EDITORIAL

Do you use your mobile phone to improve your health? (No, we are not talking about the latest tracking app to constantly measure your calorie intake, heart rate etc.) In South Africa, young people can now use the new iloveLife.mobi platform to get rewarded for learning how to navigate love and life and stay free of HIV.

Some other pieces from the News Briefing that we would like to highlight:
- a technical brief by UN agencies on community health workers and RMNCAH,
- a report by the Guttmacher Institute on adolescent women’s needs for and use of sexual and reproductive health services,
- an article describing the converging burdens of infectious and non-communicable diseases in rural-to-urban migrants in Sub-Saharan Africa,
- and WHO’s recommendations on financing national NCD responses.

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Your editorial team
Dieter Neuvians, Viktor Siebert, Anna von Roenne

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ONLINE RESOURCES

Healthy Developments – Germany’s commitment to health and social protection

IloveLife.mobi: a new way to prevent HIV among youth


With support from Germany, South Africa’s largest youth development NGO has launched a new cellphone-based platform to incentivize behaviour change and prevent HIV infections. At ‘IloveLife.mobi’ young people can earn points, and ultimately attractive rewards, while learning how to navigate love and life.

Reproductive, maternal, neonatal, child and adolescent health & Right to health

Global movement votes to adopt policy to protect human rights of sex workers

Amnesty International, 11 August 2015

A crucial vote to protect the human rights of sex workers was passed today in Dublin at Amnesty International’s decision-making forum, the International Council Meeting (ICM). Delegates from around the world adopted a resolution which authorized the International Board to develop and adopt a policy on the issue. “Sex workers are one of the most marginalized groups in the world who in most instances face constant risk of discrimination, violence and abuse. Our global movement paved the way for adopting a policy for the protection of the human rights of sex workers which will help shape Amnesty International’s future work on this important issue,” said Salil Shetty, Secretary General of Amnesty International.

Taking Stock of Reproductive Health in Humanitarian Settings: 2012-2014 Inter-agency Working Group on Reproductive Health in Crises’ Global Review

Editors Chen Reis and Ruwan Ratnayake
Conflict and Health 2015, 9(Suppl 1)
Free access to all articles at:
The Inter-Agency Working Group (IAWG) on Reproductive Health in Crises was formed in 1995 and has grown to a broad-based network of over 1700 individual members representing 450 agencies that works to expand and strengthen access to quality reproductive health services (RH) for persons displaced by conflict and natural disasters. The IAWG has undertaken an updated review to identify services, quantify progress, document gaps and determine future directions for programs, advocacy and funding priorities. The 2014 review clearly highlights that humanitarian and development actors must identify and develop effective strategies to meaningfully engage affected communities to increase use of reproductive health services, meet their reproductive health needs, and augment participation in the programs that affect their lives.

Intimate Partner Violence and Family Planning: Opportunities for Action

by Kate Gilles
Population Reference Bureau, July 2015
8 pp 223 kB


This brief presents data to help policymakers and others understand the nature and extent of the harm caused by intimate partner violence, especially as it relates to women’s reproductive health, family planning, and autonomy, and highlights opportunities for action.

Road to Recovery: You & Rape

by Kathleen Dey, Shiralee McDonald, Sarah Strydom
Rape Crisis Cape Town Trust, 2015
82 pp. 1.0 MB


This booklet provides information for rape survivors including how to report a rape, what to do medically after an assault and how to report poor treatment by the police. The booklet is divided into easy-to-use sections on, for instance, the definitions of rape and other sexual crimes, male rape and the criminal justice system. The book also provides a check list of five steps to be taken immediately after rape, including how to prevent HIV infection, pregnancy as well as other possible consequences of a rape.
Brief sexuality-related communication: Recommendations for a public health approach

by Tamara Adrián-Hernandez, Elham Atalla, George Ayala et al.
World Health Organization, 2015
70 pp. 287 kB

http://apps.who.int/iris/bitstream/10665/170251/1/9789241549004_eng.pdf?ua=1

Both research and consultations over the last decades have identified sexuality-related communication as an issue that requires urgent attention. While clients would like their health-care providers to discuss sexual health concerns, health workers lack the necessary training and knowledge to feel comfortable addressing such issues. This guideline provides health policy-makers and decision-makers in health professional training institutions with advice on the rationale for health-care providers’ use of counselling skills to address sexual health concerns in a primary health care setting.

A Rapid Assessment of Ebola-related Implications for RMNCH Service Delivery and Utilization in Guinea

by Alimou Barry, Janine Barden-O’Fallon, Jack Hazerjian et al.
MEASURE Evaluation, May 2015
83 pp. 4.4 MB


Guinea was ground zero for the 2014 outbreak of Ebola virus, and those infected suffered a mortality rate of 66% – higher than that of the other two West African countries also severely affected: Sierra Leone (32% mortality) and Liberia (45%). Health experts have been concerned that other critical health issues such as malaria, pneumonia, and typhoid, as well as routine care for maternal and child health, might go unattended due to closures of clinics, patients avoiding facilities for fear of contracting Ebola, or patients with Ebola-like symptoms being turned away. To address this need, in 2015 MEASURE Evaluation conducted a rapid assessment to understand better the effects of Ebola on delivery and utilization of routine reproductive, maternal, newborn, and child health (RMNCH) services, described in this report.

Adolescent Women’s Need for and Use of Sexual and Reproductive Health Services in Developing Countries

by Vanessa Woog, Susheela Singh, Alyssa Browne et al.
Guttmacher Institute, 2015
63 pp. 764 kB


This report draws on national survey data from 70 developing countries to provide an overview of adolescent women’s needs for and use of sexual and reproductive health services. The report pro-
vides recommendations for policy and programmatic strategies that could significantly improve sexual and reproductive health services for adolescents in developing regions: involving youth in planning the programs and policies designed to serve their unique needs, providing them with accurate and effective services and information, and addressing the barriers that young people face when trying to gain access to sexual and reproductive health care.

**The Political Economy of Health, Particularly Reproductive, Maternal, Newborn and Child Health, in Four Countries of South and East Asia**

by Ian Anderson and David Hipgrave


12 pp. 5.1 MB


UNICEF and the Australian Department of Foreign Affairs and Trade wished to better understand the political economy factors that drive priority setting, planning, and resource allocations for Reproductive, Maternal, Newborn and Child Health (RMNCH) and the health sector in four countries of Asia – Bangladesh, Indonesia, Philippines and Nepal - where these two organisations have been supporting an “Investment Case” for RMNCH. This is the resulting short report.

**Improving maternal and child health in Asia through innovative partnerships and approaches: The case of Nepal**

by Fiona Samuels and Svetlana Ancker

Overseas Development Institute (ODI), July 2015

23 pp. 5.1 MB


Following an overview of maternal and neonatal child health in Nepal and in the districts covered by the project, the briefing outlines the background to the Strengthening Approaches for Maximizing Maternal, Neonatal and Reproductive Health (SAMMAN) project. It then describes the key aspects of the two main project approaches: one focused on the community level, and the other on health systems. Finally, the briefing highlights the innovative tools and mechanisms that have been used by the SAMMAN project to improve maternal and child health in remote and marginalised areas of Nepal. Further details of these tools can be found in the references in the final section.
The elimination of healthcare user fees for children under five substantially alleviates the burden on household expenses in Burkina Faso

by Mahaman Mourtala Abdou Illou, Slim Haddad, Isabelle Agier et al. 
BMC Health Services Research 2015, 15:313 (8 August 2015) 
11 pp. 557 kB

http://www.biomedcentral.com/content/pdf/s12913-015-0957-2.pdf

Since September 2008, an intervention has made it possible to provide free care to children under five in public health facilities in two districts of Burkina Faso. This study evaluated the intervention’s impact on household expenses incurred for services (consultations and medications) to the children targeted. The authors conclude that user fees abolition at the point of service substantially alleviated the burden on household expenses. The intervention benefited both poor and non-poor families and provided financial protection.

Evaluation of Integrated Community Case Management in Eight Districts of Central Uganda

by Denis Mubiru, Robert Byabasheija, John Baptist Bwanika et al. 
PLoS ONE 10(8): e0134767 (12 August 2015) 
13 pp. 407 kB


Evidence is limited on whether Integrated Community Case Management (iCCM) improves treatment coverage of the top causes of childhood mortality (acute respiratory illnesses (ARI), diarrhoea and malaria). The coverage impact of iCCM in Central Uganda was evaluated. The authors conclude that iCCM significantly increased treatment coverage for diarrhoea and fever, mitigated the effect of national stock outs of amoxicillin on ARI treatment, improved timeliness of treatments for fever and ARI and saved lives.

