECD countries. This comparative analysis reviewed 25 models that were developed by, or used for, policy analysis by OECD member countries and other international organisations.

**The role of social participation in municipal-level health systems: the case of Palencia, Guatemala**

by Ana Lorena Ruano
Department of Public Health and Clinical Medicine, Epidemiology and Global Health, Umeå University, Sweden, 2012

138 pp. 7.0 MB: http://s3.amazonaws.com/academia.edu/documents/29810631/Ana_Lorena_Ruano.pdf?AWSAccessKeyId=AKIAIR6FSIMDFXPEERSA&Expires=1352372661&Signature=sx8si6r4QhArIZLY9kQdhyQBujQ%3D

Social participation has been recognized as an important public health policy since the declaration of Alma-Ata presented it as one of the pillars of primary health care in 1978. Since then, there have been many adaptations to the original policy recommendations, but participation in health is still seen as a means to make the health system more responsive to local health needs, and as a way to bring the health sector and the community closer together. The aim of this study was to explore the role that social participation has in a municipal-level health system in Guatemala in order to inform future policies and programs.

**Information & Communication Technology**

**Raspberry Pi: A Paradigm Shift for ICT4D?**

If you don’t already know it, Raspberry Pi is not a low-cost computer. It is an ultra-low-cost computer. Although credit card-sized, Pi is a fully-functioning computer. Hook up a keyboard, mouse and monitor and away you can go with Linux and, for example, OpenOffice. Read more at: http://ict4dblog.wordpress.com/
Finding, Organizing and Using Health Information: A Training Manual for Students, Researchers and Health Workers in Africa


133 pp. 3.5 MB: http://karibouconnections.net/wordpress/medlibafrica/downloads/training_manual.pdf

The purpose of the manual is to help librarians/information professionals, students, researchers, and health care providers in Africa to find, manage and use health information without reliance on Wikipedia and Google. It is also a useful tool for librarians who have to train their users on how to access and manage information. The manual consists of seven modules. Video clips showing brief presentation of the modules by the authors are available at the NLM U-Tube channel which are accessible via the following links:

Module 1: Information Sources
http://www.youtube.com/watch?v=toW3cM86p_I

Module 2: Searching Tools
http://www.youtube.com/watch?v=43zuPe6W8Ec

Module 3: Electronic Information Searching Techniques
http://www.youtube.com/watch?v=PdVKU4bkkpg

Module 4: Intellectual Property Rights
http://www.youtube.com/watch?v=aloKpDWBBps

Module 5: Management of Information
http://www.youtube.com/watch?v=6QjZPBDuGi8

Module 6: Evaluation of Information
http://www.youtube.com/watch?v=HjPnm8zFVko

Module 7: Scholarly Communication Skills
http://www.youtube.com/watch?v=yDft4TAIBBI

* * *
Using ICTs to promote education and job training for persons with disabilities

Connect a School, Connect a Community Toolkit, Module 4

by Janet Hernandez and John Alden
International Telecommunications Union (ITU), May 2011

44 pp. 928 kB:
http://www.itu.int/ITU-D/sis/Connect_a_school/Modules/ES/ES04.pdf

Connecting all primary, secondary and post-secondary schools to ICTs by 2015 was one of the targets set by world leaders at the World Summit on the Information Society (WSIS). Connect a School, Connect a Community is a public-private partnership launched by ITU to promote broadband Internet connectivity for schools in developing countries around the world. Why focus on schools? Because connected schools can serve as community ICT centres for disadvantaged and vulnerable groups, including women and girls.

Improving Transitions: From School to University to Workplace

Higher Education in Dynamic Asia
Asian Development Bank, June 2012

58 pp. 977 kB:

Quality education is essential for creating a sustainable human resource base upon which to build a country’s development. Asia is experiencing a growing need for skilled managers and professionals in a variety of fields. There is a need for fresh strategies for productive research partnerships, particularly to help second- and third-tier higher education institutions (HEIs) forge partnerships and attract funding for research that will benefit their local communities. Partnerships between HEIs across borders can provide opportunities for opening access to higher education programs applicable to the wider sub-regional and regional labor markets in Asia.

Harm Reduction & Drug Use

The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK

by Kirstin Pirie, Richard Peto, Gillian K Reeves et al.
The Lancet, Early Online Publication, 27 October 2012

9 pp. 414 kB:
http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673612617206.pdf

Among UK women, two-thirds of all deaths of smokers in their 50s, 60s, and 70s are caused by smoking; smokers lose at least 10 years of lifespan. Although the hazards of smoking until age 40 years and then stopping are substantial, the hazards of continuing are ten times greater. Stopping before age 40 years (and preferably well before age 40
years) avoids more than 90% of the excess mortality caused by continuing smoking; stopping before age 30 years avoids more than 97% of it.

