EDITORIAL

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- and with a link: Just click on it to download the full version of the News Briefing.

Talking about clicks: Be sure to read the article about MedNet, Malawi’s first online network for health professionals, a new initiative that reaches out to Malawi’s medical diaspora, encouraging them to engage with the health system back home.

Enjoy the reading and share widely!

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

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

Mednet: Malawi’s first online network for medical professionals


It is often said that more Malawian doctors work in Manchester than in Malawi itself. In actual fact, nobody really knows how many Malawian medical staff work abroad. Now a new initiative is reaching out to the Malawian medical diaspora, encouraging them to engage with the health system back home.

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

Contraceptive Failure Rates in the Developing World: An Analysis of Demographic and Health Survey Data in 43 Countries

by Chelsea B. Polis, Sarah E.K. Bradley, Akinrinola Bankole et al.
Guttmacher Institute, March 2016
76 pp. 943 kB

Nations from Brazil to Egypt and Turkey are among developing countries with the highest rates of contraceptive failure, according to research released on unintended pregnancies. Some 74 million unintended pregnancies occur each year in developing nations, a third of which are due to failed contraception, said the New York-based Guttmacher Institute which studied 43 countries in Africa, Asia, Eastern Europe, Latin America, and the Caribbean.

Fertility Awareness Methods: Distinctive Modern Contraceptives

by Shawn Malarcher, Jeff Spieler, Madeleine Short Fabric et al.
3 pp. 155 kB
http://www.ghspjournal.org/content/4/1/13.full.pdf+html

Fertility awareness methods - the Lactational Amenorrhea Method, the Standard Days Method, and the Two Day Method - are safe and effective, and they have
important additional benefits that appeal to women and men. Including these modern contraceptives in the method mix expands contraceptive choice and helps women and men meet their reproductive intentions.

**Expansion of Safe Abortion Services in Nepal Through Auxiliary Nurse-Midwife Provision of Medical Abortion, 2011-2013**

by Kathryn L. Andersen, Indira Basnett, Dirgha Raj Shrestha et al.

*J Midwifery Womens Health* 2016;00:1-9
8 pp. 265 kB


Comprehensive abortion care services remain out of reach for many women in rural and remote areas of Nepal. This article describes a training and support strategy to train auxiliary nurse-midwives (ANMs), already certified as skilled birth attendants, as medical abortion providers and expand geographic access to safe abortion care to the community level in Nepal. The authors conclude that the Nepali experience demonstrates that safe induced abortion care can be provided by ANMs, even in remote primary-level health facilities. Post-training support for providers is critical in helping ANMs handle potential barriers to medical abortion service provision and build lasting capacity in medical abortion.

**Increased Duration of Paid Maternity Leave Lowers Infant Mortality in Low- and Middle-Income Countries: A Quasi-Experimental Study**

by Arijit Nandi, Mohammad Hajizadeh, Sam Harper et al.

18 pp. 276 kB

http://journals.plos.org/plosmedicine/article/asset?id=10.1371%2Fjournal.pmed.1001985.PDF

In a large study analyzing data from 20 countries, the authors show that extended, paid maternity leave is associated with reduced infant mortality in Low- and Middle-Income Countries (LMICs). They conclude that more generous paid maternity leave policies represent a potential instrument for facilitating early-life interventions and reducing infant mortality in LMICs and warrant further discussion in the post-2015 sustainable development agenda. From a policy planning perspective, further work is needed to elucidate the mechanisms that explain the benefits of paid maternity leave for infant mortality.
Timing of initiation, patterns of breastfeeding, and infant survival: prospective analysis of pooled data from three randomised trials

by Rajiv Bahl for NEOVITA Study Group
Lancet Glob Health 2016; 4: e266–75
10 pp. 108 kB
http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(16)00040-1.pdf

Although the benefits of exclusive breastfeeding for child health and survival, particularly in the post-neonatal period, are established, the independent beneficial effect of early breastfeeding initiation remains unclear. The findings of this study emphasise the crucial importance of prioritising the promotion of early breastfeeding initiation both to mothers and to the health workers who assist and support them. Although this promotion is already part of WHO recommendations for newborn care, it is not a universal practice with only half of newborn babies in the world being breastfed in the first hour of life.

Child Mortality

by Max Roser
Published online at OurWorldInData.org, 2016
Read online at:

Since the beginning of the age of the Enlightenment and over the course of modernization, the mortality of children below 5 years of age has declined rapidly. Child mortality in rich countries today is much lower than 1%. This is a very recent development and was only reached after a hundredfold decline in child mortality in these countries. With declining poverty and increasing knowledge and service in the health sector, child mortality around the world is declining very rapidly. Big countries like Brazil and China reduced their child mortality rates 10-fold over the last 4 decades. Other countries – especially in Africa – still have high child mortality rates, but it is not true that these countries are not making progress.

HIV, Tuberculosis & Malaria

No Valley Without Shadows: MSF and the Fight for Affordable ARVs in South Africa

by Marta Darder, Liz McGregor, Carol Devine et al.
Médecins Sans Frontières (MSF), 2014
134 pp. 3.8 MB
https://www.msf.org.za/download/file/fid/9576

The book aims to provide a unique insight into the struggle for affordable treatment
in South Africa that pitted activists against powerful pharmaceutical companies in the 2000s. The
detailed account offers little known facts about an era in which doctors and activists banded together
to smuggle life-saving medicines into the country. The book pays tribute to those who challenged
government’s AIDS denialism. It also reflects on the current state of the HIV epidemic. It argues that
while South Africa can be proud of its HIV treatment programmes, problems – including drug stock
outs – persist. More than 10 years after activists won a historic court battle for affordable treatment,
this book argues that their history must be heard again to inspire a new passion.

Harm reduction works: Examples from around the World

UNAIDS, March 2016
4 pp. 259 kB
http://www.unaids.org/sites/default/files/media_asset/JC2613_HarmReduction_en_0.pdf

Abundant evidence shows that harm reduction programmes can significantly re-
duce HIV transmission among people who inject drugs. Several countries are
demonstrating the benefits of actively scaling up quality programmes that are
based on human rights and public health needs. A full range of prevention, treat-
ment, support and care programmes for all people who inject drugs is optimal, including opioid sub-
stitution treatment, needle and syringe programmes and antiretroviral therapy for those eligible.
However, evidence shows that even partial improvements can make a difference. Countries should
not wait, but should start immediately to scale up harm reduction responses that are public health-
based and human rights informed.

