Dear colleagues,

What does it mean when high level politicians use play-dough to unleash their imagination – all in service of Universal Health Coverage? Find out more in this month’s In focus article about innovative ways to move towards UHC in Zambia.

Another interesting approach to moving towards UHC is Germany’s initiative “Healthy Systems – Healthy Lives” which was discussed at a side-event of this year’s World Health Assembly.

Two articles in this issue look at what is means to live and work in the Digital Era:
The first describes a mobile phone aid used in Tanzania to support family planning counselling – yet upon reading it one wonders whether it really is an ‘aid’ or rather an intricate way of supervising providers more closely? The second one takes a global perspective: What are the implications for humanity of our current generation ‘growing up online’?

Last not least, dear male readers, when, in the coming days, you open your sixpack to follow the European Championship, enjoy! It is, in fact, men’s health week. Read more.

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

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hesp-news-briefing issue 12/2016
ONLINE RESOURCES

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

High Level Policy Dialogue for Universal Health Coverage in Zambia


A multi-sectoral, high-level group – drawn from across government, the private sector, academia, civil society and selected development partners from the local P4H network - came together in February this year to develop their leadership skills and to work collaboratively in identifying the next steps for building universal health coverage in Zambia.

From a joint understanding to joined actions in strengthening health systems

http://health.bmz.de/what_we_do/hss/Publications/From_a_joint_understanding_to_joined_actions_in_strengthening_health_systems/index.html?pk_campaign=12_2016

A milestone for the Roadmap ‘Healthy Systems - Healthy Lives’: 200 participants discussed a draft political declaration and technical paper of the Roadmap during a side event of the World Health Assembly on 27 May 2016.

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

Government of Germany Announces New FP2020 Commitment

by Lauren Wolkoff
Family Planning 2020 (FP2020), May 19, 2016
Read online at:
http://www.familyplanning2020.org/articles/14458?linkId=24687312

The Government of Germany has announced a new commitment to family planning and reproductive health through Family Planning 2020 (FP2020), the global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they
want to have. The Government of Germany commits at least 514 million Euros until 2019 to rights-based family planning and reproductive health. Twenty-five percent of its bilateral funding is likely to be dedicated directly to family planning, depending on partner countries’ priorities.

**Family Planning Counseling in Your Pocket: A Mobile Job Aid for Community Health Workers in Tanzania**

by Smisha Agarwal, Christine Lasway, Kelly L’Engle et al.  
Global Health: Science and Practice, May 10, 2016  
11 pp. 1.7 MB  
http://www.ghspjournal.org/content/early/2016/05/10/GHSP-D-15-00393.full.pdf

Using mobile job aids can help Community Health Workers (CHWs) deliver integrated counselling on family planning and HIV/STI screening by following a step-by-step service delivery algorithm. Lessons learned during the pilot led to the development of additional features during scale-up to exploit the other major advantages that mHealth offers including:

- Better supervision of health workers and accountability for their performance;
- Improved communication between supervisors and workers;
- Access to real-time data and reports to support quality improvement.

**Investing in Family Planning: Key to Achieving the Sustainable Development Goals**

by Ellen Starbird, Maureen Norton, Rachel Marcusa  
Global Health: Science and Practice 2016 - published on June 9, 2016  
20 pp. 3.0 MB  
http://www.ghspjournal.org/content/early/2016/06/10/GHSP-D-15-00374.full.pdf

Voluntary family planning brings transformational benefits to women, families, communities, and countries. Investing in family planning is a development “best buy” that can accelerate achievement across the 5 Sustainable Development Goal themes of People, Planet, Prosperity, Peace, and Partnership.

**The Obstetric Emergency Drills Trainer’s Manual and accompanying resources**

Developed by Argentina’s Institute for Clinical Effectiveness and Health Policy (IECS) and the Maternal Health Task Force (MHTF), June 2016  
59 pp. 1.1 MB  

Postpartum hemorrhage and preeclampsia/eclampsia are the most common caus-
es of maternal mortality globally. In the rare case that a woman suffers one of these obstetric emergencies, it is crucial that she receives appropriate and timely treatment. However, because of the infrequency of these cases, health care providers have few opportunities to practice, maintain, and grow their skills in managing postpartum hemorrhage and preeclampsia/eclampsia. Obstetric emergency drills - a simulated obstetric emergency in a facility - allows midwives, nurses, and physicians to maintain knowledge, build skills, and develop teamwork to safely manage complications when they occur.

Managing menstruation in the workplace: an overlooked issue in low- and middle-income countries

by Marni Sommer, Sahani Chandraratna, Sue Cavill et al.
International Journal for Equity in Health 2016 15:86 - 6 June 2016
5 pp. 428 kB

The potential menstrual hygiene management barriers faced by adolescent girls and women in workplace environments in low- and middle-income countries has been under addressed in research, programming and policy. Despite global efforts to reduce poverty among women in such contexts, there has been insufficient attention to the water and sanitation related barriers, specifically in relation to managing monthly menstruation, that may hinder girls’ and women’s contributions to the workplace, and their health and wellbeing. There is an urgent need to document the specific social and environmental barriers they may be facing in relation to menstrual management, to conduct a costing of the implications of inadequate supportive workplace environments for menstrual hygiene management, and to understand the implications for girls’ and women’s health and wellbeing.

Countdown to 2015: a decade of tracking progress for maternal, newborn, and child survival

by Cesar G Victora, Jennifer Ham’s Requejo, Aluisio J D Barros et al.
11 pp. 556 kB
http://thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00519-X.pdf

Conceived in 2003 and born in 2005 with the launch of its first report and country profiles, the Countdown to 2015 for Maternal, Newborn, and Child Survival has reached its originally proposed lifespan. Major reductions in the deaths of mothers and children have occurred since Countdown's inception, even though most of the 75 priority countries failed to achieve Millennium Development Goals 4 and 5. As a multistakeholder initiative of more than 40 academic, international, bilateral, and civil society institutions, Countdown was successful in monitoring progress and raising the visibility of the health of mothers, newborns, and children. Lessons
learned from this initiative have direct bearing on monitoring progress during the Sustainable Development Goals era.

**When do newborns die? A systematic review of timing of overall and cause-specific neonatal deaths in developing countries**

- **by M J Sankar, C K Natarajan, R R Das et al.**
- 11 pp. 563 kB
- [http://www.nature.com/jp/journal/v36/n1s/pdf/jp201627a.pdf](http://www.nature.com/jp/journal/v36/n1s/pdf/jp201627a.pdf)

About 99% of neonatal deaths occur in low- and middle-income countries. There is a paucity of information on the exact timing of neonatal deaths in these settings. The objective of this review was to determine the timing of overall and cause-specific neonatal deaths in developing country settings. Results indicate that about 62% of the total neonatal deaths occurred during the first 3 days of life; the first day alone accounted for two-thirds. The distribution of both overall and cause-specific mortality did not differ greatly between Asia and Africa. The first 3 days after birth account for about 30% of under-five child deaths. The first week of life accounts for most of asphyxia-, prematurity- and malformation-related mortality and one-half of sepsis-related deaths.

