EDITORIAL

Dear colleagues,

just over a week ago in New York, WHO and global health partners launched the Health Data Collaborative – a promising initiative that works alongside countries to improve their health data and to track progress toward the health-related Sustainable Development Goals. Check the website to get the full picture!

Zooming in from the global to the local level, we invite you to take a look at these two documentaries from Cameroon: one of them takes you into the world of poor Cameroonian families who are weighing up their family planning options, whilst the other one presents the country’s efforts to train urgently needed midwives.

A topic of both local and global relevance which is only just beginning to receive the attention it deserves is menstrual hygiene management: Read our feature on the situation of menstruating women and girls in Nepal and current efforts to improve their situation, and this thought-provoking commentary from South Africa which takes a clear stance on the issue.

Enjoy the reading and share widely

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

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TABLE OF CONTENTS

ONLINE RESOURCES

Healthy Developments – Germany’s commitment to health and social protection ............................................ 5
The Health Data Collaborative - improving the quality of countries’ health data ........................................ 5
Training Midwives in Cameroon ...................................................................................................................... 5
Promoting Family Planning in rural Cameroon .................................................................................................. 5
Global Alliances for the International Conference on Population and Development ........................................ 6
The monthly exile: Making life better for menstruating girls and women ......................................................... 6
What makes the world healthy? ......................................................................................................................... 6

Reproductive, maternal, neonatal, child and adolescent health & Right to health ............................................. 6
Women’s health priorities and interventions ..................................................................................................... 6
LARC methods: entering a new age of contraception and reproductive health ............................................. 7
South Africa: The Price of Sanitary Pads Is a Tax On Womanhood ................................................................. 7
The Safe Delivery App: An Emergency Training Tool ..................................................................................... 8
Oxygen therapy for children ............................................................................................................................... 8
Supporting Family and Community Investments in Young Children Globally ................................................. 8
Strengthening Linkages between Clinical and Social Services for Children and Adolescents who have Experienced Sexual Violence: A Companion Guide ................................................................. 9

HIV, Tuberculosis & Malaria ............................................................................................................................ 9
Mbeki still believes his own AIDS propaganda ................................................................................................. 9
The South African National Sex Worker HIV Plan 2016-2019 ........................................................................ 10
HIV and Adolescence: Epidemiology and Care ................................................................................................ 10
Long-term financing needs for HIV control in sub-Saharan Africa in 2015–2050: a modelling study ........... 10
Effects of unplanned treatment interruptions on HIV treatment failure - results from TAHOD ...................... 11
Antiretroviral Therapy in Relation to Birth Outcomes among HIV-infected Women: A Cohort Study .......... 11
Improving Access to and Affordability of Healthcare for TB Patients in China ............................................ 12
The Paradigm Shift 2016-2020: Global Plan to End TB ................................................................................ 12
Translational Research for Tuberculosis Elimination: Priorities, Challenges, and Actions ......................... 12
Transactions of the Royal Society of Tropical Medicine and Hygiene Special Issue: Implementing the End TB Strategy and the SDGs .................................................................................................. 13
Drug-resistant TB: deadly, costly and in need of a vaccine ............................................................................ 13
The ‘Practical Approach to Lung Health’ in sub-Saharan Africa: a systematic review ................................ 14
The Performance of a Rapid Diagnostic Test in Detecting Malaria Infection in Pregnant Women and the Impact of Missed Infections ........................................................................................................... 14
Four Artemisinin- Based Treatments in African Pregnant Women with Malaria ........................................... 14
Dihydroartemisinin- Piperazine for the Prevention of Malaria in Pregnancy ................................................. 15
*There is no free here, you have to pay*: actual and perceived costs as barriers to intermittent preventive treatment of malaria in pregnancy in Mali ........................................................................................................ 15

Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness ....................................... 16
WHO launches the Zika App for Health Care Providers .................................................................................. 16
Zika virus – All British Medical Journal (BMJ) resources are freely available ............................................ 16
ZIKATracker: A mobile App for reporting cases of ZIKV worldwide ......................................................... 16
Zika virus outbreak: ‘a perfect storm’ .............................................................................................................. 17
Neglected Tropical Disease NGO Network: Reflections on accomplishments in the prevention, treatment and management of consequences of NTDs .................................................................................. 17
Successful Control of Ebola Virus Disease: Analysis of Service Based Data from Rural Sierra Leone ........ 17
Dried Blood Spots: A Tool to Ensure Broad Access to Hepatitis C Screening, Diagnosis, and Treatment Monitoring .......................................................... 18
Global Rapid Response Team Training Package .......................................................................................... 18
Framing post-epidemic preparedness: Comparing eight European plans .................................................... 18

Nutrition, Non-Communicable Diseases & Environmental Health (incl. WASH & Climate Change) ... 19
Mental Illness Burden and Care: Facts and Figures ......................................................................................... 19
Preventing Disease through Healthy Environments: A global assessment of the burden of disease from environmental risks ......................................................... 19

Burning Opportunity: clean household energy for health, sustainable development and the wellbeing of women and children ................................................................. 20

It’s No Joke: The State of the World’s Toilets 2015 ............................................................................................................. 20

School Water, Sanitation, and Hygiene, Soil-Transmitted Helminths, and Schistosomes: National Mapping in Ethiopia ... 20

Population Dynamics & Social Determinants of Health (including Gender & Education) ................................. 21

A Framework for Educating Health Professionals to Address the Social Determinants of Health ..................... 21

Gender Statistics for the Pacific and Timor-Leste ............................................................................................................. 21

Women’s Resilience: Integrating Gender in the Response to Ebola .............................................................................. 22

Health System Governance, Health Workforce and Health Information Systems ............................................ 22

Expanding World Vision’s Impact through Community Health Workers ................................................................................................. 22

Systematic review on human resources for health interventions to improve maternal health outcomes: evidence from low- and middle-income countries ........................................ 22

Setting targets for human resources for eye health in sub-Saharan Africa: what evidence should be used? ........ 23

Access to Medical Products, Vaccines and Technologies .................................................................................. 23

Ensuring that essential medicines are also affordable medicines: challenges and options ..................................... 23

Plea for treaty on drug research ................................................................................................................................. 24

Ensuring innovation in diagnostics for bacterial infection: implications for policy .................................................. 24

Performance of retail pharmacies in low- and middle-income Asian settings: a systematic review ................... 24

Results-Based Financing in Mozambique’s Central Medical Store: A Review After 1 Year ................................. 25

CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016 ...................................................... 25

Role of the private sector in vaccination service delivery in India: evidence from private-sector vaccine sales data, 2009-12 ....................................................................................................... 25

Management and Quality of Health Services and Facilities .................................................................................. 26

Implementing Intervention Research into Public Policy: the “13-Approach” ......................................................... 26

Innovation and the Business of Health Care .................................................................................................................. 26

United Kingdom Health Systems in Transition (HIT 2015) .................................................................................... 27

Universal Health Coverage, Health Financing and Social Health Protection .................................................. 27

Insurance Facility Annual Report 2015 .......................................................................................................................... 27

Domestic Innovative Financing for Health: Learning From Country Experience .................................................. 27


Community Health Financing as a Pathway to UHC: Synthesis of Evidence from Ghana, Ethiopia & Senegal 28

Women’s work: Mothers, children and the global childcare crisis ......................................................................... 29

Social Transfers ......................................................................................................................................................... 29

The conditions for conditionality in cash transfers ........................................................................................................ 29

Strengthening the cash transfer payment systems in Kenya .................................................................................. 29

Inclusion of People with Disabilities .......................................................................................................................... 30

Community Based Rehabilitation (CBR) Critical Perspectives from Latin America ........................................... 30

Global Health Governance, Sustainable Development Goals & Development Cooperation .................. 30

Moving global health forward in academic institutions .......................................................................................... 30

Global Health Governance Challenges 2016 – Are We Ready? ........................................................................... 31

How to Realize Returns on Health ............................................................................................................................. 31

Agenda 2030 and the Sustainable Development Goals: gender equality at last? An Oxfam perspective ........ 31

The MDG To SDG Transition: Implications For Health Care Systems ............................................................ 32

From Agreement to Action: Delivering the Sustainable Development Goals .................................................. 32

Asia-Pacific Migration Report 2015: Migrants’ Contributions to Development ....................................................... 33

USAID’s Public-Private Partnerships: A Data Picture and Review of Business Engagement .......................... 33

Miscellaneous .......................................................................................................................................................... 33

Anatomy of a Murder: How Responsive Web Design Changed the Face of the Web we Experience .................. 33

The latest edition of Africa Health is now available ................................................................................................. 34
African Health Stats
Impact of the Internet in Africa: Establishing conditions for success and catalysing inclusive growth in Ghana, Kenya, Nigeria and Senegal
Travelers’ Health - Mobile Apps
World Happiness Report 2016, Volume I

CONFERENCES & TRAINING
Neglected Tropical Diseases - A Public Health Issue
The Vilnius International Summit on Communicable Diseases
Call for submissions: What Works Global Summit (WWGS2016)
47th Union World Conference on Lung Health
Association for Health Information and Libraries in Africa (AHILA) 15th Biennial Congress

CARTOON

TIPS & TRICKS
Can I Defragment SSD?
Working with images from PDF or WORD documents
Is Wi-Fi Different from Wireless?

