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BOOKS

How Do We Know if a Program Made a Difference? A Guide to Statistical Methods for Program Impact Evaluation

by Peter M. Lance, David K. Guilkey, Aiko Hattori et al. 
MEASURE Evaluation, Chapel Hill, North Carolina, 2014

346 pp. 9.8 MB: http://t.e2ma.net/click/g44mp/kfcngl/g05c7d

This manual provides an overview of core statistical and econometric methods for program impact evaluation (and, more generally, causal modeling). More detailed and advanced than typical brief reviews of the subject, it also strives to be more approachable to a wider range of readers than the advanced theoretical literature on program impact evaluation estimators.

* * *

The Little Data Book on Information and Communication Technology 2014

by Haishan Fu, Jose Luis Irigoyen, Susan Teltscher et al. 
International Bank for Reconstruction and Development / The World Bank, 2014

246 pp. 5.4 MB: https://openknowledge.worldbank.org/bitstream/handle/10986/18427/883600PUB0Litt00Box385194B00PUBLIC0.pdf

Since the late 1990s access to information and communication technologies (ICTs) has seen tremendous growth driven primarily by the wireless technologies and liberalization of telecommunications markets. This book includes indicators covering the economic and social context, the structure of the information and communication technology sector, sector efficiency and capacity, and sector performance related to access, usage, quality, affordability, trade, and applications. The glossary contains definitions of the terms used in the tables.

* * *

The Global Competitiveness Report 2013-2014
Full Data Edition

by Klaus Schwab and Xavier Sala-i-Martín
World Economic Forum, 2013
The Report contributes to an understanding of the key factors that determine economic growth, helps to explain why some countries are more successful than others in raising income levels and providing opportunities for their respective populations, and offers policymakers and business leaders an important tool for formulating improved economic policies and institutional reforms. Going forward, the World Economic Forum will continue these efforts by collecting and curating public-private practices that have proven useful in increasing competitiveness in countries around the world.

ONLINE PUBLICATIONS

Global Health

**Universal Health Coverage: An Annotated Bibliography**

by Ilona Kickbusch, Jeff Sturchio, Tanya Mounier et al.
The Graduate Institute and Global Health Programme, May 2014

72 pp. 932 kB:

The authors hope that their readers find this first working paper useful to inform their own discussions on Universal Health Coverage (UHC). While they don't have all the answers yet, they are certain that the lively interest in the concept of UHC and the health economy is likely to continue for some time to come. The bibliography is organized into eight sections: concepts and considerations; governance; equity and social protection; health systems financing; health systems delivery; health workforce; metrics; and country case studies.

***

**People’s Health Movement Commentary on the Agenda of the 67th World Health Assembly**

Geneva 19 May, 2014

143 pp. 729 kB:

People’s Health Movement (PHM) is committed to a stronger WHO, adequately resourced, with appropriate powers and playing the leading role in global health governance. PHM follows closely the work of WHO, both through the Secretariat and the Governing Bodies. Across their networks they have many technical experts and grassroots organisations who are closely interested in the issues to be canvassed in the 67th World Health Assembly (WHA67) debates. PHM is part of a wider network of organisations committed to democratising global health governance and working through the WHO Watch project.

***
The Local Fund Agents: A Review of changing roles, functions, and performance from 2002 to date

by Frank Wafula and Cleopatra Mugyenyi
Aidspan, June 2014

21 pp. 687 kB:
http://aidspan.org/sites/default/files/publications/LFA%20Review%20Paper_June%202014_FINAL.pdf

The Global Fund differs from traditional donors by not having a permanent presence in recipient countries. Instead, local fund agents (LFAs) are contracted to assist the Fund in monitoring programs on the ground. The LFA model is a novel approach to governance. LFAs are, to an extent, an experiment in outsourcing of oversight activities. It is, therefore, important that their operations and performance are monitored regularly, and weaknesses identified and corrected. This report presents a review of the functions, operations and performance of LFAs, and a brief overview of recent changes as reported by the Global Fund.

* * *

Public Health 2030: A Scenario Exploration

by Clement Bezold, Yasemin Arikan, Trevor Thompson et al.
Institute for Alternative Futures, May 2014

60 pp. 1.2 MB:

The four alternative public health scenarios presented in this report invite readers to recognize that the future is uncertain, but can be bounded using the knowledge we have today. Further, public health leaders have an opportunity to influence which future unfolds and how. This report seeks to equip these leaders with a broader awareness of the relevant trends and forces so that they can more adroitly shape the future of public health.

* * *

Transforming Markets - Saving Lives

UNITAID Annual Report 2013

World Health Organization, (Acting as the host Organization for the Secretariat of UNITAID), 2014

55 pp. 4.2 MB:

Highly-effective treatments and diagnostics for HIV, malaria, tuberculosis (TB) are emerging, some for the first time in decades, but the report shows that considerable ‘market barriers’ need to be removed so these products can reach millions of people in low- and middle-income countries. This report highlights barriers - including high prices, patents, and the lack of adapted formulations – but also demonstrates how UNITAID is addressing these challenges through investments to shape markets. From accelerating market entry of new and affordable diagnostic tools to stimulating the development of paediatric formulations, the report shows that UNITAID is playing a key – and essential – role.
In 2013, global health institutions and international nongovernmental organizations made mixed progress in advancing public health around the world. Domestic efforts were similarly uneven as certain governments launched exemplary public health initiatives within their own borders, while others failed to address national health challenges. Most positive, state and non-state actors leveraged extensive resources to confront HIV/AIDS, tuberculosis, and malaria, as well as to expand vaccinations for other infectious diseases. However, political disagreements and structural flaws within the global health architecture complicated efforts by countries and institutions to respond to twenty-first century challenges.

**Leveraging HIV Treatment to End AIDS, Stop New HIV Infections, and Avoid the Cost of Inaction**

by Michel Sidibé, José M. Zuniga, and Julio Montaner

Clin Infect Dis. (2014) 59 (suppl 1): S3-S6

We have the tools at our disposal to significantly bend AIDS-related morbidity and mortality curves and reduce human immunodeficiency virus (HIV) incidence. It is thus essential to redouble our efforts to reach the goal of placing 15 million people on lifesaving and -enhancing antiretroviral therapy (ART) by 2015. In reaching this milestone, we can write a new chapter in the history of global health, demonstrating that a robust, multidimensional response can succeed against a complex pandemic that presents as many social and political challenges as it does medical ones.

