

EDITORIAL

Dear colleagues,

From this issue's vast array of items we want to highlight a few case studies and approaches which shed light on how to translate 'global agendas' in health and social protection into 'local realities':

- [Introducing sexuality education: Senegal's scale-up success](#)
- [Mobilising domestic resource mobilisation: Zimbabwe's national AIDS levy](#)
- [Motivating health workers to stay rural: Kenya's clinical officers](#)
- [Training health personnel: the role of health partnerships](#) (click to learn what is meant by that)
- [Providing universal social protection: Latin American pathways](#)
- [Moving forward on universal health coverage: how to set priorities?](#)

And two more items we want to mention (which admittedly don't fit this focus):

- The World Bank's flagship [World Development Report 2016](#) on 'Digital Dividends' (bonus tip: e-health is on p. 190)
- [100 key research questions for the post-2015 development agenda](#) (for those of you looking for a PhD topic)

Your editorial team

Dieter Neuvians, Viktor Siebert, Anna von Roenne

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ONLINE RESOURCES

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

Scaling up sexuality education in Senegal: integrating family life education into the national curriculum



by Katie Chau, Aminata Traoré Seck, Venkatraman Chandra-Mouli et al.
Sex Education - Published online: 06 January 2016
18 pp. 1.1 MB

<http://www.tandfonline.com/doi/pdf/10.1080/14681811.2015.1123148>

In the last few years, sexuality education has become a very contentious subject in inter-governmental negotiations. Some negotiators see it as central to adolescent development and health, and are dismayed even angered by the resistance to it. Others view it as a challenge to their norms and traditions, and view the term and what is ‘folded within it’ with suspicion. These tensions operate at the country level as well. A small number of countries have made impressive progress in navigating these barriers and scaling up sexuality education. They have both strengthened its content and expanded its application. Senegal is one of them. With support from the Implementing Best Practices Initiative, the authors have developed this descriptive-analytic case study to draw out the lessons from Senegal’s experiences.

Community Health Workers: Bringing family planning services to where people live and work



by Julie Solo, Shawn Malarcher, Clifton Kenon et al.
High-Impact Practices in Family Planning (HIPs) - USAID, 2015
8 pp. 895 kB

https://www.fphighimpactpractices.org/sites/fphips/files/hip_chw_brief.pdf

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where unmet need is high, access is low, and geographic or social barriers to use of services exist. This updated brief describes the importance of community-based family planning programs as a means of reducing inequities in access to services and outlines key issues for planning and implementation.

Medical students are afraid to include abortion in their future practices: in-depth interviews in Maharashtra, India



by Susanne Sjöström, Birgitta Essén, Kristina Gemzell-Danielsson et al.
BMC Medical Education 2016:8 (12 January 2016)

8 pp. 599 kB

<http://bmcmededuc.biomedcentral.com/track/pdf/10.1186/s12909-016-0532-5?site=bmcmededuc.biomedcentral.com>

Unsafe abortions are estimated to cause eight percent of maternal mortality in India. Lack of providers, especially in rural areas, is one reason unsafe abortions take place despite decades of legal abortion. Education and training in reproductive health services has been shown to influence attitudes and increase chances that medical students will provide abortion care services in their future practice. To increase chances that medical students in Maharashtra will perform abortion care services in their future practice, it is important to strengthen their confidence and knowledge through improved medical education including value clarification and clinical training.

Long-term outcomes for women after obstetric fistula repair in Lilongwe, Malawi: a qualitative study



by Laura B. Drew, Jeffrey P. Wilkinson, William Nundwe et al.
BMC Pregnancy and Childbirth 2016 16:2 (5 January 2016)
12 pp. 478 kB

<http://bmcpregnancychildbirth.biomedcentral.com/track/pdf/10.1186/s12884-015-0755-1?site=bmcpregnancychildbirth.biomedcentral.com>

Obstetric fistula affects a woman's life physically, psychosocially, and economically. Although surgery can repair the physical damage of fistula, the devastating consequences that affect a woman's quality of life may persist when she reintegrates into her community. The authors conclude that nearly all women believed their quality of life had improved at the individual and interpersonal levels since fistula repair, even among women who continued to have urinary incontinence. Contrary to other studies, women reported they were welcomed back by their communities and had limited challenges when reintegrating. Despite the overall improvements in quality of life, many continued to have relationship problems and were concerned about future fertility. These issues need to be further explored in other studies.

The LANCET Series on stillbirths

**The silence
around stillbirth
is unspeakable**

Almost 2.6 million babies are stillborn worldwide every year. That's roughly the population of Rome, wiped out. Yet we still don't talk openly about stillbirth. Vulnerable girls and women are often left to suffer in silence. It only perpetuates the stigma when they have little to no information on the topic.

More must be done to cut through the sociocultural, religious, and health barriers that inhibit open dialogue.

What can be done to rid ourselves of these taboos? We need to pave the way for more open dialogue around the subject. This dialogue begins at both policy, and community levels. All women must be given adequate health care from before conception to after birth. Women must be empowered to

Speak out about their rights, share their stories, and to speak out about stillbirth. Learn what The Lancet is doing to fight back: <https://thebestscienceforbetterlives.com/stillbirth/>

Monitoring iCCM: a feasibility study of the indicator guide for monitoring and evaluating integrated community case management



by Timothy Roberton, Dyness Kasungami, Tanya Guenther et al.
Health Policy Plan. (2016) - First published online: January 11, 2016
8 pp. 146 kB

<http://heapol.oxfordjournals.org/content/early/2016/01/11/heapol.czv129.full.pdf+html>

Most countries in sub-Saharan Africa have now adopted integrated community case management (iCCM) of common childhood illnesses as a strategy to improve child health. In March 2014, the iCCM Task Force published an Indicator Guide for Monitoring and Evaluating iCCM: a 'menu' of recommended indicators with globally agreed definitions and methodology, to guide countries in developing robust iCCM monitoring systems. This article presents findings from two studies that examined the feasibility of collecting the Indicator Guide's 18 routine monitoring indicators with the iCCM monitoring systems that countries currently have in place.

Under-5 mortality in 2851 Chinese counties, 1996–2012: a subnational assessment of achieving MDG 4 goals in China



by Yanping Wang, Xiaohong Li, Maigeng Zhou et al.
Lancet 2016; 387: 273–83 - Published Online October 26, 2015
11 pp. 988 kB

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00554-1.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00554-1.pdf)

In the past two decades, the under-5 mortality rate in China has fallen substantially, but progress with regards to the Millennium Development Goal (MDG) 4 at the subnational level has not been quantified. The reduction of under-5 mortality rates in China at the country, provincial, and county level is an extraordinary success story. Reductions of under-5 mortality rates faster than 88% (twice MDG 4 pace) are possible. Extremely rapid declines seem to be related to public policy in addition to socioeconomic progress. Lessons from successful counties should prove valuable for China to intensify efforts for those with unacceptably high under-5 mortality rates.