* * *

**Tobacco control campaign in Uruguay: a population-based trend analysis**

by Winston Abascal, Elba Esteves, Beatriz Goja et al.

8 pp. 248 kB:  
http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673612608265.pdf

The authors present findings from their population-based trend analysis, which show a clear decrease in the prevalence of smoking in Uruguay between 2005 and 2011. They associate this decrease with the far-reaching tobacco control campaign launched in the country in 2005. The campaign included actions such as the banning of tobacco advertising, the banning of smoking in all enclosed public spaces, tax increases, and legislation requiring that pictograms with health warnings cover 80% of both the front and back of every cigarette pack. Decreases in tobacco use in other low-income and middle-income countries of the magnitude seen in Uruguay would have a substantial effect on the future global burden of tobacco-related diseases.

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**Millennium Development Goals**

**How can a Post-2015 Agreement Drive Real Change?**
The political economy of global commitments

by Duncan Green, Stephen Hale, Matthew Lockwood
Oxfam Discussion Papers, October 2012

21 pp. 248 kB:  

The post-2015 discussion on what should succeed the Millennium Development Goals (MDGs) is picking up steam, with barely a day going by without some new paper, consultation or high level meeting. The paper argues that there is an urgent need to bring power and politics into the centre of the post-2015 discussion. To have impact, any post-2015 arrangement has to take into account the lessons of over a decade of implementing the existing MDGs, and be shaped by the profound global change since the MDGs were debated over the course of the 1990s and early noughties.

* * *

**Discussion Paper: How the HIV community can shape the future HIV and development agenda post-2015**

International HIV/AIDS Alliance, Stop AIDS Alliance and STOP AIDS NOW!; 31 October 2012

8 pp. 663 kB:  
To protect HIV in the post-2015 development agenda, it is crucial that the HIV community now actively engages in relevant global and country-level consultations on this issue and makes sure that the voices of people living with HIV and key populations are at the centre of the post-2015 development processes. We do not want to lose what has been gained in the past 12 years of the fight against HIV/AIDS.

**Development Assistance**

**Governance of New Global Partnerships: Challenges, Weaknesses, and Lessons**

by Keith A. Bezanson and Paul Isenman  
Center for Global Development (CGD) Policy Paper, October 2012

31 pp. 640 kB:  
http://www.cgdev.org/files/1426627_file_Bezanson_Isenman_FINAL.pdf

New global partnerships such as the Global Fund, CGIAR, and CGAP have been very successful at mobilizing advocates and resources, but they also face critiques. In this policy paper, the authors focus on the challenges inherent in the governance of new partnerships. Using evidence from independent evaluations, they find four frequent shortcomings. They offer nine detailed recommendations to avoid or redress the weaknesses, including thinking twice before deciding whether a new organization is necessary, providing adequate resources to secretariats, and establishing clear objectives and evaluation criteria.

**Others**

**Atlas of Health and Climate**

by Sylvie Castonguay, Steve Connor, Rifat Hossain, Emily Firth et al.  
World Health Organization and World Meteorological Organization, 2012

68 pp. 17.5 MB(!):  
http://www.who.int/iris/bitstream/10665/76224/5/9789241564526_eng.pdf

The Atlas is a product of unique collaboration between the meteorological and public health communities. It provides sound scientific information on the connections between weather and climate and major health challenges. These range from diseases of poverty to emergencies arising from extreme weather events and disease outbreaks. They also include environmental degradation, the increasing prevalence of non-communicable diseases and the universal trend of demographic ageing.

* * *

**Children’s Action for Disaster Risk Reduction**

Views from Children in Asia

United Nations International Strategy for Disaster Reduction (UNISDR) and Plan International, September 2012

50 pp. 3.1 MB:
This report indicates that Asian children and youth have been involved in hazard mapping, raising awareness through radio and games, as well as influencing other children, their teachers, parents and communities on how to reduce the effects of disasters. The report underscores that children should not be seen only as victims in disasters, though they are vulnerable and face particular risks to their health, protection, access to education and nutrition. The aim of the publication is to provide children and youth in Asia a platform to report on progress made towards these commitments from their own point of view.