Situation Analysis of Children in Uganda

by David Walker, Nicola Jones and Taveeshi Gupta et al. 
Ministry of Gender, Labour and Social Development and UNICEF Uganda, 2015 
196 pp. 8.0 MB


This analysis aims to provide a robust and comprehensive understanding of the situation of children to identify broad areas of intervention in the national development agenda within which government and key stakeholders can situate emerging opportunities for pro-
gramming, policy advocacy and research activities aimed at improving the lives of children. Despite sustained and substantial reductions in the proportion of Ugandans living below the poverty line over the past two decades, and notwithstanding significant progress in improving the lives of children, 55% of children under the age of five years are deprived of two or more of their rights.

**Harmful practices in the management of childhood diarrhea in low- and middle-income countries: a systematic review**

by Emily Carter, Jennifer Bryce, Jamie Perin et al.

BMC Public Health 2015, 15:788 (18 August 2015)

34 pp. 11 MB

[Link](http://www.biomedcentral.com/content/pdf/s12889-015-2127-1.pdf)

Harmful practices in the management of childhood diarrhea are associated with negative health outcomes, and conflict with WHO treatment guidelines. These practices include restriction of fluids, breast milk and/or food intake during diarrhea episodes, and incorrect use of modern medicines. Available evidence suggests that harmful practices in diarrhea treatment are common in some countries with a high burden of diarrhea and result in treatment failure, sustained nutritional deficits, and increased diarrhea mortality.

**Validating a decision tree for serious infection: diagnostic accuracy in acutely ill children in ambulatory care**

by Jan Y Verbakel, Marieke B Lemiengre, Tine De Burghgraeve et al.

BMJ Open 2015;5:e008657 (7 August 2015)

9 pp. 1.9 MB

[Link](http://bmjopen.bmj.com/content/5/8/e008657.full.pdf+html)

Acute infection is the most common presentation of children in primary care with only few having a serious infection (e.g., sepsis, meningitis, pneumonia). To avoid complications or death, early recognition and adequate referral are essential. Clinical prediction rules have the potential to improve diagnostic decision-making for rare but serious conditions. In this study, the authors aimed to validate a recently developed decision tree in a new but similar population. They conclude that their clinical prediction rule has shown to be extremely sensitive to identify children at risk of hospital admission for a serious infection in general practice, making it suitable for ruling out.
Trends and mortality effects of vitamin A deficiency in children in 138 low-income and middle-income countries between 1991 and 2013: a pooled analysis of population-based surveys

by Gretchen A Stevens, James E Bennett, Quentin Hennocq et al.
9 pp. 1.8 MB
http://thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00039-X.pdf

Vitamin A deficiency is a risk factor for blindness and mortality from measles and diarrhoea in children aged 6–59 months. The authors aimed to estimate trends in the prevalence of vitamin A deficiency between 1991 and 2013 and its mortality burden in low-income and middle-income countries. They conclude that vitamin A deficiency remains prevalent in south Asia and sub-Saharan Africa. Deaths attributable to this deficiency have decreased over time worldwide, and have been almost eliminated in regions other than south Asia and sub-Saharan Africa. This new evidence for both prevalence and absolute burden of vitamin A deficiency should be used to reconsider, and possibly revise, the list of priority countries for high-dose vitamin A supplementation.

HIV, Tuberculosis & Malaria

Nurse-led palliative care for HIV-positive patients taking antiretroviral therapy in Kenya: a randomised controlled trial

by Keira Lowther, Lucy Selman, Victoria Simms et al.
Lancet HIV 2015; 2: 328-34 - Published Online June 16, 2015
7 pp. 187 kB

People with HIV accessing antiretroviral therapy (ART) have persistent physical, psychological, social, and spiritual problems, which are associated with poor quality of life and treatment outcomes. The authors assessed the effectiveness of a nurse-led palliative care intervention on patient-reported outcomes. They conclude that the nurse-led palliative care intervention was not effective in reducing pain. However, person-centred assessment and care delivered by staff who have received additional training had positive effects on self-reported mental health related quality of life and psychosocial wellbeing.
A Cost-Effectiveness Analysis of a Home-Based HIV Counselling and Testing Intervention versus the Standard (Facility Based) HIV Testing Strategy in Rural South Africa

by Hanani Tabana, Lungiswa Nkonki, Charles Hongoro et al.
PLoS ONE 10(8): e0135048 (14 August 2015)
13 pp. 220 kB

There is growing evidence concerning the acceptability and feasibility of home-based HIV testing. However, less is known about the cost-effectiveness of the approach yet it is a critical component to guide decisions about scaling up access to HIV testing. The authors conclude that home-based HIV counselling and testing (HBHCT) was less costly and more effective. Home-based HCT could present a cost-effective alternative for rural ‘hard to reach’ populations depending on affordability by the health system, and should be considered as part of community outreach programs.

Our time to be heard: Stories giving voice to young people and their experience of HIV

by Owen Nyaka, James Odong, Lucy Maroncha et al.
International HIV/AIDS Alliance, July 2015
29 pp. 695 kB
http://www.aidsalliance.org/assets/000/001/717/Alliance_KC_time_to_be_heard_FINAL_original.pdf?1435858214

This publication is a collection of stories about young people living with HIV written by citizen journalists from the Key Correspondents network. It is hoped that they bring the experiences, thoughts and reflections of young people to the growing global debates on adolescent health and HIV. Key Correspondents is a network of citizen journalists around the world writing on HIV, health and human rights. The network is supported by the Alliance, but is editorially independent, and provides citizen journalists with an international platform to exchange ideas with HIV advocates, health professionals, academics, policy makers, opinion formers, journalists and editors.

Tuberculosis Research and Development: A quest for tools to meet the 21st century challenges of an ancient disease

Center for Global Health Policy, Infectious Diseases Society of America’s Education & Research Foundation, 2015
11 pp. 402 kB

In the 21st century, tuberculosis takes nearly 2 million lives every year, with drug-
resistant strains identified in 144 countries, and extensively drug-resistant disease - resistant to at least four of the core anti-tuberculosis drugs - reported in 100 countries. Renewed momentum in tuberculosis research and development in the 21st century led to new tests offering chances to reach those whose disease has gone undiagnosed, new regimens offering prospects of faster cures, and new drugs offering hope to those whose disease is resistant to older medicines.

Guidelines for surveillance of drug resistance in tuberculosis

The document takes into account recent advancements in laboratory diagnostics and subsequent WHO guidance, including Molecular line probe assays for rapid screening of patients at risk of multi-drug-resistant tuberculosis, Xpert MTB/RIF assay for the diagnosis of pulmonary and extrapulmonary TB in adults and children and Xpert MTB/RIF implementation manual. These updated guidelines also incorporate experience gained from 20 years of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance, a project initiated by WHO and the International Union Against Tuberculosis and Lung Disease (The Union). This is the oldest and largest project for the surveillance of antimicrobial drug resistance in the world.

Use of standardised patients to assess quality of tuberculosis care: a pilot, cross-sectional study

The study is the first assessment of quality of care for tuberculosis using the standardised-patient method. The results suggest that this method can be successfully implemented for tuberculosis. The pilot data suggest low adherence of providers to established standards of tuberculosis care in clinical practice despite markedly high levels of knowledge. Previously published data and our results show a big gap between what health-care providers know about tuberculosis, and what they actually do in their clinical practice. Future iterations of the standardised-patient method might help with the design of programmes to control tuberculosis, and monitoring and assessment of indicators for quality of tuberculosis care.
The impact of Xpert® MTB/RIF depends on service coordination: experience in Burkina Faso

by I. Moyenga, A. Roggi, G. Sulis et al.
4 pp. 60 kB


Translating the potential of Xpert® MTB/RIF into more effective tuberculosis (TB) care and control in low-income settings is challenging by operational issues. The authors report the experience in introducing this technology in Burkina Faso through a centralised approach. Xpert was successfully integrated into the diagnostic algorithm of multidrug-resistant TB cases. However, barriers to Xpert use for the diagnosis of TB in vulnerable populations, such as persons living with human immunodeficiency virus infection and children, were observed, mainly due to lack of coordination between services. Lessons learnt can be exploited to optimise the roll-out of this technology at country level.