* * *

**The Tangled Lives of Philip Wetu: A Namibian story about life choices and HIV**

by Karen Birdsall

Published by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, May 2014

This publication tells the story of “Three and a Half Lives of Philip Wetu”, a multi-platform behaviour change communication product developed in Namibia by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the
Federal Ministry for Economic Cooperation and Development (BMZ). Two independent peer reviewers have confirmed that the “Philip Wetu” approach is state of the art, has produced valuable results and provides important lessons for the response to HIV.

* * *

**Assembling an effective paediatric HIV treatment and prevention toolkit**

by Lucie Cluver, Lorraine Sherr, Ashraf Grimwood et al.
The Lancet Global Health, Early Online Publication, 4 June 2014

2 pp. 43 kB:  

Evidence suggests that insufficient programming for psychosocial care and economic support of AIDS-affected children is detrimental to successful treatment and prevention. Only when effective treatment and prevention are combined with psychosocial care and economic support will we close the gap and progress towards an AIDS-free generation.

* * *

**Early severe HIV disease precedes early antiretroviral therapy in infants: Are we too late?**

by Steve Innes, Erica Lazarus, Kennedy Otwombe et al.
The Journal of the International AIDS Society 2014, 17:18914

6 pp. 172 kB:  

This study aimed to describe the degree of HIV disease progression in infants initiating ART by three months of age in a programmatic setting in South Africa. The authors conclude that ART initiation by three months of age may not adequately prevent disease progression. New emphasis on early diagnosis and rapid initiation of ART in the first weeks of life are essential to further reduce infant mortality.

* * *

**Diagnostic accuracy of the WHO clinical staging system for defining eligibility for ART in sub-Saharan Africa: a systematic review and meta-analysis**

by Chigomezgo Munthali, Miriam Taegtmeyer, Paul G Garner et al.

12 pp. 631 kB:  

The World Health Organization (WHO) recommends that HIV-positive adults with CD4 count ≤500 cells/mm3 initiate antiretroviral therapy (ART). In many countries of sub-Saharan Africa, CD4 count is not widely available or consistently used and instead the WHO clinical staging system is used to determine ART eligibility. When used for individual treatment decisions, WHO clinical staging misses a high proportion of individuals who are ART eligible by CD4 count, with sensitivity falling as CD4 count criteria rises. Access to accurate, accessible, robust and affordable CD4 count testing methods will be a pressing need for as long as ART initiation decisions are based on criteria other than
sero-positivity.

* * *

**Guidelines for the Management of Tuberculosis, Human Immunodeficiency Virus and Sexually-Transmitted Infections in Correctional facilities**

Department of Health, Republic of South Africa, April 2013

58 pp. 742 kB:

The guidelines acknowledge that overcrowding, unhygienic conditions and high inmate turnover contribute to the spread of infectious diseases within correctional facilities. The document states that voluntary HIV counselling and testing must be offered to all inmates when they enter facilities, during their incarceration at an inmate’s request and upon their release. All inmates must be screened for TB symptoms upon entry to facilities and at least bi-annually thereafter as well as upon release. Universal screening for anal, oral and genital STIs must be done at entry and upon self-presentation.

**Sexual & Reproductive Health**

**Studies in Family Planning Special Issue: Unmet Need for Family Planning**

Volume 45, Issue 2, June 2014; pp. 105-299


“Studies in Family Planning”, a journal published by the Population Council, released “Unmet Need for Family Planning” - a special issue featuring ten articles, including a comprehensive introduction to the topic of unmet need. Researchers explore trends related to unmet need for contraception, and many articles point to practical strategies for increasing contraceptive knowledge and uptake, and for overcoming barriers that prevent women from practicing contraception. All of the articles in "Unmet Need for Family Planning" are available online, free of charge.

* * *

**Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model**

by Betty L. Farrell, Sara Malakoff, Jill Gay et al.
EngenderHealth, 2014

138 pp. 2.1 MB:

This integration program guide focuses on the integration of FP within the provision of antiretroviral therapy (ART) services, capturing how the field of ART management has evolved as well as renewing a focus on reproductive rights. Several studies have furthered the case that integration of FP into specific HIV services is feasible, acceptable, and effective. The objective is to offer a service to a client who may be in need of addi-
tional service(s) - in this case, FP - to facilitate the uptake of contraception by HIV-positive individuals, helping to maintain their health, plan safer pregnancies, and reduce the rate of mother-to-child transmission of HIV.

* * *

**Sex, Abuse and Childhood**

A study about knowledge, attitudes and practices relating to child sexual abuse, including in travel and tourism, in Cambodia, Lao PDR, Thailand and Vietnam

by Sophorn tavy Vorng, Aarti Kapoor, Afrooz Kaviani Johnson et al.
World Vision Australia, 2014


The publication presents an overview of the findings of four separate studies conducted in vulnerable communities in Cambodia, Lao PDR, Thailand, and Vietnam on knowledge, attitudes and practices related to child sexual abuse, including in travel and tourism. The research provides a general understanding of the awareness, understanding and behaviours in communities around the issue of child sexual abuse. This research is a contribution to the evidence base to better understand the vulnerabilities of children to sexual abuse and inform the strengthening of responses that aim to keep children safe from harm.

* * *

**Reasons for Contraceptive Nonuse Among Women Having Unmet Need for Contraception in Developing Countries**

by Gilda Sedgh and Rubina Hussain
Studies in Family Planning 2014; 45[2]: 151–169


Increasing women’s access to modern contraceptive methods alone will not satisfy their unmet need for contraception, according to this new study. The most common reasons married women give for not using a contraceptive method - despite wanting to avoid a pregnancy - have less to do with whether they can obtain contraceptives and much more to do with concerns about possible health risks and side effects or their belief that they don’t have sex frequently enough to warrant using a method.

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**Maternal & Child Health**

**The non-specific effects of vaccines and other childhood interventions: the contribution of INDEPTH Health and Demographic Surveillance Systems**

by Osman Sankoh, Paul Welaga, Cornelius Debpuur et al.
Int. J. Epidemiol. (2014) - First published online: May 30, 2014
Most childhood interventions (vaccines, micronutrients) in low-income countries are justified by their assumed effect on child survival. However, usually the interventions have only been studied with respect to their disease/deficiency-specific effects and not for their overall effects on morbidity and mortality. In many situations, the population-based effects have been very different from the anticipated effects. The reasons for the contrasts between expectations and observations are likely to be that the immune system learns more than specific prevention from an intervention; such training may enhance or reduce susceptibility to unrelated infections.