**Perils and Possibilities: Growing up Online**

- **United Nations Children’s Fund (UNICEF), June 2016**
- 8 pp. 4.9 MB

The publication provides a glimpse into young people’s opinions and perspectives on the risks they face coming of age in a digital world. Findings are from a recent UNICEF/Ipsos global poll of more than 10,000 18-year-olds in 25 countries, representing worldwide coverage. Over 40 per cent of the young people polled began using the Internet before they were 13-years-old. UNICEF aims to amplify these young people’s voices and help us all better understand a generation growing up online.

**Risk factors affecting child cognitive development: a summary of nutrition, environment, and maternal–child interaction indicators for sub-Saharan Africa**

- **by N. D. Ford and A. D. Stein**
- Journal of Developmental Origins of Health and Disease 7(2) pp 197-217
- 21 pp. 817 kB
An estimated 200 million children worldwide fail to meet their development potential due to poverty, poor health and unstimulating environments. Missing developmental milestones has lasting effects on adult human capital. Africa has a large burden of risk factors for poor child development. This paper identifies the scope for improvement at the country level in three domains – nutrition, environment, and mother-child interactions. It uses nationally representative data from large-scale surveys, data repositories and country reports from 2000 to 2014. The authors argue that there is a need to improve routine collection of high-quality, country-level indicators relevant to child development to assess risk and track progress.

HIV, Tuberculosis & Malaria

Global AIDS Update

Joint UN Programme on HIV/AIDS (UNAIDS), 2016
16 pp. 1.9 MB


Treatment for HIV and AIDS has increased, but key populations including lesbian, gay, bisexual and transgender (LGBT) communities continue to be left behind and even excluded altogether. In a new report, published ahead of the upcoming High-Level Meeting on Ending AIDS, the Joint UN Programme on HIV/AIDS (UNAIDS) found immense gains in access to antiretroviral therapy (ART) across 160 countries. However, UNAIDS noted that HIV reduction and prevention efforts must be scaled up since many so-called key groups such as LGBT communities are still not being reached.

WHO validates countries’ elimination of mother-to-child transmission of HIV and syphilis

WHO statement, 8 June 2016
Read online at:

The World Health Organization congratulates Thailand and Belarus for eliminating mother-to-child transmission of both HIV and syphilis. WHO also applauds Armenia and the Republic of Moldova for eliminating mother-to-child transmission of HIV, and syphilis, respectively. Eliminating mother-to-child transmission of HIV and syphilis is key to the global effort to combat sexually transmitted infections and to end AIDS by the year 2030.
Mortality According to CD4 Count at Start of Combination Antiretroviral Therapy Among HIV-infected Patients Followed for up to 15 Years After Start of Treatment: Collaborative Cohort Study

by Margaret T. May, Jörn-Janne Vehreschild, Adam Trickey et al.
7 pp. 262 kB
http://cid.oxfordjournals.org/content/62/12/1571.full.pdf+html

The strong association of CD4 count at start of combination therapy with subsequent survival in HIV-infected patients diminished during the first 5 years of treatment. After 5 years, lower baseline CD4 counts were not associated with higher mortality.

Reliability of reporting of HIV status and antiretroviral therapy usage during verbal autopsies: a large prospective study in rural Malawi

by Estelle M. Mclean, Menard Chihana, Themba Mzembe et al.
Glob Health Action 2016, 9: 31084
11 pp. 404 kB

Verbal autopsies (VAs) are interviews with a relative or friend of the deceased; VAs are a technique used in surveillance sites in many countries with incomplete death certification. The goal of this study was to assess the accuracy and validity of data on HIV status and antiretroviral therapy (ART) usage reported in VAs and their influence on physician attribution of cause of death. The authors conclude that in this population, HIV/ART information was often disclosed during a VA and matched well with other data sources. Reported HIV/ART status appears to be a reliable source of information to help classification of cause of death.

Nourishing the GIPA tree in MENA

by Nathalie Likhite
Strengthening the greater involvement of people living with HIV (GIPA) in the Middle East and North African (MENA) Region - A case study by AMEL, GS++ and Vivre Positif
32 pp. 3.6 MB
http://www.aidsalliance.org/assets/000/002/466/GIPA_tree_FINAL_v2_original.pdf?1458567539

This was the first time that nascent organisations or support groups of people living with HIV in Algeria, Lebanon and Tunisia had received regular technical and financial support from an international NGO to lead targeted HIV care and support projects, implemented by and for people living with HIV. The case study is intended for funders, as well as public sector policy-
decision-makers and programme managers from the civil society sector, committed to preventing HIV and improving the lives of people living with HIV in the MENA region.

Positive health, dignity and prevention for women and their babies

A treatment literacy guide for pregnant women and mothers living with HIV
Edited by Laura Davies and Aditi Sharma
Inter-Agency Task Team (IATT) for Prevention and Treatment of HIV Infection in Pregnant Women, Mother and Children, April 2016
60 pp. 11 MB

The treatment literacy guide is intended for use by networks of women living with HIV, women’s groups, peer educators and others wishing to provide information and guidance to support women living with HIV through the decisions they will need to take before, during and after their pregnancy.

Changes in self-reported HIV testing during South Africa’s 2010/2011 national testing campaign: gains and shortfalls

by Brendan Maughan-Brown, Neil Lloyd, Jacob Bor et al.
10 pp. 795 kB
http://www.jiasociety.org/index.php/jias/article/view/20658/pdf_1

HIV counselling and testing is critical to HIV prevention and treatment efforts. Mass campaigns may be an effective strategy to increase HIV testing in countries with generalized HIV epidemics. The authors conclude that mass provision of HIV testing services can be effective in increasing population coverage of HIV testing. The geographic and socio-economic disparities in programme impacts can help guide best practices for future efforts. These efforts should focus on hard-to-reach populations, including men and less-educated individuals.

Eliminating Malaria

World Health Organization, 2016
28 pp. 1.0 MB
https://malariaworld.org/sites/default/files/WHO_HTM_GMP_2016.3_eng_0.pdf

This report, presented on World Malaria Day 2016, focuses on the third goal from the Global Technical Strategy for malaria: 2016-2030: malaria elimination. It offers a brief analysis of recent country-level progress towards elimination and spotlights
countries that are poised to reach the finish line in the next five years. A number of countries have had remarkable success in controlling malaria, and these achievements are hard-won. But in many respects, the hardest work is yet to come. This WHO report highlights the considerable challenges countries will face in their efforts to drive down malaria cases to zero and to prevent resurgences of this deadly disease.

Rectal Artesunate Stakeholders’ Meeting Report

Nairobi, Kenya, 19 February 2016
Medicines for Malaria Venture (MMV), the US President’s Malaria Initiative (PMI), UNICEF and Médecins Sans Frontières (MSF).
8 pp. 303 kB

On 19 February 2016, stakeholders from 13 organizations spanning the field of malaria prevention and control, seven malaria-endemic countries in Africa and the WHO came together to discuss experiences, challenges and overcoming obstacles relating to the implementation of Rectal Artesunate (RAS) as a pre-referral intervention for the management of severe malaria in children. The meeting was co-convened in Nairobi, Kenya by Medicines for Malaria Venture (MMV), the US President’s Malaria Initiative (PMI), UNICEF and Médecins Sans Frontières (MSF). This report of the RAS Stakeholder Meeting summarises the key issues relating to the adoption and implementation of RAS in malaria-affected regions and outlines recommended actions to speed up access to this life saving medicine.