IMPRINT
ONLINE RESOURCES

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

The Health Data Collaborative - improving the quality of countries' health data

http://www.healthdatacollaborative.org/

In a joint effort by multiple global health partners, this newly launched initiative works alongside countries to track progress toward the health-related Sustainable Development Goals (SDGs). By establishing a network of working groups that address specific issues and fill technical gaps it will aim to align financial and technical resources around a common agenda for measurement and accountability.

Training Midwives in Cameroon


A 15 minute-film about Germany’s support to Cameroon’s midwifery schools, including scenes from the classroom, interviews with teachers, students and managers, and showing how trained midwives can ensure safe pregnancies and deliveries for mothers across Cameroon.

Promoting Family Planning in rural Cameroon


A 15 minute-film about Germany’s support to the promotion of Family Planning in rural Cameroon, introducing us to two couples and the dilemmas they face as they contemplate to start using family planning methods.
Global Alliances for the International Conference on Population and Development


The programme „Global Alliances for the ICPD“ aims at enhancing cross-regional alliances for the promotion of the human rights-based and gender-sensitive goals of the Cairo Programme of Action that was adopted at International Conference on Population and Development (ICPD) in 1994.

The monthly exile: Making life better for menstruating girls and women

http://health.bmz.de/events/In_focus/The_monthly_exile/index.html?pk_campaign=06_2016

Whilst women are seen as the fabric that holds families and communities together, in many parts of the world the absence of any sort of affordable or available fabric that enables them to menstruate discreetly and hygienically has a devastating effect on millions of lives.

What makes the world healthy?

On German support to partner countries’ social health protection systems


Jointly with GIZ, the AOK forum for health politics, practice and research just released this special issue. It provides an overview of the framework conditions for social health protection in Asia, Africa and Latin America and proposes ways in which countries in these regions could learn from experiences gained in Germany.

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

Women’s health priorities and interventions

by Marleen Temmerman, Rajat Khosla, Laura Laski et al.

BMJ 2015; 351:h4147 - Published 15 September 2015
6 pp. 226 kB
Over the past decades, governments have taken steps towards improving women's health in line with commitments made in key international summits. However, societies are still failing women in relation to health, especially in low resource settings. Discrimination on the basis of their sex leads to health disadvantages for women. Structural determinants of women's health, along with legal and policy restrictions, often restrict women's access to health services. This paper elaborates the health problems women face, and priority interventions to overcome them, as a background for and informing the updating of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

LARC methods: entering a new age of contraception and reproductive health

by Donna Shoupe
Contraception and Reproductive Medicine 2016 2:4 - Published: 23 Februay 2016
9 pp. 857 kB

The safety, convenience and ability of Long-Acting Reversible Contraception (LARC) use to impact high rates of unintended pregnancy have been documented in numerous clinical trials as well as in health care settings that provide increased access to these methods [1, 2, 7]. The challenges to increase LARC uptake are many and include decreasing costs, insuring easy access to training, providing increased patient knowledge and encouraging patient interest. Overcoming these barriers requires a multifaceted strategy which involves patients, providers, healthcare administrators, legislators and the community.

South Africa: The Price of Sanitary Pads Is a Tax On Womanhood

by Stuart Lewis
The Daily Vox (Johannesburg), 8 March 2016
Read online at:
http://allafrica.com/stories/201603080267.html

If you happen to own a uterus or have ever been shopping for someone who does, then you have no doubt noticed how ridiculously expensive pads and tampons actually are. These are crucial products that many people depend on at least once a month but, thanks to what is known as the tampon tax are priced through the roof. In South Africa, it is estimated that around 7 million girls miss school each month because of menstruation. For one Indian man, Arunachalam Muruganantam, this was a simply unacceptable state of affairs. After discovering that Shanti, his wife, was forced to use rags during her period because proper products were either overpriced or unavailable, he set out to make something that she could afford to use.
The Safe Delivery App: An Emergency Training Tool

http://www.maternity.dk/

A new app called “Safe Delivery” has been developed for health workers in remote areas to deal with complicated births, and to help save the lives of mothers and babies. The app, developed by the Maternity Foundation, University of Southern Denmark, and the University of Copenhagen, provides instructions for health workers attending to complicated pregnancies and deliveries. The app includes animated video guides on how to address problems such as prolonged labour, hypertension and maternal sepsis. It also has step-by-step instructions on the manual removal of placentas, resuscitation of newborns and prevention of infection.

The app is free for download and can be found at Google Play and at App Store.

Oxygen therapy for children

by Trevor Duke, Olivier Fontaine, Susanne Carai et al.
World Health Organization, 2016
66 pp. 2.2 MB

http://apps.who.int/iris/bitstream/10665/204584/1/9789241549554_eng.pdf

The manual is part of a series of resources for improving the quality of care for severely ill children in health facilities. It supports the improved use and availability of oxygen therapy in low-resource settings. The manual addresses the need for appropriate detection of hypoxaemia and use of pulse oximetry, oxygen delivery systems and monitoring of patients on oxygen therapy. In addition, the manual addresses practical use of pulse oximetry, and oxygen concentrators and cylinders.

Supporting Family and Community Investments in Young Children Globally

Rapporteur Jocelyn Widmer
Summary of a Joint Workshop by the National Academies of Sciences, Engineering, and Medicine and the Ethiopian Academy of Sciences, 2016
140 pp. 2.5 MB

http://download.nap.edu/cart/download.cgi?&record_id=21883

To examine the science, policy, and practice surrounding supporting family and community investments in young children globally and children in acute disruptions, the National Academies of Sciences, Engineering, and Medicine held a workshop in partnership with the Ethiopian Academy of Sciences in Addis Ababa, Ethiopia, from July 27–29, 2015. Over the course of the 3-day workshop, researchers, policy makers, program practitioners, funders, young influencers, and other experts from 19 countries discussed how best to support family and community investments across
areas of health, education, nutrition, social protection, and other service domains. This report summarizes the presentations and discussions from the workshop.

Strengthening Linkages between Clinical and Social Services for Children and Adolescents who have Experienced Sexual Violence: A Companion Guide

by Marcy Levy, Lyn Messner, Malia Duffy et al.
Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project, 2016
114 pp. 3.0 MB

Sexual violence against children and adolescents is universally condemned but occurs much more frequently than people realize. It is a global human rights violation of vast proportions, with severe immediate and long-term health and social consequences. This document provides step-by-step guidance on the appropriate clinical/forensic care for children and adolescents who have experienced sexual violence and exploitation. The companion guide provides a basic framework, examples, resources, and contact information for health providers and managers to better understand and facilitate linkages with critical social and community services for comprehensive care of children and adolescents who have experienced sexual violence and exploitation. The companion guide also contains several job aids.

HIV, Tuberculosis & Malaria

Mbeki still believes his own AIDS propaganda

by Kerry Cullinan
Health-e News, March 7, 2016
3 pp. 76 kB
http://pdf.printfriendly.com/pdfs/1457632128_9453cf/download

Former President Thabo Mbeki has defended his controversial stance on HIV, which has been blamed for the deaths of at least 330,000 South Africans. For Health-e News Managing Editor Kerry Cullinan, Mbeki’s letter finally answers a question that’s haunted her for years.
The South African National Sex Worker HIV Plan 2016-2019

by Kholi Buthelezi, Thuli Khoza, Sally Shackleton et al.
South African National AIDS Council (SANAC), March 2016
52 pp. 530 kB

South Africa has become one of the world’s first countries to begin rolling out pre-exposure prophylaxis as well as ‘test and treat’ to sex workers as it launches Africa’s first plan to prevent and treat HIV among sex workers.