The need for pragmatic clinical trials in low and middle income settings – taking essential neonatal interventions delivered as part of inpatient care as an illustrative example



by Mike English, Jamlick Karumbi, Michuki Maina et al.
BMC Medicine 2016; 14:5 (18 January 2016)
7 pp. 1.0 MB

<http://bmcmedicine.biomedcentral.com/track/pdf/10.1186/s12916-016-0556-z?site=bmcmedicine.biomedcentral.com>

Many interventions are introduced without adequate evidence of their effectiveness in the routine settings to which they are introduced. Global efforts are needed to support pragmatic research to establish the effectiveness in routine care of many interventions intended to reduce mortality or morbidity in low and middle income countries (LMIC). Such research should be seen as complementary to efforts to optimize implementation.

Effects of the integrated Community Case Management of Childhood Illness Strategy on Child Mortality in Ethiopia: A Cluster Randomized Trial



by Agbessi Amouzou, Elizabeth Hazel, Bryan Shaw et al.
Am J Trop Med Hyg 2016 - Published online January 19, 2016
30 pp. 2.8 MB

<http://m.ajtmh.org/content/early/2016/01/14/ajtmh.15-0586.full.pdf>

The authors conducted a randomized controlled trial of the effects of the integrated community case management (iCCM) of Childhood Illness strategy on care seeking for and coverage of correct treatment of suspected pneumonia, diarrhea, and malaria, and mortality among children aged 2–59 months in 31 districts of the Oromia region of Ethiopia. The authors conclude that mortality declined at similar rates in both study arms. Ethiopia's iCCM program did not generate levels of demand and utilization sufficient to achieve significant increases in intervention coverage and a resulting acceleration in reductions in child mortality. This evaluation has allowed Ethiopia to strengthen their strategic approaches to increasing population demand and use of iCCM services.

[HIV, Tuberculosis & Malaria](#)

Zimbabwe's national AIDS levy: A case study



by Nisha Bhat, Peter H. Kilmarx, Freeman Dube et al.
SAHARA-J: Journal of Social Aspects of HIV/AIDS: An Open Access Journal, Volume 13,
Issue 1, 2016
8 pp. 564 kB

<http://www.tandfonline.com/doi/pdf/10.1080/17290376.2015.1123646>

The Zimbabwe AIDS Levy has generated substantial resources, recently over US\$ 35 million per year, and signals an important commitment by Zimbabweans, which may have helped attract other donor resources. Many key informants considered the Zimbabwe AIDS Levy to be a best practice for other countries to follow.

Trends and determinants of survival for over 200 000 patients on antiretroviral treatment in the Botswana National Program: 2002–2013



by Mansour Farahani, Natalie Price, Shenaaz El-Halabi et al.
AIDS: 28 January 2016, Volume 30, Issue 3, pp. 477–485
9 pp. 537 kB

http://pdfs.journals.lww.com/aidsonline/2016/01280/Trends_and_determinants_of_survival_for_over.16.pdf

The objective of the study was to determine the incidence and risk factors of mortality for all HIV-infected patients receiving antiretroviral treatment at public and private healthcare facilities in the Botswana National HIV/AIDS Treatment Programme. The observed mortality rates have been declining over time; however, mortality in the first year, particularly first 3 months of antiretroviral treatment, remains a distinct problem. This analysis showed lower mortality with regimens containing tenofovir compared with zidovudine and stavudine. CD4+ cell count less than 100 cells/ μ l, older age and being male were associated with higher odds of mortality.

AIDSFree Guidance Database



<https://aidsfree.usaid.gov/resources/guidance-data>

The AIDSFree Guidance Database brings together national HIV testing and treatment guidance from many priority countries around the world. Use this interactive database to prepare guideline revisions for a specific country, conduct research and product development, prepare training materials for health care personnel, write proposals and grants, or learn about guidelines from other countries.

Malaria Parasitemia Among Febrile Patients Seeking Clinical Care at an Outpatient Health Facility in an Urban Informal Settlement Area in Nairobi, Kenya



by Henry N. Njuguna, Joel M. Montgomery, Leonard Cosmas et al.
Am J Trop Med Hyg 2016 94:122-127 - Published online November 23, 2015,
6 pp. 894 kB

<http://www.ajtmh.org/content/94/1/122.full.pdf+html>

Nairobi is considered a low-risk area for malaria transmission, but travel can influence transmission of malaria. The authors investigated the demographic characteristics and travel history of patients with documented fever and malaria in a study clinic in a population-based surveillance system over a 5-year period, January 1, 2007 to December 31, 2011. Malaria

parasitemia was frequently observed among febrile patients at a health facility in the urban slum of Kibera, Nairobi. The majority of patients had travelled to western Kenya. However, 34% reported no travel history, which raises the possibility of local malaria transmission in this densely populated, urban setting.

Why do health workers give anti-malarials to patients with negative rapid test results? A qualitative study at rural health facilities in western Uganda



by Robin Altaras, Anthony Nuwa, Bosco Agaba et al.
Malaria Journal 2016, 15:23 (11 January 2016)
14 pp. 1.1 MB

<http://www.malariajournal.com/content/pdf/s12936-015-1020-9.pdf>

The large-scale introduction of malaria rapid diagnostic tests (RDTs) promises to improve management of fever patients and the rational use of valuable anti-malarials. However, evidence on the impact of RDT introduction on the overprescription of anti-malarials has been mixed. The study found high provider adherence to RDT results, but that providers believed in certain clinical exceptions and felt they lacked alternative options. Guidance on how the RDT works and testing following partial treatment, better methods for assisting providers in diagnostic decision-making, and a context-appropriate provider behaviour change intervention package are needed.

Intramuscular Artesunate for Severe Malaria in African Children: A Multicenter Randomized Controlled Trial



by Peter G. Kremsner, Akim A. Adegnika, Aurore B. Hounkpatin et al.
PLoS Med 13(1): e1001938 (12 January 2016)
22 pp. 2.0 MB

<http://journals.plos.org/plosmedicine/article/asset?id=10.1371%2Fjournal.pmed.1001938.PDF>

Current artesunate (ARS) regimens for severe malaria are complex. Once daily intramuscular (i.m.) injection for 3 d would be simpler and more appropriate for remote health facilities than the current WHO-recommended regimen of five intravenous (i.v.) or i.m. injections over 4 d. The authors compared both a three-dose i.m. and a three-dose i.v. parenteral ARS regimen with the standard five-dose regimen using a non-inferiority design. They conclude that the simplified three-dose i.m. regimen is non-inferior to the more complex WHO-recommended regimen. Parenteral ARS is associated with a risk of delayed anemia in African children.

“Asymptomatic” Malaria: A Chronic and Debilitating Infection that should be treated



by Ingrid Chen, Siân E. Clarke, Roly Gosling et al.
PLoS Med 13(1): e1001942 (January 19, 2016)

11 pp. 433 kB

<http://journals.plos.org/plosmedicine/article/asset?id=10.1371%2Fjournal.pmed.1001942.PDF>

So-called “asymptomatic” malaria infections are associated with recurrent episodes of symptomatic parasitemia, chronic anemia, maternal and neonatal mortality, co-infection with invasive bacterial disease, cognitive impairment, and ongoing transmission of the parasite. “Asymptomatic” malaria infections have significant health and societal consequences, and the authors propose that they should be renamed “chronic” malaria infections. Targeting chronic malaria infections poses major scientific, operational, and ethical challenges.