Treatment outcomes for HIV and MDR-TB co-infected adults and children: systematic review and meta-analysis

by P. Isaakidis, E. C. Casas, M. Das et al.
11 pp. 1.2 MB


The incidence of multidrug-resistant tuberculosis (MDR-TB) is increasing in high human immunodeficiency virus (HIV) prevalence settings, with high associated mortality. Treatment outcomes in HIV co-infected adults and children are poorly documented. The authors conclude that the proportion of HIV–MDR-TB-co-infected patients achieving treatment success was similar to success rates reported among MDR-TB patients in general, regardless of HIV status; however, mortality was higher, particularly among adults, highlighting the need for early diagnosis and more effective treatment regimens.

On-going malaria transmission in The Gambia despite high coverage of control interventions: a nationwide cross-sectional survey

by Julia Mwesigwa, Joseph Okebe, Muna Affara et al.
Malaria Journal 2015, 14:314 (14 August 2015)
9 pp. 1.6 MB
As indicators of burden of malaria have substantially decreased in The Gambia, reaching a pre-elimination status may be attainable. Achieving this goal requires in-depth understanding of the current burden of Plasmodium falciparum infection. The authors conclude that the current malaria control interventions are not sufficient to interrupt transmission in The Gambia as malaria prevalence is still relatively high in the eastern part of the country. New interventions aiming at interrupting transmission are needed and should be urgently evaluated.

Monitoring malaria epidemiology and control in Ethiopia and Uganda

Baseline Survey October - November 2012
by Tarekegn A Abeku, Michelle EH Helinski and Matthew J Kirby
Malaria Consortium, 2015
48 pp. 505 kB


Malaria Consortium’s Beyond Garki project seeks to understand changes in malaria epidemiology and recommend effective strategies to improve control efforts. Epidemiological study sites have been set up in Ethiopia and Uganda to collect relevant data through regular surveys. The findings from the baseline survey are published in this report and show a number of interesting patterns in relation to changes in malaria epidemiology, coverage and use of interventions in Ethiopia and Uganda. The results of the subsequent survey rounds will be published in autumn 2015.

Early biting of the Anopheles gambiae s.s. and its challenges to vector control using insecticide treated nets in western Kenya highlands

Acta Tropica, Vol. 150, October 2015, pp. 136-142
77 pp. 751 kB


Long term use of insecticides in malaria vector control has been shown to alter the behavior of vectors. Such behavioral shifts have the potential of undermining the effectiveness of insecticide-based control interventions. The effects of insecticide treated nets (ITNs) use on the composition, biting/feeding and sporozoite rates of Anopheles gambiae s.l. mosquitoes in Musilongo village, Vihiga County of western Kenya highlands were investigated. The authors conclude that ITNs remain a fundamental control intervention against malaria transmission since female blood seekers were more during bed time than pre-bed time. Advocacy on enhanced net availability, integrity and usage in Kenyan highlands can reduce plasmodium falciparum transmission. Additional complemen-
tary interventions are required to control the biting and parasite transmission encountered before bed-time.

**Indoor Residual Spraying: An Operational Manual for Indoor Residual Spraying (IRS) for Malaria Transmission Control and Elimination**

Second Edition
by Birkinesh Ameneshewa, Chang Moh Seng, John Chimumbwa et al.
World Health Organization, 2015
134 pp. 1.9 MB
http://apps.who.int/iris/bitstream/10665/177242/1/9789241508940_eng.pdf?ua=1&ua=1

Vector control is the key intervention for global malaria control and elimination efforts. It is critical for the reduction and, ultimately, for the interruption of malaria transmission. Currently, the two most common vector control interventions are long-lasting insecticidal nets (LLINs) and indoor residual spraying (IRS). Together, these account for almost 60% of global investment in malaria control. IRS can contribute to the elimination of malaria if rigorously applied. The basic techniques (i.e. how one plans and implements a spray campaign) have remained more or less the same for decades. However, the strategy around IRS management and the context in which it is deployed has changed tremendously in recent years.

**Where have all the mosquito nets gone? Spatial modelling reveals mosquito net distributions across Tanzania do not target optimal Anopheles mosquito habitats**

by Emily S. Acheson, Andrew A. Plowright and Jeremy T. Kerr
Malaria Journal 2015, 14:322 (19 August 2015)
14 pp. 4.6 MB
http://www.malariajournal.com/content/pdf/s12936-015-0841-x.pdf

The United Republic of Tanzania has implemented countrywide anti-malarial interventions over more than a decade, including national insecticide-treated net (ITN) rollouts and subsequent monitoring. While previous analyses have compared spatial variation in malaria endemicity with ITN distributions, no study has yet compared Anopheles habitat suitability to determine proper allocation of ITNs. This study assesses where mosquitoes were most likely to thrive before implementation of large-scale ITN interventions in Tanzania and determine if ITN distributions successfully targeted those areas.
Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

Bibliometric Assessment of European and Sub-Saharan African Research Output on Poverty-Related and Neglected Infectious Diseases from 2003 to 2011

by J. Gabrielle Breugelmans, Michael M. Makanga, Ana Lúcia V. Cardoso et al.

PloS Negl Trop Dis 9(8): e0003997 (11 August 2015)

http://www.plosntds.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pntd.0003997&representation=PDF

The European & Developing Countries Clinical Trials Partnership (EDCTP) is a partnership of European and sub-Saharan African countries that aims to accelerate the development of medical interventions against poverty-related diseases (PRDs). The authors conclude that the volume and citation impact of papers from sub-Saharan Africa has increased since 2003, as has collaborative research between Europe and sub-Saharan Africa. >90% of publications from EDCTP-funded research were published in high-impact journals and are highly cited. These findings corroborate the benefit of collaborative research on PRDs.

Strategies for addressing vaccine hesitancy - A systematic review

by Caitlin Jarrett, Rose Wilson, Maureen O’Leary et al.

Vaccine - Available online 18 April 2015

http://www.sciencedirect.com/science/article/pii/S0264410X15005046/pdfft?md5=ea5f3a9417856f792758aa08a70c83a6pid=1-s2.0-S0264410X15005046-main.pdf

The purpose of this systematic review is to identify, describe and assess the potential effectiveness of strategies to respond to issues of vaccine hesitancy that have been implemented and evaluated across diverse global contexts. The authors conclude that overall, their results showed that multicomponent and dialogue-based interventions were most effective. However, given the complexity of vaccine hesitancy and the limited evidence available on how it can be addressed, identified strategies should be carefully tailored according to the target population, their reasons for hesitancy, and the specific context.

The Rocky Road to Zero: 11th Report of the Independent Monitoring Board of the Global Polio Eradication Initiative

by Liam Donaldson, Nasr El Sayed, Susan Goldstein et al.


24 pp. 2.3 MB
This IMB report, more than any of its predecessors, urges the programme, at global and country level, to embrace, with determination and passion, the culture and methods of fundamental quality improvement. The global programme is better than it was, but it remains far from excellent. If it truly aims for excellence, it can become a resilient programme with strong prospects of successfully navigating the rocky road ahead. If it does not, it will have to put its faith in being able to limp towards the finishing line despite big patches of mediocrity.

Clinical presentation, biochemical, and haematological parameters and their association with outcome in patients with Ebola virus disease: an observational cohort study

Lancet Infect Dis 2015 - Published Online August 11, 2015
8 pp. 201 kB

http://www.thelancet.com/pdfs/journals/laninf/PiIS1473-3099%2815%2900144-9.pdf

Clinical management of Ebola virus disease remains challenging. Routine laboratory analytics are often unavailable in the outbreak setting, and few data exist for the associated haematological and biochemical abnormalities. The disease is associated with a high prevalence of haematological and biochemical abnormalities, even in mild disease and in the absence of gastrointestinal symptoms. Clinical care that targets hypovolaemia, electrolyte disturbance, and acute kidney injury is likely to reduce historically high case fatality rates.

Ebola’s Lessons: How the WHO Mishandled the Crisis

by Laurie Garrett
Foreign Affairs, September/October 2015 Issue
Read online at:

The global response to the rise of new pathogens has continued to be limited, uncoordinated, and dysfunctional. From SARS to MERS, H5N1 to H1N1 to H7N9, the story has been similar. Poor nations are unable to detect new diseases quickly and bring them swiftly under control. Rich nations generally show only marginal interest in outbreaks until the microbes seem to directly threaten their citizens, at which point they hysterically overreact. Governments look after their own interests, cover up outbreaks, hoard scarce pharmaceutical supplies, prevent exports of life-saving medicines, shut borders, and bar travel. The WHO has struggled to remain credible, as its financial resources have shrunk, tensions have grown between its Geneva headquarters and its regional offices, and rival multilateral organizations have taken control over much of the global health action and agenda.
**Words of Relief – Ebola Crisis Learning Review**

Translators without Borders, 2015
13 pp. 2.5 MB


When trying to control an epidemic, the availability of material in languages that people understand can reassure communities, increase trust in aid workers and effectively promote behaviour change. This review examines Translators without Borders’ initiative aimed at improving communication with communities during the Ebola outbreak in West Africa from November 2014 to February 2015. The review captures examples of good practice, gaps and suggestions for improvement in Translators without Borders’ approach to the Ebola response. However, more work remains to be done to advocate and raise awareness for the use of local language in humanitarian response.