Conducted between July 2013 and February 2014, the South African National Sex Worker Survey looked at not only HIV prevalence rates but also HIV risk factors among almost 2,200 female sex workers in Johannesburg, Durban and Cape Town. Sex workers in Johannesburg had the highest HIV prevalence rates at about 72 percent followed by Durban (54%) and Cape Town (40%).

HIV and Adolescence: Epidemiology and Care

by Rashida Ferrand
The quarterly update on epidemiology from the South African Centre for Epidemiological Modelling and Analysis (SACEMA) - Published: March 2016
3 pp. 70 kB

The remarkable expansion in access to ART globally since 2004 has transformed HIV from a life-threatening into a chronic illness. Improved survival as a result of ART has starkly highlighted the lack of preparedness amongst health systems to deal with the complex needs of children living with HIV as they grow older and enter adolescence. While the drive to increase coverage to ART needs to continue, there is also an urgent need for policymakers and healthcare providers to focus beyond the goal of prolonging survival and to concentrate ensuring that adolescents living with HIV achieve an optimum quality of life.

Long-term financing needs for HIV control in sub-Saharan Africa in 2015–2050: a modelling study

by Rifat Atun, Angela Y Chang, Osondu Ogbuji et al.
BMJ Open, 2016; 6:e009656 - Published 6 March 2016
10 pp. 1.3 MB
http://bmjopen.bmj.com/content/6/3/e009656.full.pdf+html

The authors estimated the present value of current and future funding needed for HIV treatment and prevention in 9 sub-Saharan African (SSA) countries that account for 70% of HIV burden in Africa
Effects of unplanned treatment interruptions on HIV treatment failure - results from TAHOD

by Awachana Jiamsakul, Stephen J Kerr, Oon Tek Ng et al.
Tropical Medicine & International Health, (Accepted, unedited articles published online and citable)
25 pp. 1.1 MB

Treatment interruptions (TI) of combination antiretroviral therapy (cART) are known to lead to unfavourable treatment outcomes but do still occur in resource-limited settings. The authors investigated the effects of TI associated with adverse events (AEs) and non-AE-related reasons, including their durations, on treatment failure after cART resumption in HIV-infected individuals in Asia. The authors conclude that duration of interruptions of more than 30 days was the key factor associated with large increases in subsequent risk of treatment failure. If TI is unavoidable, its duration should be minimised to reduce the risk of failure after treatment resumption.

Antiretroviral Therapy in Relation to Birth Outcomes among HIV-infected Women: A Cohort Study

by Nan Li, Mary Mwanyika Sando, Donna Spiegelman et al.
8 pp. 246 kB

Although the beneficial effects of antiretroviral (ARV) therapy for preventing mother-to-child transmission are indisputable, studies in developed and developing countries have reported conflicting findings on the association between ARV exposure and adverse birth outcomes. The findings demonstrate an increased risk of adverse birth outcomes associated with the use of highly active antiretroviral therapy during pregnancy. Further studies are needed to investigate the underlying mechanisms and identify the safest ARV regimens for use during pregnancy.
China is the country with the second largest burden of both tuberculosis (TB), and multi-drug resistant tuberculosis (MDR-TB) in the world. This is a selection of noteworthy articles from Improving Access to and Affordability of Healthcare for TB Patients in China, a new series from the open access journal Infectious Diseases of Poverty. One major challenge in tackling TB epidemic in China is how TB services can be effectively financed and delivered under the context of the on-going health system reform.

The Paradigm Shift 2016-2020: Global Plan to End TB

While we celebrate the achievement of the Millennium Development Goal target to halt and reverse the spread of TB, we must also ask why TB has now become the leading cause of death from an infectious disease. Even as we focus on the lives that have been saved over the last 20 years, we must also ask why 1.5 million people still die from TB year after year. These are the questions that The Global Plan to End TB 2016-2020: The Paradigm Shift seeks to answer. The Global Plan sets out the actions and resources needed over the next five years to set the world on a course to end the global TB epidemic by 2030, as endorsed by world leaders in the newly adopted Sustainable Development Goals.

Translational Research for Tuberculosis Elimination: Priorities, Challenges, and Actions

Research for TB elimination requires an intensification of efforts across a continuum from fundamental research to clinical, epidemiological, implementation, health system, and social science research. Enhancing research along the full spectrum, from basic to implementation, and strengthening re-
search capacity, particularly in low- and middle-income countries severely affected by the TB epidemics, is crucial for TB elimination. The creation of a research-enabling environment that fosters and rewards high-quality research requires a broad-based, concerted effort by national governments and international donors to develop and promote TB research and research capacity at the country level and the effective engagement of all stakeholders.

Transactions of the Royal Society of Tropical Medicine and Hygiene Special issue: Implementing the End TB Strategy and the SDGs

Volume 110, Issue 3, March 2016
Free access to all articles at:
http://trstmh.oxfordjournals.org/content/110/3.toc

Global health and TB care and prevention have entered a new era. With the adoption of 17 Sustainable Development Goals (SDGs) to succeed the 8 Millennium Development Goals (MDGs), new impetus has been given to integrating health and development. The introduction of the SDGs will help shape collaborative efforts to improve health outcomes generally, and TB burden specifically, over the next 15 years. The present special issue of Transactions of the Royal Society of Tropical Medicine and Hygiene focuses on the intersection between the End TB Strategy and the SDGs, with a particular emphasis on health in all policies and a global effort for TB control.

Drug-resistant TB: deadly, costly and in need of a vaccine

by Janna Manjelievskaia, Dara Erck, Samina Piracha et al.
6 pp. 274 kB
http://trstmh.oxfordjournals.org/content/110/3/186.full.pdf+html

In 2014, an estimated 9.6 million TB cases and 1.5 million deaths occurred worldwide; 3.3% of these cases resulted from multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) strains. These figures underestimate the economic burden associated with MDR-TB and XDR-TB, as the cost of treating disease caused by these strains can be 9–25 times higher than treating drug-susceptible TB. Developing new drugs, improved diagnostics and new TB vaccines are critical components of a strategy to combat TB in general, and drug-resistant TB in particular.
The ‘Practical Approach to Lung Health’ in sub-Saharan Africa: a systematic review

by H. Banda, R. Robinson, R. Thomson et al.
The International Journal of Tuberculosis and Lung Disease, Volume 20, Number 4, 1 April 2016, pp. 552-559(8)
9 pp. 203 kB
http://docstore.ingenta.com/cgi-bin/ds_deli...10000004/art00022/A

There is a high burden of respiratory disease in sub-Saharan Africa. To address this problem, the World Health Organization launched the ‘Practical approach to Lung Health’ (PAL), i.e., locally applicable integrated syndromic algorithms, to improve primary care management of these diseases. The limited research performed shows that PAL can be effective in TB diagnosis and partial treatment success; however, more evidence is needed to assess its effects on other respiratory diseases, especially in wider sub-Saharan Africa.

The Performance of a Rapid Diagnostic Test in Detecting Malaria Infection in Pregnant Women and the Impact of Missed Infections

by John E. Williams, Matthew Cairns, Fanta Njie et al.
8 pp. 190 kB
http://cid.oxfordjournals.org/content/62/7/837.full.pdf+

Intermittent screening and treatment in pregnancy (ISTp) is a potential strategy for the control of malaria during pregnancy. However, the frequency and consequences of malaria infections missed by a rapid diagnostic test (RDT) for malaria are a concern. The authors conclude that the sensitivity of an RDT to detect malaria in primigravidae and secundigravidae was high at enrollment in 3 of 4 countries and, in Ghana, at subsequent ANC visits. In Ghana, RDT negative malaria infections were not associated with adverse birth outcomes but missed infections were uncommon.

Four Artemisinin-Based Treatments in African Pregnant Women with Malaria

The PREGACT Study Group
15 pp. 603 kB
http://www.nejm.org/doi/pdf/10.1056/NEJMo...508606

Information regarding the safety and efficacy of artemisinin combination treatments for malaria in pregnant women is limited, particularly among women who live in sub-Saharan Africa. The authors conducted a multicenter, randomized, open-label trial of treatments for malaria in pregnant women...
in four African countries. A total of 3,428 pregnant women in the second or third trimester who had falciparum malaria (at any parasite density and regardless of symptoms) were treated with artemether–lumefantrine, amodiaquine–artesunate, mefloquine–artesunate, or dihydroartemisinin–piperazine. Artemether–lumefantrine was associated with the fewest adverse effects and with acceptable cure rates but provided the shortest post-treatment prophylaxis, whereas dihydroartemisinin–piperazine had the best efficacy and an acceptable safety profile.