Hitting a Moving Target: A Model for Malaria Elimination in the Presence of Population Movement



by Sheetal Prakash Silal, Francesca Little, Karen Irma Barnes et al.
PLoS ONE 10(12): e0144990 (January 20, 2016)
16 pp. 2.8 MB

<http://journals.plos.org/plosone/article/asset?id=10.1371%2Fjournal.pone.0144990.PDF>

South Africa is committed to eliminating malaria with a goal of zero local transmission by 2018. Malaria elimination strategies may be unsuccessful if they focus only on vector biology, and ignore the mobility patterns of humans, particularly where the majority of infections are imported. In the first study in Mpumalanga Province in South Africa designed for this purpose, a metapopulation model is developed to assess the impact of their proposed elimination-focused policy interventions.

Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

Fight against little-known Zika virus applies lessons from Ebola



Oxford University, 12 January 2016
Read online at:

<http://www.ox.ac.uk/news/2016-01-12-fight-against-little-known-zika-virus-applies-lessons-ebola>

While the world’s attention has been focussed on Ebola, another outbreak has been spreading in a number of countries across the world. Now, Oxford University infectious disease specialists are applying the lessons from the Ebola outbreak to try to support local medics and researchers to get ahead of this new pathogen.

The Global Health Network’s website for Zika has been set up for the local research community. It will make available documents, as well as sharing research priorities, protocols, data capture systems alongside the latest epidemiology and clinical management information about Zika infection: <https://zikainfection.tghn.org/>

Zika Virus in the Americas - Yet Another Arbovirus Threat



by Anthony S. Fauci and David M. Morens
The New England Journal of Medicine, January 13, 2016
3 pp. 921 kB

<http://www.nejm.org/doi/pdf/10.1056/NEJMp1600297>

The explosive pandemic of Zika virus infection occurring throughout South America, Central America, and the Caribbean and potentially threatening the United States is the most recent of four unexpected arrivals of important arthropod-borne viral diseases in the Western Hemisphere over the past 20 years. It follows dengue, which entered this hemisphere stealthily over decades and then more aggressively in the 1990s; West Nile virus, which emerged in 1999; and chikungunya, which emerged in 2013. Are the successive migrations of these viruses unrelated, or do they reflect important new patterns of disease emergence? Furthermore, are there secondary health consequences of this arbovirus pandemic that set it apart from others?

Zika virus in Brazil and the danger of infestation by *Aedes (Stegomyia)* mosquitoes



by Carlos Brisola Marcondes and Maria de Fátima Freire de Melo Ximenes
Rev. Soc. Bras. Med. Trop., ahead of print Epub Dec 22, 2015
7 pp. 812 kB

<http://www.scielo.br/pdf/rsbmt/2015nahead/0037-8682-rsbmt-1015900037868202202015.pdf>

Zika virus, already widely distributed in Africa and Asia, was recently reported in two Northeastern Brazilian: State of Bahia and State of Rio Grande do Norte, and one Southeastern: State of São Paulo. This finding adds a potentially noxious virus to a list of several other viruses that are widely transmitted by *Aedes (Stegomyia) aegypti* and *Aedes (Stegomyia) albopictus* in Brazil. The pathology and epidemiology, including the distribution and vectors associated with Zika virus, are reviewed.

Interim Guidelines for Pregnant Women During a Zika Virus Outbreak – United States, 2016



by Emily E. Petersen, J. Erin Staples, Dana Meaney-Delman et al.
MMWR Morb Mortal Wkly Rep 2016; 65 (Early Release):1–4
4 pp. 355 kB

<http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6502e1er.pdf>

Zika virus is a mosquito-borne flavivirus transmitted primarily by *Aedes aegypti* mosquitoes. The incidence of Zika virus infection in pregnant women is not currently known, and data on pregnant women infected with Zika virus are limited. Zika virus infections have been confirmed in infants with

microcephaly, and in the current outbreak in Brazil, a marked increase in the number of infants born with microcephaly has been reported. Because there is neither a vaccine nor prophylactic medications available to prevent Zika virus infection, CDC recommends that all pregnant women consider postponing travel to areas where Zika virus transmission is ongoing.

The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises



by Carmen C. Mundaca-Shah, V. Ayano Ogawa, Priyanka Kanal et al.
Commission on a Global Health Risk Framework for the Future (GHRF Commission), January 2016
144 pp. 1.3 MB

<http://nam.edu/wp-content/uploads/2016/01/Neglected-Dimension-of-Global-Security.pdf>

It is clear that, despite extraordinary advances in medical science, we cannot be complacent about the threat of infectious diseases. Infectious diseases remain one of the biggest risks facing humankind. Few events are capable of equal damage to human lives and livelihoods. Yet the global community spends relatively little to protect populations from the risks of pandemics. Compared with other high-profile threats to human and economic security - such as war, terrorism, nuclear disasters, and financial crises - we are underinvested and underprepared. This is the neglected dimension of global security.

see also **NEJM Special Report:**

The Neglected Dimension of Global Security - A Framework for Countering Infectious-Disease Crises



by Peter Sands, Carmen Mundaca-Shah and Victor J. Dzau
The New England Journal of Medicine – Published January 13, 2016
7 pp. 375 kB

<http://www.nejm.org/doi/pdf/10.1056/NEJMSr1600236>

The National Academy of Medicine has managed an independent, international commission on improving international management and response to outbreaks. The Commission's recommendations constitute a comprehensive framework for countering the risk of infectious-disease crises. Inevitably, there will be debate as to whether implementing only some will suffice. But policy frameworks are most effective when the elements complement each other; partial implementation is much less effective. Moreover, investment in prevention and preparation is worth much more than spending on response, and the best response is a well-prepared one. The battle against infectious-disease outbreaks will be fought on the ground within specific communities and will be won only if these communities are fully engaged, but science is our most powerful weapon in combating infectious diseases, and the development of tools such as vaccines and diagnostics must begin before a crisis occurs. Otherwise, the delay in deploying such tools effectively will cost the world many lives and livelihoods.

Buruli Ulcer in Cameroon: The Development and Impact of the National Control Programme



Earnest Njih Tabah, Dickson Shey Nsagha, Anne-Cécile Zoung-Kanyi Bissek et al.
PLoS Negl Trop Dis 10(1): e0004224 (January 13, 2016)
14 pp. 5.8 MB

<http://journals.plos.org/plosntds/article/asset?id=10.1371%2Fjournal.pntd.0004224.PDF>

Cameroon is endemic for Buruli ulcer (BU) and organised institutional BU control began in 2002. Although institutional BU control Cameroon only began 30 years after the first cases were reported in 1969, a number of milestones have been attained. These would serve as stepping stones for charting the way forward and improving upon control activities in the country if the major challenge of resource allocation is dealt with.

Mycetoma: A Long Journey from Neglect



by Eduard E. Zijlstra, Wendy W. J. van de Sande, Ahmed H. Fahal
PLoS Negl Trop Dis 10(1): e0004244 (21 January 2016)
3 pp. 142 kB

<http://journals.plos.org/plosntds/article/asset?id=10.1371%2Fjournal.pntd.0004244.PDF>

Even in the tropical medicine community, mentioning mycetoma often raises eyebrows and requires further explanation. This condition has all the ingredients of neglect: it affects the poorest segment of the population in remote areas, the course of the disease is slow and chronic, and health services in the endemic areas do not have trained staff, adequate diagnostic tools, or treatment. There is uncertainty about the route of transmission, which contributes to lack of effective national control programs. The most important impact would come from increased international recognition by governments, WHO, nongovernmental organizations (NGOs), and donors. For the long term, national control programs need to be established, with the upgrading of health services in the endemic areas - by training staff and providing adequate tools for diagnosis and treatment - as the main priority.