* * *

**Situation Analysis of Children in Yemen 2014**

by Julien Harneis, Jeremy Hopkins, Juan Santander et al.


Though there has been some progress in legislation and policy development in Yemen, this has not yet translated into the fulfilment of the rights of children, especially girls. The research, the first in 15 years, highlights that girls are disadvantaged in many ways. Many girls are forced into early marriages. Fewer girls than boys are enrolled in school. More girls than boys drop out of school. Very few women go on to become teachers, health staff, court officials or police officers. One in three maternal deaths are of adolescent females. The lack of female medical staff in most health facilities, reduces the access the services women, especially for adolescent girls.

* * *

**The Impact of the Global Fund’s New Funding Model on the 34 Malaria-Eliminating Countries**

A briefing prepared by the Global Health Group at the University of California, San Francisco (UCSF), May 2014

The Global Fund’s New Funding Model’s (NFM) basic framework divvies up the available funding based on a country’s composite score of the three disease burdens and ability to pay, based on GNI per capita. In an effort to understand the impact of the NFM on the 34 malaria-eliminating countries, the UCSF Global Health Group’s Malaria Elimination Initiative analyzed the change in available funding, if any, for each of the countries. The findings are summarized here.

* * *
Assessment of the consistency of national-level policies and guidelines for malaria in pregnancy in five African countries

by Patricia P Gomez, Julie Gutman, Elaine Roman
Malaria Journal 2014, 13:212 (3 June 2014)

13 pp. 206 kB:
http://www.malariajournal.com/content/pdf/1475-2875-13-212.pdf

At least 39 sub-Saharan African countries have policies on preventing malaria in pregnancy (MIP), including use of long-lasting insecticidal nets (LLINs), intermittent preventive treatment with sulphadoxine-pyrimethamine (IPTp-SP) and case management. However, coverage of LLINs and IPTp-SP remains below international targets in most countries. The authors conclude that MIP policies, guidelines and training materials are outdated and/or inconsistent in the countries assessed. Updating and ensuring consistency among national MIP documents is needed, along with re-orientation and supervision of health workers to accelerate implementation of the 2012 WHO Global Malaria Programme policy recommendations for IPTp-SP.

* * *

Rapid diagnostic tests versus clinical diagnosis for managing people with fever in malaria endemic settings

by John Odaga, David Sinclair, Joseph A Lokong et al.
The Cochrane Library, Published Online: 17 April 2014

52 pp. 846 kB:

Rapid diagnostic tests (RDTs) are the most feasible way of achieving universal access to a diagnostic test, especially in rural areas of Africa where health workers have often had to rely on clinical symptoms alone. For policy makers considering RDTs, this review aims to evaluate whether introducing RDTs into clinical algorithms improves patient health outcomes, and reduces the unnecessary overuse of anti-malarials. For health workers, this review also aims to evaluate the safety of withholding anti-malarials from people with a negative RDT.

* * *

Success or failure of critical steps in community case management of malaria with rapid diagnostic tests: a systematic review

by Esmée Ruizendaal, Susan Dierickx, Koen Peeters Grietens et al.

43 pp. 972 kB:
http://www.malariajournal.com/content/pdf/1475-2875-13-229.pdf

Community case management of malaria (CCMm) by community health workers (CHWs) is one of the strategies to combat the disease by increasing access to malaria treatment. Currently, the World Health Organization recommends to treat only confirmed malaria cases, rather than to give presumptive treatment. The authors conclude that CCMm is generally well executed by CHWs, but there are several barriers for its success. Integrated CCM may overcome some of these barriers.

* * *

HESP-News & Notes - 13/2014 - page 12
Rapid diagnostic tests to improve treatment of malaria and other febrile illnesses: patient randomised effectiveness trial in primary care clinics in Afghanistan

by Toby Leslie, Amy Mikhail, Ismail Mayan et al.
BMJ 2014;348:g3730 - Published 19 June 2014

13 pp. 2.6 MB: http://www.bmj.com/content/348/bmj.g3730.pdf?%Bhtml

Malaria rapid diagnostic tests were compared with clinical diagnosis where no parasite diagnostic test was available, longer established field microscopy, and recently introduced microscopy. The authors conclude that in South and central Asian regions of low to moderate malaria transmission where clinics lack capacity for diagnosis with rapid diagnostic tests or microscopy, the introduction of the tests should be considered to improve clinical care, reduce the overuse of antimalarials, and improve disease surveillance.

* * *

Malaria prevention in the pregnant traveller: A review

by Louise Roggelin and Jakob P. Cramer
Travel Medicine and Infectious Disease (2014) 12, 229-236

8 pp. 302 kB: http://www.malarianexus.com/_common/updateable/files/articles/635381937277804791.pdf

For pregnant women, mefloquine appears to be the drug of choice for prophylaxis and stand-by therapy if no contraindications exist - despite recent renewed warnings related to prolonged side effects. In areas with high resistance against mefloquine or in women with contraindications to mefloquine, atovaquone-proguanil or artemether-lumefantrine should be considered as an option for stand-by emergency therapy. Nevertheless, evidence on the safety of anti-malarials especially during the first trimester is still insufficient.

Tuberculosis

An Activist’s Guide to Tuberculosis Drugs

by Lindsay McKenna, Audrey Zhang, and Erica Lessem
Treatment Action Group (TAG), May 29, 2014

34 pp. 759 kB: http://www.treatmentactiongroup.org/sites/g/files/g450272/f/201406/An%20Activist%27s%20Guide%20to%20Tuberculosis%20Drugs%20V9.pdf

Tuberculosis (TB) has been curable for decades, but a rise in the number of people living with multi-drug-resistant TB (MDRTB) and TB/HIV co-infection challenges global targets of zero TB deaths, new infections, suffering, and stigma. Although TB and the people it affects have changed over the years, for the most part the drugs used against it have not. TB treatment must be shorter, simpler, less toxic, and more tolerable and affordable. Activists can contribute to the development and uptake of improved TB treat-
ment by calling attention to research, quality of medications, and access priorities. This guide provides a brief summary of safety and efficacy data for those drugs currently in use for TB (many of which have been approved for other diseases but are used off-label for TB), and suggests advocacy points for activists.