Dihydroartemisinin–Piperaquine for the Prevention of Malaria in Pregnancy

by Abel Kakuru, Prasanna Jagannathan, Mary K. Muhindo et al.
12 pp. 510 kB

Intermittent treatment with sulfadoxine–pyrimethamine is widely recommended for the prevention of malaria in pregnant women in Africa. However, with the spread of resistance to sulfadoxine–pyrimethamine, new interventions are needed. The authors randomly assigned 300 human immunodeficiency virus (HIV)–uninfected pregnant adolescents or women in Uganda, to a sulfadoxine–pyrimethamine regimen, a three-dose dihydroartemisinin–piperazine regimen, or a monthly dihydroartemisinin–piperaquine regimen. The burden of malaria in pregnancy was significantly lower among adolescent girls or women who received intermittent preventive treatment with dihydroartemisinin–piperaquine than among those who received sulfadoxine–pyrimethamine, and monthly treatment with dihydroartemisinin–piperaquine was superior to three-dose dihydroartemisinin–piperaquine with regard to several outcomes.

“There is no free here, you have to pay”: actual and perceived costs as barriers to intermittent preventive treatment of malaria in pregnancy in Mali

by Meredith C. Klein, Steven A. Harvey, Hawa Diarra et al.
Malaria Journal 2016 15:158 - Published: 12 March 2016
8 pp. 1.0 MB

“There is no free here,” the words of a Malian husband, illustrate how perceptions of cost can deter uptake of intermittent preventive treatment of malaria in pregnancy (IPTp). The Malian Ministry of Health (MOH) recommends a minimum of three doses of IPTp at monthly intervals. However, despite a national policy that IPTp be provided free of charge, only 35 % of pregnant women receive at least one dose and less than 20 % receive two or more doses. This study explored perceptions and experiences of IPTp cost in Mali and their impact on uptake, using qualitative interviews and focus groups with pregnant women, husbands and mothers-in-law. Study team members also interviewed and observed health workers at four health centres.
WHO launches the Zika App for Health Care Providers

The World Health Organization has created a Zika app. The app gathers all of WHO’s guidance for agencies and individuals involved in the response to Zika Virus Disease and its suspected complications such as microcephaly, and for health care workers such as doctors, nurses and community health workers. The English version of the app is now available both in Android and iOS versions:


Soon available in all the United Nations’ official languages and Portuguese!

Zika virus - All British Medical Journal (BMJ) resources are freely available

http://www.bmj.com/freezikaresources

On 1 February 2016 the World Health Organization declared an international public health emergency after Zika virus was linked to thousands of birth defects in Brazil. This page is a collection of free resources from across BMJ and elsewhere. It aims to inform clinicians about the global threat posed by the virus, and will be continuously updated as new information comes to light. It includes content in Chinese, Spanish, and Brazilian Portuguese.

ZIKATracker: A mobile App for reporting cases of ZIKV worldwide

by Alyson Ann Kelvin, David Banner, Luciano Pamplona et al.
3 pp. 611 kB

http://www.jidc.org/index.php/journal/article/download/26927449/1449

The authors have developed a mobile App called ZIKATracker (zikatracker.net) to voluntarily be used to report ZIKV cases on a public or private level. As the Zika virus (ZIKV) infection zones are rapidly expanding across South, Central, and North America, and reports have emerged linking ZIKV infection with developmental defects and neurological sequelae, reporting the movement and sequelae of ZIKV is essential. ZIKATracker is a multi-lingual App (English, French, Spanish, and Portuguese) freely available to anyone worldwide wishing to report a suspected or confirmed case of Zika virus and related symptoms.
Zika virus outbreak: ‘a perfect storm’

by Jing-Wen Ai, Ying Zhang, and Wenhong Zhang
Emerging Microbes & Infections (2016) 5, e21; - Published online 9 March 2016
3 pp. 187 kB


Zika virus, a once-overlooked single-stranded ribonucleic acid (RNA) virus that causes a mosquito-borne viral disease, is causing a major ongoing pandemic worldwide. On 1 February 2016, the World Health Organization declared Zika virus-associated clusters of microcephaly and related neurological disorders a ‘Public Health Emergency of International Concern’. Why has a largely ignored virus, which normally causes only mild symptoms, re-emerged with a different pathophysiology, much like an unpredicted storm?

Neglected Tropical Disease NGDO Network: Reflections on accomplishments in the prevention, treatment and management of consequences of NTDs

Guest edited by Paul Emerson and Kim Koporc
International Health, Volume 8, Issue suppl 1, March 2016

http://inthealth.oxfordjournals.org/content/8/suppl_1.toc

This special supplement of “International Health” includes free articles on cross-cutting issues affecting the control and elimination of Neglected Tropical Diseases (NTDs), achievements spearheaded by Neglected Tropical Disease NGDO Network (NNN) member organizations and priorities for future work. These articles expand on presentations given at NNN6 conference convened in Abu Dhabi in September 2015.

Successful Control of Ebola Virus Disease: Analysis of Service Based Data from Rural Sierra Leone

by Kamalini Lokuge, Grazia Caleo, Jane Greig et al.
13 pp. 1.0 MB

http://journals.plos.org/plosntds/article/asset?id=10.1371%2Fjournal.pntd.0004498.PDF

The scale and geographical distribution of the current outbreak in West Africa raised doubts as to the effectiveness of established methods of control. Ebola Virus Disease (EVD) was first detected in Sierra Leone in May 2014 in Kalahun district. Despite high case numbers elsewhere in the country, transmission was eliminated in the district by December 2014. The authors describe interventions underpinning successful EVD control in Kalahun and implications for EVD control in other areas.
Dried Blood Spots: A Tool to Ensure Broad Access to Hepatitis C Screening, Diagnosis, and Treatment Monitoring

by Alexandre Soulier, Lila Poiteau, Isabelle Rosa et al.
9 pp. 587 kB
http://jid.oxfordjournals.org/content/213/7/1087.full.pdf+html

With the advent of highly efficient antiviral therapies for hepatitis C virus (HCV) infection, providing broad access to diagnosis and care is needed. The dried blood spot (DBS) technique can be used to collect, store, and ship whole-blood specimens. The goal was to assess the performance of standardized HCV diagnostic and monitoring tools in the analysis of DBS. This study shows that whole-blood specimens collected using the DBS technique can be confidently used to diagnose and monitor HCV infection. DBS could help improve access to care for HCV infection because they are suitable for use in large-scale screening programs, diagnosis, and therapeutic monitoring.

Global Rapid Response Team Training Package

WHO for Global Capacities, Alert and Response, 2016

https://extranet.who.int/hslp/?q=content/global-rrt-training-package

The Global RRT Training Package is a structured comprehensive collection of training resources and tools enabling relevant training institutions to organize, run and evaluate a 6-day face-to-face training for Rapid Response Teams. It aims at reinforcing the capacity and skills of multidisciplinary Rapid Response Teams (RRT) and their individual members to early detect and effectively respond to a potential outbreak.

The Global - RRT Training Package contains the following folders that you can download for free:
1 - Facilitation team guidance
2 - Block A: Rapid Response Team in context
3 - Block B: Technical modules
4 - Block C: Scenario-based skills-drill
5 - Block D: Evaluation forms and tools

Framing post-pandemic preparedness: Comparing eight European plans

by Martin Holmberg & Britta Lundgren
Global Public Health - Published online: 07 Mar 2016
16 pp. 1.3 MB
This paper is based on the pandemic preparedness plans, published after 2009, from eight European countries. The authors study how pandemic preparedness is framed and how pandemic influenza in general is narrated in the plans. All plans contain references to ‘uncertainty’, ‘pandemic phases’, ‘risk management’, ‘vulnerability’ and ‘surveillance’. These themes were all framed differently in the studied plans. The preparedness plans in the member states diverge in ways that will challenge the ambition of the European Union to make the pandemic preparedness plans interoperable and to coordinate the member states during future pandemics.