Historical Aspects of Endemic Trachoma in Peru: 1895–2000



by Vicente Maco, Mayling Encalada, Carlos Wong et al.
PLoS Negl Trop Dis 10(1): e0004116 (January 14, 2016)
16 pp. 1.4 MB

<http://journals.plos.org/plosntds/article/asset?id=10.1371%2Fjournal.pntd.0004116.PDF>

Trachoma, a chronic keratoconjunctivitis caused by the intracellular bacterium *Chlamydia trachomatis*, is the leading infectious cause of blindness and affects the most underprivileged populations worldwide. An estimated 1.3 million people have been blinded, and there are more than 50 tracho-

ma-endemic countries, mainly in Africa, the Middle East, and Asia. Regarding Peru, the current status of trachoma is unknown. To fill this gap, the authors have conducted an extensive and critical historical review of the local literature and have searched all available sources of early written documentation and pictorial evidence of trachoma in Peru.

Ebola Outbreak, Sierra Leone - Communication: Challenges and good practices



The Assessment Capacities Project (ACAPS) Ebola project, December 2015
16 pp. 19.9 MB(!)

<http://acaps.org/img/documents/s-sierra-leone-ebola-outbreak-communications-challenges-and-good-practices.pdf>

On 3 September 2015 ACAPS launched the Ebola Project to analyse the humanitarian needs resulting from the Ebola epidemic in Sierra Leone, Guinea and Liberia. As the outbreak spread, it was important to find appropriate ways to tell people how to minimise the risk of catching the disease and what to do if it affected them and their families. Communication remains a key aspect of community mobilisation efforts to address remaining Ebola-related issues, such as survivor stigma and complacency towards prevention measures. This is the second of two reports that ACAPS is producing with the aim of identifying lessons learned and good practice in community-led communication processes.

Emerging Infectious Diseases, Vol. 22, Nr. 2, February 2016



Peer-Reviewed Journal Tracking and Analyzing Disease Trends
204 pp. 8.98 MB

http://wwwnc.cdc.gov/eid/pdfs/vol22no2_pdf-version.pdf

Among others:

- Ebola and Its Control in Liberia, 2014–2015
- Epidemiology of Epidemic Ebola Virus Disease in Conakry and Surrounding Prefectures, Guinea, 2014–2015
- Hospital Preparations for Viral Hemorrhagic Fever Patients and Experience Gained from Admission of an Ebola Patient

Smartphone Microscopy of Parasite Eggs Accumulated into a Single Field of View



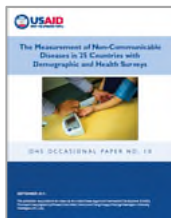
by Stephen J. Sowerby, John A. Crump, Maree C. Johnstone et al.
Am J Trop Med Hyg 2016, Vol. 94, No. 1, 227-230
4 pp. 956 kB

<http://www.ajtmh.org/content/94/1/227.full.pdf#page=1&view=FitH>

A Nokia Lumia 1020 cellular phone (Microsoft Corp., Auckland, New Zealand) was configured to image the ova of *Ascaris lumbricoides* converged into a single field of view but on different focal planes. The phone was programmed to acquire images at different distances and, using public domain computer software, composite images were created that brought all the eggs into sharp focus. This proof of concept informs a framework for field-deployable, point of care monitoring of soil-transmitted helminths.

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

The Measurement of Non-Communicable Diseases in 25 Countries with Demographic and Health Surveys

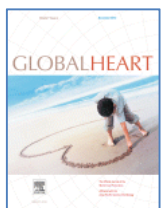


by Mitsuaki Hirai, Nisha Grover, and Cheng Huang
United States Agency for International Development (USAID), September 2015
45 pp. 688 kB

http://pdf.usaid.gov/pdf_docs/pbaad341.pdf

The main objectives of this report are: 1) to describe the procedures and questions used to collect data on Non-Communicable Diseases (NCDs) in Demographic and Health Surveys (DHS); 2) to present prevalence rates and differentials of hypertension and diabetes; 3) to compare NCD data collection efforts of DHS and WHO; and 4) to discuss future NCD data collection by DHS.

Resource Needs for Addressing Noncommunicable Disease in Low- and Middle-Income Countries



Current and Future Developments
by Karin Stenberg and Dan Chisholm
World Health Organization, GLOBAL HEART, Vol. 7, No. 1, 2012
8 pp. 287 kB

<http://www.who.int/choice/publications/karindan.pdf>

In this article, recently developed costing and health impact models for non-communicable disease are reviewed, with a view to drawing out their main findings as well as methodological limitations. A key shortcoming is that earlier modelling efforts have taken a vertical approach to costing, when in reality a more integrated, horizontal approach is needed in order to effectively plan for scaled-up investment and system development. The article subsequently describes how the integration of an NCD module into the joint United Nations OneHealth tool will enable low- and middle-income countries to bring NCD into an integrated process for national strategic health planning.

Improving nutrition outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes



by Renuka Bery, Sophie Boisson, Lizette Burgers et al.
World Health Organization (WHO), United Nations Children's Fund (UNICEF), U.S. Agency for International Development (USAID), 2015
76 pp. 2.5 MB

http://pdf.usaid.gov/pdf_docs/pbaad689.pdf

Access to safe drinking-water, sanitation and hygiene (WASH) services is a fundamental element of healthy communities and has an important positive impact on nutrition. This document provides an overview of the evidence of nutrition gains that can be achieved with improved WASH, a description of key WASH practices, and practical knowledge and guidance on how to integrate WASH into nutrition programmes, including important monitoring and evaluation (M&E) aspects. The document concludes by providing a suite of case-studies and lessons learnt in integrating WASH with nutrition efforts.

Releasing the flow: Addressing barriers to financial absorption in the water, sanitation and hygiene sector in Africa



WaterAid Synthesis Report, 2016
15 pp. 662 kB

<http://www.wateraid.org/~//media/Publications/Releasing-the-flow/Releasing-the-flowWaterAid-synthesis-report.pdf?la=en>

The report concentrates on capacity to use available funds for water, sanitation and hygiene in five countries in Sub-Saharan Africa – Ethiopia, Mozambique, Rwanda, South Africa and Uganda. Based on research by Development Finance International, the analysis suggests effective leadership from government – at national, regional and local levels – is a key factor for success.

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

Social Development and Human Development – Topic Guide



by Evie Browne and Kerry A. Millington
Governance, Social Development, Humanitarian And Conflict (GSDRC) and Health & Education
Advice & Resource Team (HEART), 2015
37 pp. 1.4 MB

http://www.gsdrc.org/wp-content/uploads/2015/10/SD_HD.pdf

This guide provides an overview of available evidence on how social development influences human development outcomes. It focuses on five social development issues (human rights, accountability, gender inequality, age and social exclusion) and their influence on four human development sectors: 1) health; 2) sexual and reproductive health (SRH); 3) education; and 4) water, sanitation and hygiene (WASH).