**Prioritising Community Engagement to Strengthen Health Systems in Ebola Recovery**

Oxfam International, July 2015
8 pp. 456 kB


Community engagement is now widely recognized as a critical component of responding to Ebola. It is medically essential, not just a ‘nice to have’. But at the outset of the response there was a disproportionate focus from governments, the UN and donors on providing medical facilities, equipment, medicines and health workers, and too little focus on prevention: social mobilization and empowering communities. This paper outlines priorities for successful and sustainable community-based health systems.

**Nutrition, Non-Communicable Diseases & Environmental Health (incl. WASH & Climate Change)**

**Food wastage footprint: Impacts on natural resources**

by Olivier Jan, Clément Tostivint, Anne Turbé et al.
Food and Agriculture Organization of the United Nations (FAO), 2013
63 pp. 2.8 MB


FAO estimates that each year, approximately one-third of all food produced for human consumption in the world is lost or wasted. This food wastage represents a missed opportuni-
ty to improve global food security, but also to mitigate environmental impacts and resources use from food chains. This study provides a global account of the environmental footprint of food wastage (i.e. both food loss and food waste) along the food supply chain, focusing on impacts on climate, water, land and biodiversity. A model has been developed to answer two key questions: what is the magnitude of food wastage impacts on the environment; and what are the main sources of these impacts, in terms of regions, commodities, and phases of the food supply chain involved – with a view to identify “environmental hotspots” related to food wastage.

The converging burdens of infectious and non-communicable diseases in rural-to-urban migrant Sub-Saharan African populations: a focus on HIV/AIDS, tuberculosis and cardio-metabolic diseases

by Nasheeta Peer
Tropical Diseases, Travel Medicine and Vaccines 2015, 1:6 (14 August 2015)
8 pp. 477 kB

Africa has the unenviable challenge of dealing with a double burden of disease: infectious diseases (IDs) such as HIV/AIDS and tuberculosis are high while non-communicable diseases (NCDs) are rapidly rising in the region. This review highlights the susceptibility of rural-to-urban migrants in Sub-Saharan Africa to the IDs of HIV/AIDS and tuberculosis, and to NCDs, particularly cardiovascular diseases. The disruption that occurs with migration is often accompanied by unhealthy exposures and environments. There is a need for a combined strategy to combat IDs and NCDs with screening and treatment programmes geared towards this high risk group.

Vitamin D3 supplementation in HIV infection: effectiveness and associations with antiretroviral therapy

by Lara Coelho, Sandra W. Cardoso, Paula M. Luz et al.
Nutrition Journal 2015, 14:81 (18 August 2015)
9 pp. 569 kB
http://www.nutritionj.com/content/pdf/s12937-015-0072-6.pdf

HIV infection and antiretroviral therapy (ART) may create unique risk factors for vitamin D insufficiency, including alterations of vitamin D metabolism by ART. The authors prospectively compared demographic and clinical parameters between vitamin D sufficient and insufficient HIV-infected (HIV+) adults, and assessed changes in these parameters among insufficient participants following standardized vitamin D supplementation. They conclude that the association between improved CD4 recovery and vitamin D repletion suggests a potential benefit of vitamin D supplementation on immunologic recovery during HIV treatment.
Financing national NCD responses in the post-2015 era: Preliminary recommendations from the WHO Working Group on Financing for NCDs

WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/ NCD), 02 July 2015
7 pp. 329 kB
http://www.who.int/global-coordination-mechanism/interim_report_ncdfinance.pdf?ua=1

The report highlights that significant additional investments are required to meet, by 2030, the noncommunicable diseases (NCD)-related targets included in the Sustainable Development Goals (SDGs). For national NCD responses to be implemented and sustained, any new financing will rely primarily on domestic public resources. The report also highlights opportunities to align government policies in sectors like finance, investment, trade and development to, in turn, support government health policies striving to curb the NCDs epidemic.

Global burden of disease due to smokeless tobacco consumption in adults: analysis of data from 113 countries

by Kamran Siddiqi, Sarwat Shah, Syed Muslim Abbas
BMC Medicine 2015, 13:194 (17 August 2015)
22 pp. 3.8 MB
http://www.biomedcentral.com/content/pdf/s12916-015-0424-2.pdf

Smokeless tobacco is consumed in most countries in the world. In view of its widespread use and increasing awareness of the associated risks, there is a need for a detailed assessment of its impact on health. The authors conclude that smokeless tobacco results in considerable, potentially preventable, global morbidity and mortality from cancer; estimates in relation to ischaemic heart disease need to be interpreted with more caution, but nonetheless suggest that the likely burden of disease is also substantial. The World Health Organization needs to consider incorporating regulation of smokeless tobacco into its Framework Convention for Tobacco Control.

Deaths from acute abdominal conditions and geographical access to surgical care in India: a nationally representative spatial analysis

by Anna J Dare, Joshua S Ng-Kamstra, Jayadeep Patra et al.
Lancet Global Health 2015 - Published Online August 14, 2015
8 pp. 1.0 MB
http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00079-0.pdf

Few population-based studies quantify mortality from surgical conditions and relate mortality to access to surgical care in low-income and middle-income countries. Improvements in human and physical resources at existing government hospitals are needed to reduce deaths from acute abdominal conditions in India. Full access to well-
resourced hospitals within 50 km by all of India’s population could have avoided about 50,000 deaths from acute abdominal conditions, and probably more from other emergency surgical conditions.

**Universal Health Coverage for Schizophrenia: A Global Mental Health Priority**

by Vikram Patel
Schizophr Bull (2015) - First published online: August 5, 2015
6 pp. 280 kB

http://schizophreniabulletin.oxfordjournals.org/content/early/2015/08/04/schbul.sbv107.full.pdf+html

The growing momentum towards a global consensus on universal health coverage, alongside an acknowledgment of the urgency and importance of a comprehensive mental health action plan, offers a unique opportunity for a substantial scale-up of evidence-based interventions and packages of care for a range of mental disorders in all countries. There is a robust evidence base testifying to the effectiveness of drug and psychosocial interventions for people with schizophrenia and to the feasibility, acceptability and cost-effectiveness of the delivery of these interventions through a collaborative care model in low resource settings.

**Cancer Prevention and Treatment in Developing Countries: Recommendations for Action**

by Thomas J Bollyky and Caroline Andridge
Cancer Control Planning - The Council on Foreign Relations (CFR), USA, 2015
8 pp. 1.4 MB

http://i.cfr.org/content/publications/attachments/31-38-Bollyky_cc2015.pdf

Once thought to be challenges for affluent countries alone, cancer, cardiovascular diseases, diabetes, and other non-communicable diseases are now the leading cause of death and disability in developing countries. The economic and human costs are high and rising in low- and middle-income countries, threatening their continued development prosperity. Lung, liver, cervical and breast cancers constitute a large proportion of this growing burden and can be addressed with life-saving and low-cost interventions.

**Catastrophic health expenditure and 12-month mortality associated with cancer in South-east Asia results from a longitudinal study in eight countries**

The Asean CoSts In ONcology (ACTION) Study Group
BMC Medicine 2015, 13:190 (18 August 2015)
11 pp. 1.2 MB
Over 75% of new cancer patients in Southeast Asia experience financial catastrophe or die within one year. An advanced stage at diagnosis and socioeconomic disadvantage are significant risk factors for these poor outcomes. There is an urgent need for more resources to aid early detection and policies aimed to provide adequate financial protection from the costs of cancer.

**Progress on Sanitation and Drinking Water - 2015 update and MDG assessment**

UNICEF and World Health Organization, 2015
90pp. 13.6 MB (!)


Looking back on 25 years of water, sanitation and hygiene monitoring, the report provides a comprehensive assessment of progress since 1990. The MDG target for drinking water was achieved in 2010 but the world has missed the sanitation target by almost 700 million people. In 2015, 663 million people still lack improved drinking water sources, 2.4 billion lack improved sanitation facilities and 946 million still practice open defecation.