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

Mental Illness Burden and Care: Facts and Figures

by Neerja Chowdhary and Vijay Shankar
SciDevNet, 16 March 2016
Read online at:

Mental disorders such as anxiety, depression and suicide attempts are a reality for the poor as much as they are for the rich, even though they are often overlooked. Data from the WHO’s Mental health atlas 2014 show that suicide rates can be very similar between countries as different in income status as Vietnam and the United Kingdom, with five and six suicides per 100,000 people, respectively. But few people in the developing world get the mental healthcare they need, and many patients are treated inhumanely or offered treatments that do more harm than good.

Preventing Disease through Healthy Environments: A global assessment of the burden of disease from environmental risks

by A Prüss-Ustün, J Wolf, C Corvalán et al.
World Health Organization, 2016
176 pp. 3.8 MB

http://apps.who.int/iris/bitstream/10665/204585/1/9789241565196_eng.pdf?ua=1

In new estimates released, WHO reports that in 2012 around 7 million people died - one in eight of total global deaths – as a result of air pollution exposure. This finding more than doubles previous estimates and confirms that air pollution is now the world’s largest single environmental health risk. Reducing air pollution could save millions of lives. The report presents a wide-ranging assessment and detailed findings to show by how much and in what ways improving the environment can promote health and well-being.
Burning Opportunity: clean household energy for health, sustainable development and the well being of women and children

(Executive summary)
by Heather Adair-Rohani, Jessica Lewis, Jonathan Mingle et al.
World Health Organization, 2016
16 pp. 601 kB
http://who.int/entity/indoorair/publications/burning-opportunity-brochure-executive-summary.pdf?ua=1

Executive summary of a new report on indoor air pollution (full report will be available end of March 2016). Household air pollution is the single most important environmental health risk worldwide, and women and children are at particularly high risk from exposure. This global report provides new data on the still-pervasive use of polluting fuels for home cooking, lighting and heating, as well as an in-depth look at the impacts on women and children.

It’s No Joke: The State of the World’s Toilets 2015
by Carolynne Wheeler, Fiona Callister, Andrés Hueso et al.
Pro-Poor Water Supply & Sanitation, November 2015
28 pp. 2.0 MB
http://www.wateraid.org/~/media/Publications/Its_No_Joke_2015_the_state_of_the_worlds_toilets.pdf

For people in developed countries, flushing a toilet and turning on a tap is taken for granted. But more than 650 million people in the world do not have access to clean water, and more than 2.3 billion do not have access to a safe, private toilet. Diarrhoea is one of the three most common killers of young children globally, along with pneumonia and malaria. Most of these deaths – 58% of them – could be prevented by clean water, sanitation and good hygiene including handwashing with soap. That is 315,000 children children under who could be saved every year.

School Water, Sanitation, and Hygiene, Soil-Transmitted Helminths, and Schistosomes: National Mapping in Ethiopia
by Jack E. T. Grimes, Genechu Tadesse, Kalkidan Mekete et al.
21 pp. 1.9 MB
http://journals.plos.org/plosntds/article/asset?id=10.1371%2Fjournal.pntd.0004515.PDF

It is thought that improving water, sanitation, and hygiene (WASH) might reduce the transmission of schistosomes and soil-transmitted helminths, owing to their life cycles. However, few large-scale studies have yet assessed the real extent of associations between WASH and these parasites. The
authors conclude that improving school WASH may reduce transmission of these parasites. However, different forms of WASH appear to have different effects on infection with the various parasites, with this analysis finding the strongest associations between water and S. mansoni, sanitation and A. lumbricoides, and hygiene and hookworm.

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

A Framework for Educating Health Professionals to Address the Social Determinants of Health

Committee on Educating Health Professionals to Address the Social Determinants of Health; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine, 2016
143 pp. 6.0 MB

http://download.nap.edu/cart/download.cgi?&record_id=21923

The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” Educating health professionals about the social determinants of health generates awareness among those professionals about the potential root causes of ill health and the importance of addressing them in and with communities, contributing to more effective strategies for improving health and health care for underserved individuals, communities, and populations.

Gender Statistics for the Pacific and Timor-Leste

by Jessica Gardner, Kim Robertson, Sunhwa Lee et al.
Asian Development Bank, March 2016
49 pp. 1.3 MB


The Pacific region has made good progress in conducting population and housing censuses and other national surveys, as well as in collecting administrative records by government agencies. Key gender statistics provide a snapshot of gender issues in the Pacific region and Timor-Leste. This booklet promotes the use of gender statistics for evidence-based policy making and monitoring progress in gender equality issues. The key gender indicators illustrated here should encourage the countries to continue their investment in data collection and in strengthening technical capacity for analysis.
Women’s Resilience: Integrating Gender in the Response to Ebola

by Geraldine J. Fraser-Moleketi, Dana Elhassan, Robtel Pailey et al.
African Development Bank (AfDB), Office of the Special Envoy on Gender, 2016
32 pp. 1.5 MB

In a report released for International Women’s Day, the AfDB outlined how the Ebola outbreak in west Africa disproportionately affected women, and highlighted a number of recommendations to adequately integrate gender into the Ebola response. The report noted that particularly vulnerable women, such as those who are mentally or physically disabled or elderly, were likely to have been doubly or triply impacted.

Health System Governance, Health Workforce and Health Information Systems

Expanding World Vision’s Impact through Community Health Workers

A Global Census
by Michaela Cisney, Polly Walker, Dan Irvine et al.
23 pp. 5.7 MB

In 2015 the Global Health and Nutrition team undertook a global census of Community Health Workers (CHWs) programming activities of 66 national offices (NOs). The purpose of the census was to provide an estimate of the current scale of our work in CHW programming globally, to assist internal monitoring and our reporting on our global commitments. The census results are also used to develop CHW technical capacity statements, grant proposals, and fundraising and marketing resources.

Systematic review on human resources for health interventions to improve maternal health outcomes: evidence from low- and middle-income countries

by Zohra S. Lassi, Nabiha B. Musavi, Blerta Maliqi et al.
Human Resources for Health2016:14:10 - Published: 12 March 2016
20 pp. 1.4 MB
There is a broad consensus and evidence that shows qualified, accessible, and responsive human resources for health (HRH) can make a major impact on the health of the populations. At the same time, there is widespread recognition that HRH crises particularly in low- and middle-income countries (LMICs) impede the achievement of better health outcomes/targets. In order to achieve the Sustainable Development Goals (SDGs), equitable access to a skilled and motivated health worker within a performing health system is need be ensured. This review contributes to the vast pool of literature towards the assessment of HRH for maternal health and is focused on interventions delivered by skilled birth attendants (SBAs).

**Setting targets for human resources for eye health in sub-Saharan Africa: what evidence should be used?**

by Paul Courtright, Wanjiku Mathenge, Amir Bedri Kello, Human Resources for Health 2016 14:11 - Published: 16 March 2016

With a global target set at reducing vision loss by 25% by the year 2019, sub-Saharan Africa with an estimated 4.8 million blind persons will require human resources for eye health (HReH) that need to be available, appropriately skilled, supported, and productive. Targets for HReH are useful for planning, monitoring, and resource mobilization, but they need to be updated and informed by evidence of effectiveness and efficiency. The existing targets for HReH and some of the existing strategies such as task shifting of cataract surgery and trichiasis surgery, as well as the scope of eye care interventions for primary eye care workers, will need to be re-evaluated and re-defined against such evidence or supported by new evidence.

**Access to Medical Products, Vaccines and Technologies**

**Ensuring that essential medicines are also affordable medicines: Challenges and options**

by Ellen 't Hoen and Kaitlin Mara
WHO/UNITAID (discussion paper, 2016)
52 pp. 283 kB

This paper provides an overview of key historical developments, focused on the experience of increasing access to HIV medicines. Using the Essential Medicines
List as a guide for prioritization, it then discusses some of the recent challenges and possible approaches to address them.

**Plea for treaty on drug research**

by Inga Vesper
SciDevNet, 16 March 2016
Read online at:

Health activists are demanding an international treaty on medical research and development (R&D) to speed up the creation of cheap medicines. Outdated intellectual property (IP) regimes and market distortions hold back research on new medicines, activists said at a meeting of the UN Secretary-General’s High-Level Panel on Access to Medicines, held on 10 March in London, United Kingdom.

