EDITORIAL

Dear colleagues,

In this issue, you will find interesting new publications in abundance, and these three will provide you with strong arguments for the discussions we are only too familiar with:

1. Why immunisation makes sense

According to this pointed WHO commentary immunization is actually one of the most incredible scientific innovations, and has contributed hugely to preventing deaths - mostly of children - and to dramatic rises in life expectancy and economic development.

2. Why and how we need to do something about climate change

The 'Uncertainty Handbook' (great name!) is an excellent guide for anyone trying to communicate effectively about Climate Change: Scientific papers have shown that greater scientific uncertainty provides a greater, rather than lesser, impetus for climate mitigation.

3. How a Universal Basic Income Can Disrupt the Cycle of Poverty

The stress of wondering how the next meal, supply of diapers or medical emergency will be paid is endemic in both developed and developing nations. Can a Universal Basic Income change this?

Your editorial team
Dieter Neuviens, Karolina Luczak Santana, Anna von Roenne

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ONLINE RESOURCES

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

Changing Age Structures and Sustainable Development

A brief report from the 50th Session of the UN Commission on Population and Development

http://www.health.bmz.de/events/Events_2017/Changing_Age_Structures_and_Sustainable_Development/index.html

From 3 to 7 April 2017, the Commission on Population and Development held its 50th session at the UN headquarters in New York. At a side event hosted by Japan and Germany, panellists discussed current challenges in realizing access to sexual and reproductive health and rights for all.

Hacking Global Health

Improving Urban Health in Africa, Asia and Latin America


On October 15-17, KfW Development Bank will organize a hackathon in Berlin in cooperation with the World Health Summit (WHS). Small and multi-disciplinary teams will create and develop ideas on how to improve urban health in Africa, Asia and Latin America and present these to an audience of experts from all over the world.

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

Increasing the Utilization of Maternity Care: Does Demand-Side Financing Work?

by Sarah Hodin
Women and Health Initiative, Harvard T.H. Chan School of Public Health, May 8, 2017 - Read online at:


In recent years, demand-side financial incentives have been increasingly used in low- and middle-income countries in an effort to address the well-documented economic barriers to maternal health care access and utilization. In March 2017, Hunter and colleagues published an article in PLOS One titled, "The effects of cash transfers and vouchers on the use and quality of maternity care services: A systematic review," which included evidence from 51 quantitative studies of 22 programs across 20 countries.
in Latin America, sub-Saharan Africa and Asia. The programs fell into five categories of demand-side financial incentives: conditional cash transfers, unconditional cash transfers, short-term cash payments, vouchers for maternity care services and vouchers for merit goods.

**Data for Children - Strategic Framework**

UN Children's Fund - Published 26 April 2017
19 pp. 1.3 MB

http://reliefweb.int/sites/reliefweb.int/files/resources/Data-for-Children-Strategic-Framework-UNICEF.pdf

UNICEF work on data for children is based on a simple premise: They believe that smart demand, supply and use of data drives better results for children. When the right data are in the right hands at the right time, decisions can be better informed, more equitable, and more likely to protect children’s rights. Effective use of data can help us not just track results for children, but also shape those results with better insights about what’s working, what’s not, which children are thriving and which are being left behind.

**Improving access to child health services at the community level in Zambia: a country case study on progress in child survival, 2000–2013**

by Aaron M Kipp, Margaret Maimbolwa, Marie A Brault et al.
Health Policy Plan (2017) 32 (5): 603-612
10 pp. 318 kB


The authors undertook a four country study to examine barriers and facilitators of child survival prior to 2015, seeking to better understand variability in success across countries. The current analysis presents indicator, national document, and qualitative data from key informants and community women describing the factors that have enabled Zambia to successfully reduce under-five mortality over the last 15 years and achieve MDG#4.

**Continuous positive airway pressure for children with undifferentiated respiratory distress in Ghana: an open-label, cluster, crossover trial**

by Patrick T Wilson, Frank Baiden, Joshua C Brooks et al.
The Lancet Global Health, Vol. 5, No. 6, e615–e623, June 2017
9 pp. 596 kB
In low-income and middle-income countries, invasive mechanical ventilation is often not available for children at risk of death from respiratory failure. The authors aimed to determine if continuous positive airway pressure (CPAP), a form of non-invasive ventilation, decreases all-cause mortality in children with undifferentiated respiratory distress in Ghana. They conclude that in the unadjusted analysis the use of CPAP did not decrease all-cause 2-week mortality in children 1 month to 5 years of age with undifferentiated respiratory distress. After adjustment for study site, time, and clinically important variables, 2-week mortality in the CPAP group versus the control group was significantly decreased in children 1 year of age and younger. CPAP is safe and improves respiratory rate in a non-tertiary setting in a lower-middle-income country.