**Copenhagen Consensus 2012: Sanitation and Water Challenge Paper**

by Frank Rijsberman and Alix Peterson Zwane
Bill & Melinda Gates Foundation, 2012
31 pp. 965 kB


This Challenge Paper focuses on sanitation, as the world has met the water Millennium Development Goal, but will likely miss the sanitation target. It considers what it would cost to improve service for both the unserved population in developing countries, those one billion or so who must defecate in the open, and what it would cost to improve the quality of service for those people in urban areas who are nominally “served” but struggle to realize the gains from sanitation because of the challenges of emptying and safely disposing of latrine/septic tank contents. Dramatically cutting open defecation rates in rural areas has been shown to be feasible with a reasonable public investment.

**Prioritizing Water, Sanitation and Hygiene in Ebola Recovery**

Oxfam International and Tearfund, July 2015
6 pp. 308 kB
The benefits of water, sanitation and hygiene (WASH) are clear and well understood. Improved WASH provision has direct impacts on health, education, dignity and gender equality and therefore on long-term development and prosperity. But the reality is that the Ebola-affected countries in West Africa have some of the worst WASH coverage in the world. And this has had fatal impacts: poor WASH provision has limited the prevention and control of infection and exacerbated the impact and reach of the Ebola outbreak. This briefing describes how the Ebola recovery process needs to strengthen public health services, including WASH improvements in schools, slum areas and more broadly to make WASH provision sustainable in communities.

Population Dynamics & Social Determinants of Health (including Gender & Education)

2015 World Population Data Sheet

with a special focus on women’s empowerment

Population Reference Bureau (PRB)
23 pp. 2.5 MB


Every year, PRB provides the latest demographic data for the world, global regions, and more than 200 countries. This year’s collection of indicators include several focusing on the status of women in key areas such as education, employment, and government. Looking at the numbers across the world, we can get a picture of women’s progress towards empowerment - all available at http://www.prb.org

Pursuing Gender Equality Inside and Out: Gender Mainstreaming in International Development Organization

by Kate Gilles, Heidi Worley and Paola Scommegna

Population Reference Bureau (PRB), 2015
34 pp. 3.1 MB


Many international development organizations have committed to advancing gender equality in their programs as an essential component of successful development. Less attention has been given to how those same principles and practices are - or are not - applied to organizational operations and culture, and what that means for their ability to effectively implement gender-equitable programs. Organizations are beginning to recognize the value of gender equality as an organizational as well as a programmatic priority, and realize that gender mainstream-
ing - the pursuit of greater gender equality internally - is both the right thing and the smart thing to do.

**Why gender matters in the solution towards safe sanitation? Reflections from rural India**

by Tina Khanna & Madhumita Das
Global Public Health - Published online: 17 August 2015
18 pp. 1.1 MB

http://www.tandfonline.com/doi/pdf/10.1080/17441692.2015.1062905

While the topic of women and water, sanitation and hygiene is a widely accepted concern among academics and activists, it continues to be an issue in developing countries with serious consequences. The findings highlight the role of three structural constraints as the key factors influencing toilet construction and use: poverty, inadequate sanitation policy and its implementation and gender-based power dynamics at the household level. The paper concludes by emphasising the relevance of engendering sanitation programmes and policies by involving women and girls in the planning process to ensure that dignified and gender-sensitive sanitation solutions are developed.

**Assessing the Strength of Evidence in the Education Sector**

by Rachel Hinton, Olivia Faulkner, Monazza Aslam et al.
52 pp. 1.2 MB

http://reliefweb.int/sites/reliefweb.int/files/resources/BE2_Guidance_Note_ASE_final_2015-30-06f_.pdf

Strong evidence is of central importance in informing policy and programming decisions across all agencies and organisations working with education systems in developing countries. Assessing and agreeing on the strength of evidence is a challenging task. It requires a combination of technical knowledge and analytical skills to judge research against agreed criteria. This guide provides an introduction to the appraisal of the quality of individual studies and the assessment of the strength of bodies of evidence.
The Case for Improving School Quality and Student Health as a Development Strategy

by Peter F. Orazem
Iowa State University; Draft in preparation for the 2012 Copenhagen Consensus, April 2012
45 pp. 1.6 MB
http://www.copenhagenconsensus.com/sites/default/files/education_0.pdf

The author highlights the different ways that decision-makers could approach the challenge of providing education in developing countries. As most children in developing countries are already enrolled in school for at least some period of time, he points out that arguably we should focus on strategies to enhance the learning that occurs in school or increase the number of years of schooling—or in other words, improve school quality. The author considers three strategies that seem to offer the best evidence of success to date; nutrition supplements, offering information on returns to schooling, and conditional cash transfers for school attendance. All have been shown to succeed with benefits that exceed costs.

The Economic Cost of Out-of-School Children in Southeast Asia

by Milan Thomas and Nicholas Burnett
United Nations Educational, Scientific and Cultural Organization (UNESCO), 2015
25 pp. 464 kB

This publication is the result of UNESCO Bangkok’s project in cooperation with Educate A Child (EAC) which seeks to eradicate obstacles, both in policy and practice, that would prevent children in Southeast Asia from accessing primary education. The report looks at the benefits of primary education and estimates the economic cost associated with large populations of Out-of-School Children (OOSC) in seven Southeast Asian countries—Cambodia, Indonesia, Lao PDR, the Philippines, Thailand, Timor-Leste and Viet Nam.

Health System Governance, Health Workforce and Health Information Systems

Strengthening the capacity of community health workers to deliver care for sexual, reproductive, maternal, newborn, child and adolescent health

by Nguyen-Toan Tran
Technical brief by the H4+ (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank), 2015
20 pp. 173 kB
http://apps.who.int/iris/bitstream/10665/174112/1/WHO_FWC_MCA_15.04_eng.pdf?ua=1
Given the growing momentum and interest in training community health workers (CHWs), the United Nations health agencies (H4+) have developed this technical brief to orient country programme managers and global partners as to key elements for strengthening the capacity of CHWs, including health system and programmatic considerations, core competencies, and evidence-informed interventions for CHWs along the sexual and reproductive health and maternal, newborn, child, and adolescent health (SR/MNCAH) continuum of care.

Implementation of a Cloud-Based Electronic Medical Record to Reduce Gaps in the HIV Treatment Continuum in Rural Kenya

by John Haskew, Gunnar Rø, Kenrick Turner et al.
10 pp. 192 kB

Electronic medical record (EMR) systems are increasingly being adopted to support the delivery of health care in developing countries and their implementation can help to strengthen pathways of care and close gaps in the HIV treatment cascade by improving access to and use of data to inform clinical and public health decision-making. A cloud-based model of EMR implementation removes the need for local clinic infrastructure and has the potential to enhance data sharing at different levels of health care to inform clinical and public health decision-making. A number of issues, including data management and patient confidentiality, must be considered but significant improvements in data quality and provision of clinical care are recorded through implementation of this EMR model.

Free open access medical education can help rural clinicians deliver ‘quality care, out there’

by TJ Leeuwenburg and C Parker
Rural and Remote Health 15: 3185 (Online) 2015
8 pp. 580 kB

Rural clinicians require expertise across a broad range of specialties, presenting difficulty in maintaining currency of knowledge and application of best practice. Free open access medical education is a new paradigm in continuing professional education. Use of the internet and social media allows a globally accessible crowd-sourced adjunct, providing inline (contextual) and offline (asynchronous) content to augment traditional educational principles and the availability of relevant resources for life-long learning. This markedly reduces knowledge translation (the delay from inception of a new idea to bedside implementation) and allows rural clinicians to further expertise by engaging in discussion of cutting edge concepts with peers worldwide.
Access to Medical Products, Vaccines and Technologies

Lancet Youth Commission on Essential Medicines Policies (YCEMP)

The aim of this commission is to assess access and promotion policies for Essential Medicines worldwide through the lens of young health providers, researchers and advocates. Building on the analysis on primary and secondary data, they seek both to provide evidence based policy recommendations and raise the awareness of the relevance of Essential Medicines Policies. The YCEMP has been given an opportunity to represent the voice of young professionals in health care concerned about improving access to essential medicines. The YCEMP aims to use this mandate to inform the public, colleagues, academia, industry, decision makers and others about the importance of essential medicines and current barriers to their access for patients.