Southern African guidelines on the safe use of pre-exposure prophylaxis in persons at risk
of acquiring HIV-1 infection

by Linda-Gail Bekker, Kevin Rebe, Francois Venter et al.
Southern African Journal of HIV Medicine, 2016;17(1)
11 pp. 982 kB

These guidelines advise that pre-exposure prophylaxis (PrEP) is a highly effective,
safe, biomedical option for HIV prevention that can be incorporated with other
combination prevention strategies in Southern Africa, given the high prevalence of HIV in the region.
PrEP should be tailored to populations at highest risk of HIV acquisition, whilst further data from
studies in the region accrue to guide optimal deployment to realise the greatest impact regionally.
PrEP may be used intermittently during periods of perceived HIV acquisition risk, rather than contin-
ually and lifelong, as is the case with antiretroviral treatment. Recognition and accurate measurement
of potential risk in individuals and populations also warrants discussion, but are not extensively cov-
ered in these guidelines.
**Regional Minimum Standards and Brand for HIV and other Health Services along the Road Transport Corridors in the SADC Region**

Southern African Development Community (SADC) and African Strategies for Health project (ASH), November 2015


Expanded mobility and cross-border trading across the road transport sector in Southern Africa have contributed to increased HIV prevalence rates among key populations and communities living in the region. To support a strengthened and co-ordinated response to the unique public health challenges this presents, SADC approved the Regional Minimum Standards and Brand for HIV and other Health Services Along Road Transport Corridors in the SADC Region (RMSB) in November 2015. It includes guiding principles on the right to health; health-promoting workplaces; gender mainstreaming; empowerment of commercial sex workers and effective partnership. It sets minimum standards on service delivery and a minimum package of services for those involved in road transport corridors.

**Strengthening Community Platforms to Address Gender Norms**

by Ibou Thior
AIDSFree Technical Brief, February 2016
24 pp. 1.5 MB

[https://aidsfree.usaid.gov/sites/default/files/2016.2.10_commplatforms_techbrief_tagged.pdf](https://aidsfree.usaid.gov/sites/default/files/2016.2.10_commplatforms_techbrief_tagged.pdf)

Several studies have reported that girls’ and women’s risk of HIV infection is associated with gender inequality and violence. Harmful gender norms can lead to risky behaviours, violence, substance abuse, pursuit of multiple sexual partners, and domination of women. These norms affect not only men and women but also families and communities. This technical brief describes the elements of programmatic approaches to strengthen community platforms to address gender equality and harmful gender norms.

**World Tuberculosis Day 2016: Four Ways to End TB**

by Pedro Suarez
Management Sciences for Health, 23 March 2016

[Read online at:](http://www.msh.org/wbd2016/)

hesp-news-briefing Issue 07/2016
The challenges of tackling TB are well known, particularly in settings with limited resources, crowded urban environments, and among high risk groups including people living with HIV, prisoners, and children. The emergence of multidrug resistant strains of the disease (MDR-TB), the result of incomplete or poor managed TB treatment, present further obstacles and add exponential costs to already burdened health systems. The key to ending TB is to work together to strengthen health systems in high TB-burden countries to be able to effectively implement both proven and innovative strategies. Four approaches will help save lives by uniting stakeholders to collaborate, innovate, and end TB.

**DR-TB Drugs Under the Microscope: Sources and Prices for Drug-Resistant Tuberculosis Medicines**

52 pp. 650 kB


This report – now in its fourth edition – analyses the barriers and factors affecting access to treatment regimens for drug-resistant tuberculosis (DR-TB), including new and repurposed drugs. It provides detailed pricing profiles of key DR-TB drugs, using manufacturer responses to standardised questionnaires and the Global TB Drug Facility website.

**The Role of Technical Assistance in Expanding Access to Xpert® MTB/RIF: Experience in Sub-Saharan Africa**

by A. N. Umubyeyi, F. Bonsu, R. Chimzizi et al.
3 pp. 131 kB


To improve tuberculosis (TB) diagnosis, many national TB programmes have committed to deploying Xpert® MTB/RIF. Implementation of this relatively new technology has suffered from a lack of comprehensive technical assistance, however, including the formulation of policies and plans to address operational issues. While providing technical assistance, the authors observed numerous operational challenges in the implementation and scale-up of Xpert in five sub-Saharan African countries. They recommend better country preparedness and training, laboratory information and quality systems, supply management and referral mechanisms.
A blood RNA signature for tuberculosis disease risk: a prospective cohort study

by Daniel E Zak, Adam Penn-Nicholson, Thomas J Striba et al.

The Lancet – Published Online March 23, 2016
11 pp. 928 kB

http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)01316-1.pdf

Identification of blood biomarkers that prospectively predict progression of Mycobacterium tuberculosis infection to tuberculosis disease might lead to interventions that combat the tuberculosis epidemic. The authors aimed to assess whether global gene expression measured in whole blood of healthy people allowed identification of prospective signatures of risk of active tuberculosis disease. They conclude that the whole blood tuberculosis risk signature prospectively identified people at risk of developing active tuberculosis, opening the possibility for targeted intervention to prevent the disease.

Thematic Issue on Tuberculosis in the Region of the Americas


This thematic issue of the Pan American Journal of Public Health comprises 10 original peer reviewed research articles that highlight strategies for addressing tuberculosis treatment and care in a number of countries of the Region of the Americas, and addresses specific challenges related to TB diagnostics (Peru and Mexico), TB in vulnerable populations (indigenous people in Mexico or prisoners in El Salvador), TB and cities (Honduras), TB/HIV (Brazil), multidrug resistant TB (Dominican Republic and Guatemala) and TB service delivery (Colombia and Brazil).

Interested readers are also invited to visit Public Health Panorama, the journal of the WHO Regional Office for Europe, to access a free similar supplement on tuberculosis comprising 7 additional articles.

Tuberculosis infection control in health facilities in Lithuania: lessons learnt from a capacity support project

by N. Turusbekova, I. Ljungqvist, E. Davidavičiene et al.