**Ensuring innovation in diagnostics for bacterial infection: implications for policy**

by Chantal Morel, Lindsay McClure, Suzanne Edwards et al.
Observatory Studies Series No. 44, 2016
317 pp. 5.2 MB

http://www.euro.who.int/__data/assets/pdf_file/0008/302489/Ensuring-innovation-diagnostics-bacterial-infection-en.pdf?ua=1

This new volume takes a look at how developing diagnostic tools can help improve the prescription of antibiotics, and so help manage the expansion of bacterial resistance. It calls for a complete overhaul of current policy, and critiques the inadequacies in health, science and policy initiatives that have led to the dearth of effective diagnostic devices. The authors stress that a major overhaul of current approaches is vital and that only a multifaceted response will stem the growth of bacterial resistance.

**Performance of retail pharmacies in low- and middle-income Asian settings: a systematic review**

by Rosalind Miller and Catherine Goodman
Health Policy Plan. (2016) - First published online: March 8, 2016
14 pp. 377 kB

http://heapol.oxfordjournals.org/content/early/2016/03/08/heapol.czw007.full.pdf+html

Pharmacy practice in Asia is characterised by insufficient history taking; a lack of appropriate patient referral; poor adherence to treatment guidelines, inappropriate supply of medicines and insufficient counselling. Adequate knowledge alone is not sufficient to en-
Sure appropriate management of patients presenting at the pharmacy. Profit incentives and the regulatory environment must be taken into consideration when designing interventions to improve pharmacy practice in these settings. Intervention research in this area appears to be lacking and more research is particularly required on non pharmacist-run pharmacies and unregistered drug shops.

**Results-Based Financing in Mozambique’s Central Medical Store: A Review After 1 Year**

By Cary Spisak, Lindsay Morgan, Rena Eichler et al.
Glob Health Sci Pract, March 2, 2016
13 pp. 601 kB
http://www.ghspjournal.org/content/early/2016/03/02/GHSP-D-15-00173.full.pdf

Public health commodity supply chains are typically weak in low-income countries, partly because they have many disparate yet interdependent functions and components. Approaches to strengthening supply chains in such settings have often fallen short — they address technical weaknesses, but not the incentives that motivate staff to perform better. The authors conclude that the Results-Based Financing (RBF) scheme in Mozambique’s Central Medical Store (CMS), which paid incentives for verified results, steadily improved the central medical store’s performance over 1 year, particularly for supply and distribution planning.

**CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016**

By Deborah Dowell, Tamara M. Haegerich, Roger Chou
52 pp. 699 kB
http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1er.pdf

This guideline provides recommendations for primary care providers who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use. This guideline is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including abuse, dependence, overdose, and death.

**Role of the private sector in vaccination service delivery in India: evidence from private-sector vaccine sales data, 2009-12**

By Abhishek Sharma, Warren A Kaplan, Maulik Chokshi et al.
Health Policy Plan. (2016) - First published online: March 14, 2016
In India, the public sector offers vaccination services to the majority of the population but the private sector should not be neglected as it could potentially improve overall vaccination coverage. The government could train and incentivize a wider range of private-sector health professionals to help deliver the vaccines, especially in the low income states with the largest birth cohorts. The authors recommend future studies to identify strengths and limitations of the public and private health sectors in each Indian state.

Management and Quality of Health Services and Facilities

Implementing Intervention Research into Public Policy - the “I3-Approach”

by Christiane Spiel, Barbara Schober, Dagmar Strohmeier
Prevention Science, pp 1-10; First online: 27 February 2016
10 pp. 391 kB

Evidence-based intervention programs have become highly important in recent years, especially in educational contexts. However, transferring these programs into practice and into the wider field of public policy often fails. As a consequence, the field of implementation research has emerged, several implementation frameworks have been developed, and implementation studies conducted. Implementation researchers are mostly given mandates by politicians to take on the implementation of already existing interventions. This might be one of the key reasons why there are still many problems in translating programs into widespread community practice.

Innovation and the Business of Health Care

A collection of Perspective articles from the New England Journal of Medicine
NEJM Catalyst, March 2016
30 pp. 3.8 MB
http://cdn2.hubspot.net/hubfs/558940/catalyst-premium/content/NEJM-Catalyst_Innovation.pdf

This document contains eight insightful articles that explore potential improvements in the business of health care delivery. These writings address timely health care delivery topics ranging from the micro to the macro, including: Models of integrated care management; Methods of testing incremental or radical innovations; Payment reforms that support value improvement.
United Kingdom Health Systems in Transition (HiT 2015)

by Jonathan Cylus, Erica Richardson, Lisa Findley et al.
The European Observatory on Health Systems and Policies, 2016
155 kB 3.8 MB
http://www.euro.who.int/__data/assets/pdf_file/0006/302001/UK-HiT.pdf?ua=1

HiT health system reviews are country-based reports that provide a detailed description of a country’s health system and of reform and policy initiatives in progress or under development. Similar to other countries, the United Kingdom faces a number of key challenges which it needs to address to further its performance. These include those posed by an ageing population, coupled with a rising burden of chronic diseases, growing expectations and technological advances against a background of increasing financial constraints and the need to ensure that resources are spent efficiently.

Universal Health Coverage, Health Financing and Social Health Protection

Insurance Facility Annual Report 2015

by Craig Churchill, Moussa Dieng, Aida F. Lindmeier et al.
Social Finance Programme, Enterprises Department, International Labour Organization (ILO) 2016
46 pp. 3.7 MB

In 2015 the ILO’s Impact Insurance Facility witnessed an exciting transition. After years of pushing the frontiers of inclusive insurance by supporting innovations, they switched gears and started to proactively promote the experiences of leading insurance providers, and the lessons they have learned, to enable others to follow suit without reinventing the wheel or stumbling over the same obstacles. This annual report summarizes their efforts to launch the three interlinked initiatives of their strategy, namely:
1. Capacity building
2. Market development
3. Research and innovation

Domestic Innovative Financing for Health: Learning From Country Experience

by Sharon Nakhimovsky, John Langenbrunner, James White et al.
The Health Finance and Governance Project (HFG), October 2014
108 pp. 55.3 MB(!)
https://www.hfgproject.org/?download=6376
The report highlights “domestic innovative financing” options; that is, those originating from domestic sources which can generate additional resources for the health sector. The focus of the report is not to prioritize revenue generation, but rather to “assess country experience with domestic innovative financing options, both successes and failures, in order to increase global wisdom on selecting and implementing them in low- and middle-income countries.” It draws on lessons learned from several countries to provide evidence and scenarios for low- and middle-income nations to increase the financing potential of national health systems.

**Assessing Health Provider Payment Systems: A Practical Guide for Countries Moving toward Universal Health Coverage**

by Cheryl Cashin, Batbayar Ankhbayar, Hoang Thi Phuong et al.  
Joint Learning Network for Universal Health Coverage (JLN), 2015  
59 pp. 3.5 MB  
http://www.jointlearningnetwork.org/resources/download/get_file/ZW50cnlfaWQ6MzQ4MXxmaWVsZF9uYW1lOnJlc291cmNlX2ZpbGV8dHlwZTpmWxl  
The publication is a practical, step-by-step guide designed to help countries find answers to their provider payment policy questions through a country-led participatory process that draws on real world, practitioner experiences with designing, implementing and managing the consequences of payment systems design.

**Community Health Financing as a Pathway to UHC: Synthesis of Evidence from Ghana, Ethiopia & Senegal**

by Hailu N. Zelelew  
Abt Associates Inc, for the Health Finance and Governance Project, June 2015  
12 pp. 3.4 MB  
http://www.jointlearningnetwork.org/resources/download/get_file/ZW50cnlfaWQ6MzgyNXxmaWVsZF9uYW1lOnJlc291cmNlX2ZpbGV8dHlwZTpmWxl  
Community-based health insurance (CBHI) emerged in West Africa the 1990s as a grassroots response among rural and poor communities to fees charged by private and public clinics and hospitals. Three countries – Ghana, Senegal, and Ethiopia – have leveraged CBHI in different ways to expand publicly funded coverage to the informal sector in rural and urban settings. This paper synthesizes the experiences from these three countries to illustrate the role that CBHI can play in universal health coverage (UHC). The lessons discussed should help answer the questions of countries striving to establish UHC.
Women's work: Mothers, children and the global childcare crisis
by Emma Samman, Elizabeth Presler-Marshall, Nicola Jones et al.
Overseas Development Institute (ODI), March 2016
91 pp. 16 MB

The world is facing a hidden crisis in childcare. That crisis is leaving millions of children without the support they need, with damaging consequences for their future. It is also having severe impacts on three generations of women – mothers, grandmothers and daughters. This report explores the current childcare policy failures across a range of case-study countries, including Viet Nam, Gaza, Mexico, India and Ethiopia, and highlights examples of progress in countries which are successfully responding to these challenges. Based on these findings the authors make six key policy recommendations to extend and improve care-related labour market policies; promote more integrated approaches to social protection; and to invest in better data.