From Paper to Practice: Sexuality Education Policies and Their Implementation in Kenya

The African Population and Health Research Center (APHRC) in conjunction with the Guttmacher Institute conducted a study on sexuality education conducted in 78 secondary schools in Kenya. At a time when the Kenyan curriculum is under review by the Kenya Institute of Curriculum Development, this study provides evidence and an opportunity for policymakers and decision makers to explore how best to improve the comprehensiveness of existing curricula, in order to better equip adolescents with the information and skills they need to achieve healthy sexual and reproductive lives, prevent sexual violence and avoid negative health outcomes.

Should they also have babies? Community attitudes toward sexual and reproductive rights of people living with HIV/AIDS in Nigeria

People living with HIV have the right to healthy, satisfying sex lives and to appropriate services to ensure their sexual and reproductive health, including having healthy children. The reproductive rights of people living with HIV/AIDS are however, often met with skepticism and discrimination, despite recent advances in HIV treatment. There is a need for effective, culturally-appropriate information, education and communication approaches to improving community perceptions of sexual and reproductive rights of people living with HIV/AIDS.
**HIV, Tuberculosis & Malaria**

**Building Resilient and Sustainable Systems for Health through Global Fund Investments**

26 pp. 752 kB  
https://www.theglobalfund.org/media/4759/core_resilientsustainablesystemsforhealth_infonote_en.pdf

The Global Fund to Fight AIDS, Malaria and Tuberculosis has released new guidelines for operational research funding as part of overall efforts to build resilient and sustainable systems for health. Explicit reference to operational research in the guidelines gives countries clear direction on the value of this type of research from one of the biggest funders of disease control programmes.

**Survival of HIV-positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies**

The Antiretroviral Therapy Cohort Collaboration  
The Lancet HIV 2017 - Published Online May 10, 2017  
9 pp. 600 kB  

Health care for people living with HIV has improved substantially in the past two decades. Robust estimates of how these improvements have affected prognosis and life expectancy are of utmost importance to patients, clinicians, and health-care planners. The authors conclude that even in the late ART era, survival during the first 3 years of ART continues to improve, which probably reflects transition to less toxic antiretroviral drugs, improved adherence, prophylactic measures, and management of comorbidity. Prognostic models and life expectancy estimates should be updated to account for these improvements.

**Zambian Peer Educators for HIV Self-Testing (ZEST) study: rationale and design of a cluster randomised trial of HIV self-testing among female sex workers in Zambia**

by Catherine E Oldenburg, Katrina F Ortblad, Michael M Chanda et al.  
BMJ Open 2017;7:e014780  
12 pp. 1.4 MB  
http://bmjopen.bmj.com/content/7/4/e014780.full.pdf

HIV testing and knowledge of status are starting points for HIV treatment and prevention interventions. Among female sex workers (FSWs), HIV testing and status knowledge remain far from univer-
HIV self-testing (HIVST) is an alternative to existing testing services for FSWs, but little evidence exists how it can be effectively and safely implemented. Here, the authors describe the rationale and design of a cluster randomised trial designed to inform implementation and scale-up of HIVST programmes for FSWs in Zambia.

**A universal testing and treatment intervention to improve HIV control: One-year results from intervention communities in Zambia in the HPTN 071 (PopART) cluster-randomised trial**

by Richard Hayes, Sian Floyd, Ab Schaap et al.

[PLoS Medicine](http://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1002292&type=printable)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets require that, by 2020, 90% of those living with HIV know their status, 90% of known HIV-positive individuals receive sustained antiretroviral therapy (ART), and 90% of individuals on ART have durable viral suppression. The HPTN 071 (PopART) trial is measuring the impact of a universal testing and treatment intervention on population-level HIV incidence in 21 urban communities in Zambia and South Africa. In this analysis, acceptance of HIV testing among those consenting to the intervention was high, although linkage to care and ART initiation took longer than expected. Knowledge of HIV-positive status increased steeply after 1 y, almost attaining the first 90 target in women and approaching it in men. The second 90 target was more challenging, with approximately three-quarters of known HIV-positive individuals on ART by the end of the annual round.

**Towards more accurate HIV testing in sub-Saharan Africa: a multi-site evaluation of HIV RDTs and risk factors for false positives**

by Cara S Kosack, Anne-Laure Page, Greet Beelaert et al.