2015 Pipeline Report: HIV, Hepatitis C Virus (HCV), and Tuberculosis (TB) Drugs, Diagnostics, Vaccines, Preventive Technologies, Research toward a Cure, and Immune-Based and Gene Therapies in Development

by Polly Clayden, Simon Collins, Mike Frick et al.
HIV i-Base/Treatment Action Group, July 2015
183 pp. 402 kB

Antiretroviral treatment (ART), particularly for people starting treatment, is increasingly effective, safe, and easier to take. ART now involves fewer pills and doses, with several combinations combined in a single daily pill. Critically for 2015 – and annually going forward – manufacturers need to market new drugs at prices that are not just competitive but affordable. Against this background, the antiretroviral pipeline in 2015 is surprisingly encouraging.

Yellow Fever Vaccine Booster Doses: Recommendations of the Advisory Committee on Immunization Practices, 2015

Morbidity and Mortality Weekly Report (MMWR), June 19, 2015/64(23);647-650
Read online at: hesp-news-briefing Issue 16/2015
In April 2013, the World Health Organization Strategic Advisory Group of Experts on Immunization concluded that a single primary dose of yellow fever vaccine is sufficient to confer sustained immunity and lifelong protection against yellow fever disease, and that a booster dose is not needed. In May 2014, the World Health Assembly adopted the recommendation to remove the 10-year booster dose requirement from the International Health Regulations by June 2016. Once the International Health Regulations are updated, the current statement in the Advisory Committee on Immunization Practices (ACIP) recommendation will no longer be relevant.

**Action Agenda for Antimicrobial Resistance in the Western Pacific Region**

World Health Organization Regional Office for the Western Pacific, 2015
36 pp. 529 kB

http://www.wpro.who.int/entity/drug_resistance/documents/action_agenda.pdf?ua=1

Antimicrobial resistance threatens great achievements in modern medicine and public health. Alarming levels of resistance to common hospital and community acquired pathogens have been reported across the world. The regional action agenda calls for action oriented implementation steps with key indicators to contain antimicrobial resistance. The priority actions focus on the development of comprehensive national plans and to raise awareness; improved surveillance of antimicrobial resistance and monitoring of antimicrobial use; and strengthened health-system capacity.

**WHO Drug Information Vol. 29, No. 2, 2015**

70 pp. 970 kB

http://www.who.int/medicines/publications/druginformation/WHO_DI_29-2.pdf?ua=1

WHO Drug Information provides an overview of topics of current relevance relating to drug development and regulation. The second issue for 2015 opens with a section on 'Regulatory collaboration', describing the important role that the African Vaccine Regulatory Forum (AVAREF) has been playing as a platform for collaboration to speed up vaccines development and approval of clinical trials during the Ebola public health emergency.
Management and Quality of Health Services and Facilities

Responsibility and accountability for well informed health-care decisions: a global challenge

by Gro Jamtvedt, Marianne Klemp, Berit Mørland et al.
The Lancet; 386: 826–828 - Published Online June 15, 2015
3 pp. 58 kB

Despite large investments during past decades in health-care research, evidence synthesis, and clinical practice guidelines, too much research is wasted and too many decisions are still not well informed. Why is this, and what can we do about it? The following four conditions must be met. First, relevant and reliable health-care research must exist and be disseminated. Second, decision makers and patients must have access to reliable and relevant evidence synthesis. Third, patients, clinicians, and policy makers must be encouraged to ask for and use evidence synthesis. Fourth, to improve patient outcomes, recommendations and decisions must be put into action and be implemented in policy and practice.

Scientists Are Hoarding Data And It’s Ruining Medical Research

Major flaws in two massive trials of deworming pills show the importance of sharing data — which most scientists don’t do.

by Ben Goldacre
BuzzFeed Contributor, July 23, 2015
Read online at:
http://www.buzzfeed.com/bengoldacre/deworming-trials

We like to imagine that science is a world of clean answers, with priestly personnel in white coats, emitting perfect outputs, from glass and metal buildings full of blinking lights. The reality is a mess. A collection of papers just published — on one of the most commonly used medical treatments in the world — show just how bad things have become. But they also give hope. The papers are about deworming pills that kill parasites in the gut, at extremely low cost. In developing countries, battles over the usefulness of these drugs have become so contentious that some people call them “The Worm Wars.”
Universal Health Coverage, Health Financing and Social Health Protection

Assessment of Systems for Paying Health Care Providers in Mongolia: Implications for Equity, Efficiency and Universal Health Coverage

by Cheryl Cashin, Aparnaa Somanathan, Elena Glinsakaya et al.
Ministry of Health, Mongolia, the Joint Learning Network, the World Bank and the World Health Organization (WHO), 2015
47 pp. 2.1 MB
http://www.jointlearningnetwork.org/resources/download/get_file/ZW50cnIaWQ6MzJ0OXxmaWVsZF9uYW1lOnJlc291cmNlX2ZpbGV8dHlwZTpmaWxl

This assessment was conducted to help inform the design and implementation of Mongolia’s provider payment systems going forward. After providing a brief overview of Mongolia’s health financing and service delivery system, this report describes the provider payment assessment and summarizes the main findings.

Does the National Health Insurance Scheme provide financial protection to households in Ghana?

by Anthony Kusi, Kristian Schultz Hansen, Felix A Asante et al.
BMC Health Services Research 2015, 15:331 (15 August 2015)
12 pp. 458 kB
http://www.biomedcentral.com/content/pdf/s12913-015-0996-8.pdf

Ghana began the implementation of its National Health Insurance Scheme (NHIS) in 2004. The NHIS is aimed at removing the financial barrier to healthcare by limiting direct out-of-pocket health expenditures (OOPHE). The study examines the effect of the NHIS on OOPHE and how it protects households against catastrophic health expenditures. The authors conclude that the NHIS has significant effect in reducing OOPHE and offers financial protection against catastrophic health expenditures (CHE) for insured individuals and their households though they still made some out-of-pocket payments. Efforts should aim at eliminating OOPHE for the insured if the objective for establishing the NHIS is to be achieved.
Entering the city: emerging evidence and practices with safety nets in urban areas

by Ugo Gentilini
190 pp. 3.5 MB

http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2015/07/30/090224b083038643/1_0/Rendee0r/PDF/Ente0n0ng0the0c00nets0in0urban0areas.pdf

Most safety net programs in low and middle-income countries have hitherto been conceived for rural areas. Yet as the global urban population increases and poverty urbanizes, it becomes of utmost importance to understand how to make safety nets work in urban settings. This paper discusses the process of urbanization, the peculiar features of urban poverty, and emerging experiences with urban safety net programs in dozens of countries. The paper finds that urban areas pose fundamentally different sets of opportunities and challenges for social protection, and that safety net programs are at the very beginning of a process of urban adaptation.

Old Age, Unemployment and Occupational Injuries Protection

Multimorbidity and the inequalities of global ageing: a cross-sectional study of 28 countries using the World Health Surveys

by Sara Afshar, Paul J. Roderick, Paul Kowal et al.
BMC Public Health 2015, 15:776 (13 August 2015)
10 pp. 782 kB

http://www.biomedcentral.com/content/pdf/s12889-015-2008-7.pdf

Multimorbidity defined as the “the coexistence of two or more chronic diseases” in one individual, is increasing in prevalence globally. The aim of this study is to compare the prevalence of multimorbidity across low and middle-income countries (LMICs), and to investigate patterns by age and education, as a proxy for socio-economic status (SES). The authors conclude that multimorbidity is a global phenomenon, not just affecting older adults in high-income countries (HICs). Policy makers worldwide need to address these health inequalities, and support the complex service needs of a growing multimorbid population.

Pension Reform: Securing Morocco’s Elderly

by Najat El Mekkaoui de Freitas
Economic Research Forum (ERF) Policy Brief No. 2; June 2015
4 pp. 201 kB
In the Middle East and North Africa (MENA), large groups of the population are not covered by social security programs. Access to health, education and a pension are essential to the well-being of the individual and contributes to the reduction of poverty. Morocco has one of the lowest levels of pension benefits and health insurance in MENA and populations are not able to afford the cost of access to healthcare and housing. Policy recommendation: The development of good social security programs is crucial to decreasing poverty, maintaining the well-being of the individual, preserving human dignity and respecting human rights.

Workers’ Guide to Health and Safety

by Todd Jailer, Miriam Lara-Meloy and Maggie Robbins
Order at: http://store.hesperian.org/HB/prod/B050.html

Work – how we spend most of our waking hours – has a huge effect on our health and our ability to care for ourselves, our families, and our communities. But in many factories around the world, workers face conditions that harm their health, endanger their lives, and keep them poor. This book provides tools to change that – to support workers’ health promoters, union organizers, and employers in their efforts to create safer, healthier, fairer, and more fulfilling workplaces. The insights and techniques in the Workers’ Guide to Health and Safety are useful in any factory, and especially in the garment, shoe, and electronics industries.