Public Health Action, Vol. 6, Nr. 1, 21 March 2016, pp. 22-24
3 pp. 155 kB

http://www.ingentaconnect.com/content/iuatld/pho/2016/00000006/00000001/art00007

Tuberculosis (TB) infection control (IC) is key in controlling TB transmission in health facilities in Lithuania. This article presents a project that aimed at supporting health care facilities in Lithuania in implementing TB-IC. The project resulted in limited improvements. Most progress was seen in a-
ministrative and managerial activities. Possible reasons for the limited improvements are challenges with funding and the lack of supportive legislation and a national TB-IC plan.

Mass Distribution of Long Lasting Insecticidal Nets for Universal Coverage in Uganda

Evaluation Report
President’s Malaria Initiative’s (PMI), Department for International Development (DFID), Stop Malaria Project (SMP), and the Malaria Consortium (MC), September 2015
89 pp. 1.3 MB

http://pdf.usaid.gov/pdf_docs/PA00krt3.pdf

In May 2013, the Uganda National Malaria Control Program (NMCP) and partners embarked on an ambitious campaign to provide every single household in the country with one Long Lasting Insecticidal Net (LLIN) for every two residents. The use of long lasting insecticidal nets is part of a broader Ugandan strategy which is to reduce malaria-related deaths by 70% by the end of 2015. More than 40 million recipients were registered, and over 22 million LLINs were distributed by August 2014. The process evaluation is the first part of a two phase effort to assess the process and outcome of the LLIN universal campaign.

Feasibility, acceptability and impact of integrating malaria rapid diagnostic tests and pre-referral rectal artesunate into the integrated community case management programme. A pilot study in Mchinji district, Malawi

by Themba B. Phiri, Blessings N. Kaunda-Khangamwa, Andrew Bauleni et al.
Malaria Journal 2016 15:177, 21 March 2016
8 pp. 950 kB


The World Health Organization recommends that persons of all ages suspected of malaria should receive a parasitological confirmation of malaria by use of malaria rapid diagnostic test (RDT) at community level, and that rectal artesunate should be used as a pre-referral treatment for severe malaria to rapidly reduce parasitaemia. The authors conclude that integration of RDTs and pre-referral rectal artesunate at community level is both feasible and acceptable. The strategy has the potential to increase and improve utilization of child health services at community level. However, this depends on the CHWs’ skills and their availability in remote areas.
Neglected Tropcial Diseases, Other Infectious diseases & Pandemic Preparedness

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

by Peter Sands, Carmen Mundaca-Shah and Victor J. Dzau
7 pp. 342 kB

Ebola demonstrated how ill-prepared we are for infectious-disease crises. There were failures at almost every level. Identifying the outbreak in the community and raising alerts took too long. Local health systems were quickly overwhelmed. Response teams did not adequately engage communities and deepened distrust in health authorities. The international response was slow, cumbersome, and poorly coordinated. In this context, the Commission on a Global Health Risk Framework for the Future was initiated in the spring of 2015. It was tasked with providing recommendations on creating an effective global architecture for recognizing and mitigating the threat of epidemic infectious diseases. The Commission’s report includes 26 recommendations for concrete actions to be taken within specific timeframes. They are designed to work together as a comprehensive, coherent framework to counter the threat of infectious-disease crises.

The Ebola Lessons Reader: What’s being said, what’s missing and why it matters

by Laura Miller, Emmanuel d’Harcourt, Anna Kim et al.
International Rescue Committee, March 2016
16 pp. 6.0 MB

The weaknesses of the global response to Ebola in West Africa from 2014 to 2016 not only cost tens of thousands of lives; it also hurt the credibility and confidence of the global health community. So it was encouraging that universities, think-tanks, the World Health Organization and other institutions took time to explore what went wrong and how we can all do better. The resulting reports contain valuable, actionable insights. But collectively, their impact falls short of what could have been.
The Emergence of Zika Virus as a Global Health Security Threat: A Review and a Consensus Statement of the INDUSEM Joint working Group (JWG)

by Veronica Sikka, Vijay Kumar Chattu, Raaj K Popli et al.
13 pp. 1.0 MB
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4785754/?report=reader

The Zika virus (ZIKV), first discovered in 1947, has emerged as a global public health threat over the last decade, with the accelerated geographic spread of the virus noted during the last 5 years. The World Health Organization (WHO) predicts that millions of cases of ZIKV are likely to occur in the Americas during the next 12 months. These projections, in conjunction with suspected Zika-associated increase in newborn microcephaly cases, prompted WHO to declare ZIKV a public health emergency of international concern. Without further knowledge of the pathophysiology involved, the true risk of ZIKV to the unborn remains difficult to quantify and remediate. Accurate, portable, and inexpensive point-of-care testing is required to better identify cases and manage the current and future outbreaks of ZIKV, including optimization of preventive approaches and the identification of more effective risk reduction strategies.

Real-Time Sharing of Zika Virus Data in an Interconnected World

by Esper G. Kallas and David H. O'Connor
JAMA Pediatr. Published online: March 31, 2016.
2 pp. 285 kB

Real-time data sharing is only part of a larger conversation about the best way to communicate results in an emergency. Establishing immediate data sharing as normative behavior within the scientific community, as well as defining formal methods for crediting such contributions, would likely motivate some scientists to be more forthcoming. The Statement on Data Sharing in Public Health Emergencies, issued by companies, research sponsors, academic journals, and others on February 10, 2016, is an encouraging step in the right direction, but for its potential to be fully realized, scientists who are generating data need to shoulder the responsibility for making immediate data sharing before publication a de facto standard.

Schistosomiasis Prevalence and Intensity of Infection in Latin America and the Caribbean Countries, 1942-2014: A Systematic Review in the Context of a Regional Elimination Goal

by Ana Clara Zoni, Laura Catalá, Steven K. Ault
22 pp. 878 kB
In 2012 the World Health Assembly adopted resolution WHA65.21 on elimination of schistosomiasis, calling for increased investment in schistosomiasis control and support for countries to initiate elimination programs. There is a need for updating the schistosomiasis status in the historically endemic countries and territories in Latin America and the Caribbean Countries (LAC) to address the required public health interventions for control and elimination programs or to verify the elimination of transmission of Schistosoma mansoni. Improved reporting and standardization of the monitoring and evaluation methodologies used are recommended, while using available WHO guidelines. Meeting a regional elimination goal will require additional and improved epidemiological data by age group and sex.