Africa in transition: the case of malaria

by Kevin Marsh
Int Health 2016; 8: 155–156, 12 April 2016
2 pp. 131 kB
http://m.inthealth.oxfordjournals.org/content/8/3/155.full.pdf

In 2000, “The Economist” carried an infamous cover describing Africa as ‘the hopeless continent’. In 2013 this was replaced with one designating Africa ‘the hopeful continent’. One of the most dramatic ongoing transitions in health in Africa is what is happening with malaria. At the turn of the century, malaria was out of control, to a large part driven by rapidly worsening resistance to chloroquine, the mainstay of a control approach which did not really merit the designation of strategy. This did eventually lead to a series of initiatives, including the Abuja declaration by African heads of States, the formation of Roll Back Malaria, the development of a number of public-private partnerships and critically the launch of the Global Fund. What followed was startling.
WHO malaria terminology

World Health Organization, Global Malaria Programme, June 2016
31 pp, 258 kB
http://apps.who.int/iris/bitstream/10665/208815/1/WHO_HTM_GMP_2016.6_eng.pdf?ua=1

In recent years, there has been a proliferation of new terms in relation to malaria in scientific literature, technical reports and the media. Concurrently a number of terms with new or modified use and meaning have been introduced. These changes stem from renewed global interest in malaria elimination and eradication, increased access to scientific and technical information and faster translation of research findings into evidence-based policies. This updated glossary for malaria aims to improve communication and mutual understanding within the scientific community, as well as with funding agencies, public health officials responsible for malaria programmes, and policy-makers in malaria-endemic countries.

Expert Consultation on Seasonal Malaria Chemoprevention (SMC) and next-generation chemoprevention medicines

13–14 January 2016, Grange Holborn Hotel, London
42 pp. 714 kB

In 2012, the World Health Organization (WHO) endorsed deployment of seasonal malaria chemoprevention (SMC) in children under 5 years of age in areas of high seasonal malaria prevalence. SMC is defined as the intermittent administration of full treatment courses of an antimalarial medicine or combination during the malaria transmission season. Although SMC is seen as a stop-gap measure, no accurate predictions can be made for how long it will remain a useful intervention. For at least the next 5–10 years, SMC should remain a key strategy for reducing the malaria burden in children in areas of seasonal transmission.

Malaria research and its influence on anti-malarial drug policy in Malawi: a case study

by Chikondi Mwendera, Christiaan de Jager, Herbert Longwe et al.
Health Research Policy and Systems 2016 14:41 - Published: 1 June 2016
14 pp. 692 kB

In 1993, Malawi changed its first-line anti-malarial treatment for uncomplicated malaria from chloroquine to sulfadoxine-pyrimethamine (SP), and in 2007, it changed from SP to lumefantrine-
artemether. The change in 1993 raised concerns about whether it had occurred timely and whether it had potentially led to early development of Plasmodium falciparum resistance to SP. This case study examined evidence from Malawi in order to assess if the policy changes were justifiable and supported by evidence. The authors conclude that ample evidence from Malawi influenced and justified the policy changes. Therefore, locally generated evidence is vital for decision making during policy change.

Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

Zika and the Risk of Microcephaly

by Michael A. Johansson, Luis Mier-y-Teran-Romero, Jennita Reefhuis et al.
4 pp. 424 kB

Zika virus (ZIKV) infection during pregnancy has been linked to birth defects, yet the magnitude of risk remains uncertain. Population-level data from French Polynesia and Bahia reveal a clear association between first-trimester ZIKV infection and microcephaly risk. Women infected with the Zika virus during their first trimester of pregnancy have a 1-13% risk of having their fetus develop microcephaly.

Prevention of sexual transmission of Zika virus - Interim guidance update

World Health Organization, 30 May 2016
4 pp. 372 kB
http://apps.who.int/iris/bitstream/10665/204421/1/WHO_ZIKV_MOC_16.1_eng.pdf?ua=1

The primary transmission route of Zika virus is via the Aedes mosquito. However, mounting evidence has shown that sexual transmission of Zika virus is possible and more common than previously assumed. This is of concern due to an association between Zika virus infection and adverse pregnancy and fetal outcomes, including microcephaly, neurological complications and Guillain-Barré syndrome. The current evidence base on Zika virus remains limited. This guidance will be reviewed and the recommendations updated as new evidence emerges.
Clinical management of patients with viral haemorrhagic fever

A pocket guide for the front-line health worker
203 pp. 2.7 MB
http://apps.who.int/iris/bitstream/10665/205570/1/9789241549608_eng.pdf

Viral haemorrhagic fevers (VHF) are severe and life-threatening viral diseases that are of particular public health importance because they can spread within a hospital setting, have a high case-fatality rate and are difficult to recognize and detect rapidly. The purpose of this pocketbook is to provide clear guidance on current best management practices for VHF across health-care facilities.

Climate Change and Aedes Vectors: 21st Century Projections for Dengue Transmission in Europe

by Jing Liu-Helmersson, Mikkel Quam, Annelies Wilder-Smith et al.
11 pp. 2.5 MB

Warming temperatures may increase the geographic spread of vector-borne diseases into temperate areas. The authors present estimates of dengue epidemic potential using vectorial capacity (VC) based on historic and projected temperature (1901–2099). VC indicates the vectors' ability to spread disease among humans. Although low, VC during summer is currently sufficient for dengue outbreaks in Southern Europe to commence if sufficient vector populations (either Ae. aegypti and Ae. albopictus) were active and virus were introduced. The findings illustrate, that besides vector control, mitigating greenhouse gas emissions crucially reduces the future epidemic potential of dengue in Europe.

Factors Underlying Ebola Virus Infection Among Health Workers, Kenema, Sierra Leone, 2014–2015

by Mikiko Senga, Kimberly Pringle, Andrew Ramsay et al.
Clin Infect Dis. (2016) - First published online: May 18, 2016
22 pp. 929 kB
http://cid.oxfordjournals.org/content/early/2016/05/17/cid.ciw327.full.pdf#page=1&view=FitH

Ebola virus disease (EVD) in health workers (HWs) has been a major challenge during the 2014–15 outbreak. The authors examined factors associated with Ebola virus exposure and mortality in HWs in Kenema District, Sierra Leone. They conclude that the cluster of HW EVD cases
in Kenema District is one of the largest ever reported. Most HWs with EVD had potential virus exposure both inside and outside of hospitals. Prevention measures for HWs must address a spectrum of infection risks in both formal and informal care settings as well as in the community.

Yellow fever situation report

A yellow fever outbreak was detected in Luanda, Angola late in December 2015. The first cases were confirmed by the National Institute for Communicable Diseases (NICD) in South Africa on 19 January 2016 and by the Institut Pasteur Dakar (IP-D) on 20 January. Subsequently, a rapid increase in the number of cases has been observed. As of 1 June 2016, Angola has reported 2893 suspected cases of yellow fever with 325 deaths. On 22 March 2016, the Ministry of Health of DRC confirmed cases of yellow fever in connection with Angola. In Uganda, the Ministry of Health notified yellow fever cases in Masaka district on 9 April 2016. Three countries have reported confirmed yellow fever cases imported from Angola: Democratic Republic of The Congo (DRC) (44 cases), Kenya (two cases) and People’s Republic of China (11 cases). This highlights the risk of international spread through non-immunised travellers.