Training Manual to Support Country-Driven Gender and Climate Change



Policies, Strategies, and Program Development
Asian Development Bank and Nordic Development Fund, 2015
80 pp. 4.8 MB

<http://www.adb.org/sites/default/files/publication/178959/country-driven-gender-climate-change.pdf>

There is growing recognition that by empowering women to actively participate in reducing emissions and strengthening community resilience, climate change projects become more successful, more sustainable, and more equitable. This publication aims to provide trainers, practitioners, and policy makers of environment and gender mainstreaming agencies an understanding of key concepts and approaches to gender-responsive mitigation measures, strategies, and policies. It covers key concepts on gender and climate change and concludes with step-by-step guidelines for policy and decision makers to mainstream gender into climate policies and projects, with practical tools and exercises to support training on gender and climate change.

Progress of the World's Women 2015-2016: Transforming Economies, Realizing Rights



by Shahra Razavi, Laura Turquet, Mika Mansukhani et al.
UN Women, 2015
342 pp. 8.7 MB

http://progress.unwomen.org/en/2015/pdf/UNW_progressreport.pdf

Since the Fourth World Conference on Women in Beijing, significant progress has

been made, particularly in advancing women’s legal rights. However, as progress shows, in an era of unprecedented global wealth, millions of women are trapped in low paid, poor quality jobs, denied even basic levels of health care, and water and sanitation. Women still carry the burden of unpaid care work, which austerity policies and cut-backs have only intensified. To build fairer, more sustainable economies which work for women and men, more of the same will not do.

Health System Governance, Health Workforce and Health Information Systems

Performance of Community Health Workers



Optimizing the benefits of their unique position between communities and the health sector

PhD thesis by Maryse Catelijne Kok, Amsterdam, the Netherlands, 2015

248 pp. 5.8 MB

https://www.kit.nl/health/wp-content/uploads/publications/5641fbb74cc7f_Kok%202015%20Performance%20of%20CHWs.pdf

Community health workers (CHWs) form an essential part of the health system in many low- and middle-income countries (LMICs). They deliver promotive, preventive and some curative health services to - often poor and vulnerable - communities. The continuing shortage of human resources for health combined with evidence that CHWs can contribute to improved community health has led to a renewed interest in CHW programmes in recent years. The aim of this thesis is to gain insight into how performance of CHWs in LMICs can be improved, in order to contribute to the realization of better informed, more effective and sustainable CHW programmes and ultimately improved health status of poor and rural communities.

Job preferences among clinical officers in public sector facilities in rural Kenya: a discrete choice experiment



by Toshio Takemura, Karina Kielmann and Duane Blaauw

Human Resources for Health 2016, 14:1 (8 January 2016)

10 pp. 922 kB

<http://www.human-resources-health.com/content/pdf/s12960-015-0097-0.pdf>

Clinical officers (COs), a mid-level cadre of health worker, are the backbone of healthcare provision in rural Kenya. However, the vacancy rate for COs in rural primary healthcare facilities is high. Although both financial incentives and non-financial incentives were effective in motivating COs to stay in post, an 1-year guaranteed study leave after 3 years of service was shown to have the strongest impact on COs’ retention. Sub-group analysis shows that younger COs demonstrated a significantly stronger preference for study leave than older COs.

Barriers and facilitators to uptake of systematic reviews by policy makers and health care managers: a scoping review



by Andrea C. Tricco, Roberta Cardoso, Sonia M. Thomas et al.
Implementation Science 2016, 11:4 (12 January 2016)
20 pp. 825 kB

<http://www.implementationscience.com/content/pdf/s13012-016-0370-1.pdf>

The authors identified useful information for writers of systematic reviews to inform their preparation of reviews including providing one-page summaries with key messages, tailored to the relevant audience. Moreover, partnerships between researchers and policy makers/managers to facilitate the conduct and use of systematic reviews should be considered to enhance relevance of reviews and thereby influence uptake.

Sharing Clinical Trial Data - A Proposal From the International Committee of Medical Journal Editors



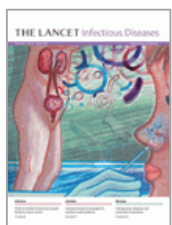
by Darren B. Taichman, Joyce Backus, Christopher Baethge et al.
JAMA. Published online January 20, 2016
Read online at:

<http://jama.jamanetwork.com/article.aspx?articleID=2483008>

The International Committee of Medical Journal Editors (ICMJE) believes that there is an ethical obligation to responsibly share data generated by interventional clinical trials because participants have put themselves at risk. In a growing consensus, many funders around the world - foundations, government agencies, and industry - now mandate data sharing. Here the authors outline ICMJE's proposed requirements to help meet this obligation. They encourage feedback on the proposed requirements. Anyone can provide feedback at www.icmje.org by April 18, 2016.

[Access to Medical Products, Vaccines and Technologies](#)

Alternatives to antibiotics - a pipeline portfolio review



by Lloyd Czaplewski, Richard Bax, Martha Clokie et al.
Lancet Infect Dis 2016 - Published Online: 12 January 2016
13 pp. 146 kB

[http://www.lancet.com/pdfs/journals/laninf/PIIS1473-3099\(15\)00466-1.pdf](http://www.lancet.com/pdfs/journals/laninf/PIIS1473-3099(15)00466-1.pdf)

Antibiotics have saved countless lives and enabled the development of modern medicine over the past 70 years. However, it is clear that the success of antibiotics might only have been temporary and we now expect a long-term and perhaps never-ending challenge to find new therapies to combat antibiotic-resistant bacteria. A broader approach to address bacterial

infection is needed. In this Review, the authors discuss alternatives to antibiotics, which they defined as non-compound approaches (products other than classic antibacterial agents) that target bacteria or any approaches that target the host. The most advanced approaches are antibodies, probiotics, and vaccines in phase 2 and phase 3 trials.

Global Pharmaceutical Industry Calls on Governments to work with them to Beat the Rising Threat of Drug Resistance



**Review on
Antimicrobial
Resistance**

Tackling drug-resistant infections globally

Review on Antimicrobial Resistance (AMR), January 2016

9 pp. 436 kB

<http://amr-review.org/sites/default/files/Press%20notice%20Jan%202016%202016.pdf>

More than 80 leading international pharmaceutical, generics, diagnostics and biotechnology companies, as well as key industry bodies, have come together to call on governments and industry to work in parallel in taking comprehensive action against drug-resistant infections – so-called ‘superbugs’ – with a joint declaration launched today at the World Economic Forum in Davos, Switzerland. The statement sets out for the first time how governments and industry need to work together to support sustained investment in the new products needed to beat the challenges of rising drug resistance.

Cannabinoids for Medicinal Use



by Penny Whiting

South African Medical Research Council Brief, January 2016

4 pp. 654 kB

<http://www.health-e.org.za/wp-content/uploads/2016/01/Cannabinoids.pdf>

In February 2014, the Medical Innovation Bill, which proposes legalising the use of medical marijuana, was introduced in the South African parliament. According to the brief’s authors, it is probably that further legislation on the use of medical marijuana will come before parliament in the future. Thus, the four-page brief aims to synthesize current evidence on medical marijuana to inform debate and policy-making.