The Performance of Dengue Diagnostic Tests in a Single-Specimen Diagnostic Algorithm

by Elizabeth A. Hunsperger, Jorge Muñoz-Jordán, Manuela Beltran et al.
J Infect Dis. (2016) - First published online: March 16, 2016
29 pp. 1.2 MB

IgM anti-dengue virus (DENV) seroconversion has been the reference standard for dengue diagnosis. However, paired specimens are rarely obtained and the time interval for this testing negates its utility in guiding clinical case management. Presence of DENV viremia and appearance of IgM during the febrile phase of dengue provides the framework for dengue laboratory diagnosis using a single serum specimen. The authors conclude that the use of molecular or NS1 antigen tests to detect DENV and one to detect anti-DENV IgM in a single serum specimen collected during the first 10 days of illness accurately identified >90% of dengue primary and secondary cases.

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

Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1.698 population-based measurement studies with 19.2 million participants

NCD Risk Factor Collaboration (NCD-RisC)
20 pp 19.0 MB

Underweight and severe and morbid obesity are associated with highly elevated risks of adverse health outcomes. The study, which offers an overview of global trends in mean body-mass index (BMI), expects that about 1/5 of all adults in the world will be obese by 2025. The authors say the study points to a need for global coordination on initiatives including the pricing of healthy vs. unhealthy food.
Regional Report on Nutrition Security in ASEAN

Association of Southeast Asian Nations (ASEAN) Socio-Cultural Community Department, UNICEF EAPRO (East Asia and the Pacific Regional Office), 2016
Volume 1 (80 pp. 2.5 Mb):
https://dl.dropboxusercontent.com/content_link/PXPRrqTo8CscAjTKrVEzSwF8yaUhVfbD'TdFHMA5VGYq8zstbtzx4ogZURxQPP6Zb/file?dl=1

Volume 2 (184 pp. 3.6 MB)
https://dl.dropboxusercontent.com/content_link/Qf2GPmyaZA9Cvnwe1CD8cQUQg7RHpcSbKJUjeTWHi&dbECbj9DU4xzH2TVj1z0YC/filie?dl=1

The Regional Report on Nutrition Security in ASEAN (Volumes 1 and 2) aims to strengthen and facilitate evidence-based planning and decision making to achieve optimal results in nutrition security through multi-sectoral strategies. The target audience of the publication is principally policy makers. While this effort serves as an advocacy tool, it also serves to facilitate comprehensive understanding of food and nutrition security issues at national level by policy makers and other key stakeholders. As such, the Report provides an excellent opportunity to exchange views on the progress made by member countries on food and nutrition security as well as addressing the remaining challenges.

The Growing Burden of Noncommunicable Diseases

by Alan R. Weil
Health Affairs, September 2015, Vol. 34 No. 9 1439 2 pp. 82 kB
http://content.healthaffairs.org/content/34/9/1439.full.pdf+html

The leading cause of death and primary source of disability globally, noncommunicable diseases, are associated with catastrophic health expenditures, high opportunity costs, and lost productivity. Growing wealth has reduced the burden of infectious diseases, while it has increased the risk factors for some chronic diseases. Heart disease, respiratory disease, cancer, diabetes, mental illness, and other noncommunicable diseases demand our attention.

Tackling Noncommunicable Diseases in Africa: Caveat Lector

by George A. Mensah
Health Education & Behavior, 2016, Vol. 43(1S) 7S–135 7 pp. 643 kB
http://m.heb.sagepub.com/content/43/1_suppl/7S.full.pdf
Noncommunicable disease (NCD), principally cardiovascular diseases, cancer, chronic lung disease, and diabetes, constitutes the major cause of death worldwide. Because the majority of NCD deaths occur in low- and middle-income countries, increased attention has been focused on this group of countries. However, in sub-Saharan Africa, where all countries are members of the low- and middle-income grouping, NCDs are not the leading causes of death or potential life years lost. This commentary addresses caveats to be considered as strategies are developed to tackle NCDs in sub-Saharan Africa as part of the global effort to prevent, treat, and control NCDs.

**Public health and international drug policy**

by Joanne Csete, Adeeba Kamarulzaman, Michel Kazatchkine et al.  
The Lancet Commission - Published Online: 24 March 2016  
54 pp. 2.7 MB  
http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00619-X.pdf

In April 2016 member states of the UN will consider control of illicit drugs, an area of social policy that has been fraught with controversy and thought of as inconsistent with human rights norms, and in which scientific evidence and public health approaches have arguably had too limited a role. The war on drugs and zero-tolerance policies that grew out of the prohibitionist consensus are now being challenged on multiple fronts, including their health, human rights, and development impact.


by Tom Burgess, Carolynne Wheeler, Tim Brewer et al.  
WaterAid, March 2016  
24 pp. 5.7 MB  
http://reliefweb.int/sites/reliefweb.int/files/resources/Water%20At%20What%20Cost%20The%20State%20of%20the%20World%20Water%202016.pdf

The report reveals that, while many more people now have access to clean water than in 2010, 650 million people have been left behind – and for many, the exorbitant cost of water from ‘unofficial’ water sources is undermining their human right to safe water. The worst affected country is Papua New Guinea, where 50 litres of water – just enough to maintain your health and hygiene each day – costs £1.84, 54% of a typical low salary there. The report also provides a snapshot of life in countries including India, Mozambique, Madagascar, Ethiopia and Zambia.
2016 UN World Water Development Report: Water and Jobs

by Stefan Uhlenbrook, Michela Miletto, Richard Connor et al.
164 pp. 12.2 MB
http://unesdoc.unesco.org/images/0024/002439/243938e.pdf

Three out of four of the jobs worldwide are water-dependent. In fact, water shortages and lack of access may limit economic growth in the years to come. Furthermore, good access to drinking water and sanitation promotes an educated and healthy workforce, which constitutes an essential factor for sustained economic growth. In its analysis of the economic impact of access to water, the report cites numerous studies that show a positive correlation between investments in the water sector and economic growth. It also highlights the key role of water in the transition to a green economy.

WMO Statement on the Status of the Global Climate in 2015

World Meteorological Organization (WMO), 2016
28 pp. 6.9 MB
http://library.wmo.int/pmb_ged/wmo_1167_en.pdf

The year 2015 made history, with shattered temperature records, intense heatwaves, exceptional rainfall, devastating drought and unusual tropical cyclone activity, according to the World Meteorological Organization. That record-breaking trend has continued in 2016. The WMO Statement on the Status of the Climate in 2015 gives details of the record land and sea surface temperatures, unabated ocean warming and sea level rise, shrinking sea ice extent, and extreme weather events around the world. On a more positive note, the Parties to the United Nations Framework Convention on Climate Change adopted the groundbreaking Paris Agreement in December 2015.