Social Transfers

The conditions for conditionality in cash transfers
by Luca Pellerano and Valentina Barca
The International Policy Centre for Inclusive Growth (IPC-IG), March 2016
1 pp. 60 kB

The authors question whether conditionalities play a central role in enabling conditionality cash transfers (CCTs) programmes to achieve their desired social development outcomes. They present a distinction between four means of conditioning the use of social transfers and explain that countries wishing to adopt such programmes should carefully consider their feasibility based on overall priorities for policy design as well as varying institutional contexts.

Strengthening the cash transfer payment systems in Kenya
by Winnie Mwasiaji
The International Policy Centre for Inclusive Growth (IPC-IG), March 2016
1 pp. 444 kB

The author looks into challenges facing the Kenyan Government in implementing an effective, efficient and robust payment mechanism that ensures payments are delivered to benefici-
ciaries in a timely, convenient, reliable and secure manner. In fact, Kenya is currently implementing four different social cash transfer programmes covering nearly 600,000 beneficiary households nationwide.

Inclusion of People with Disabilities

**Community Based Rehabilitation (CBR) Critical Perspectives from Latin America**

by Shaun Grech

The Critical Institute, Malta, 2015

59 pp. 1.4 MB


The document is a critical reflection on the multi-dimensional and changing nature of Community Based Rehabilitation (CBR), the perceived benefits, the conundrum of standardized approaches versus the community driven processes, the nature of links between CBR and human rights, the resourcing of CBR and the difficulty inherent in taking a short term view in the evaluation of what is a long term process.

Global Health Governance, Sustainable Development Goals & Development Cooperation

**Moving global health forward in academic institutions**

by Didier Wernli, Marcel Tanner, Ilona Kickbusch et al.

J Glob Health. 2016 Jun; 6(1): 010409. - Published online 2016 February 20

6 pp. 1.7 MB


Global health has attracted growing attention from academic institutions. Its emergence corresponds to the increasing interdependence that characterizes our time and provides a new worldview to address health challenges globally. There is still a large potential to better delineate the limits of the field, drawing on a wide perspective across sciences and geographical areas. As an implementation and integration science, academic global health aims primarily to respond to societal needs through research, education, and practice. From five academic institutions closely engaged with international Geneva, the authors propose here a definition of global health based on six core principles.
Global Health Governance Challenges 2016 - Are We Ready?

by Ilona Kickbusch
Int J Health Policy Manag 2016, 5(x), 1–5
5 pp. 399 kB
http://www.ijhpm.com/jufile?c2hvd1BERj0zMTcxjI9hY3Rpb249c2hvd1BERiZhcnRpyZxPTMxNzEx29iPWl2OTYy2UM+yODVjMjNhNTk4YmE0NGVlNzM5ODdk

The year 2016 could turn out to be a turning point for global health, new political realities and global insecurities will test governance and financing mechanisms in relation to both people and planet. But most importantly political factors such as the global power shift and “the rise of the rest” will define the future of global health. A new mix of health inequity and security challenges has emerged and the 2015 humanitarian and health crises have shown the limits of existing systems. The global health as well as the humanitarian system will have to prove their capacity to respond and reform. Conceptually, we will need a different understanding of global health and its ultimate goals - the health of people can no longer be seen separate from the health of the planet and wealth measured by parameters of growth will no longer ensure health.

How to Realize Returns on Health

by Derek K. Aberle, Tim Brown, George Barrett et al.
An Insights Report from the World Economic Forum’s “Future of Healthy” Project
Prepared in collaboration with Bain & Company, January 2016
32 pp. 1.2 MB

After demonstrating in “Maximizing Healthy Life Years” that health can have a positive return on investment, the 2016 report “How to Realize Returns on Health” shows how to tackle the silent NCD pandemic: why we should focus on Maximizing Healthy Life Years (MHLY) instead of just treating disease, why we need to act boldly now and how investments into health can have healthy returns in a multi-stakeholder environment by creating Ecosystems of Health.

Agenda 2030 and the Sustainable Development Goals: gender equality at last? An Oxfam perspective

by Daniela Rosche
Gender & Development, Vol. 24, Issue 1, 2016
Special Issue: Sustainable Development Goals - Published online: 24 February 2016
17 pp. 1.3 MB
http://www.tandfonline.com/doi/pdf/10.1080/13552074.2016.1142196

The formulation of the Agenda 2030 and the Sustainable Development Goals (SDGs)
have involved greater consultation with civil society than their predecessors, the Millennium Development Goals. This has been welcome to many development non-government organisations undertaking advocacy on women's rights and gender equality, which have engaged with the SDG process in various ways. This article, written by a feminist working in the international NGO (INGO) sector, elaborates on why and how the INGO Oxfam engaged in the process to formulate the new post-2015 development agenda. It provides insights into Oxfam's policy analysis, strategy development, and political engagement in advocating for a stand-alone gender equality goal, including together with allies.

**The MDG To SDG Transition: Implications For Health Care Systems**

by Arian Hatefi, Neelam Sekhri, Haile Debas et al.
Health Affairs blog, March 16, 2016
Read online at: http://healthaffairs.org/blog/2016/03/16/the-mdg-to-sdg-transition-implications-for-health-care-systems/

In 2016, the world will move from a global commitment to the Millennium Development Goals (MDGs) to a focus on the much more ambitious and wide-ranging Sustainable Development Goals (SDGs). Whereas the health-related MDGs focused narrowly on particular diseases or conditions for select vulnerable groups, the SDGs are broader, calling (in SDG 3) for the global community to “ensure healthy lives and promote well-being for all at all ages.” As we take on this challenge, it is useful to reflect on what we have learned and what we will need to do differently to make substantial progress towards the SDGs.

**From Agreement to Action: Delivering the Sustainable Development Goals**

by Róisín Hinds, Lisa Wise, Nicole Cardinal et al.
The Save the Children Fund, March 2016
53 pp. 2.6 MB

http://www.savethechildren.org.uk/sites/default/files/images/From_Agreement_to_Action.pdf

The Millennium Development Goals were a crucial starting point in galvanising international support for poverty reduction and illustrate the role international frameworks can play in driving national policy change. The Sustainable Development Goals - if implemented enthusiastically and effectively - will help us finish the job and ensure that no one is left behind. “From Agreement to Action” provides guidance and recommendations for governments, international actors and other stakeholders as they develop their implementation plans, and identifies five areas of action.
Asia-Pacific Migration Report 2015: Migrants' Contributions to Development

by Nanda Krairiksh, Laura Lopez, Andrew Bruce et al.

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), 2016
170 pp. 5.4 MB


International migration is a major driver of social and economic change in the contemporary Asia-Pacific region. Asia-Pacific countries are overlooking the gains they receive from migrant workers and need to do a better job of improving worker conditions, says this report. When you provide migrants with decent work, when you treat migrants as your own, assimilate them into your economy and treat them as national labour - it really benefits the national economy.

USAI D's Public-Private Partnerships: A Data Picture and Review of Business Engagement

by George M. Ingram, Anne E. Johnson, Helen Moser
98 pp. 1.9 MB


The United States Agency for International Development has been engaging in public-private partnerships for more than 15 years, but understanding who the partners are, what the impacts are and the key trends of those partnerships has often been a challenge. In recent years USAID has improved its data collection and made public past PPP data that provides a look into how the agency engages with the private sector. This week the Brookings Institution, a think tank based in Washington, D.C., released a report that analyzes USAID PPPs between 2001 and 2014. The report was created to enrich the considerable discussion that USAID and the development community has devoted to PPPs in recent years by providing the key data points to dissect the nature of those partnerships.

Miscellaneous

Anatomy of a Murder: How Responsive Web Design Changed the Face of the Web we Experience

by Michael Marlovics
Going International Information Services, 10. March 2016
Read online at:
The way we use the web has changed over the years and so has the technology that comes with this behavioural change. To get an address or a telephone number we simply hit up google and perform a search. 50% of the time we do so, we do it via our mobile devices, on the bus, micro-breaking at work, cyber loading on the couch at home, you name it: everywhere at anytime! This trend is so prevalent that Google has begun to boost the ratings of sites that are mobile friendly if the search was made from a mobile device. This has the net effect of penalizing sites that are not mobile friendly. With this in mind, there is no way around a responsive web design when it comes to your website as healthcare provider.