Social Transfers

Delivering effective social assistance: Does politics matter?

by Amrando Barrientos and Sony Pellissery
Effective States and Inclusive Development Research Centre (ESID), Working Paper No. 09; 2015
35 pp. 562 kB

Social assistance programmes are tax-financed programmes directed by public agencies with the objective of reducing, preventing, and eventually eradicating poverty. This paper examines the significance of politics in the rise of social assistance programmes in developing countries in the last decade. The paper highlights that social assistance is shaped by political processes, and in many countries in the south, social protection has risen in importance in political and policy discourse. The pa...
per develops a framework for distinguishing the different dimensions of influence. It applies this framework to study the development of social assistance in India, Brazil and South Africa. It employs a comparative perspective to identify key approaches, findings, and knowledge gaps in the politics of social assistance.

The (Missing) Social Protection for Older People in Tanzania

A Comparative Study in Rural and Urban Areas
by Helmut Spitzer, Hossea Rwegoshora, Zena Mnasi Mabeyo
Carinthia University of Applied Sciences, Austria and Institute of Social Work, Tanzania, July 2009
61 pp. 786 kB

The percentage of older people in the population of Tanzania is currently the highest in the East African region (5.1% in 2005) and will increase up to 10.7% in 2050. However, in most African countries these demographic projections do not correspond with the plans and existing programs to address the needs of older people. As a consequence the majority of older people continues to live at risk in the face of abject poverty and lacking social protection. Social and economic disintegration processes tend to exclude a high number of older people from social participation and expose them to highly vulnerable living conditions.

Inclusion of People with Disabilities

Measuring Disability in Surveys and Programmes: A Summary
by Islay Mactaggart
International Centre for Evidence in Disability, 2015
10 pp. 1.4 MB

Few robust quantitative data on the magnitude and impact of disability on people’s lives are available globally. Amongst the limited evidence base that exists, different methodologies used in defining disability make comparison between countries and over time extremely difficult. Collection of comparable disability data is advocated by WHO World Report on Disability and ongoing Post 2015 debates. There are no clear recommendations on how to do this in practice in a comprehensive way in surveys and programmes.
Determining the competences of community based workers for disability-inclusive development in rural areas of South Africa, Botswana and Malawi

by T Lorenzo, E van Pletzen, M Booyens
Rural and Remote Health 15: 2919, (Online) 2015
14 pp. 341 kB

Disability-inclusive development embraces a philosophy of social inclusion and a set of values that seeks to protect the human dignity and rights of persons with disabilities. It requires a workforce equipped with skills to work intersectorally and in a cross-disciplinary manner in order to operationalise the community-based rehabilitation guidelines that are designed to promote delivery of services in remote and rural areas. Community Disability Workers (CDWs) potentially have a unique set of competencies that enables them to facilitate disability-inclusive community development in rural areas.

“Complicit in Exclusion”: South Africa’s Failure to Guarantee an Inclusive Education for Children with Disabilities

by Elin Martínez
Human Rights Watch (HRW), August 2015
119 pp. 1.4 MB
https://www.hrw.org/sites/default/files/report_pdf/southafrica0815_4up_0.pdf

An estimated 500,000 children with disabilities aren’t enrolled in South Africa’s educational system, according to this report that reflects a worldwide trend in developing countries. The author questions South Africa’s announcement about achieving the MDG goal of universal primary education and urges the country to admit the truth. Based on interviews with 70 parents, HRW found that access to education has been hindered by a lack of proper accommodation in school, discriminatory fees and expenses, violence, abuse and neglect in schools, lack of quality education and poor teacher training and awareness.

All Under One Roof: Disability-inclusive shelter and settlements in emergencies

by Vidar Glette, David Sacca and Valerie Darnaudet
International Federation of Red Cross and Red Crescent Societies, 2015
163 pp. 3.2 MB
http://reliefweb.int/sites/reliefweb.int/files/resources/all_under_one_roof_-_disability-inclusive_shelter_and_settlements_in_emergencies.pdf

Persons with disabilities often experience discrimination and exclusion, despite the adoption of an increasingly rights-based approach to humanitarian assistance. The past three decades have witnessed a growing awareness of disability issues and the emergence and
spread of disabled people's organisations. The growing awareness must be accompanied by practical measures to identify and reduce the barriers faced by persons with disabilities in an emergency situation. The capacity of disabled people's own organisations must be developed and used to inform humanitarian action and build resilient and inclusive communities.

Minimum Standards for Age and Disability Inclusion in Humanitarian Action

by Sarah Collinson, Valerie Scherrer, Tushar Wali et al.
Age and Disability Consortium (CBM, DisasterReady.org, Handicap International, HelpAge International, IFRC, Oxford Brookes University and RedR UK), 2015
72 pp. 1.8 MB

The publication provides information on the actions needed to ensure that disaster-response is as inclusive as possible, through shelter, nutrition, food security and livelihoods, education, health and protection. The overarching principles include recognition that persons with disabilities and older people must be able to participate in all aspects of humanitarian response on an equal basis with others. The Standards have been developed as part of the three-year Age and Disability Capacity (ADCAP) programme, which aims to strengthen the capacity of humanitarian agencies to deliver age and disability-inclusive emergency response.

Global Health Governance, Sustainable Development Goals & Development Cooperation

Who pays for progress? The role of domestic resource mobilisation and development assistance in financing health. A case study from Kenya

by Steve Lewis, Evelyn Kibuchi, Rosemary Mburu et al.
RESULTS UK, KANCO (Kenya Aids NGO Consortium), World Aids Campaign International (WACI), and the ACTION Global Health Advocacy Partnership, July 2015
40 pp. 4.5 MB

The report outlines the concerns in Kenya that the country will lose access to overseas development aid (ODA) given its new 'Lower-Middle-Income Country' (LMIC) status. It looks at the major health donors and what their likely response will be to the change in Kenya's income status in order to assess if they are likely to decrease their support to Kenya in the near future. The report makes recommendations both for the government of Kenya and for donors. Donor institutions are advised not to withdraw from LMICs ‘too fast, too soon’.
Online Open Consultation of Civil Society, Academia and the Private Sector on the Global Indicator Framework for the Goals and Targets of the Sustainable Development Goals

Organized by the Inter-agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs)
11 August 2015 - 7 September 2015
113 pp. 534 kB

The list of proposals contains suggestions for global indicators for the goals and targets of the post-2015 development agenda based on inputs from international agencies and entities. It also presents the assessment made by countries of the indicators that were suggested in February on the basis of three criteria (feasibility, suitability and relevance). It provides a starting point for the deliberations of the IAEG-SDGs to identify the most appropriate indicators under the goals and targets, taking into account the relevant criteria for the selection of indicators, as well as the need for the coherent and comprehensive measurement of all goals and targets and the need to limit the number of global indicators.

Resilience in the SDGs: developing an indicator for Target 1.5 that is fit for purpose

by Aditya Bahadur, Emma Lovell, Emily Wilkinson et al.
Overseas Development Institute (ODI), August 2015
7 pp. 114 kB

The authors outline a comprehensive approach for developing a cross-sectoral, multi-dimensional and dynamic understanding of resilience. This underpins the core message of the Sustainable Development Goals (SDGs) that development is multi-faceted and the achievement of many of the individual development goals is dependent on the accomplishment of other goals. It also acknowledges that shocks and stresses can reverse years of development gains and efforts to eradicate poverty by 2030. Crucially, this approach to understanding resilience draws on data that countries will collect for the SDGs anyway and entails only a small additional burden in this regard.

ODI Annual Report 2014-2015: global reach, global presence

by James Cameron, Ann Grant, Isobel Hunter et al.
The Overseas Development Institute (ODI), August 2015
48 pp. 3.9 MB

Governments are set to adopt a new global framework – the Sustainable Devel-
Development Goals (SDGs) – to eradicate extreme deprivation, reduce inequality and expand opportunity. While the new goals have raised the level of ambition, there is unfinished business from the Millennium Goals (MDGs). The poorest and most marginalised people are still being left behind. Climate change has become the defining challenge of our generation – posing a real and imminent threat to human development in the 21st century. With so much at stake, ODI has risen to the challenge over the past year: unravelling the tangled relationship between many aspects of development, humanitarian action and the response to climate change.