* * *

**Guidelines for the Management of Tuberculosis in Children 2013**

Department of Health South Africa, April 2013

58 pp. 1.5 MB:  

Childhood TB has been neglected for years despite the fact that children are at high risk of acquiring TB infection and die of TB disease because of difficulties in diagnosing TB in this age group. These guidelines therefore are meant to raise awareness about this silent childhood epidemic. All services that provide maternal and child health care at primary and secondary level must screen children at high risk of TB and mothers for TB, initiate TB treatment early in those diagnosed with TB, offer TB preventive therapy to those who are eligible and antiretroviral treatment to TB/HIV co-infected children and mothers. The guidelines included better guidance on dosing children with TB in the absence of widely available paediatric formulations including changes to the recommended doses.

* * *

**Treatment outcomes from community-based drug resistant tuberculosis treatment programs: a systematic review and meta-analysis**

by Pamela Weiss, Wenjia Chen, Victoria J Cook et al.  
BMC Infectious Diseases 2014, 14:333 (17 June 2014)

19 pp. 797 kB:  
http://www.biomedcentral.com/content/pdf/1471-2334-14-333.pdf

There is increasing evidence that community-based treatment of drug resistant tuberculosis (DRTB) is a feasible and cost-effective alternative to centralized, hospital-based care. Outcomes of multi-drug resistant (MDRTB) and extensively drug resistant tuberculosis (XDRTB) treatment program outcomes appear similar to overall treatment outcomes published in three systematic reviews on MDRTB therapy. Work is needed to delineate program characteristics associated with improved treatment outcomes.

* * *

**National Tuberculosis Management Guidelines 2014**

Department of Health, Republic of South Africa, May 2014

120 pp. 1.9 MB:  

The new guidelines formally introduce targeted screening to increase detection of TB cases, guidance for the use of Gene Xpert and revised treatment regimens for retreatment patients. The document also includes guidance on the management of ad-
verse drug events and antiretroviral initiation for patients co-infected with HIV. Separate
guidelines have been issued for the diagnosis and management of children as well as
the provision of preventative TB treatment.

* * *

**Strategic U.S. Leadership - Essential to Address the Global Tuberculosis Pandemic**

by J. Stephen Morrison and Phillip Nieburg
Center for Strategic and International Studies (CSIS), June 2014

36 pp. 3.0 MB:

The U.S. has to better lead, coordinate and prioritize its efforts to fight tuberculosis (TB)
if it doesn't want to see its domestic and international goals compromised, as worldwide
resources cannot keep pace with the pandemic's spread, according to this report from
the Center for Strategic and International Studies. The report examined U.S. approach-
es to global TB that sought to identify needs in fighting multi-drug-resistant TB (MDR-
TB), HIV and TB’s co-infection impact, and limited resources.

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**A New Partnership to Change MDR-TB Treatment around the World**

Partnering with Médecins Sans Frontières and Interactive Research & Development,
Partners In Health (PIH) will use a four-year, US$ 60 million grant to bring two new
drugs to 17 countries in which MDR-TB poses a significant burden. Called ‘END-TB’,
this project is designed to dramatically expand access to these new drugs globally. By
buying bedaquiline and delamanid for 3,200 patients across 17 countries, PIH will cr-

**Other Infectious Diseases**

**Conference Handbook on Drug Discovery & Development for NTDs: ISNTD d³**

by Marianne Comparet & Kamran Rafiq
The International Society for Neglected Tropical Diseases (ISNTD), Lon-
don, 15 May 2014

56 pp. 17.2 MB(!):
http://www.isntd.org/cgi-bin/download.cgi

The ISNTD is an independent and not-for-profit organisation providing a multidisciplinary
global platform to alleviate the burden of NTDs on the world's poorest and most vulner-
able, with the ultimate goal of reaching sustainable healthcare provision & poverty re-
duction in the developing world. The Society believes that this goal cannot be achieved
without strengthening the ties between all the parties already involved in NTD alleviation

HESP-News & Notes - 13/2014 - page 15
and addressing the socio-ecological and socio-political context of NTDs, in order to achieve not only the cure but also the prevention of NTDs with true and sustainable local leadership.

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**Social Sciences Research on Infectious Diseases of Poverty: Too Little and Too Late?**

by José Azoh Barry

4 pp. 190 kB:
http://www.plosntds.org/article/fetchObject.action;jsessionid=7265F070BEB44DBD11769A6A8D64CCF5?uri=info%3Adoi%2F10.1371%2Fjournal.pntd.0002803&representation=PDF

Research on infections of poverty is too important to be neglected by researchers, in particular, social scientists. Their commitment to the deep-rooted causes of diseases - often surrounded by a web of circumstances and interplay of various factors - and the rationale for research on infectious diseases of poverty, bind their endeavours to the interests of the poor in a timely manner. Even though it could seem easier said than done, social scientists are encouraged to team up with other scientists and catch the attention of diverse bodies of funding institutions.

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**Non-communicable Diseases**

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**Tackling Non-Communicable Diseases in African Businesses**

by Norbert Roesch
Pan-African Business Coalition on HIV and Health (PABC) and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), December 2012

32 pp. 1.5 MB:

Non-Communicable Diseases (NCDs) are the new global threat to health and its impact will slowly, but steadily rise during the next years and decades to come. The negative effects will also be increasingly felt in the African private sector in the near future. The purpose of this document is to raise awareness among African companies on NCDs, to provide an understanding of their causes and risk factors, and to come up with approaches how companies can contribute to the fight against NCDs. The focus of this guide is on prevention (i.e. not on treatment).

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**Mobile health for non-communicable diseases in Sub-Saharan Africa: a systematic review of the literature and strategic framework for research**

by Gerald S Bloomfield, Rajesh Vedanthan, Lavanya Vasudevan et al.
Globalization and Health 2014, 10:49 (13 June 2014)

19 pp. 1.4 MB:
http://www.globalizationandhealth.com/content/pdf/1744-8603-10-49.pdf

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Mobile health (mHealth) approaches for non-communicable disease (NCD) care seems particularly applicable to sub-Saharan Africa given the penetration of mobile phones in the region. The evidence to support its implementation has not been critically reviewed. The authors conclude that there is insufficient evidence to support the effectiveness of mHealth for NCD care in sub-Saharan Africa. They present a framework for cataloguing evidence on mHealth strategies that incorporates health system challenges and stages of non-communicable disease care. This framework can guide approaches to fill evidence gaps in this area.