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

Since the 2014 Ebola outbreak many public- and private-sector leaders have seen a need for improved management of global public health emergencies. The effects of the Ebola epidemic go well beyond the three hardest-hit countries and beyond the health sector. Education, child protection, commerce, transportation, and human rights have all suffered. The consequences and lethality of Ebola have increased interest in coordinated global response to infectious threats, many of which could disrupt global health and commerce far more than the recent outbreak.
WHO estimates of the global burden of foodborne diseases

Foodborne diseases burden epidemiology reference group 2007-2015
World Health Organization, 2015
268 pp. 2.2 MB

http://apps.who.int/iris/bitstream/10665/199350/1/9789241565165_eng.pdf?ua=1

The report presents the first global and regional estimates of the burden of foodborne diseases. The large disease burden from food highlights the importance of food safety, particularly in Africa, South-East Asia and other regions. Despite the data gaps and limitations of these initial estimates, it is apparent that the global burden of foodborne diseases is considerable, and affects individuals of all ages, particularly children <5 years of age and persons living in low-income regions of the world. By incorporating these estimates into policy development at both national and international levels, all stakeholders can contribute to improvements in safety throughout the food chain. These results will also help to direct future research activities.

No right to food and nutrition in the SDGs: mistake or success?
by Jose Luis Vivero Pol and Claudio Schuftan
6 pp. 561 kB

http://gh.bmj.com/content/1/1/e000040.full-text.pdf

Although the recently approved Sustainable Development Goals (SDGs) explicitly mention access to water, health and education as universally guaranteed human rights, access to affordable and sufficient food is not given such recognition. The SDGs road map assumes that market mechanisms will suffice to secure nutritious and safe food for all. The authors question how and why the right to food has disappeared from such an international agreement and they will provide insights on the likely causes of this and the options to make good on such a regrettable omission. Analysis of political stances of relevant western stakeholders, such as the United States (US) and the European Union (EU), is also included.

Lancet attacked for publishing study claiming low-salt diet could kill you
by Ian Johnston, Science Correspondent
The Independent, Saturday 21 May 2016
Read online at:
The prestigious medical journal The Lancet has been attacked for publishing an academic paper that claimed eating too little salt could increase the chance of dying from a heart attack or stroke. Researchers from the Population Health Research Institute in Canada, studied more than 130,000 people from 49 different countries on six continents and concluded people should consume salt “in moderation”, rather than trying to reduce it in accordance with government guidelines across the world. However, the study was strongly criticised by other scientists with one eminent expert expressing “disbelief” that “such bad science” should be published by The Lancet.

Dialogue on how to strengthen international cooperation on noncommunicable diseases within the framework of North–South, South–South and triangular cooperation

Second dialogue convened by the World Health Organization Global Coordination Mechanism on Noncommunicable Diseases
Monday 30 November – Tuesday 1 December 2015
Final meeting report, April 2016
72 pp. 2.6 MB


Putting an end to premature deaths from Noncommunicable Diseases (NCDs) will lay the foundation for improving health and socioeconomic development of present and future generations. The dialogue of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases conveyed a sense of urgency to accelerate international development cooperation for NCDs through bilateral and multilateral channels. This report is primarily written for all partners concerned with action to prevent premature deaths and improve health outcomes for NCDs. It is hoped that the international development community will seriously consider the inclusion of NCDs as part of their priorities in bilateral and multilateral collaboration with developing countries.

Mental health funding and the SDGs: What now and who pays?

by Jessica Mackenzie and Christie Kesner
Overseas Development Institute, May 2016
48 pp. 616 kB


This report provides an overview of who is currently funding mental health and who isn’t, but could be. It is a synthesis of research previously conducted in this field and analyses both existing and new funders. It highlights how little information there is on what donors are spending on mental health globally, what types of activities are funded and why funding mental health delivers a variety of benefits, and it suggests how to frame the issue to encourage more investment.
The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts

by Catherine Cook, Maria Phelan, Gen Sander et al.
Harm Reduction International, March 2016
28 pp. 1.4 kB
http://www.ihra.net/files/2016/03/10/Report_The_Case_for_a_Harm_Reduction_Decade.pdf

Although harm reduction programmes are now available to some extent in a majority of countries with injecting drug use, in many places these programmes remain small-scale and NGO-driven, and under threat from underfunding and a lack of strong political support. The chronic underfunding of harm reduction, particularly in middle-income countries where the majority of injecting related harms are documented, severely undermines the global response. At last count, investment in harm reduction in low- and middle-income countries totalled USD 160 million, only 7% of the estimated USD 2.3 billion required. Worryingly, with shifting international donor priorities, many existing programmes are now at risk of closure.

Trends in prevalence of soil-transmitted helminth and major intestinal protozoan infections among school-aged children in Nepal

by Ritu Kunwar, Lokendra Acharya and Surendra Karki
Tropical Medicine & International Health, Vol. 21, Issue 6, pp. 703–719, June 2016
17 pp. 572 kB

The authors observed a sharp decrease in prevalence of soil-transmitted helminths (STHs) among school-aged children in Nepal in the past decade with prevalences dropping below 5% for STHs with no variation in prevalence in rural and urban areas. However, the prevalence of E. histolytica and G. lamblia remained stable over time. These results suggest that school-based deworming programmes rolled out during the study period had an observable impact on prevalence of STHs.

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

Fixing the Broken Promise of Education for All

Findings from the Global Initiative on Out-of-School Children
by Sheena Bell, Friedrich Huebler, Albert Motivans et al.
145 pp. 7.9 MB
Education represents the hopes, dreams and aspirations of children, families, communities and nations around the world - the most reliable route out of poverty and a critical pathway towards healthier, more productive citizens and stronger societies. Not surprisingly, when people are asked to list their priorities, education tops survey after survey, poll after poll. Why, then, are there still 58 million children, roughly between the ages of 6 and 11, out of school globally? Each and every one of these children is a stark reminder of the broken promise to achieve universal primary education by the original deadline of 2015. This report presents a roadmap to improve the data, research and policies needed to catalyse action for out-of-school children as the world embarks on a new development agenda for education.

**Health System Governance, Health Workforce and Health Information Systems**

**Close-to-community providers of health care: increasing evidence of how to bridge community and health systems**

by S. Theobald, K. Hawkins, M. Kok et al.
Human Resources for Health201614:32 - Published: 2 June 2016
6 pp. 422 kB


The recent thematic series on close-to-community providers published in this journal brings together 14 papers from a variety of contexts and that use a range of research methods. The series clearly illustrates the renewed emphasis and excitement about the potential of close-to-community (CTC) providers in realising universal health coverage and supporting the sustainable development goals. This editorial discusses key themes that have emerged from this rich and varied set of papers and reflect on the implications for evidence-based programming.