The latest edition of Africa Health is now available

http://www.africa-health.com

Visit the website at the above URL, to view the journal in full, or view separate sections on the right-hand side of the page. This edition includes an article on zoonotic malaria and the risk of malaria transmission between monkeys and humans, plus two excellent papers on liver disease, and the usual mix of news, reviews, abstracts, CPD Challenge, and Clinical quiz.

African Health Stats

http://www.africanhealthstats.org/cms/

African Health Stats is an innovative data site that allows you to chart, map and compare key health indicators across all 54 African Union member states. All data is taken from officially-recognised international sources.

Impact of the Internet in Africa: Establishing conditions for success and catalysing inclusive growth in Ghana, Kenya, Nigeria and Senegal

by James Mwangi, Robin Miller, Daniel Tuttle et al. Dalberg Research, April 2013 102 pp. 1.5 MB


This report describes the role of the Internet on the socioeconomic development of Sub-Saharan Africa and its potential going forward. It builds atop a body of re-
search that has sought to identify and measure the economic benefits of the Internet and broadband. These previous reports, most of which have found a positive relationship between economic development and the Internet, provide helpful starting points, because they have aggregated a wealth of data from an array of countries across the globe.

**Travelers' Health - Mobile Apps**


CDC's TraWell app helps you plan for safe and healthy international travel. Build a trip to get destination-specific vaccine recommendations, a checklist of what you need to do to prepare for travel, and a customizable healthy travel packing list. The app also lets you store travel documents, keep a record of your medications and immunizations, and set reminders to get vaccine booster doses or take medicines while you're traveling.

**World Happiness Report 2016, Volume I**

Edited by John Helliwell, Richard Layard and Jeffrey Sachs
Sustainable Development Solutions Network (SDSN), 2016
70 pp. 2.3 MB

http://5c28efcb768db11c72044ffd2ff276d22135df4d1a53ae141422.r82.cf5.rackcdn.com/HR-V1_web.pdf

The World Happiness Report 2016 Update, which ranks 156 countries by their happiness levels, was released in Rome in advance of UN World Happiness Day, March 20th. Leading experts across fields – economics, psychology, survey analysis, national statistics, health, public policy and more – describe how measurements of well-being can be used effectively to assess the progress of nations. The reports review the state of happiness in the world today and show how the new science of happiness explains personal and national variations in happiness. They reflect a new worldwide demand for more attention to happiness as a criteria for government policy.

**CONFERENCES & TRAINING**

**Neglected Tropical Diseases - A Public Health Issue**

02.05.2016 - 06.05.2016, Heidelberg
Institute of Public Health, University of Heidelberg, Germany

This course aims to provide students with the necessary tools to develop and to successfully implement programmes with evidence-informed decisions for the control of NTDs. It looks at the historical background of NTDs including the basic bio-medical
concepts and considers the landscape of organisations dedicated to control NTDs. Moreover, it examines the evidence-informed concepts and approaches for the control of NTDs on a population level.

Eligible are public health professionals, social scientists, paramedical staff, project planners/ and co-ordinators, medical doctors, tropEd students and others. The course is held in English. Fluency in English is required.

Enquiries and Registration
https://www.klinikum.uni-heidelberg.de/Neglected-Tropical-Diseases.140052.0.html
Ms. Pauline Grys
+49(0)6221-565048
grys@uni-heidelberg.de

The Vilnius International Summit on Communicable Diseases

26 June - 1 July 2016, Vilnius - Lithuania
http://vilnius-summit.eu/

The objective of the Summit will be to present and discuss the evidence-based policies, recommendations, points-of-view and best practices in fighting the communicable diseases. High-level officials from the World Health Organisation, European Commission, ECDC, other international organisations, and outstanding experts in communicable diseases are invited as speakers. The topics include current threats of communicable diseases in Europe and the world, refugees and communicable diseases, antimicrobial resistance and infection prevention, vaccine-preventable diseases among others.

Call for submissions: What Works Global Summit (WWGS2016)

6-18 September 2016, London, UK
“Putting evidence to work for better policies, programmes and practice: the What Works Global Summit 2016”

WWGS2016 is being organized by the Campbell Collaboration, International Initiative for Impact Evaluation (3ie), Sense about Science, and the What Works Research Centre at Queen’s University Belfast.

WWGS2016 will be an international culture-shifting event, putting evidence at the heart of policy and practice. It will promote quality evidence and ways of producing and communicating evidence to maximize uptake into policy and practice. Active participation by policy-makers, programme managers, media representatives, practitioners, and researchers, all of whom are encouraged to submit proposals is encouraged.

Submission must be made using the WWGS online proposal form. The deadline for submission is 25 April, 2016.
47th Union World Conference on Lung Health

26 - 29 October 2016, Liverpool, UK

The conference theme is “Confronting Resistance: Fundamentals to Innovations”. This addresses a number of critical areas for discussion, including the growing problem of resistance to existing TB drugs, which is one of the most important challenges facing us today.

If you have any questions, please contact: liverpool2016@theunion.org
For more information see: http://liverpool.worldlunghealth.org/

Association for Health Information and Libraries in Africa (AHILA) 15th Biennial Congress

17-21 October 2016, Kampala, Uganda

The Association for Health Information and Libraries in Africa (AHILA) was founded in 1984 with the aim of improving provision of up-to-date and relevant health information; encourage professional development of health librarians; promote information resource sharing in Africa and exchange of experiences as well as promoting the development and standardization and exchange of health databases in Africa.


For more information see: http://ug-ahila.org/

“Before we send you home with your new baby, would you like to have him circumcised, pierced and tattooed?”

Source: glasbergen.com
### TIPS & TRICKS

**Can I Defragment SSD?**

A reader wanted to know if it would do any harm to his SSD drive if he defragged it. **Defrag** (short for defragmentation) is the process of moving data from one place on a hard drive to cluster all of your data together and leave larger chunks of the drive free for writing more data. This can speed up your PC.

**SSD** stands for solid-state drive. Unlike a traditional hard drive, there are no moving parts to an SSD drive. It is really an internal form of flash memory. The lack of moving parts means that SSDs have much faster reading and writing times than a conventional hard drive.

It is generally accepted that SSD drive don’t require defragmentation, and that defragmentation just adds extra writes on your drive. So it is not necessary to run manual defragmentation on an SSD.

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**Working with images from PDF or WORD documents**

Most of the announcements in this newsletter are illustrated with images from the respective web sites or documents. To copy an image from a PDF file is easy: just click and right-click the image and select 'Save Image as...'. You select the format (e.g. bmp, jpg), the directory to be saved in and a name and you are done.

With images embedded in a WORD document it is similar: right-click the image, select 'Save as Picture...'. Then save it, selecting a graphics format and a name and you are done.

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**Is Wi-Fi Different from Wireless?**

There is a bit of confusion, even from people who know a lot about technology, in the terms Wi-Fi and wireless. They are often used interchangeably, but they are really two different terms.

First, wireless means, literally, without wires. That encompasses a lot, including your wireless keyboard and mouse, Bluetooth connections, but also your Internet connection. It is really a general term and can, in certain situations, have nothing to do with the Internet. For example, when you plug in the USB receiver for your wireless keyboard, you don’t need an Internet connection to use the keyboard, it communicates wirelessly, through that receiver.

Wireless also has been used to refer to broadband Internet connections, such as you would use on your Smartphone or tablet. Wireless is a much more broad term than Wi-Fi.

Wi-Fi, refers to the standard you use to connect to the Internet. Wi-Fi is part of wireless, but is not the same thing. The term Wi-Fi indicates a specific communication standard to allow computers to...
share resources and files. You generally need a router or an access point to broadcast a Wi-Fi signal. To use Wi-Fi, the devices must be fairly close together because of the limited range of the signal.

One way to help understand that difference in wireless and Wi-Fi is to think of your Smart phone. When you are using it in your home or business, you more than likely are connected to the Wi-Fi network. You will see the Wi-Fi icon to indicate you are connected.

However, if you get further away from any access points while using your phone, you will switch over to the wireless, or broadband/cellular network. This is usually indicated by the strength bars or a 3G/4G/LTE indicator.

So while you may have thought they were the same thing, wireless and Wi-Fi are really two different terms, but mean similar things. Just remember that Wi-Fi is specific to connecting to the Internet, whereas wireless is a more general term for using anything without wires.