**Food & Nutrition**

**Acute Malnutrition: An Everyday Emergency**
A 10-point Plan for Tackling Acute Malnutrition in Under-Fives

by Ben Hobbs and Anne Bush
Generation Nutrition Campaign, April 2014

32 pp. 1.7 MB:

52 million children under five in the world today are suffering from acute malnutrition. The majority of the children affected are found in South and Southeast Asia and sub-Saharan Africa. Contrary to popular belief, acute malnutrition (also known as wasting) does not only occur in humanitarian crises, it is most common in apparently stable settings, in countries like India, Kenya and Indonesia. It is time for the international community, national governments, civil society and others to take action on a problem we know how to solve. This report presents a 10-point plan for tackling the issue at both national and international levels. If we act now, we can end child deaths from acute malnutrition.

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**Using Mobile Phones for Nutrition Surveillance**

by Inka Barnett
Transform Nutrition Research Brief Issue 04, April 2014

2 pp. 932 kB:

The use of mobile phones may offer innovative opportunities to make nutrition surveillance more effective, timely and credible. This new Research Brief "Using mobile phones for nutrition surveillance" provides highlights from an evidence review on the impact of using mobile phone technology for nutrition surveillance in resource-low settings.

**Essential Medicines**

**Varicella and herpes zoster vaccines: WHO position paper, June 2014**

Weekly Epidemiological Record, No. 25, 89, 265-288; 20 June 2014

24 pp. 890 kB:
This updated position paper on varicella (chickenpox) and herpes zoster (shingles) vaccines replaces the previous 1998 WHO position paper on varicella vaccines and summarizes recent developments in the field. It integrates new information related to global prevalence and burden of disease caused by varicella and herpes zoster (HZ) with data on the safety, immunogenicity, efficacy and effectiveness of varicella and HZ vaccines and the duration of protection conferred by these vaccines, as well as cost-effectiveness considerations.

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The Selection and Use of Essential Medicines

WHO Technical Report Series, No. 985

119 pp. 1.3 MB:

This report presents the recommendations of the WHO Expert Committee responsible for updating the WHO Model Lists of Essential Medicines. It contains a summary of the Committee’s considerations and justifications for additions and changes to the Model Lists, including its recommendations. Annexes to the main report include the revised version of the WHO Model List of Essential Medicines (18th edition) and the WHO Model List of Essential Medicines for Children (4th edition). In addition there is a list of all the items on the Model Lists sorted according to their Anatomical Therapeutic Chemical (ATC) classification codes.

Water, Sanitation & Hygiene

Sanitation and health externalities: Resolving the Muslim mortality paradox

by Michael Geruso and Dean Spears
Indian Statistical Institute, Delhi Centre, March 24, 2014

41 pp. 384 kB:
http://www.isid.ac.in/~pu/seminar/dean.pdf

In India, Muslims face significantly lower child mortality rates than Hindus, despite Muslim parents being poorer and less educated on average. Because observable characteristics would predict a Muslim disadvantage relative to Hindus, previous studies documenting this robust and persistent pattern have called it a “puzzle” of Muslim mortality. This paper offers a simple solution to the puzzle in the form of an important sanitation externality. Most of India’s population defecates in the open, without the use of toilets or latrines, spreading faecal pathogens that can make children ill. Hindus are 40% more likely than Muslims to do so, and the authors show that this one difference in sanitation can fully account for the large (18%) child mortality gap between Hindus and Muslims.

Human Resources

The Healthy Developments Student Prize 2014: How would you tackle Tanzania’s health workforce challenges?
Tanzania is facing an extreme shortage of health workers, especially in hard-to-reach areas. The Tanzanian-German Programme to Support Health (TGPSH) would like to invite Tanzanian and international students (undergraduate or postgraduate students, including PhD candidates) to come up with groundbreaking approaches to address Tanzania’s health workforce challenge at the local level.

See the Call for Proposals for more details, including guiding questions and eligibility criteria. Teams can be registered until July 15, 2014. Papers should be submitted by August 15, 2014.

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Migration of health workers: The WHO Code of Practice and the Global Economic Crisis

Editors: Amani Siyam, Mario Roberto Dal Poz
World Health Organization, May 2014

220 pp. 13.9 MB(!): http://www.who.int/hrh/migration/14075_MigrationofHealth_Workers.pdf

The global drive towards achieving universal health coverage (UHC) by improving access to affordable and effective care for all, cannot be achieved without a well-trained workforce, and having the right staff in the right place. This publication examines in depth the central and often-controversial issues of the international migration of health workers before and since the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel. While the country response has had positive impact, there is still much to do to redress major inequalities in international migration of the health workforce.

Health Systems & Research

The potential role of regional and national health observatories in narrowing the knowledge gap in sub-Saharan Africa

by Derege Kebede and Chris Zielinski
J R Soc Med, May 2014 Vol. 107 No. 1, Suppl 3-5 - Published online before print: March 18, 2014,

3 pp. 156 kB: http://jrs.sagepub.com/content/107/6.cover.gif

A gulf exists between the many potential opportunities to improve health by applying existing research evidence and the current inequalities in health in the World Health Organization (WHO) African Region. The gaps between what could be achieved and what has been achieved need to be closed – or at least narrowed. Closing these gaps is a major challenge – and opportunity – as they are numerous.

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Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally
The United States health care system is the most expensive in the world, but this report and prior editions consistently show the U.S. underperforms relative to other countries on most dimensions of performance. Among the 11 nations studied in this report - Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States - the U.S. ranks last, as it did in the 2010, 2007, 2006, and 2004 editions. Most troubling, the U.S. fails to achieve better health outcomes than the other countries, and as shown in the earlier editions, the U.S. is last or near last on dimensions of access, efficiency, and equity.

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Pricing and competition in Specialist Medical Services: An Overview for South Africa

by Ankit Kumar, Grégoire de Lagasnerie, Frederica Maiorano et al.
OECD Health Working Papers, No. 70, June 2014

Major disparities in the cost of health care have made the pricing of specialist and hospital services a contentious issue in South Africa, particularly in the private sector. To help inform policy debate, this paper profiles selected experiences on the pricing of health services, competition policy and models of buying specialist health care services from the private sector across the OECD. The paper highlights a few models of buying services from the private sector for public patients, with a particular focus on Mexico and Turkey. It is argued that South Africa should separate the task of establishing a schedule of medical services from negotiations over overall payments to medical professionals.