**Assessing the legacy of the Global Health Workforce Alliance through the lens of Complex Adaptive Systems**

by Alex Berland, Allan Best, Kevin Noel et al.
InSource Research Group, 2016
30 pp. 1.0 MB

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

The Global Health Workforce Alliance (GHWA) was created in 2006 with a ten-year mandate to coordinate engagement of multidisciplinary stakeholders to advocate for Human Resources for Health (HRH). To date, the Alliance has contributed significantly to a range of global, regional and national level initiatives and achievements. With the end of its ten-year mandate, a review of the legacy of GHWA was commissioned. The review highlights the impact of GHWA’s achievements and provides recommendations for GHWA’s successor, a global Network, in guiding the evolution of HRH.
Community Health Worker Certificate Program

by Tim Berthold
City College of San Francisco, November 2015
1176 pp. 200 MB(!) packed with pkzip


The book provides a clear introduction to the skills and competencies required for success as a Community Health Worker (CHW). Written by faculty and graduates from the CHW Certificate Program at City College of San Francisco (CCSF), *Foundations* has been used by college and community based CHW training programs around the country. With an emphasis on social justice, cultural humility, and strength-based community practice, this accessible guide addresses essential core competencies for working CHWs. Real-life case studies, references, and resources have been updated and expanded.

A descriptive analysis of midwifery education, regulation and association in 73 countries: the baseline for a post-2015 pathway

by Sofia Castro Lopes, Andrea Nove, Petra ten Hoope-Bender et al.
Human Resources for Health 2016 14:37 - Published: 8 June 2016
12 pp. 486 kB


Education, regulation and association (ERA) are the supporting pillars of an enabling environment for midwives to provide quality care. This study explores these three pillars in the 73 low- and middle-income countries who participated in the State of the World’s Midwifery (SoWMy) 2014 report. It also examines the progress made since the previous report in 2011.

mHealth Compendium Special Edition 2016: Reaching Scale

by Sherri Haas, Sarah Konopka, JoAnn Paradis et al.
African Strategies for Health (ASH) project implemented by Management Sciences for Health (MSH), May 2016
92 pp. 5.2 MB


This Special Edition 2016: Reaching Scale was developed to provide greater detail on the development and experience of mHealth programs which have successfully
grown in scale. The ten profiles featured in this volume were submitted by the programs. They were selected following a survey of current intervention status sent to previously featured programs, with an intention to select a range of intervention types, locations, and partner organizations. This list is not exhaustive of scaled mHealth programs.

**Mobile phone data highlights the role of mass gatherings in the spreading of cholera outbreaks**

by Flavio Finger, Tina Genolet, Lorenzo Mari et al.

PNAS, June 7, 2016, Vol. 113, No. 23, pp. 6421–6426

6 pp. 5.3 MB

http://m.pnas.org/content/113/23/6421.full.pdf

Big data and, in particular, mobile phone data are expected to revolutionize epidemiology, yet their full potential is still untapped. Here, the authors take a significant step forward by developing an epidemiological model that accounts for the spatiotemporal patterns of human mobility derived by directly tracking properly anonymized mobile phone users. Such data allow us to investigate, with an unprecedented level of detail, the effect that mass gatherings can have on the spreading of waterborne diseases like cholera. Identifying and understanding transmission hotspots opens the way to the implementation of novel disease control strategies.

**Assessing the impact of a primary care electronic medical record system in three Kenyan rural health centers**

by William M Tierney, John E Sidle, Lameck O Diero et al.

J Am Med Inform Assoc 2016;23:544–552

9 pp. 1.3 MB

http://m.jamia.oxfordjournals.org/content/23/3/544.full.pdf

Objective efficient, effective health care requires rapid availability of patient information. The authors designed, implemented, and assessed the impact of a primary care electronic medical record (EMR) in three rural Kenyan health centers. The authors conclude that they successfully implemented a primary care EMR in three rural Kenyan health centers. Patient waiting time was dramatically lengthened while the nurses’ and the clerks’ patient care time decreased. Long-term use of EMRs in such settings will require changes in culture and workflow.
HealthE Africa Country Dashboards

HealthE Africa is a peer assistance network that aims to strengthen existing digital health partnerships and foster new collaborations in Africa. The community connects programme needs with African technology experts and service providers, and so strengthens local and regional digital health. The HealthE Africa team have been working with in country experts to create a series of country dashboards summarising the state of digital health in specific African countries. These dashboards are intended to be dynamic and are updated as and when new information becomes available.

Predatory open access journals: Avoiding profiteers, wasted effort and fraud

by Mary Grace Umlauf
International Journal of Nursing Practice, Vol. 22, Issue Supplement S1, pp. 3-4, April 2016
2 pp. 151 kB

Internet crime has entered the academic arena by making offers that sound too good to be true - because they are not. Scammers will advertise 'journals' that can offer almost immediate publishing dates and do not require a genuine review process - for a price. The publisher promises a quick publication date with assurance that all writers obtain the benefit of a good impact score. All the publisher actually wants though is a payment for each paper in the issue; the benefits are empty promises. The result is much hard work on the part of busy faculty members without the benefit of a good peer review and a publication in bona fide academic journal with a genuine impact score. The paper includes a table on 'Guidelines for evaluating the integrity of a journal'. See also: http://www.sciencealert.com/journal-accepts-paper-titled-get-me-off-your-f-cking-mailing-list

Access to Medical Products, Vaccines and Technologies

Prices, Costs, and Affordability of New Medicines for Hepatitis C in 30 Countries: An Economic Analysis

by Swathi Iyengar, Kiu Tay-Teo, Sabine Vogler et al.
22 pp. 1.9 MB
http://journals.plos.org/plosmedicine/article/asset?id=10.1371%2Fjournal.pmed.1002032.PDF

New hepatitis C virus (HCV) medicines have markedly improved treatment efficacy and regimen tolerability. However, their high prices have limited access, prompting wide debate about fair and affordable prices. This study systematically compared the price and affordability of sofosbuvir and ledipasvir/sofosbuvir across 30 countries to assess affordability to health systems and patients. The authors conclude that current prices of these medicines are variable and unaffordable globally. These
prices threaten the sustainability of health systems in many countries and prevent large-scale provision of treatment. Stakeholders should implement a fairer pricing framework to deliver lower prices that take account of affordability. Without lower prices, countries are unlikely to be able to increase investment to minimise the burden of hepatitis C.

Management and Quality of Health Services and Facilities

The German Health Care System: Accessing the German Health Care Market

Understanding and accessing the largest health care market in Europe
Editors Konrad Obermann, Peter Müller, Hans-Heiko Müller et al.
Download the Flyer (2 pp. 1.5 MB):

http://health.bmz.de/services/newsletter_related/HESP-related-Documents/Flyer-German_Healthcare_System.pdf

With a total volume of around EUR 320 billion, Germany is a large and attractive health care market. Like most other mature systems, the financing and provision of health is complicated, ever-changing and massively influenced by special-interest groups. The duality of social and private health insurance, the importance of data protection, the governing function of the Ministry of Health, the inherently private for-profit nature of most providers and the importance of corporate co-operatives managing the self-administration are some of the key elements in this system. This book is intended for the international reader wanting to get a swift yet comprehensive introduction into how health care is delivered, financed and governed in Germany. It will assist in preparing for working in Germany, devising a market access strategy and identifying potential pitfalls and misunderstandings when dealing with German counterparts.