Pharmacovigilance Monitoring System



Improved Access to Pharmaceuticals and Services (SIAPS), 2016

One common barrier to effective pharmacovigilance is the lack of available data collection and analysis tools for active pharmacovigilance. To help address this challenge, Improved Access to Pharmaceuticals and Services (SIAPS) developed a web-based application to streamline and simplify the data collection and analysis

process, known as the Pharmacovigilance Monitoring System (PViMS)

For more information on PViMS, read the brochure

2 pp. 2.4 MB <http://siapsprogram.org/wp-content/uploads/2016/01/PViMS-Brochurev4-nobleed.pdf>

Solomon Islands Essential Medical Supplies List 2015



by Sandy Greenwood, Timmy Manea, Willie Horoto et al.
National Pharmacy Services Division, Ministry of Health & Medical Services, 2015
25 pp. 3.0 MB

<https://mednet-communities.net/file2.axd/32196ba2-1197-4495-a8a1-f183202fce71/SolomonIsEssentialMedSuppliesrRed2015.pdf>

Solomon Islands pharmacy staff have developed an essential medicines supplies list. It was a collaborative effort involving a lot of staff taking the pictures and putting it all together. The list was launched as an initiative to improve the availability of medical stock within the country. It has been collated for current use, representing all basic medical equipment and consumables available within the public health system of the Solomon Islands. It is intended to greatly improve Health Workers' knowledge regarding the availability options and order process at each facility level. As well as the list it includes pictures of equipment and supplies.

Change Leadership: The Making or Breaking of an Immunization Supply Chain



Immunization Supply Chains: Reaching the Final 20, Policy Paper Series
VillageReach and People that Deliver, January 2016
11 pp. 739 kB

http://www.villagereach.org/wp-content/uploads/2016/01/VillageReach_Change-Leadership_FINAL.pdf

Change leadership and effective management are critical ingredients for modernizing immunization supply chains (iSCs) to withstand current and future pressures and ensure all children have access to vaccines. This paper explores the necessary leadership qualities of people involved in the transition to next generation immunization supply chains, and provides recommendations and resources to help ensure these qualities can be fostered and developed.

Dengue Vaccine Enters Phase 3 Trial in Brazil



National Institute of Allergy and Infectious Diseases (NIAID), 14 January 2016
Read online at:

<http://www.niaid.nih.gov/news/newsreleases/2016/Pages/DengueBrazilTrial.aspx>

Dengue fever is common in many parts of the tropics and subtropics and about half the world's population is at risk of infection. A large-scale clinical trial to evaluate whether a candidate vaccine can prevent the mosquito-borne illness dengue fever has been launched in Brazil. The vaccine, TV003, was developed by scientists at NIH's National Institute of Allergy and Infectious Diseases (NIAID). Earlier clinical trials of this candidate conducted in the United States by NIAID showed that it could elicit a robust antibody and cellular immune response after just one dose. Although the trial is scheduled to last five years, the investigators hope to have early indications of the potential efficacy of the vaccine in less than two years.

Unusual deal ensures Ebola vaccine supply



by Erika Check Hayden
Nature, 20 January 2016
Read online at:

http://www.nature.com/news/unusual-deal-ensures-ebola-vaccine-supply-1.19186?utm_campaign=KFF-2016-Daily-GHP-Report

With the Ebola outbreak in West Africa stubbornly hanging on, officials have brokered an agreement to ensure that a vaccine is available to fight future occurrences. On 20 January, Gavi, the Vaccine Alliance, announced that it has paid US\$ 5 million to Merck, the manufacturer of the first Ebola vaccine shown to protect against the virus in a human clinical trial. The deal marks the first time that the public-health organization has committed to purchase a vaccine before it has been licensed.

Management and Quality of Health Services and Facilities

2015 Global Reference List of 100 Core Health Indicators



Interagency Working Group on Indicators and Reporting Burden
World Health Organization, 2015
136 pp. 624 kB

http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf?ua=1

The Global Reference List of 100 Core Health Indicators is a standard set of 100 indicators prioritized by the global community to provide concise information on the health situation and trends, including responses at national and global levels. It will be reviewed and updated periodically as global and country priorities evolve and measurement methods improve.

Health Partnerships: an effective response to the global health agenda



Guest edited by Andrew Jones
Globalization and Health 2016 12:1 - Published on 6 January 2016

www.biomedcentral.com/collections/Healthpartnerships

What role can ‘Health partnerships’ play in addressing the disparities that exist in the availability of trained health personnel globally? Often operating under the radar, a vast network of partnerships exist between healthcare delivery or training institutions in high-income countries, and their low- or middle-income counterparts. This new series published in “Globalization and Health”, looks at the concept of international twinning relationships and seeks to engage critically with their experiences; assessing the choices, influences, and relationships that determine their success, or otherwise, in strengthening human resources for health, and ultimately improving health services globally.

[Universal Health Coverage, Health Financing and Social Health Protection](#)

Prince Mahidol Award Conference 2016: Priority Setting for Universal Health Coverage



Special Issue: Health Systems & Reform, Volume 2, Issue 1, 2016

<http://www.tandfonline.com/toc/khsr20/2/1>

This issue of Health Systems & Reform presents articles prepared for the Prince Mahidol Award Conference (PMAC) in Bangkok, Thailand, from 26 to 31 January 2016, on the theme of “Priority Setting for Universal Health Coverage.” The global health community has agreed to pursue the goal of moving toward universal health coverage (UHC) but without much clarity on how to do this or how to set priorities. The seven commentaries and seven articles in this special issue explore these questions from diverse perspectives and provide guidance on what is known, what is recommended, and what still needs to be figured out.

Priority Setting for Universal Health Care



by David Legge on behalf of People’s Health Movement, January 2016
28 pp. 578 kB

<http://www.phmovement.org/sites/www.phmovement.org/files/PHM%20paper%20full.pdf>

This paper reviews contemporary policy debates regarding priority setting for universal health coverage (UHC) in the context of instabilities in the global economy and the neoliberal program for managing those instabilities. People’s Health Movement (PHM) recognises the importance of universal health coverage (UHC) although their endorsement is qualified because of the diversity of interpretations of UHC circulating, some of which, such as the World Bank’s multi-payer, stratified access, mixed delivery model, PHM does not support.

Towards universal social protection: Latin American pathways and policy tools



Editors: Simone Cecchini, Fernando Filgueira, Rodrigo Martínez et al.
Economic Commission for Latin America and the Caribbean (ECLAC), November 2015
476 pp. 6.3 MB

http://zunia.org/sites/default/files/media/node-files/s1/517924_s1500752_en.pdf

This book reflects on the public policies, programmes and regulatory frameworks that are taking a rights-based approach to expanding social protection coverage and benefits in Latin America, with a view to achieving universal coverage. The book's discussion of the policy tools and programmes pursued in the region aims to provide the reader with technical and programmatic insights for assembling and coordinating public policies within consistent and sustainable social protection systems.

Old Age, Unemployment and Occupational Injuries Protection

The quality of demographic data on older Africans



by Sara Randall and Ernestina Coast
Demographic Research, Vol. 34, Article 5, pp. 143-174, 21 January 2016
34 pp. 734 kB

<http://www.demographic-research.org/volumes/vol34/5/34-5.pdf>

The paper highlights a number of problems with data on older Africans, beyond the well-known issues of age heaping. In doing so it contributes to general understanding of the limitations of existing demographic data for any detailed analysis of the situation or characteristics of older Africans. The heterogeneity of data quality and data problems for older Africans across the continent suggests that considerable care should be taken in (a) drawing conclusions from comparative studies using internationally standardised data sets and (b) analyses which combine different sources of data. Particular data problems with surveys in the Sahelian countries could be addressed in future data collection exercises.