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

Recent Fertility Trends in Sub-Saharan Africa

Workshop Summary
Alexandra Beatty, Rapporteur
Committee on Population; Division of Behavioural and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine, 18 February 2016
89 pp. 4.1 MB
Fertility rates and population growth influence economic development. The marked declines in fertility seen in some developing nations have been accompanied by slowing population growth, which in turn provided a window of opportunity for rapid economic growth. For many sub-Saharan African nations, this window has not yet opened because fertility rates have not declined as rapidly there as elsewhere.

Health Policy in Your Country

This new OECD series aims to highlight the latest data in selected countries, to explain their health care systems and to provide key information in a clear and concise way, in just 2 pages. Each country snapshot highlights issues that are pertinent to that particular country, be it smoking, obesity, surgical interventions, consumption of antibiotics, physicians density, prevalence of mental disorders, etc., with the help of key statistics and are followed by brief policy recommendations.

Gender, agriculture and water insecurity

Policy and programme implementation for water insecurity must consider social norms around gender and other drivers of inequality. Too often, policies and programmes on agricultural water management are gender blind and don’t consider women’s unique needs and experiences. This paper explains how and why improved water management on the farm matters for women and girls, and what can be done to better support opportunities for them, as well as for men and boys, in the face of climate change.


Policy and programme implementation for water insecurity must consider social norms around gender and other drivers of inequality. Too often, policies and programmes on agricultural water management are gender blind and don’t consider women’s unique needs and experiences. This paper explains how and why improved water management on the farm matters for women and girls, and what can be done to better support opportunities for them, as well as for men and boys, in the face of climate change.
Globally, fewer than half of women have jobs, compared with almost four-fifths of men. Girls and women still learn less, earn less, and have far fewer assets and opportunities. They farm smaller plots, work in less profitable sectors, and face discriminatory laws and norms that constrain their time and choices, as well as their ability to own or inherit property, open a bank account, or take out a loan. Gender at Work looks closely at existing constraints as well as policies and practices that show promise in closing the gaps. A companion to the 2013 World Development Report on jobs, the report advocates investing more in women’s capabilities and eliminating structural barriers such as laws that bar women from owning property, accessing financing, or working without permission from a male relative.

Health System Governance, Health Workforce and Health Information Systems

4th Annual World Health Worker Week April 3-9, 2016 - An engagement toolkit

Frontline Health Worker Coalition and Global Health Workforce Alliance, April 2016
10 pp. 399 kB

http://www.who.int/workforcealliance/media/news/2016/WHWW2016_March.pdf?ua=1

World Health Worker Week is an opportunity to mobilize communities, partners and policy makers in support of health workers worldwide. All Human Resources for Health stakeholders, Global Health Workforce Alliance (GHWA) members and partners are invited to celebrate the week by raising public awareness and engagement on health workforce issues, and recognize the lifesaving contribution of the health workforce. The World Health Worker Week toolkit and other associated material will provide some ideas that can help your organization encourage greater appreciation and support of health workers and show your community that health workers count.

State of the World’s Volunteerism Report 2015

Transforming Governance
by Tina Wallace, Subhra Bhattacharjee, Mae Chao et al.
United Nations Development Programme (UNDP), 2016
132 pp. 2.0 MB


The State of the World’s Volunteerism Report 2015 is the first global review of the power of volunteer voices to help improve the way people are governed. Drawing on evidence from countries as diverse as Brazil, Kenya, Lebanon and Bangladesh, the UN report shows how ordinary people are volunteering their time, energies and skills to improve the way they are governed and engaged at local, national and global levels. Better governance at every level is a pre-requisite for the success of the new set of targets for future international development, the Sustainable Development Goals.
**mHealth Evidence**

https://www.mhealthevidence.org/

mHealth is the use of mobile information and communication technologies for improving health. It can be used for a wide range of purposes, including health promotion and illness prevention, health care delivery, training and supervision, electronic payments, and information systems. mHealthEvidence.org brings together the world’s literature on mHealth effectiveness, cost-effectiveness, and program efficiency, to make it easier for software developers, researchers, program managers, funders and other key decision-makers to quickly get up to speed on the current state-of-the-art. It includes more than 6,500 peer-reviewed and grey literature records from high-, middle- and low-resource settings.

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

**Terminology and Information on Drugs**

Third edition  
by Conor Crean, Iphigenia Naidis, Susan Ifeagwu et al.  
United Nations Office on Drugs and Crime (UNODC), March 2016  
83 pp. 1.9 MB


This publication introduces basic concepts and materials on substances under international control, which are most frequently manufactured or processed and/or abused, as well as definitions of scientific terms used in this context. The publication seeks to collate basic concepts and information on drugs of abuse, their corresponding abuse patterns, pharmacological effects and potential medical use, and act as an accessible and user-friendly resource.

**WHO Drug Information Vol. 30, N° 1, 2016**

92 pp. 1.1 MB  
http://www.who.int/entity/medicines/publications/druginformation/WHO_DI_30-1_FullText.pdf?ua=1

WHO Drug Information provides an overview of topics of current relevance relating to drug development and regulation. The first issue for 2016 opens with a “Concept paper for comment” which proposes a risk assessment strategy and aspects to consider when evaluating whether an essential medicine can be manufactured locally in low- and middle-income countries with little or no current pharmaceutical manufacturing presence.
I. Infection Prevention, Control and Surveillance: Limiting the Development and Spread of Drug Resistance

The Review on Antimicrobial Resistance

Chaired by Jim O’Neill, March 2016

36 pp. 814 kB


Much of the previous work to address the alarming rise of drug resistant infections has focussed on initiatives to re-invigorate the supply of new antimicrobial drugs. Success with coming up with new drugs will shift the ‘supply curve’ and solve the problem of antimicrobial resistance (AMR) for a period of time. However, shifting (and specifically reducing) the demand curve for antimicrobials provides a permanent solution to AMR over the longer term.

II. Draft Report 1: Initial Assessment of the National Action Plan for Combating Antibiotic-Resistant Bacteria


126 pp. 2.2 MB


Both the Centers for Disease Control and Prevention and the World Health Organization have declared antibiotic resistance to be one of the most serious problems facing our national and global health systems today. While primarily a health problem – for humans and animals – it also has also been identified as a fundamental aspect of global health security. The morbidities and mortalities that are a result of antibiotic resistance and that impact so many lives are very real and serve as a constant reminder to us of the importance of our work.