**Life Gets Under Your Skin**

Edited by Mel Bartley
University College London (UCL) Research Department of Epidemiology and Public Health, 2012

24 pp. 1.1 MB: [http://www.ucl.ac.uk/ics/publications/booklets/lguys.pdf](http://www.ucl.ac.uk/ics/publications/booklets/lguys.pdf)

In this booklet the authors have tried to give a flavour of what lifecourse research is discovering about health and well-being. For some time now, doctors, psychologists and economists have realised that health is not all about biology, and happiness is not all about money. There is an interplay between what is around us in our everyday lives and what we bring with us from earlier in life. By looking across the whole of the lifecourse at how biological, economic and psychological factors influence each other, we are just beginning to understand why individuals are the way they are.

**ELECTRONIC RESOURCES**

**Video: Healthy People, Healthy Business**

09:38 Min.: [https://www.youtube.com/watch?v=rtFkPcafKs&feature=plcp](https://www.youtube.com/watch?v=rtFkPcafKs&feature=plcp)

A documentary from Bangladesh on the successful collaboration in Occupational Health & Safety between the Ministry of Health & Family Welfare Bangladesh, Western Marine Shipyard and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). With foreign governments being increasingly concerned about social and environmental responsibility of companies they cooperate with this collaboration has not only resulted in better health of shipyard workers, but also of community members and has it has significantly increased the competitive edge of the shipyard on the international market.

**Enhanced version of Health Systems Evidence**


The world’s most comprehensive, free access point for evidence to support policymakers, stakeholders and researchers interested in how to strengthen or reform health sys-
tems or in how to get cost-effective programs, services and drugs to those who need them. With the enhancements launched on November 1, Health Systems Evidence will now contain complete inventories of economic evaluations of health system reforms published since 2007, descriptions of health systems around the world, and descriptions of health system reforms.

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**Bulletin of the World Health Organization - Vol. 90, Nr. 11, November 2012**


Highlights from the November 2012 issue:

- Polio eradication efforts not reaching most vulnerable
- New era for organ donation and transplantation in China
- Distractions en route to universal coverage
- A global research and development agreement
- Health systems research strategy unveiled
- Efforts to revise guidance on pandemic influenza preparedness
- Arsenic exposure in Bangladesh revisited

You can now read the Bulletin on a variety of different formats. The journal is now available on electronic publishing devices, Kindle readers and as a Digital Accessible Information System (DAISY) digital talking book.

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**PDQ-Evidence for Informed Health Policymaking**


PDQ (“pretty darn quick”)—Evidence facilitates rapid access to the best available evidence for decisions about health systems. It includes systematic reviews, overviews of reviews (including evidence-based policy briefs), primary studies included in systematic reviews and structured summaries of that evidence. The objective of PDQ-Evidence is to make relevant high quality research easy to find for anyone with a health system question. It is a non-commercial database, developed by health system researchers, designers and programmers from three continents.

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**South African Medical Journal - Vol. 102, No. 11 (2012)**


The November issue of the South African Medical Journal has been published online (open access) at the above URL. You are invited to review the Table of Contents and to read/download items of interest.

Highlights in this issue:

- Will our public healthcare sector fail the NHI?
- Addressing SA’s shortage of healthcare personnel
- Management of bites from man’s best friend
- NVP-based ART risky for immunocompetent pregnant women
- Up-to-date management of biliary atresia (Supplement)

* * *

HESP-News & Notes - 24/2012 - page 25
The latest issue of the Journal has been published online (open access) at http://www.sajhivmed.org.za

The SAJHIVMED is a quarterly medical journal focused on HIV/AIDS treatment, prevention and related topics relevant to clinical and public health practice. The purpose of the journal is to disseminate original research results and to support high level learning related to HIV Medicine.

In this issue:
- HIV resistance testing guidelines
- ART for all HIV-infected pregnant women?
- Discordant immune responses on ART
- Psychotropic prescribing in HIV

People’s Health Movement (PHM) Global News Volume 2, Issue 2 - October 2012


In this Issue:
- PHM Renews Global Governance
- PRIME evaluates the right to mental health
- WHO Watch reports back from WHA and PAHO

MEDICC Review - October 2012, Vol. 14, No. 4
International Journal of Cuban Health & Medicine

http://www.medicc.org/mediccreview/

Current issue (free access):
- Health System Management, Efficiency & Quality
- A Hospital Strategy to Reduce Cardiac Deaths
- More Community Engagement Urged in Cuba’s Health Reform
- Improving NCD Risk Factor Surveillance Sampling
- Better Indicators for Cuban TB Control
- Informatics for HIV/AIDS Management
- Interview Techniques for Sensitive Health Issues in Vietnam

HIV treatment update - Issue 213: Autumn 2012

nam - aidsmap, October 2012

HIV treatment update was created to help people become familiar with their treatment options and to encourage informed communication between people with HIV and doctors. In this issue:

- Efavirenz and the brain: are we nearer to solving a mysterious side-effect?
- The generic generation
- A healthy – and happy – old age with HIV
- "How are we going to have a baby? I’m positive and you’re not"
- The bottom line in clinical care: The new BHIVA standards
- News in brief

**TRAINING OPPORTUNITIES**

*Coursera: Take the World’s Best Courses, Online, For Free*

https://www.coursera.org/

Coursera is a social entrepreneurship company that partners with the top universities in the world to offer courses online for anyone to take, for free. They envision a future where the top universities are educating not only thousands of students, but millions. Their technology enables the best professors to teach tens or hundreds of thousands of students. Through this, they hope to give everyone access to the world-class education that has so far been available only to a select few. They want to empower people with education that will improve their lives, the lives of their families, and the communities they live in.

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*Building knowledge about HIV and AIDS: An interactive course for educators*


This is a self-access eLearning course primarily designed for people who are involved in educating young people in both formal and informal educational settings. This course aims to build a broad knowledge base on HIV and AIDS. Learners will gain an in-depth understanding of the scientific, social, behavioural and health-related aspects of HIV and AIDS. By the end of the course, learners should fully understand the links between the factors that continue to drive HIV and AIDS and those influencing the experiences of people living with HIV and AIDS.

This e-course has been adapted in several languages as: English, Khmer, Russian and Chinese.

**CONFERENCES**

*Conference Report: World Health Summit*

Research for Health and Sustainable Development - Berlin, October 2012

Editors: Detlev Ganten, Ilona Kickbusch, Mathias Bonk et al.
Charité – Universitätsmedizin Berlin
Complementing the deliberations of the World Health Summit, the publication seeks to bring new insights to the on-going policy debates occurring within all aspects of world health. Key issues reflected in the Summit’s agenda and explored in the book include the importance of sustainable development and international cooperation in shaping the future of healthcare systems, and how well-funded research and development will assist in tackling both current and predicted challenges.

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5th Global Health Supply Chain Summit

14-16 November, 2012 - Lemigo Hotel, Kigali, Ruanda

The 5th Global Health Supply Chain Summit (GHSCS) a collaboration between the International Association of Public Health Logisticians (IAPHL), University of Southern California, and London School Of Business will connect academics and implementers on a platform of knowledge exchange and global networking to foster South-to-South learning. The Summit will offer numerous opportunities to learn individually, as well as to come together as a global community. To maximize the opportunity for implementers in the field to attend, the Summit will be held for the first time in Africa.

For more information see: http://www.ghsc-2012.com/ghsc_2012/homepart.php

CARTOON

WHY "VIRTUAL DOCTOR" NEVER CAUGHT ON

TIPS & TRICKS

Is Your Monitor Touchscreen Ready?

Do you need a new monitor on your desktop PC to use the touchscreen capabilities of Windows 8, or does the software enable any monitor to be a touchscreen?
Windows 8 is the first version of Windows to fully support touchscreens with built-in gestures and a touch-friendly interface. The benefits of using a touch screen include a more natural way to interact with the computer, the precision of hand movements to move items and low learning curve associated with touch input.

So will upgrading to Windows 8 enable touch on a traditional monitor? Unfortunately the answer is no. Touchscreen technology requires both a monitor that supports touch input and software to make full use of that input. Windows 8 provides the software that will take advantage of a touchscreen, but you still need to purchase a PC with a touchscreen or buy a new monitor which is "touch enabled".

On the plus side, there are a wide assortment of touchscreen enabled monitors available today from popular monitor companies such as Planar, 3M, Wacom, Viewsonic (and more), which can be added to your existing computer. You can even use your non-touchscreen monitor as a second monitor if your computer has 2 video outputs.

What is...?

Near field communication (NFC)

It is this technology that is making several smartphone addicts switch to the latest Android phone with the Jelly Bean Operating System. Just touching your phone with another similar phone allows you to transfer data, photos and videos. That is NFC. It works on any device that has the NFC receiver chip, like the Samsung Galaxy S3. You can also make payments using this same technology through gateways like Google Wallet.

Long Term Evolution (LTE)

This is the best Internet speed you can hope for in today’s times. It is a jargon term for mobile internet connections. It began with the lowly GPRS (General Packet Radio Service), and then went on to EDGE (Enhanced Data for Global Evolution), 3G (3rd Generation), HSPA (High Speed Packet Access) and now LTE, which is marketed as 4G LTE with download rates up to 299.6 Mbit/s and upload rates up to 75.4 Mbit/s depending on the user equipment category.

Best regards,

Dieter Neuvians MD