Information & Communication Technology

The Arab World Online: Trends in Internet Usage in the Arab Region

by Sara Alshaer and Fadi Salem
Dubai School of Government’s Governance and Innovation Program, January 2013

The internet is re-shaping societies and economies in the Arab region in new ways. This white paper examines trends across four dimensions of internet usage in the Arab world: Access to the internet and internet-enabled devices; Quality and quantity of time spent online; Frequency of internet usage; Attitudes and trends toward social media.
**eHealth and mHealth initiatives in Bangladesh: A scoping study**

by Tanvir Ahmed, Henry Lucas, Azfar Sadun Khan et al.
BMC Health Services Research 2014, 14:260 (16 June 2014)

17 pp. 367 kB: [http://www.biomedcentral.com/content/pdf/1472-6963-14-260.pdf](http://www.biomedcentral.com/content/pdf/1472-6963-14-260.pdf)

The health system of Bangladesh is haunted by challenges of accessibility and affordability. Despite impressive gains in many health indicators, recent evidence has raised concerns regarding the utilization, quality and equity of healthcare. In the context of new and unfamiliar public health challenges including high population density and rapid urbanization, eHealth and mHealth are being promoted as a route to cost-effective, equitable and quality healthcare in Bangladesh. The aim of this paper is to understand their true potential.

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**Education**

**Global initiative on out-of-school children: Regional Report West and Central Africa**

Rohen d'Aiglepierre, Odile Simon, Tahinaharinoro Razafindramary et al.
UNICEF West and Central Africa Regional Office, 2014

96 pp. 2.9 MB: [http://reliefweb.int/sites/reliefweb.int/files/resources/RR_OutOfSchoolVA_BAT.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/RR_OutOfSchoolVA_BAT.pdf)

This study aims to shed some light on the scale and mechanisms of educational exclusion in the region, and to bring to the fore a number of tools and resources that are available to promote the inclusion of all children. To enable all children, even the most marginalized, to have access to basic quality education, we need to think creatively and make use of all the resources at our disposal. It is imperative that the fight against all forms of exclusion is coordinated and concerted.

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**A User’s Guide to the Post-2015 Agenda Education Targets**

by Allison Anderson and Rachel Quint
Brookings, June 18, 2014


Lively discussions among U.N. member states, U.N. agencies and civil society representatives are helping to craft meaningful goals and targets to shape international education policies. At the crux of these discussions are two proposals for education goals and targets: one from the inter-governmental Open Working Group (OWG) on Sustainable Development Goals and the other from the Education for All Steering Committee (EFA SC). But with two global proposals, how do we know which language to use in a post-2015 framework? The publication summarizes the key differences between the two major proposals.
129 public health and medical authorities from 31 countries write WHO DG Chan urging evidence-based approach to e-cigs

24 pp. 281 kB:  
http://tobacco.ucsf.edu/sites/tobacco.ucsf.edu/files/u9/Chan-letter-June16%20PST%20FINAL%20with%20129%20sigs.pdf

129 public health experts from 31 countries have signed a letter to Margaret Chan, WHO director-general, urging new controls on e-cigarettes and warning the devices could be a way for the tobacco industry to skirt existing measures on traditional tobacco products. The experts worry that if advertising is allowed, the devices will become normative and public smoking bans will be marginalized. “By moving into the e-cigarette market, the tobacco industry is only maintaining its predatory practices and increasing profits,” the letter states.

The appeal takes a radically different approach from a May 26 letter. That note from more than 50 scientists and experts sought to persuade Chan that e-cigs should been seen as part of the solution to tobacco - not part of the problem.

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Tobacco health warnings in China: Evidence of Effectiveness and Implications for Action

by Thomas Agar, Lorraine Craig, Geoffrey T. Fong et al.  
World Health Organization, 2014

56 pp. 5.7 MB:  
http://www.wpro.who.int/china/mediacentre/releases/2014/tobacco_health_warnings_in_china_en.pdf

The harm caused by tobacco is one of the most serious public health problems in the world. China is home to more than 300 million smokers, nearly one third of the world’s total. Tobacco use is the main cause of many diseases, including chronic obstructive pulmonary disease, cardiovascular diseases, and lung cancer and other cancers. Tobacco use is the leading cause of death in China, accounting for more than 1 million deaths annually. This figure is expected to double by 2020 if the current smoking rate is not controlled. Educating people about the harm of tobacco through graphic warnings on cigarette packages would be the most direct and effective way to reduce tobacco use.

Millennium Development Goals

Health in the post-2015 Development Framework: How to meet the needs of the most marginalized and excluded

International HIV/AIDS Alliance, 2014

8 pp. 312 kB:  
http://www.aidsalliance.org/includes/Publication/Health_%20in_the_post-2015_Development_Framework.pdf
The International HIV/AIDS Alliance and its partners have been actively engaged in the global, regional and country-level discussions on the new post-2015 Development Framework, which will replace the current Millennium Development Goals. This new Framework will likely have only one goal on health, instead of separate goals on child mortality, maternal mortality and HIV/AIDS, TB and Malaria (MDG 4, 5 and 6). In order to ensure continued strong political and financial support for the global AIDS response in the post-2015 era, it is crucial to advocate for the inclusion of strong targets and indicators related to AIDS, sexual and reproductive health and rights and human rights under the new post-2015 health goal and other relevant goals.

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**From the MDGs to the Post-2015 Agenda: Analysing Changing Development Priorities**

by Richard Heeks
Institute for Development Policy and Management, 2014

50 pp. 2.3 MB: [http://www.seed.manchester.ac.uk/medialibrary/IDPM/working_papers/di/di_wp56.pdf](http://www.seed.manchester.ac.uk/medialibrary/IDPM/working_papers/di/di_wp56.pdf)

The post-2015 agenda will be the single most important force shaping the future of international development. This paper analyses the content of that agenda. It provides both a cross-sectional view and a dynamic analysis of trends. This shows not only the likely post-2015 priorities but also trajectory: an insight into those issues and ideas which are falling down, continuing on, and rising up the international development agenda. The aim of the paper is to give researchers, strategists, policy-makers, advisors and others an overview of shape and direction at the core of international development. This will help them to plan and prioritise more effectively.

### Development Assistance

**Ten things to know about EU aid**

by Mikaela Gavas, Raphaëlle Faure, Elize Hefer et al.
Overseas Development Institute, May 2014


The Overseas Development Institute (ODI) has put together a set of infographics to increase awareness around EU aid, ‘10 things to know about EU aid’. It highlights the relevance of the EU aid programme with 10 key facts, and is not unlike Oxfam America’s recent publication about US aid myths. The infographic also highlights that the EU and its member states give the most aid in the world, with close to three-quarters being channelled directly through recipient countries.