III. Making Medicines in Africa: The Political Economy of Industrialising for Local Health

Edited by Maureen Mackintosh, Geoffrey Banda, Paula Tibandebage et al.

Palgrave Connect, November 2015

358 pp. 4.9 MB

http://www.palgraveconnect.com/pc/doifinder/download/10.1057/9781137546470

The book is a collective endeavour, by a group of contributors with a strong African and more broadly Southern presence, to find ways to link technological development, investment and industrial growth in pharmaceuticals to improve access to essential good quality medicines, as part of moving towards universal access to competent healthcare in Africa. The authors aim to shift the emphasis in international debate and initiatives towards sustained Africa-based and African-led initiatives to tackle this huge challenge.
Cost-Effectiveness of Antivenoms for Snakebite Envenoming in 16 Countries in West Africa

by Muhammad Hanza, Maryam A. Idris, Musa B. Maiyaki et al.
16 pp. 2.0 MB

http://journals.plos.org/plosntds/article/asset?id=10.1371%2Fjournal.pntd.0004568.PDF

Snakebite poisoning is a significant medical problem in agricultural societies in Sub Saharan Africa. Antivenom (AV) is the standard treatment, and the authors assessed the cost-effectiveness of making it available in 16 countries in West Africa. They conclude that therapy for snakebite envenoming with AV in countries of West Africa is highly cost-effective at commonly accepted thresholds. Broadening access to effective AVs in rural communities in West Africa is a priority.

The role of intellectual property in local production in developing countries - Opportunities and challenges

by Peter Beyer, Christoph Spennemann, Marco Aleman et al.
World Health Organization, 2016
56 pp. 821 kB

http://www.who.int/entity/phi/publications/int_prop_role_local_prod_opportunities-challenges.pdf?ua=1

Using practical examples and patent landscapes, this report attempts to set out the various strategies and options available to facilitate local production of medicines. The report describes the options available to countries with a generic industry to design an intellectual property system that is favourable for local production and potentially for public health.

Management and Quality of Health Services and Facilities

Measuring implementation strength: lessons from the evaluation of public health strategies in low- and middle-income settings

by James R Hargreaves, Catherine Goodman, Calum Davey et al.
Health Policy Plan. (2016) - First published online: March 9, 2016
8 pp. 309 kB

http://heapol.oxfordjournals.org/content/early/2016/03/09/heapol.czw001.full.pdf+html

Measuring the strength of programme implementation and assessing its association with outcomes is a promising approach to strengthen pragmatic impact evaluation, both to assess impact and to identify which aspects of a programme need to be strengthened. The authors suggest a five-step approach for developing a measure of implementation strength: (a) de-
develop a logic model; (b) identify the aspects of implementation to be assessed; (c) design and implement data collection from a range of data sources; (d) decide whether and how to use a single measure; and (e) plan whether and how to use the measure in statistical analysis.

**Research for health: a strategy for the African Region, 2016-2025**

Report of the Secretariat:
World Health Organization, Regional Office for Africa, 24 February 2016
10 pp. 47 kB
http://apps.who.int/iris/bitstream/10665/204490/1/AFR_RC65_6-eng.pdf

The African Region bears a high double burden of communicable and non-communicable diseases, and faces health systems challenges in achieving the Millennium Development Goals, a situation which may hinder the achievement of universal health coverage. Health research is critical in providing evidence-based solutions for the much needed improvement in health and development. The Regional Research for Health Strategy aims at improving national health research systems through interventions derived from recent developments in research and includes an enabling environment, sustainable financing, human resources capacity building, knowledge translation, and effective coordination and management.

**Did PEPFAR investments result in health system strengthening? A retrospective longitudinal study measuring non-HIV health service utilization at the district level**

by Samuel Abimerech Luboga, Bert Stover, Travis W. Lim et al.
Health Policy Plan. (2016) - First published online: March 27, 2016
13 pp. 777 kB
http://heapol.oxfordjournals.org/content/early/2016/03/26/heapol.czw009.full.pdf+html

PEPFAR’s initial rapid scale-up approach was largely a vertical effort focused fairly exclusively on AIDS. The purpose of our research was to identify spill-over health system effects, if any, of investments intended to stem the HIV epidemic over a 6-year period with evidence from Uganda. The test of whether there were health system expansions (aside from direct HIV programming) was evidence of increases in utilization of non-HIV services - such as outpatient visits, in-facility births or immunizations - that could be associated with varying levels of PEPFAR investments at the district level. The authors sought to understand whether PEPFAR, as a vertical programme, may have had a spill-over effect on the health system generally, as measured by utilization. Their conclusion is that it did not, at least not in Uganda.
Universal Health Coverage, Health Financing and Social Health Protection

Alternative Financing Strategies for Universal Health Coverage

by Joseph Kutzin, Winnie Yip, Cheryl Cashin
World Scientific Handbook of Global Health Economics and Public Policy
Volume 1 - The Economics of Health and Health Systems, pp. 267-309.
43 pp. 349 kB


Many countries have identified Universal Health Coverage (UHC) as the goal for their health systems, and health financing reforms are at the core of strategies to move in this direction. While there is no one “best” financing strategy that applies in every context, this publication synthesizes both theory and practice into principles that can be used to guide country progress with their financing reforms, while also highlighting pitfalls to avoid on the path to UHC.

Delivering Social Protection Systems for All: Why Taxes Matter

by Francesca Bastagli
United Nations Research Institute for Social Development (UNRISD), 5 October 2015

Red online at:

Social protection and taxation feature prominently as key policy instruments available to governments in the pursuit of development goals in both the Financing for Development (FFD) Addis Ababa Action Agenda and the Sustainable Development Goals (SDGs). This renewed interest in social protection and tax presents a precious opportunity to promote the closer consideration of the links between the two and the ways in which they operate jointly to shape development outcomes.