In this first systematic head-to-head evaluation of the most widely used HIV rapid diagnostic tests (RDTs), individual RDTs performed more poorly than in the WHO evaluations: only one test met the recommended thresholds for RDTs of ≥99% sensitivity and ≥98% specificity. By performing all tests in a centralized setting, the authors show that these differences in performance cannot be attributed to study procedure, end-user variation, storage conditions, or other methodological factors. These results highlight the existence of geographical and population differences in individual HIV RDT performance and underscore the challenges of designing locally validated algorithms that meet the latest WHO-recommended thresholds.
Guidelines for the treatment of drug-susceptible tuberculosis and patient care, 2017 update

by Holger Schünemann, Si Thu Aung, Frank Bonsu et al.
World Health Organization, 2017
80 pp. 501 kB
http://apps.who.int/iris/bitstream/10665/255052/1/9789241550000-eng.pdf

The update of the Guidelines is important in the context of the End Tuberculosis (TB) Strategy, which recommends treatment and patient support for all people with TB. This update by WHO aims to use the best available evidence on the treatment of drug-susceptible TB and interventions to ensure adequate patient care and support in order to inform policy decisions made in these technical areas by national TB control programme managers, national policy-makers and medical practitioners in a variety of geographical, economic and social settings.

Projected spread of drug-resistant tuberculosis threatens elimination targets

by Joanne Lu
Humanosphere, 10 May 2017
Read online at:

Drug-resistant tuberculosis is projected to spread over the next 20 years in four countries that already have a high burden of the disease: Russia, India, the Philippines and South Africa. The expected rise in cases jeopardizes elimination targets set by the World Health Organization (WHO). A new study by the U.S. Centers for Disease Control and Prevention projected that by 2040, one-third of tuberculosis (TB) cases in Russia will likely be drug-resistant. One in 10 cases in India and the Philippines will be drug-resistant as well, while one in 20 cases will be drug-resistant in South Africa. These four countries represent a wide range of epidemiological conditions, and nearly 40 percent of all drug-resistant TB already occurs within their borders – more than 230,000 cases in 2015.

An overview of tuberculosis and migration

by P. Dhavan, H. M. Dias, J. Creswell et al.
The International Journal of Tuberculosis and Lung Disease, Vol. 21, Nr. 6, 1 June 2017, pp. 610–623(14)
15 pp. 1.0 MB
http://www.ingentaconnect.com/content/iuatld/ijtld/2017/00000021/00000006/art00005

This article is the first in the State-of-the-Art series of the International Journal of Tuberculosis and Lung Disease on TB and migration. It provides an overview of migration trends, migration pathways and social determinants, and impact on TB. It outlines a framework for the pre-
vention and reduction of the TB burden among migrants, adapted from the World Health Organization's End TB Strategy, and in accordance with the Stop TB Partnership's Global Plan and the Sustainable Development Goals (SDGs) agenda. The framework highlights the need for migrant-inclusive national TB plans, and calls for action across all three pillars of the End TB Strategy for migrant-sensitive care and prevention, bold intersectoral policies and systems supportive of migrants, and operational research.

**Recurrent Tuberculosis and Associated Factors: A Five-Year Countrywide Study in Uzbekistan**

by Jamshid Gadoev, Damin Asadov, Anthony D. Harries et al.

PLoS ONE 12(5): e0176473 - Published: May 4, 2017

12 pp. 750 kB

http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0176473&type=printable

In Uzbekistan, despite stable and relatively high tuberculosis treatment success rates, relatively high rates of recurrent tuberculosis have recently been reported. Recurrent tuberculosis is when a patient who was treated for pulmonary tuberculosis and cured, later develops the disease again. This requires closer analysis to identify possible causes and recommend interventions to improve the situation. Using countrywide data, this study aimed to analyse trends in recurrent tuberculosis cases and describe their associations with socio-demographic and clinical factors.

**Malaria prevention and treatment using educational animations: A case study in Kakamega County, Kenya**

by Julia Bello, Anne N Lutomia, Bheki M. Mbhekiseni et al.


17 pp. 443 kB

http://ijedict.dec.uwi.edu/include/getdoc.php?id=7158&article=2245&mode=pdf

This study looks at knowledge on malaria prevention and treatment among peri-urban communities in Western Kenya. Through a study on the use of animated videos as an informal educational tool, the authors examined baseline knowledge, sources of knowledge, and learning gains on a range of knowledge points on malaria prevention and treatment. The study has two significant findings: 1) participants in this study had relatively high levels of knowledge on malaria before the video intervention and therefore pre versus post intervention surveys found very minimal learning gains, and 2) a significant correlation between Internet usage and baseline knowledge on malaria among the mostly literate sample population. Findings from this study can guide future malaria prevention and education efforts in Kenya and other developing nations.
Cost-effectiveness analysis of malaria rapid diagnostic tests for appropriate treatment of malaria at the community level in Uganda

by Kristian S Hansen, Richard Ndyomugyenyi, Pascal Magnussen et al.
Health Policy Plan (2017) 32 (5): 676-689
14 pp. 560 kB

The present study was a cost-effectiveness analysis of the introduction of malaria rapid diagnostic tests (mRDTs) performed by community health workers (CHWs) in two areas of moderate-to-high and low malaria transmission in rural Uganda. The use of mRDTs by CHWs improved the targeting of artemisinin-based combination therapy (ACTs) to children with malaria and was likely to be considered a cost-effective intervention compared to a presumptive diagnosis in the moderate-to-high transmission area. In contrast to this, in the low transmission area with low attendance, RDT use by CHWs was not a low cost intervention.