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**Five fingers or one hand? The BRICS in development cooperation**

by Yunnan Chen and Emilie Wilson
Institute of Development Studies, June 2014
The BRICS countries (Brazil, Russia, India, China, and South Africa) are increasingly prominent in development cooperation activities in low-income countries in Africa and worldwide, presenting a potential alternative to the development aid model of traditional donors. However, there are significant differences as well as overlaps between them, which need further attention in future engagement. This briefing summarises the findings from five IDS State of the Debate reports, outlining the contested and shifting discourse on development within and between the BRICS states, and the significant recent changes in the BRICS development cooperation framework.

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by Marjolaine Nicod, Hanna-Mari Kilpeläinen and Yuko Suzuki Naab
OECD/UNDP, April 2014

144 pp. 5.0 MB:

This report reveals both successes and shortfalls. Despite global economic turbulence, changing political landscapes and domestic budgetary pressure, commitment to effective development co-operation principles remains strong. Longstanding efforts to change the way that development co-operation is delivered are paying off. Past achievements on important aid effectiveness commitments that date back to 2005 have been sustained. Nevertheless, much more needs to be done to translate political commitments into concrete action. This report highlights where targeted efforts are needed to make further progress and to reach existing targets for more effective development co-operation by 2015.

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by Julia Greenberg, Ryan Quinn, Ralf Jürgens
Open Society Public Health Program, June 2014

21 pp. 813 kB:

Donors at every level are retreating on funding commitments to HIV, and organizations working at the intersection of AIDS and rights are facing overall funding challenges. This briefing paper reports the findings of a 2012 study on HIV and human rights donor trends in Southern Africa, commissioned by the Open Society Foundations. It identifies opportunities to leverage donor support for HIV and human rights organizations, and for donor collaboration that can support them in the current funding environment.
UNHCR Global Trends 2013

United Nations High Commissioner for Refugees (UNHCR), 20 June 2014


The year 2013 was marked by a continuation of multiple refugee crises, reaching levels unseen since the Rwandan genocide in 1994. More than 2.5 million persons were forced to abandon their homes and seek protection outside the borders of their country, most of them in neighbouring countries. These new refugees joined the two million persons who had become refugees in 2011 and 2012. The war in the Syrian Arab Republic, entering into its third year in 2013, was the primary cause of these outflows, as highlighted by two dramatic milestones. The Syrian Arab Republic had moved from being the world’s second largest refugee-hosting country to being its second largest refugee-producing country – within a span of just five years.

ELECTRONIC RESOURCES

The Memórias do Instituto Oswaldo Cruz publishes a series of reviews on malaria

http://memorias.ioc.fiocruz.br/issues/future-issue

The Memórias do Instituto Oswaldo Cruz is a multidisciplinary journal which publishes research articles throughout the fields of tropical medicine (including pathology, field epidemiology and clinical studies), medical parasitology (including protozoology, helminthology, entomology and malacology), and medical microbiology (virology, bacteriology and mycology). The journal recently published online a series of review articles on malaria.

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Narrowing the knowledge gap in sub-Saharan Africa

Supplement of the Journal of the Royal Society of Medicine, May 2014 Vol. 107 No. 1, - Published online before print March 18, 2014,

http://jrs.sagepub.com/content/107/1_suppl?etoc

The various papers presented in this supplement describe the issues and challenges related to the availability and use of information in the Region; the structure and function of the African Health Observatory and the national health observatories; and how they could be useful in addressing these issues and challenges. They propose a number of actions countries should consider taking for optimal leverage of national health observatories to improve country health systems.

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The South Eastern European Journal of Public Health (SEEJPH) is an open-access international peer-reviewed journal involving all areas of health sciences. The main focus of the journal, however, is on public health. SEEJPH welcomes submissions of scientists and researchers from all over the world pertinent particularly to Eastern European countries. The journal's priority is to offer a means for publication to authors from countries in transition in order to promote their scientific work and increase their visibility in Europe and beyond.

*SACEMA Quarterly - June 17, 2014*

http://sacemaquarterly.com/

SACEMA Quarterly is an online magazine produced by SACEMA (South African Centre of Excellence in Epidemiological Modelling and Analysis). The aim is to provide articles reviewing developments in quantitative epidemiology. The intention of the magazine is to present this work in a way that it is accessible to the interested health professional and policy-maker.

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**New Eurohealth Observer on Health behaviours and incentives**

European Observatory on Health Systems and Policies

http://www.euro.who.int/en/about-us/partners/observatory/eurohealth

This issue's Eurohealth Observer section looks at health-related behaviours and incentives. The overview article discusses the use of insights from behavioural science to nudge populations towards making positive changes to their health and lifestyle. Four articles follow on inequalities and health behaviours, effectiveness and ethics of health incentives, nudging and solidarity, and the nudging debate in the Netherlands. Other articles include: Political strategies in public health; Pharmaceutical cost containment in Poland and Hungary; Joint hospital procurement in Croatia; and Eurohealth Monitor.

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**Global Multidimensional Poverty Index (MPI) 2014**

Oxford Poverty & Human Development Initiative (OPHI)
http://www.ophi.org.uk/multidimensional-poverty-index/

The global Multidimensional Poverty Index (MPI) is an international measure of acute poverty covering over 100 developing countries. It complements traditional income-based poverty measures by capturing the severe deprivations that each person faces at the same time with respect to education, health and living standards. The MPI can be used to create a comprehensive picture of people living in poverty, and permits compar-
isons both across countries, regions and the world and within countries by ethnic group, urban/rural location, as well as other key household and community characteristics.

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**Gateways: International Journal of Community Research and Engagement - Vol. 7 No.1, 2014**


“Gateways” is a refereed journal concerned with the practice and processes of university-community engagement. It provides a forum for academics, practitioners and community representatives to explore issues and reflect on practices relating to the full range of engaged activity. The journal publishes evaluative case studies of community engagement initiatives; analyses of the policy environment; and theoretical reflections that contribute to the scholarship of engagement. Gateways is jointly edited and managed by UTS Shopfront at the University of Technology, Sydney, and Center for Urban Research and Learning at Loyola University, Chicago.

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**Global Health & Human rights database**

http://www.globalhealthrights.org/

The Global Health and Human Rights Database is a free online database of law from around the world relating to health and human rights. Despite growing use of international, regional and domestic litigation to enforce and interpret rights in health related-matters, there is no comprehensive collection and categorization of health and human rights judgments. In response, the Lawyers Collective and the O’Neill Institute for National and Global Health Law - working with over 100 partners globally, including NGOs, academics and private researchers - collaborated to bring together judgments, instruments, and constitutions involving health and human rights in a single Global Health and Human Rights Database.