Global Estimation of Surgical Procedures Needed for Forcibly Displaced Persons

by Yuanting Zha, Barclay Stewart, Eugenia Lee et al.
World Journal of Surgery - First online: 25 May 2016, pp 1-7
7 pp. 662 kB

Sixty million people were displaced from their homes due to conflict, persecution, or human rights violations at the end of 2014. This vulnerable population bears a disproportionate burden of disease, much of which is surgically treatable. The authors sought to estimate the surgical needs for forcibly displaced persons globally to inform humanitarian assistance...
initiatives. They conclude that approximately three million procedures annually are required to meet the surgical needs of refugees, internally displaced persons (IDPs), and asylum seekers. Most displaced persons are hosted in countries with inadequate surgical care capacity. These figures should be considered when planning humanitarian assistance and targeted surgical capacity improvements.

**Access to modern energy services for health facilities in resource-constrained settings**

A Review of Status, Significance, Challenges and Measurement by Mikul Bhatia, Nicolina Angelou, Ruchi Soni et al.

WHO’s Department of Public Health, Social and Environmental Determinants of Health (PHE), 2014

112 pp. 2.3 MB

http://www.who.int/iris/bitstream/10665/156847/http://apps.who.int/iris/bitstream/10665/156847/1/9789241507646_eng.pdf?ua=1

This report focuses on the energy needs of health facilities which have very limited access to energy – a common problem in many facilities of low-income countries or emerging economies, but also present in resource-constrained settings of middle-income countries. Available evidence regarding patterns of energy access and its impacts on health services is considered along with trends in the use of new energy technologies. This evidence is used to develop a rationale and approach for tracking and monitoring energy access in health facilities. This report’s findings are most relevant to clinics and health centres at the primary and secondary tiers of health systems, often struggling to access sufficient energy to power lighting, refrigeration and basic medical devices.

**Men’s health: a global problem requiring global solutions**

by Peter Baker

Trends in Urology & Men’s Health May/June 2016

4 pp. 133 kB


Men’s health is the ‘Cinderfella’ of public health, being generally overlooked and hidden in plain sight. The author describes the issues and highlights the benefits to all of a more concerted global effort to improve men’s health.
Delivering on the promise of universal health coverage

by Ashish Jha, Fiona Godlee, Kamran Abbasi
BMJ 2016;353:i2216 - Published 26 April 2016
2 pp. 512 kB
http://www.bmj.com/content/353/bmj.i2216.full.pdf

Universal health coverage - the notion that people should be able to access healthcare services regardless of their ability to pay, and do so with financial protection - is a major focus for G7 policymakers and others around the globe. It is an important component of the sustainable development goals, leading many countries to increase their use of scarce public resources to ensure their citizens are covered. The motivation, of course, is compelling. People should not develop or die from preventable or treatable conditions because they are poor, and treatment should not lead to financial bankruptcy. Simply prioritising universal health coverage, however, will not be enough to achieve its main goals.

Options for an Accountability Framework for Universal Health Coverage: Consultation Report

by Lara Brearley
Management Sciences for Health (MSH), May 2016
24 pp. 1.4 MB

On the eve of the 69th World Health Assembly, MSH and The Rockefeller Foundation release this progress report on the work of many organizations to develop concrete measurements of Universal Health Coverage (UHC) progress - for both access to basic care and its affordability to all. If we are to meet the Sustainable Development Goals (SDG) UHC target by 2030, we need commonly agreed measures to aid us in charting progress country by country, to celebrate success, to make adjustments when we fall short, and to hold ourselves - all of us - accountable for achieving SDG 3.8. And UHC progress, as we know, facilitates the achievement of the other SDG health targets. This report helps point the way forward to completing this important work.

Priority-setting for achieving universal health coverage

by Kalipso Chalkidou, Amanda Glassman, Robert Marten et al.
Bull World Health Organ 2016;94:462-467 - Published online: June 2016
6 pp. 484 kB
Governments in low- and middle-income countries are legitimizing the implementation of universal health coverage (UHC), following a United Nation’s resolution on UHC in 2012 and its reinforcement in the sustainable development goals set in 2015. UHC will differ in each country depending on country contexts and needs, as well as demand and supply in health care. Therefore, fundamental issues such as objectives, users and cost-effectiveness of UHC have been raised by policy-makers and stakeholders. While priority-setting is done on a daily basis by health authorities – implicitly or explicitly – it has not been made clear how priority-setting for UHC should be conducted. The authors provide justification for explicit health priority-setting and guidance to countries on how to set priorities for UHC.

**Platform for IntegratedCare4People**

This platform brings together knowledge, information and a global network of people and organizations working towards the goal of integrated people-centred health services for all. Information is organized in a repository of resources, communities of practice and a practices database where technical insights and the operational know-how of health service delivery transformations are shared. The web platform for IntegratedCare4People is a collaborative platform and you are all very welcome to share your resources, your practices and to participate in the communities of practice.

See also the Framework on integrated people-centred health services and its draft resolution:


**Approaches to Universal Health Coverage and Occupational Health and Safety for the Informal Workforce in Developing Countries: Workshop Summary**

by Rachel M. Taylor, Rapporteur; Forum on Public-Private Partnerships for Global Health and Safety; Board on Global Health; Institute of Medicine; The National Academies of Sciences, Engineering, and Medicine (2015)

146 pp. 2.6 MB

http://download.nap.edu/cart/download.cgi?record_id=21747

Universal health coverage (UHC) has been recognized by the World Health Organization as a key element in reducing social inequality and a critical component of sustainable development and poverty reduction. In most of the world UHC is sought through a combination of public and private-sector health care systems. In most low- and middle-income countries health systems are evolving to increasingly rely on the private sector because the public sector lacks the infrastructure and staff to meet all health care needs. With growing individual assets available for private-sector expenditure, patients often seek better access to technology, staff, and medicines. However, in low-income countries nearly 50 percent of health care financing is out-of-pocket. With the expected...
increase in the overall fraction of care provided through the private sector, these expenditures can be financially catastrophic for individuals in the informal workforce.

Old Age, Unemployment and Occupational Injuries Protection

Training in occupational health and safety

24 pp. 909 kB

In the last two decades, training in occupational health and safety has gained increasing attention in many countries within the Africa region, and demand is on the increase. Driving this is the economic growth of most countries, and diversification in economic sectors such as oil, gas, mining and other extractive industries, commercial farming, and construction. This growth is also accompanied by the emergence of new technologies at the workplace, which, although they improve efficiency and productivity, are also accompanied by new risks that require new knowledge and innovative methods for their safe use and application.

Inclusion of People with Disabilities

Is any wheelchair better than no wheelchair? A Zimbabwean perspective

by Surona Visagie, Teda Mlambo, Judith van der Veen et al.
Read online at:

Within a rights-based paradigm, wheelchairs are essential in the promotion of user autonomy, dignity, freedom, inclusion and participation. This paper aimed to describe a group of Zimbabwean wheelchair users’ satisfaction with wheelchairs, wheelchair services and wheelchair function. Findings indicate high levels of dissatisfaction with wheelchair features and services, as well as mobility. It is recommended that policy and minimum service standards which incorporate evidence and good practice guidelines for wheelchair services and management of wheelchair donations are developed for Zimbabwe.
**Family Therapy in Developing Countries Primary Care**

by Alain Quinet, Sarah Shelmerdine, Patrick Van Dessel et al.