Moving toward the universal health coverage: A strategy to expedite health equity

by Saurabh R. Shrivastava, Prateek S Shrivastava, Jegadeesh Ramasamy
Journal of Medical Society, January-April 2016, Vol. 30, Issue 1
2 pp. 245 kB


Among the multiple goals set in the field of health for the nations and the general population, ensuring universal health coverage (UHC) is of extreme priority. Global-
ly, it has been anticipated, that by achieving UHC, it will not only help to negate social inequity, but even aid the stakeholders in their mission to ensure sustainable development and minimize poverty, especially in middle- and low-income nations. UHC is much more than just health, set with a primary objective of extending quality assured essential health services in order to improve the health standards of the beneficiaries, without compromising the financial status of the family. Thus, by moving toward UHC, it will help nations to achieve equity and social inclusion.

**Implications of dual practice for universal health coverage**

by Barbara McPake, Giuliano Russo, David Hipgrave et al.
Bulletin of the World Health Organization 2016;94:142-146
5 pp. 1.0 MB


Over the last five years, universal health coverage (UHC) has become an agreed goal of global health policy and planning initiatives. However, scholars and health policy-makers have noted that attaining this goal will require a sufficient number of prepared and motivated health workers. The World Health Organization (WHO) is developing a global strategy on human resources for health. A consultation has concluded that progress towards UHC will require integrated, people-centred health services, a motivated health workforce and adequate financing from domestic and other sources. While the importance of human resources in UHC and the SDG agenda has been recognized, the extent and impact of health workers’ dual practice – that is, concurrent clinical practice in public and private sectors – has not received much attention. However, given the pervasiveness of dual practice and the growing prominence of the private sector in the provision of health services worldwide, its dynamics and impact on the attainment of UHC should not be ignored.

**Universal Health Coverage Assessment: Zambia**

by Bona M. Chitah and Dick Jonsson
Global Network for Health Equity (GNHE), June 2015


This document provides a preliminary assessment of the Zambian health system relative to the goal of universal health coverage, with a particular focus on the financing system and related aspects of provision. Zambia is making continuous progress in all the key areas of its health system. However, there are gaps which need to be resolved for the country to be able to realise the goal of universal coverage, including universal financial protection and access to care.
The role of micro health insurance in providing financial risk protection in developing countries - a systematic review

by Shifa Salman Habib, Shagufta Perveen and Hussain Maqbool Ahmed Khuwaja
BMC Public Health 2016 16:281 (22 March 2016) 24 pp. 997 kB

Out of pocket payments are the predominant method of financing healthcare in many developing countries, which can result in impoverishment and financial catastrophe for those affected. In 2010, WHO estimated that approximately 100 million people are pushed below the poverty line each year by payments for healthcare. Micro health insurance (MHI) has been used in some countries as means of risk pooling and reducing out of pocket health expenditure. A systematic review was conducted to assess the extent to which MHI has contributed to providing financial risk protection to low-income households in developing countries, and suggest how the findings can be applied in the Pakistani setting.

Enhancing the Inclusion of Vulnerable and High-Risk Groups in Demand-Side Health Financing Schemes in Cambodia: A Concept for a Risk-Adjusted Subsidy Approach

by Ralf Radermacher, Siddharth Srivastava, Matthew Walsham et al.
The Geneva Papers on Risk and Insurance - Issues and Practice - Advance online publication 2 March 2016 15 pp. 326 kB

Efforts are currently under way in Cambodia to expand the population coverage of social health protection schemes (health equity funds and voluntary insurance). Aligning the benefit packages for members of such schemes poses particular challenges in relation to the insurance component, as the financing of direct benefits in the insurance relies largely on the collection of voluntary premiums. This paper develops the concept of a targeted “risk-adjusted subsidy” approach to address this issue. Although the concept is developed using the example of Cambodia, it is equally applicable to all developing countries facing fragmented risk pools while aiming for universal health coverage.
How can social protection provide social justice for women?

by Hania Sholkamy
Pathways Policy Paper, October 2011
18 pp. 1.1 MB


For social protection to provide social justice for women, this Pathways policy paper argues that the approach must be feminist. A feminist social protection programme recognises and enhances women's identity as citizens and enables them to assume the roles they choose and fulfil the obligations they value. It is an approach that defines, targets and alleviates poverty in accordance with the views, priorities and experiences of the women beneficiaries of social protection programmes. The objective of this type of programme is not simply to guarantee social protection as a short-term measure. The author uses examples from Pathways research on Conditional Cash Transfers in Egypt, and experiences from Brazil to demonstrate the effectiveness of a feminist approach to social protection in meeting women's needs.

Strengthening Public Pension Systems in Asia: Conference Proceedings

Proceedings of the 2015 ADB—PPI Conference on Public Pension Systems in Asia
Focus: Cambodia, Lao People’s Democratic Republic, Myanmar, Viet Nam, and Thailand, 3-4 September 2015
by James Villafuerte, Ganeshan Wignaraja, Paulo Rodelio M. Halili et al.
Asian Development Bank (ADB), March 2016
44 pp. 1.7 MB


Asia’s population is aging and old-age income support and social services is an emerging challenge. Strengthening pension systems in Asia is therefore a key concern for inclusive development in the region. In many Asian countries, pension systems are still inadequate in terms of both coverage and delivery of stipulated benefits. Well-designed, well-functioning, and sustainable pension systems will promote inclusive growth by supporting old-age income and providing the much-needed social safety net.

Old Age, Unemployment and Occupational Injuries Protection

The Gerontologist Supplement: Aging – Global Implications for Public Health

The Gerontologist, Volume 56, Suppl 2, April 2016
Access all articles for free at:
Together the articles in this supplement highlight the complexity in the health and functional states experienced by older adults. They help raise fundamental questions such as what do we mean by health in older age, how do we measure it, and how might we foster it. The reconceptualization of Healthy Ageing provided by the report draws on many years of gerontological and geriatric research and debate to start to answer these challenging queries.

**Healthy Ageing: Raising Awareness of Inequalities, Determinants, and What Could Be Done to Improve Health Equity**

by Ritu Sadana, Erik Blas, Suman Budhwani et al.

Gerontologist, 2016, Vol. 56, No. S2, S178–S193 - Published online: January 2016

16 pp. 2.8 MB

https://gerontologist.oxfordjournals.org/content/56/Suppl_2/S178.full.pdf+html

Social and scientific discourses on healthy ageing and on health equity are increasingly available, yet from a global perspective limited conceptual and analytical work connecting both has been published. This review was done to inform the WHO World Report on Ageing and Health and to inform and encourage further work addressing both healthy aging and equity.

**Social Transfers**

**DFID Shock-Responsive Social Protection Systems**

by Francesca Bastagli, Simon Brook, Joanna Buckley et al.