Miscellaneous

A Healthy knowledge: Right to information and the right to health

by Sejal Parmar, David Banisar, Barbora Bukovska et al.
ARTICLE 19 Free Word Centre, London, 2012
56 pp. 1.1 MB
https://www.article19.org/data/files/medialibrary/3452/12-09-12-POLICY-right-to-health-WEB.pdf

This ARTICLE 19 policy brief examines the policy implications of nations’ international human rights obligations on the right to information and the right to health. This policy brief demonstrates how the right to information and the right to health converge in specific legal and policy terms. The brief develops a number of principles that should be the basis of any comprehensive and coherent national health policy which properly protects the right to information.

Regional Disaster Response Coordination to Support Health Outcomes

Rapporteurs: Megan Reeve, Bruce Altevogt, and Miriam Davis
Forum on Medical and Public Health Preparedness for Catastrophic Events; Board on Health Sciences Policy; Institute of Medicine, 2015
120 pp. 3.0 MB
http://download.nap.edu/cart/download.cgi?record_id=21713

Bringing multiple stakeholders together from sectors that do not routinely work with each other can augment a response to a disaster, but can also be extremely difficult because of the multi-disciplinary communication and coordination needed to ensure effective medical and public health response. As many communities within a region will have similar vulnerabilities, a logical step in planning is to establish responsibilities and capacities, and be able to work toward common goals to address all-hazards when the entire region is affected.
Awareness and Preparedness for Emergencies at Local Level

A process for improving community awareness and preparedness for technological hazards and environmental emergencies

2nd edition – 2015
by Timothy Gablehouse, Johanna Suikkanen and Elisa Tonda
United Nations Environment Programme, 2015
108 pp. 5.5 MB

http://reliefweb.int/sites/reliefweb.int/files/resources/APELLHandbook2nd_ed.pdf

The updated second edition of the APELL Handbook builds on the original publication of 1988, drawing on nearly three decades of experience in supporting resilient communities in more than 30 countries. Recent industrial and natural disasters - such as the ones in Tianjin, Fukushima or the Philippines - show that despite the scientific and technological progress and the development of risk and emergency management policies, the need for the APELL process is still current. The updated edition of the APELL handbook provides guidance to help communities prevent loss of life, as well as health, property and environmental damage, regardless of the nature of the environmental emergency.

State of Civil Society Report 2015

Editors: Andrew Firmin, Mandeep Tiwana, Radmila Evanics et al.
377 pp. 8.3 MB


From Ebola to the bombing of Gaza, civil society was the first responder to humanitarian emergencies during the last year, but faces dire threats and a funding crisis around the world. CIVICUS, a global alliance of civil society organisations, says that in addition to the work it does on pressing global challenges, such as poverty, inequality and climate change, civil society also finds itself at the frontlines of response when it comes to humanitarian emergencies, including those caused by conflicts and disasters. In addition to the Ebola crisis and natural disasters in Nepal and Vanuatu, civil society has, in the last year, also been called on to respond to a range of conflicts, including in Syria, Yemen, Ukraine, Gaza, Central African Republic and South Sudan.

Springboard for Health Communication Professionals

Springboard for Health Communication Professionals is for sharing health communication knowledge, experiences and resources. Springboard sup-
ports and nurtures regional communities of health communication practitioners, scholars and policymakers. Members can share and tap into existing expertise and resources, develop their own capacity, and discover or contribute innovative solutions.

How to write a logframe: a beginner’s guide

by Naomi Larsson
The Guardian, 17 August 2015
Need to submit a logframe for a project proposal but don’t really know what it is? Here is an explainer for beginners:


Love them or loathe them, logframes – the logical framework matrix – are a vital part of the aid worker’s skill set. Many humanitarians swear by them for project planning, and increasingly many donors ask for a logframe as part of a funding application. So, what is a logframe?

The simplest form of a logframe is a 4x4 table with 16 cells, although this isn’t a strict format. In the table you note down what you want to achieve and how you’ll get there. In theory, writing a logframe should make it easier to plan and manage a project as you can see the sequence in which the actions lead to your overall goal.

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. 9.4 MB

http://www.cpc.unc.edu/measure/publications/ms-14-87-en/at_download/document

This manual provides an overview of core statistical and econometric methods for program impact evaluation (and, more generally, causal modelling). 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. It thus forms a bridge between more basic treatments of the essentials of impact evaluation methods and the more advanced discussions. It seeks to discuss impact evaluation estimators in a thorough manner that does justice to their complexity, but in a fashion that is approachable.
Exporting Corruption

by Fritz Heimann, Ádám Földes, Sophia Coles
Transparency International, 2015
22 pp. 966 kB
http://files.transparency.org/content/download/1923/12702/file/2015_ExportingCorruption_OECDProgressReport_EN.pdf

Transparency International’s 2015 Progress Report is an independent assessment of the enforcement of the Organisation for Economic Co-operation and Development’s (OECD’s) Anti-Bribery Convention. The Convention is a key instrument for curbing global corruption because the 41 signatory countries are responsible for approximately two-thirds of world exports and almost 90 per cent of total foreign direct investment outflows. This report shows that there is Active Enforcement in four countries, Moderate Enforcement in six countries, Limited Enforcement in nine countries, and Little or No Enforcement in 20 countries.

CONFERENCES & TRAINING

Confronting Gender Based Violence: Global Lessons with Case Studies from India

7 September - 8 October 2015
https://www.coursera.org/course/gbv

One of the latest Coursera Massive Open Online Courses (MOOC) is "Confronting Gender-based Violence: Global Lessons with Case Studies from India." The course, a project of Johns Hopkins Center for Clinical Global Health Education in collaboration with academic partners and global health agencies, introduces participants from the health care sector to gender based violence (GBV), including global epidemiology of GBV, health outcomes, seminal research, policy and ethical guidelines, and clinical best practices for GBV prevention, support and management.

WHO Technical Briefing Seminar on Essential Medicines and Health Products 2015

23rd to 27th November 2015, Geneva

The programme will include updates on access and rational use of Health Technologies, Health Technologies Assessment and Universal Health Coverage, National medicines policies and Health Systems, National supply chain, Building regulatory capacities and prequalification of medicines and health technologies, Global issues and emerging challenges related to access to
medical products of quality, WHO Strategy for working with countries and partnership, and information resources.

The web site for the announcement and links to previous seminars is at:

http://who.int/medicines/technical_briefing/tbs/en/

The closing date for applications will be September 20th 2015. Early applications are encouraged for people from countries who need to apply for Schengen visas.

Participation at the seminar is free of charge but participants will have to arrange for and finance their own travel, board and lodging.

Further information can be obtained from:
Dr Christophe Rérat
Department of Essential Medicines and Health Products (HIS/EMP/)
E-mail: reratc@who.int

Master’s in Health Information Management - Call for Applications

The master’s degree programme in Health Information Management is a collaborative postgraduate master’s programme jointly offered by:
- Muhimbili University of Health and Allied Sciences (MUHAS), Tanzania
- University of the Western Cape (UWC), South Africa
- Neu-Ulm University of Applied Sciences (HNU), Germany

The master’s programme in Health Information Management is partly funded by the German Academic Exchange Service (DAAD). The funding includes costs for international flights to the two other countries and accommodation during the two teaching blocks abroad.

Next cohort time schedule: (subject to confirmation/change)
Block 1: Nov 9 – Dec 5, 2015 at HNU in Neu-Ulm/Germany
Block 2: Feb 29 – Mar 19, 2016 at UWC in Cape Town/South Africa
Block 3: Aug 22 – Sep 10, 2016 at MUHAS in Dar es Salaam/Tanzania

For more information download the information leaflet:

TIPS & TRICKS

Office Lens: Put A Scanner In Your Pocket

Here is a handy app to check out for your Android Phone: Microsoft’s Office Lens. This app helps turn your phone’s camera into a portable scanner that fits right in your pocket.

With Office Lens you can take pictures of paper documents as well as business cards, receipts, posters or Post-It Notes and turn those images into editable text.

You can also grab pictures of wipe boards, which can be a great help for meetings or for students in class. Those images can be turned into editable text as well. If you use the special whiteboard mode, Office Lens will take care of the glare and shadows that you can find in an image of a wipe board.

You can save the documents to your OneDrive, One Note, or on your device. Those images can be converted to Word documents, PowerPoints presentations, or PDFs and be automatically saved to your OneDrive. Best of all, Office Lens is free from the Google Play Store.
“No To All” when Overwriting Files

Have you ever been doing something in Windows that involved multiple files? When overwriting files in the Windows Explorer, there is an option for “Yes To All”. This would overwrite any files you would normally be prompted for. While there is the option for “Yes to All”, there is no button for “No to All”. To have “No To All”, simply hold down the Shift key while you click on the “No” option.