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**POPLINE Partners with Google Scholar to Increase Full Text Access**

http://www.popline.org/node/581492

POPLINE’s new collaboration with Google Scholar creates seamless linkages between the two databases, offering users multiple access points to full-text journal articles with the added value of discovering other related resources. How does it work? On the POPLINE side, when users view their search results, they will see an icon linking to the same record in Google Scholar, allowing the user to move directly from POPLINE to Scholar. Because all open access versions of articles are available in Google Scholar, there is increased potential to access freely available content from a variety of sources.

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INTERESTING WEB SITES

New Thai AIDS website

http://www.aidszeroportal.org/

Thai citizens now can access real-time HIV/AIDS data, thanks to the website AIDS Zero Portal recently launched by the Ministry of Public Health’s Disease Control Department and the National AIDS Committee. The site was designed to help policymakers and program managers target services, track progress and improvements, and create budgets by breaking down complex data.

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AuthorAID: Supporting Developing Country Researchers in Publishing their Work

http://www.authoraid.info/en/resources/

Whether you are an early career researcher in a developing country who could benefit from support and mentoring, an established academic with a strong track record who wants to give something back to the research community, or are just keen to get involved in some stimulating discussions, why not register now?

CONFERENCES

Challenges in Malaria Research: Core Science and Innovation Conference

22–24 September 2014, Oxford University, UK

BioMed Central, in conjunction with its journals Malaria Journal and Parasites & Vectors, is hosting the third malaria conference “Challenges in Malaria Research: Core Science and Innovation”. It follows the success of the previous malaria conferences in Edinburgh in 2010 and Basel in 2012. This third biennial conference will bring together leading malaria researchers to review current progress and to chart future challenges, this time with a greater emphasis on basic science.

All participants are invited to submit abstracts for oral and poster presentations. For more information see: http://www.challenges-in-malaria-research.com/2014/

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12th Malaria Meeting

14-15 November, 2014 - Bonn, Germany

Hosted by Institute of Medical Microbiology, Immunology and Parasitology, University Hospital Bonn on behalf of the Paul-Ehrlich-Society for Chemotherapy and the German Society of Tropical Medicine, with kind support of the German Society of Parasitology.

The meeting will further be supported by the Medicines for Malaria Venture (MMV) and the Bonn Cluster of Excellence “Immunosensation”. They are looking forward to welcome Maria Mota from Lisbon and Peter Kremsner from Tübingen, who will present the
key note lectures and to welcome you for an interesting and stimulating meeting with vivid discussions in workshops and poster sessions.

For more information see: http://malaria-bonn.de:8080/Mikrobiologie

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**8th Annual Sickle Cell and Thalassaemia Advanced Conference**

1 - 3 October 2014 - London, United Kingdom

Now in its eighth year, this global conference is aimed at those with a common interest in sickle cell disease (SCD) and thalassaemia, including specialist registrars, consultant haematologists, paediatricians and clinical nurse specialists. It is designed to update professionals working with patients with SCD and thalassaemia to consider the most efficient and safe way to manage such vulnerable patients.

For further details and to secure your place early, please visit:
http://www.guysandstthomasevents.co.uk/paediatrics-training/annual-sickle-cell-thalassaemia-conference/

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**Global mHealth Forum**

The Global mHealth Forum will meet at the mHealth Summit in Washington DC, 10-11 December 2014. This event presented in partnership with the mHealth Working Group and USAID will focus on mobile and connected health in low and middle income countries (LMICs). The Global mHealth Forum will bring together public and private sector organizations to share the latest evidence, experiences and lessons learned on new applications and approaches in mHealth. The Forum will attract a diverse group of program managers, implementers, policy makers, mobile and technology providers and private and public sector health providers, as well as entrepreneurs, investors, funders, and researchers working in LMICs.

For more information see: http://www.mhealthsummit.org/globalmhealthforum

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**Fifth National Bioethics Conference - India**

11-13 December, 2014
St. John’s Medical College Campus, Koramangala, Bengaluru / India

Hosted by the Indian Journal of Medical Ethics

The theme of the Fifth NBC 2014 is "Integrity in health care practices and research", and would cover the following sub-themes:
- Integrity and upholding trust of patients in medical care;
- Ethical imperatives of integrity in public health practices and health systems;
- Integrity in health care research (misconducts-plagiarism, data fabrication/ falsification, etc.);
- Conflict of Interest in health care practices and measures needed;
- Curricular frameworks in ethics to ensure integrity in health care, public health and research;
International symposium on December 13 on: Corruption in health care and medicine.

For more information and a call for abstracts see: http://ijmenbc.jme.in/index.php/nbc-5/index/pages/view/announcements-call-for-abstracts

**TIPS & TRICKS**

**POP, IMAP, SMTP – What’s the Difference**

When you set up e-mail you will see POP, SMTP and IMAP and you have to pick what kind of account you want. What is the difference? What do the letters mean.

**POP3** – Post Office Protocol 3. This kind of server stores your incoming messages on the server until you use an e-mail client like Windows Mail, Outlook or Thunderbird to download them to your computer. Generally those messages are then deleted from the server. You can then only access those messages on the computer where you have downloaded them. But most e-mail clients offer the option to leave messages on the server for specified periods after the initial download, allowing you to access them from other devices for up to the specified period (e.g. 60 days).

**IMAP** – Internet Message Access Protocol. This type of server lets you access your e-mail without downloading it to a computer. You can read, edit or delete the messages right on the server. The messages will remain on the server until you choose to delete them. You can access your e-mail from other computers or mobile devices. More and more people are moving to IMAP for the convenience of being able to access their e-mail at any time from any device.

**SMTP** – Simple Mail Transfer Protocol. This server is only for outgoing e-mail. You can use it with a POP3 or IMAP sever. So if you see an error referring to SMTP – it is talking about outgoing e-mail.
**Web Page Printing Orphans**

If you ever printed out a web page to read or share you might have ended up with an extra page printed with just a footer on it or even blank. An annoying waste of paper, but there is a simple solution.

Assuming that the web page is relatively short all you need to do is choose to only print one page. In your browser choose File | Print ... then instead of ‘All pages’, click on the Pages radio button (the default setting is one page only). Click Print and only the first printed page worth of the web page will come out. If you are not sure how many pages you want printed, choose File | Print Preview, with some practice you will become pretty good at judging how many printed pages you want.

Alternatives for saving paper depend on the ability of your printer. You could choose double-sided printing or multiple pages per sheet if available - check File | Print | Preferences to see what is available.

Best regards,

Dieter Neuvians MD