Social Transfers

The dynamic relationship between cash transfers and child health: can the child support grant in South Africa make a difference to child nutrition?



by Wanga Zembe-Mkabile, Vundli Ramokolo, David Sanders et al.
Public Health Nutrition, Vol. 19, Issue 02, February 2016, pp 356-362
7 pp. 174 kB

<http://journals.cambridge.org/action/displayFulltext?type=1&pdfType=1&fid=10121407&jid=PHN&volumeId=19&issueId=02&aid=10121402>

Cash transfer programmes targeting children are considered an effective strategy for addressing child poverty and for improving child health outcomes in developing countries. In South Africa, the Child Support Grant (CSG) is the largest cash transfer programme targeting children from poor households. The authors conclude that, despite the presence of the CSG, high rates of stunting among poor children continue unabated in South Africa. They argue that the effect of the CSG on nutritional status may have been eroded by food price inflation and limited progress in the provision of other important interventions and social services.

Global Health Governance, Sustainable Development Goals & Development Cooperation

Global Health Governance Special Issue on the Framework Convention on Global Health

The
Framework
Convention
on Global
Health

Global Health Governance, Volume IX, No. 1; 2015 Spring-Fall Combined Issue
Download the full Issue (178 pp. 1.8 MB) at:

<http://blogs.shu.edu/ghg/files/2016/01/2015-Spring-Fall-Combined-Issue.pdf>

This special issue of Global Health Governance examines in detail a proposal that seeks to address many of the global health governance shortcomings: a Framework Convention on Global Health (FCGH). The FCGH is an international legal framework - grounded in the international human right to health - that would support health at the local, national, and global levels. The contributors to this special issue address these topics and explore the implications of an FCGH.

El Niño and Health: Global Overview - January 2016



World Health Organization, 2016
34 pp. 2.6 MB

http://reliefweb.int/sites/reliefweb.int/files/resources/who_el_nino_and_health_global_report_21jan2016.pdf

The El Niño phenomenon affects rainfall patterns and temperatures in many parts of the globe, most intensely in the tropics with significant impacts on human health. El Niño 2015-2016 is currently affecting the health of millions of vulnerable people in the Horn of Africa, southern and eastern Africa, South Pacific, Central America and South Asia. Adverse climate conditions are expected to peak in January 2016 but the health consequences will likely worsen as the full effects of El Niño are felt throughout 2016. This report highlights affected regions and countries where health actions are needed urgently to increase preparedness and scale up response to the El Niño in 2016.

100 key research questions for the post-2015 development agenda



by Johan A. Oldekop, Lorenza B. Fontana, Jean Grugel et al.
Development Policy Review, Vol. 34 Issue 1, January 2016
28 pp. 445 kB

<http://onlinelibrary.wiley.com/doi/10.1111/dpr.12147/epdf>

The Sustainable Development Goals (SDGs) herald a new phase for international development. This article presents the results of a consultative exercise to collaboratively identify 100 research questions of critical importance for the post-2015 international development agenda. The final shortlist is grouped into nine thematic areas and was selected by 21 representatives of international and non-governmental organisations and consultancies, and 14 academics with diverse disciplinary expertise. Collectively, these questions are relevant for future development-related research priorities of governmental and nongovernmental organisations worldwide and could act as focal points for transdisciplinary research collaborations.

An agenda for financing development



Swiss Agency for Development and Cooperation (SDC)
multilateral accent, Issue 18 - December 2015
4 pp. 1.3 MB

https://www.eda.admin.ch/content/dam/deza/en/documents/publikationen/briefing-papers/multilaterale-akzente-18_EN.pdf

In July this year, a United Nations agenda aimed at mobilising resources to support the 2030 Agenda for Sustainable Development was unanimously approved in Addis Ababa. The main pillars are taxation, investment and development cooperation. The new arrangement of financing for development is geared towards generating additional resources.

World Development Report 2016: Digital Dividends



by Deepak Mishra, Uwe Deichmann, Kenneth Chomitz et al.
International Bank for Reconstruction and Development/The World Bank, 2016
359 pp. 10.6 MB

http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2016/01/13/090224b08405ea05/2_0/Rendered/PDF/World0developm0000digital0dividends.pdf

Digital technologies have spread rapidly in much of the world. Digital dividends - that is, the broader development benefits from using these technologies - have lagged behind. In many instances, digital technologies have boosted growth, expanded opportunities, and improved service delivery. Yet their aggregate impact has fallen short and is unevenly distributed. For digital technologies to benefit everyone everywhere requires closing the remaining digital divide, especially in internet access. But

greater digital adoption will not be enough. To get the most out of the digital revolution, countries also need to work on the “analogue complements” - by strengthening regulations that ensure competition among businesses, by adapting workers’ skills to the demands of the new economy, and by ensuring that institutions are accountable.

Too important to fail - addressing the humanitarian financing gap



by Julie Belanger, David Sharrock, Hiroko Araki et al.
High-Level Panel on Humanitarian Financing Report to the Secretary-General, January 2016
41 pp. 912 kB

<http://reliefweb.int/sites/reliefweb.int/files/resources/%5BHLP%20Report%5D%20Too%20important%20to%20fail%E2%80%94addressing%20the%20humanitarian%20financing%20gap.pdf>

The world today spends around US\$ 25 billion to provide life-saving assistance to 125 million people devastated by wars and natural disasters. While this amount is twelve times greater than fifteen years ago, never before has generosity been so insufficient. Over the last years conflicts and natural disasters have led to fast-growing numbers of people in need and a funding gap for humanitarian action of an estimated US\$ 15 billion. This is a lot of money, but not out of reach for a world producing US\$ 78 trillion of annual GDP. Closing the humanitarian financing gap would mean no one having to die or live without dignity for the lack of money. It would be a victory for humanity at a time when it is much needed.

An Economy for the 1%: How privilege and power in the economy drive extreme inequality and how this can be stopped



by Deborah Hardoon, Sophia Ayele, Ricardo Fuentes-Nieva et al.
Oxfam International, January 2016
44 pp. 989 kB

https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/bp210-economy-one-percent-tax-havens-180116-en_0.pdf

Runaway inequality has created a world where 62 people own as much as the poorest half of the world's population, according to an Oxfam report published today ahead of the annual gathering of the world's financial and political elites in Davos. The global inequality crisis is reaching new extremes. The richest 1% now have more wealth than the rest of the world combined. Power and privilege is being used to skew the economic system to increase the gap between the richest and the rest. A global network of tax havens further enables the richest individuals to hide US\$ 7.6 trillion. The fight against poverty will not be won until the inequality crisis is tackled

Harnessing the Internet of Things for Global Development



by Phillippa Biggs, John Garrity, Connie LaSalle et al.
ITU/UNESCO Broadband Commission for Sustainable Development and Cisco Systems, 2015
61 pp. 6.1 MB

<http://www.itu.int/en/action/broadband/Documents/Harnessing-IoT-Global-Development.pdf>

Harnessing the Internet of Things (IoT) for Global Development explores how sensors and the connectivity technologies associated with the Internet of Things, is improving development activities in research, policy formulation, service delivery and monitoring and evaluation across a range of different sectors including agriculture, sanitation, natural resource management, energy, and others. The report highlights projects currently deploying sensors and connectivity technologies to show how the IoT can be used directly to improve development outcomes.