*J Fam Med Dis Prev* 2015, 1:2

6 pp. 321 kB


Mental health and psychosomatic problems are both widespread and disabling in low and middle-income countries (LMIC). There is a clear need for strategies to strengthen first line services for their treatment. Family ('systemic') therapy has been shown to be effective in this setting but there is a dearth of research investigating its use. Systemic therapies can have an important impact on quality of care where health professionals have no tradition of properly handling bio-psycho-social disorders and improve doctor-patient communication. However, more experience is needed to define the conditions for its optimal utilization in LMIC.

**Global Health Governance, Sustainable Development Goals & Development Cooperation**

**G7 accountability on development and development-related commitments**

Ise-Shima Progress Report Summary

16 pp. 2.7 MB


A week ahead of the summit of the G7 heads of state and government in Ise-Shima, Japan, the Group of Seven have released their 2016 progress report. The fourteen new commitments agreed at the summit held in Schloss Elmau are among those reviewed in the "Ise-Shima Progress Report". The report shows in which areas the efforts of the G7 group have been successful, and where greater effort is still needed. The greatest progress has been made in the health and education sectors, and in fostering education and good governance. The progress report gives several examples of G7 and EU projects that have been successful in each of these areas.

**G7 Ise-Shima Vision for Global Health**

8 pp. 162 kB


At the G7 Ise-Shima Summit, the G7 leaders committed to take the following concrete actions for advancing global health:

1. Reinforcing the Global Health Architecture to strengthen responses to public health emergencies...
2. Attaining Universal Health Coverage (UHC) with strong health systems and better preparedness for public health emergencies
3. Antimicrobial Resistance (AMR)
4. Research & Development and Innovation

**Boundary-spanning: reflections on the practices and principles of Global Health**

by Kabir Sheikh, Helen Schneider, Irene Akua Agyepong et al.
BMJ Global Health 2016;1:e000058, 5 May 2016
6 pp. 545 kB

http://gh.bmj.com/content/bmjgh/1/1/e000058.full.pdf

As Global Health evolves, not merely as a metaphor for international collaboration, but as a distinct field of practice, it warrants greater consideration of how it is practiced, by whom, and for what goals. We believe that, to become more relevant for the health systems and communities that are their intended beneficiaries, Global Health practices must actively span and disrupt boundaries of geography, geopolitics and constituency, some of which are rooted in imbalances of power and resources. In this process, fostering cross-country learning networks and communities of practice, and building local and national institutions with a global outlook in low and middle-income countries, are critically important. Crucially, boundary-spanning practices in Global Health require a mindset of inclusiveness, awareness of and respect for different coexisting realities.

**Six practices to strengthen evaluation of Research for Development**

by Chaitali Sinha, Adrijana Corluka, Robert McLean et al.
ESSENCE Good practice document series, 2016
40 pp. 1.9 MB

http://www.who.int/tdr/publications/essence-6practices.pdf?ua=1

Evaluating research for development, including global health research, is a rapidly changing, complex area of work. This ESSENCE report focuses on Evaluating Global Health Research for Development (GHR4D) that aims to improve equitable health outcomes and sustained wellbeing in populations around the world through a multidisciplinary, problem focused approach to research and practice. The report recommends the following six best practices to consider for research evaluation:

- Build on established evaluation standards.
- Develop rigorous design, approaches, methods and metrics.
- Consider values.
- Identify users and intended uses of the evaluation.
- Plan according to the anticipated timeline of influence.
- Foster collaboration among diverse stakeholders.
**Global Multidimensional Poverty Index 2016**

by Oxford Poverty & Human Development Initiative (OPHI), June 2016
Read online at:
http://www.ophi.org.uk/multidimensional-poverty-index/global-mpi-2016/

The Global Multidimensional Poverty Index (MPI) is an index of acute multidimensional poverty that covers over 100 developing countries. It assesses the nature and intensity of poverty, by directly measuring the overlapping deprivations poor people experience at once, then building up from this information. It provides a vivid picture of how and where people are poor, within and across countries, regions and the world, enabling policymakers to better target their resources at those most in need through integrated policy interventions that tackle the many different aspects of poverty together. The MPI was developed in 2010 by Oxford Poverty & Human Development Initiative (OPHI) and the UNDP’s Human Development Report Office, and has been proposed as an indicator in the Sustainable Development Goals, which view ‘poverty in its many dimensions’.

**Decent Work and the 2030 Agenda for Sustainable Development**

International Labour Organization (ILO), 2016
36 pp. 2.1 MB

More people in decent jobs means stronger and more inclusive economic growth. Improved growth means more resources to create decent jobs. It is a simple equation but one that has been largely neglected in international policy-making both before and after the 2008 financial crisis. With the 2030 Agenda for Sustainable Development we have a once-in-a-generation chance to make a change and improve the lives of billions.

**Institute of Tropical Medicine, Antwerp - Annual Report 2015**

36 pp. 10.4 MB

Tropical diseases, HIV/AIDS, tuberculosis and poor health care affect the lives of billions of people. The Institute of Tropical Medicine in Antwerp, Belgium (ITM) advances the knowledge base needed to improve worldwide health through scientific research, advanced education, expert services and capacity building. Scientific excellence and societal relevance are therefore their core values, like two sides of the same coin. ITM is one of the world’s leading institutes for postgraduate training, advanced research and expert assistance in tropical medicine and public health.
Miscellaneous

Social Medicine Vol. 9, No. 3 (2016)

Social Medicine has just published its latest issue at the above URL. You are invited to review the Table of Contents and to review articles and items of interest.

Developmental Origins of Health and Disease: Importance of research for Africa

Access all papers free of charge at:
http://journals.cambridge.org/action/displayIssue?jid=DOH&volumeId=7&seriesId=0&issueId=0

In November 2015, the 9th World Congress of Developmental Origins of Health and Disease (DOHaD) took place in Cape Town, the first time the congress was held in Africa. DOHaD research has substantial implications for all transitioning societies and for global health policy. With support from the South African DST-NRF Centre of Excellence in Human Development based at the University of the Witwatersrand, a series of papers were assembled to highlight the relevance and importance of DOHaD research in Africa. What this collection of papers and presentations at the 9th World Congress illustrate is that DOHaD has the power to ‘call to action’ a multi-disciplinary perspective to better understand and formulate solutions to improving maternal and child health in Africa, setting up healthier trajectories into adolescence and adulthood, and across generations.

WHA Gets First UN Framework Managing Non-State Actors; Countries Satisfied, Actors Concerned

by Catherine Saez
Intellectual Property Watch, 30/05/2016
Read online at:

The first agreement on how to manage relationships between a United Nations organisation and non-governmental actors, such as industry, philanthropic organisations and public interest groups, was adopted on 28 May 2016 by the World Health Assembly. The framework, which had been discussed for several years, was hailed as historic by many countries, but met a mixed reaction from
those primarily concerned. The Framework of Engagement with Non-State Actors (FENSA) is meant to prevent undue influence by outside actors on the work of the World Health Organization, and to prevent conflicts of interest.

Peoples under Threat 2016

by Mark Lattimer
Minority Rights Group International (MRG), 2016
14 pp. 4.6 MB
http://reliefweb.int/sites/reliefweb.int/files/resources/Peoples-under-Threat-2016-briefing1.pdf

The international human rights organisation Minority Rights Group International (MRG) launched the 2016 Peoples under Threat index and online map, which seeks to identify those countries around the world that are most at risk of genocide, mass political killing or systematic violent repression. Further mass migration is inevitable as persecution is ignored in states where peoples are under threat.

Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster

Migrants in Countries in Crisis (MICIC) Initiative, 2016
132 pp. 2.2 MB

Derived from the input of States, civil society, international organizations, and private sector actors, these voluntary and non-binding Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster reflect the outcome of the MICIC Initiative. A government-led multi-stakeholder consultative initiative to improve responses for migrants in countries experiencing conflict or natural disaster.

The Global Slavery Index 2016 Report

Walk Free Foundation, May 2016
216 pp. 17.0 MB

Almost 46 million people are living as slaves globally with the greatest number in India but the highest prevalence of slavery in North Korea, according to the third Global Slavery Index just released. The index, by Australia-based human rights group Walk Free Foundation, increased its estimate of people born into servitude, trafficked for sex work, or trapped in debt bondage or forced labour to 45.8 million from 35.8 million in 2014. "We want this index to be
a call to action. I have not yet seen the government or the business reaction that we need to drive down slavery although it is on its way," said Andrew Forrest, founder of Walk Free Foundation, adding he had made efforts to ensure the supply chain of his mining company Fortescue Metals Group was slave free.

**Global Peace Index 2016: Ten Years of Measuring Peace**

The Institute for Economics and Peace (IEP), 2016
120 pp. 6.9 MB
http://reliefweb.int/sites/reliefweb.int/files/resources/GPI%202016%20Report_2.pdf

The 2016 Global Peace Index (GPI) report provides a comprehensive update on the state of peace. It shows that amidst the global deterioration the world continues to spend enormous resources on creating and containing violence but very little on peace. Results also show a growing global inequality in peace, with the most peaceful countries continuing to improve while the least peaceful are falling into greater violence and conflict.

**Bulletin of the World Health Organization - Vol. 94, Nr. 6, June 2016**

Highlights from the June 2016 issue:

- Defining congenital Zika syndrome
- Securing funding for the HIV response
- Fake lifejackets and refugees’ drowning deaths
- Interview: the big causes of death from noncommunicable diseases
- Efforts to scale up vector control programmes in Malawi
- Measuring the adequacy of Mexico’s antenatal care
- How to dispose of waste contaminated with the Ebola virus
- Call for papers: innovation for healthy ageing


http://www.jppcm.org

The Journal of Pharmacy Practice and Community Medicine (JPPCM) is the official journal of Indian Academy of Pharmacists (IAOP). It is an international peer-reviewed journal. JPPCM publishes four issues per year devoted to research and review articles in the field of pharmacy practice, community medicine and related discipline of health sciences. JPPCM aims at facilitating the development of communi-
ty-based research, education, and health care services. The purpose of this journal is to promote excellence in the pharmacy practice and community medicine and closely related fields. All articles are open access.

**CONFERENCES & TRAINING**

**Research to Publication**

[Research to Publication](http://www.rtop.bmj.com)

Research to Publication is an eLearning programme for early career academics in healthcare research brought to you by British Medical Journal (BMJ) in collaboration with the University of California San Francisco (UCSF). This programme offers a comprehensive set of stand-alone, self-study modules that lets learners choose what to study, and do so at their own pace. Focused entirely on medical research, Research to Publication draws on the expertise of The BMJ’s research editors and UCSF’s academics to guide learners through the entire process from designing a study, to seeing it published in an international journal.

**CARTOON**

![Cartoon Image](Source: offthemark.com)
TIPS & TRICKS

Zooming in and out in MS WORD

If you are using a 'wheel' mouse you can easily change the zoom of a WORD document (the size of a document on your screen). Press and hold the CTRL key and move the pressed wheel upwards (increase zoom) or downwards (decrease zoom).

Putting on a Business Presentation without Drama

When you go to a show, you want excitement, drama, and comedy. But when you put on a show - specifically a business presentation - excitement and drama are the last things you want. Here are some tips to make sure your presentation runs smoothly.

Tip 1: Make Four Backup Copies

Some people believe it's not possible to have too many copies of a presentation. Some people take a total of four copies on the road: One exists on their notebook’s hard drive, a second on a USB flash drive, a third in paper-handout format, and a fourth burned to a CD. Why so many copies? Because a presenter must be prepared for any and all unforeseen circumstances.

Tip 2: Use the MS PowerPoint “Package for CD” Option

You should use Microsoft PowerPoint’s "Package for CD" feature to burn your presentation onto a disc. Along with the presentation, this feature automatically adds to the CD a copy of the Microsoft Office PowerPoint Viewer. This program can run PowerPoint presentations - even those with password protection - on computers that don’t have PowerPoint installed. Should you need to run your presentation from someone else’s computer, you don’t have to worry if their PC has PowerPoint installed. To save a PowerPoint presentation using the Package for CD feature, select File | Package for CD.

Tip 3: Wear Your Presentation Around Your Neck

To prevent disaster some people store their presentations on a USB flash drive. They wear the drive on a string around their neck, just in case their notebook - which contains the other copy of the presentation - is stolen or lost.

Tip 4: E-Mail Yourself

Another way to ensure access to your presentation is to e-mail the file to your Web-based e-mail account, such as one from Gmail, Yahoo or Hotmail. That way, you can still access the presentation from another computer on the road in case something happens to your PC.
Tip 5: Match the Projector to Your Notebook

For the best-looking presentations, the projector’s screen resolution should match the computer’s. And the more fine details in your presentation, the higher the screen resolution you will need. Unfortunately, the computer’s resolution is too high for many projectors to support. Often you have no end of trouble trying to get a reasonable display on most projectors, even when you drop the notebook’s display down to 1024 by 768.

The solution: Copy your presentation to a USB flash drive before leaving the office. That way, if your notebook’s resolution doesn’t match the projector provided to you on site, you can run the presentation from another notebook (provided one is available) that supports a screen resolution matching the projector.

Tip 6: For Multimedia Presentations don’t forget the Speakers

Many notebook speakers are not powerful enough to fill the room. For multimedia presentations, you may want to bring a set of external speakers, e.g. Creative Travel-Sound, (http://www.creative.com/products/product.asp?prodid=80) a one-piece stereo speaker unit measuring just 6 by 2.5 by 1.75 inches that runs on four AAA batteries. The sound is good and can be easily heard in a 30-by-40-foot classroom. The sound is much better than the laptop’s, and it is easy to set up. Always carry extra batteries and an AC adapter for the TravelSound.

Tip 7: Use UPS (battery back-up) when power-interruptions are to be expected

If you are presenting at a location where power-interruptions are likely, organise an Uninterruptible Power Supply (UPS) for the projector. Your notebook has its own battery back-up, but to guarantee an uninterrupted presentation even when the electricity fails, a powerful UPS (e.g. 1000 Watt) for the projector is a very good idea.

Tip 8: Last not least

In foreign countries be prepared to have an international plug adapter handy for your notebook or your beamer. One of the most compact and versatile ones is the ‘swiss world adapter’ (see below and http://www.skross.com/en/product/96/world-adapter-classic.html/) that plugs into outlets from more than 150 countries and accepts plugs from as many countries (except South Africa).