UK Department for International Development (DFID), January 2016

93 pp. 1.5 MB


The review summarises the evidence as to why social protection - and particularly social transfers - as a vehicle for moving forward with this vision is conceptually appealing. At its core social protection is a risk management tool for households and individuals. Social transfer programmes are growing in coverage and form the foundation of emerging social protection systems in crisis-affected countries. They have similar administration requirements to humanitarian programmes that transfer cash and food. Providing assistance during crises through these systems also allows national governments to take responsibility for meeting needs within their territory and a medium-term exit strategy for humanitarian aid.
Guidelines on Cash Transfers and Livelihoods - Latin America

by Cédric Elluard
Cash Learning Partnership (CaLP), 2016
Based on the learning workshop held on 16th and 17th November 2015 in Guatemala City
33pp. 923 kB


As the use of cash transfer programming increases, questions of how it can be used both to meet short-term relief needs and to contribute to recovery and longer-term development become more pertinent. In particular, the use of cash transfers to meet livelihoods objectives can be a highly effective means of supporting economic recovery, and of bridging humanitarian and development programming. This article presents two guidance notes published recently by CaLP based on workshops in Dakar and Guatemala City.

Global Health Governance, Sustainable Development Goals & Development Cooperation

Payment by Results hasn't produced much in the way of results, but aid donors are doing it anyway. Why?

by Duncan Green
Oxfam, March 23, 2016
Read online at:


The author was struck by the contrast between how quickly Payment by Results (PbR) has spread through the aid world and how little evidence there is that it actually works. The theory was that PbR aligns incentives in developing country governments with development outcomes, and encourages innovation, since it does not specify how to, for example, reduce maternal mortality, merely rewards governments when they achieve it. Those arguments have certainly persuaded a bunch of donors. The UK government website says that this ‘new form of financing that makes payments contingent on the independent verification of results is a cross government reform priority’. Even though the evidence seems pretty thin that introducing PbR achieves improved results, donors are jumping into PbR contracts with gusto. Why is that?

Global report on urban health: equitable, healthier cities for sustainable development

by Paul Rosenberg, Megumi Kano, Isobel Ludford et al.
World Health Organization, 2016
242 pp. 10.4 MB
The Global report on urban health presents new data on the health of urban residents from nearly 100 countries, updating the first joint WHO-UN Habitat global report on urban health titled Hidden cities: unmasking and overcoming health inequities in urban settings. The new Global Report deconstructs the complex challenges of health and health inequity in cities everywhere. It presents a special analysis on the impact of persistent urban health inequities on achievement of the Millennium Development Goals.

**Miscellaneous**

**Guide: How to infect medical students with scepticaemia**

by Paula Rodríguez Molino, Borja Apellaniz Aparicio, Juan Gérvás et al.

Primary Care Innovation Seminar (SIAP), March 2016

3 pp. 20 kB

https://doc-0k-c0-docs.googleusercontent.com/docs/securesc/ha0ro937gcuc717deffksuhg5h7mbp1/o1pf8pcbud7ijorb75h2ujafllj7kho/1459065600000/1492919388549109416/*/0B3DpmWAZ3rx3X0NTTW9Cdmw1bWM?e=download

Scepticaemia (a term coined by Petr Skrabanek and James McCormick in 1989) is an uncommon generalized disorder with low infectivity. In fact, Medical School is likely to confer life-long immunity. The disease entails critical thinking and induces opposition to statements that have not been empirically substantiated. Its vaccination leads to a triple loss of critical thinking, ethics and proposals for improvement.

**Bulletin of the World Health Organization, Vol. 94, Nr. 4, April 2016**

http://www.who.int/bulletin/volumes/94/4/en/

In this month's Bulletin:

- Making health data accessible in emergencies
- Mexico's soda tax; others follow suit
- Interview: the increased prevalence of type 2 diabetes – World Health Day theme
- The impact of tobacco taxes
- Gaps in Universal health coverage for chronic illness
- Call for papers: vulnerable populations
**Working with State Authorities and Armed Groups on Protection**

by Ellie Kemp  
Oxfam, 22 March 2016  
16 pp. 837 kB  

As humanitarians we can never take over the role of the state, but we do have a complementary part to play, remaining accountable to the people we seek to support. That can involve coordinating, supporting, capacity building and advocating with the relevant authorities to uphold their protection responsibilities towards people at risk. This booklet brings together guidance and lessons learned from efforts by humanitarian organisations in a range of contexts to play that complementary role, engaging with the state and armed groups on one level as well as with the people themselves on another.

**No Way Out? Making Additional Migration Channels Work for Refugees**

by Elizabeth Collett, Paul Clewett, and Susan Fratzke  
Migration Policy Institute (MPI) Europe, March 2016  
45 pp. 1.7 MB  
http://reliefweb.int/sites/reliefweb.int/files/resources/MPIEurope_UNHCR-Resettlement-FINAL.pdf

This report explains how governments, international organizations, and other actors can support refugees’ paths to self-sufficiency and stability by ensuring the accessibility of existing opportunities as well as creating new ones. Private sponsorship of refugees by individuals, local groups, or faith-based organizations, for example, can bring down costs to the state and accelerate integration outcomes, and has the potential to involve brand-new actors (and sources of finance) in the international protection regime.
TIPS & TRICKS

Navigating in large documents in MS WORD

You know the situation? You are working in a large document and would like to jump to a certain topic. To avoid scrolling through all the text to find the place you can use the not too well known ‘Navigation Pane’ under ‘View’.

By activating (clicking) the pane a summary of headings, topics or pages will appear at the left side of your document. With a click of the mouse you can jump to the page you are looking for. Click ‘Navigation Pane’ again and the left column will disappear.

Where did my PDF go on my iPad?

When you download a .PDF file to your iOS device, like an iPad or iPhone, it really only opens the file for you to read at that time. There is a way, however, to Save the file for later viewing. After you have clicked on the download link, usually either sent to you in an e-mail or a link you have clicked on a website, the .PDF file will open up in your browser. These instructions were written for using the Safari browser, but it should be similar in other browsers. If you tap on the screen near the top of the file, you will see the option to Open in iBooks or Copy to iBooks.

Once you choose to open in iBooks, the file will be saved in your iBooks library. To continue reading the file at a later time, simply open up the iBooks App and you will see it in your library.