Miscellaneous

The Global Risks Report 2016



Published by the World Economic Forum within the framework of The Global Competitiveness and Risks Team, January 2016
103 pp. 7.1 MB

<http://knowledge.zurich.com/wp-content/uploads/2016/01/The-Global-Risks-Report-2016.pdf>

This 11th edition of The Global Risks Report is published at a time of profound change. Global risks materialize in new and unexpected ways and are becoming more imminent as their consequences reach people, institutions and economies. This year's Global Risks Report combines four parts to present an analysis of different aspects of global risks – across both global risks and stakeholders – focused as much on the search for solutions as on the analysis of the risks themselves.

Obstacle Course to Europe: A policy-made humanitarian crisis at EU borders



Médecins Sans Frontières (MSF), January 2016
60 pp. 3.3 MB

http://reliefweb.int/sites/reliefweb.int/files/resources/MSF%20Obstacle%20Course%20to%20Europe_Final-1.pdf

Through Greece, Italy, the Balkans and in northern France, MSF teams have witnessed first-hand the fundamental inhumanity of the political response to the European refugee crisis. By putting concerns of borders, security and deterrence ahead of the needs of those caught up in this crisis, politicians have failed in their responsibility to protect people, instead actively increasing suffering and costing lives. Whilst MSF can treat wounds and try to heal psycho-

logical scars, unless European governments abandon their obstacle course approach in 2016 the extreme suffering and death will continue.

Travel – a risk factor for disease and spread of antibiotic resistance



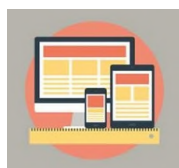
Umeå universitet

by Martin Angelin
Umeå University Medical Dissertations, 2015
82 pp. 2.8 MB

<http://umu.diva-portal.org/smash/get/diva2:866644/FULLTEXT01.pdf>

As international travel is rapidly increasing, more people are being exposed to potentially more antibiotic resistant bacteria, a changed infectious disease epidemiology, and an increased risk of accidents and crime. Research-based advice is needed to adequately inform travellers about these risks. The author studied travellers who sought advice from the Travel Medicine Clinic at the Department of Infectious Diseases, Umeå University Hospital, as well as university students from Umeå, Stockholm, and Gothenburg travelling abroad for study, research, and clinical exchange programs.

Healthcare Websites – The Good, the Bad and the Ugly



Going International Newsletter, 17 January 2016
Read online at:

<http://www.goinginternational.eu/wp/de/healthcare-websites-the-good-the-bad-and-the-ugly/>

With the term “healthcare” in mind, one tends to think that only the best designers and engineers are hired to work in this field, building only the best and most usable websites and applications available on the market. Meanwhile in the real world they do not (most of the time). Often smaller scaled healthcare websites as provided by private practitioners and outpatient centers are lacking basic principles of modern web design and user experience. The following text is focusing on these kinds of websites trying to offer points to consider while confronted with web design projects like these.

Africa Health Vol. 38, Nr. 2, January 2016 is now available



44 pp. 7.3 MB

https://dl.dropboxusercontent.com/content_link/emVJvwIM6SPKfeAvJoJ6yohT1ts8EJ8g5s0oEpyRcI52j7qwq1pjZxIKHY7fnRN/file?dl=1

This edition includes an article on improving African blood services, plus an article on the World Malaria Report 2015 and the prospects for malaria elimination. Elsewhere in the journal you will find an excellent paper on endoscopy, and the usual mix of news, reviews, abstracts, CPD Challenge, and Clinical quiz.

CONFERENCES & TRAINING

MSc in Public Policy and Global Health



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<http://www.goinginternational.eu/wp/de/global-health-and-infectious-diseases-courses-in-london-starting-september-2016/>

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KIT | Health

Starting date: 11-04-2016

Duration: 2 weeks

End date: 26-04-2016

Application deadline: 26-02-2016

ECTS: 4

Location KIT, Amsterdam

Language: English

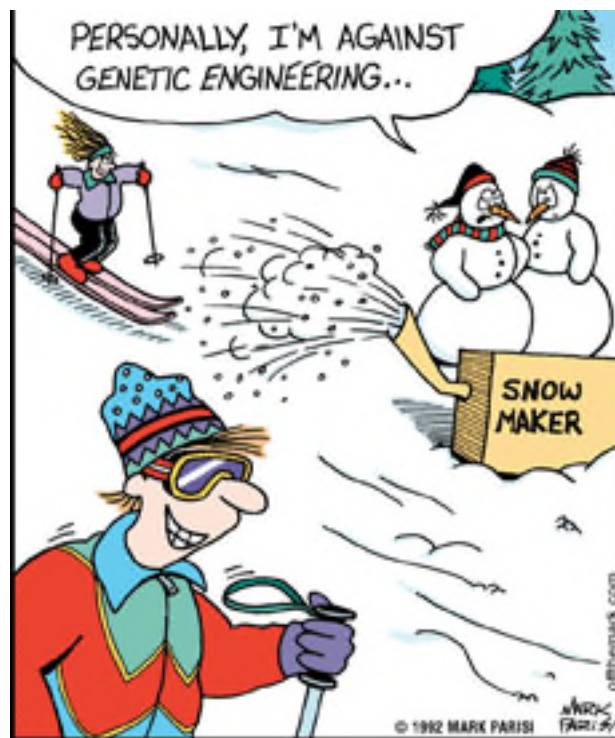
Fee: € 1870,-

Contact: courses@kit.nl

For online application: <http://www.kit.nl/health/training/health-policy-financing/>

An in-depth look at important issues and current debates in health policy, health economics and health financing, taking into account the diverse profit and not for profit systems. This course is tropEd accredited and is intended for public health professionals looking to elevate their capabilities in healthcare financing. It can be followed as a stand-alone course or as part of the Master in International Health or Master in Public Health programmes.

CARTOON



Source: WorldStart.com

TIPS & TRICKS

What Is Wiki?



Wiki is the simplest online database that could possibly work. Wiki is a piece of server software that allows users to freely create and edit Web page content using any Web browser. Wiki supports hyperlinks and has a simple text syntax for creating new pages and cross-links between internal pages on the fly. Wiki is unusual among group communication mechanisms in that it allows the organization of contributions to be edited in addition to the content itself. Like many simple concepts, "open editing" has some profound and subtle effects on Wiki usage. Allowing everyday users to create and edit any page in a Web site is exciting in that it encourages democratic use of the Web and promotes content composition by non-technical users.

For more information see: <http://c2.com/cgi/wiki>

Preventing unwanted line breaks in MS WORD

The automatic line breaks in WORD are set according to your inserted spaces and hyphens. You might not want "100 EURO" or "Hans-Peter" separated by a line break. Inserting a 'nonbreaking space' or 'nonbreaking hyphen' prevents the line break at the insertion point and makes sure the respective expression is completely at the next line.

- You insert a nonbreaking space with:
CTRL + SHIFT + SPACE
- a nonbreaking hyphen with:
CTRL + SHIFT + –

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