Evaluation of the utility value of three diagnostic methods in the detection of malaria parasites in endemic area

by Uchenna Iyioku Ugah, Moses Nnaemeka Alo, Jacob Oluwabusuyi Owolabi et al.
Malaria Journal 2017;16:189 - Published: 6 May 2017
8 pp. 1.1 MB
https://malariajournal.biomedcentral.com/track/pdf/10.1186/s12936-017-1838-4?site=malariajournal.biomedcentral.com

Microscopic method using Giemsa-stained blood film has been the mainstay of diagnosis of malaria. However, since 1993 when rapid diagnostic test (RDT) kits were introduced, they have proved to be effective in the diagnosis of malaria. This study was aimed at comparing the accuracy of microscopy and RDTs in the diagnosis of malaria using nested PCR as the reference standard. This study recommends that the policy of malaria diagnosis be changed such that the routine diagnosis of malaria is done by a combination of both microscopy and a RDT kit of high sensitivity and specificity so as to complement the errors associated with either of the methods.

What happened to anti-malarial markets after the Affordable Medicines Facility-malaria pilot? Trends in ACT availability, price and market share from five African countries under continuation of the private sector co-payment mechanism

by ACTwatch Group, Sarah Tougher, Kara Hanson and Catherine Goodman
Malaria Journal 2017;16:173 - Published: 25 April 2017
18 pp. 1.5 MB
https://malariajournal.biomedcentral.com/track/pdf/10.1186/s12936-017-1814-z?site=malariajournal.biomedcentral.com

hesp-news-briefing Issue 10/2017
The private sector supplies anti-malarial treatment for large proportions of patients in sub-Saharan Africa. Following the large-scale piloting of the Affordable Medicines Facility-malaria (AMFm) from 2010 to 2011, a private sector co-payment mechanism (CPM) provided continuation of private sector subsidies for quality-assured artemisinin combination therapies (QAACT). This article analyses for the first time the extent to which improvements in private sector QAACT supply and distribution observed during the AMFm were maintained or intensified during continuation of the CPM through 2015 in Kenya, Madagascar, Nigeria, Tanzania and Uganda using repeat cross-sectional outlet survey data.

Limitations of Rapid Diagnostic Testing in Patients with Suspected Malaria: A Diagnostic Accuracy Evaluation from Swaziland, a Low-Endemicity Country Aiming for Malaria Elimination

by Nikhil Ranadive, Simon Kunene, Sarah Darteh et al.
Clin Infect Dis (2017) 64 (9): 1221-1227 - Published: 27 March 2017
7 pp. 343 kB

In the low-transmission setting of Swaziland, the authors demonstrated low sensitivity of Rapid Diagnostic Tests (RDTs) for malaria diagnosis, owing to an unexpectedly high proportion of low-density infection among symptomatic subjects. The positive predictive value (PPV) was also low, requiring further investigation. A more accurate point-of-care diagnostic may be needed to support malaria elimination efforts.

Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

Motorcycles, Cell Phones, and Electricity Can Dramatically Change the Epidemiology of Infectious Disease in Africa

by Jean-Christophe Lagier, Cheikh Sokhna, Didier Raoult
2 pp. 716 kB
http://www.ajtmh.org/deliver/fulltext/14761645/96/5/1009.pdf?itemId=/content/journals/10.4269/ajtmh.16-0290&mimeType=pdf&containerItemId=content/journals/14761645

Some observations and recent publications demonstrated, particularly in Africa, the potential influence that low-cost motorcycles, cell phones, and even widespread electrification could have on the evolution of infectious diseases, particularly zoonoses. Our reflections support the conclusion that we should focus on the real-time surveillance systems including alerting systems leading to a rapid and flexible response rather than the strongly limited modelling of infectious diseases because of the...
continuous evolution of microorganisms, as well as changes in the environment and human habits that are unpredictable.

Strategic Communication for Zika Prevention: A Framework for Local Adaptation

by Alice Payne Merritt, Gabrielle Hunter, Anne Ballard et al.
Johns Hopkins Center for Communication Programs, updated: January 2017
79 pp. 2.1 kB

This adaptable framework provides step-by-step guidance and illustrative content for creating a strategic communication strategy to communicate accurately and effectively about Zika risk and prevention in an easy-to-understand and comprehensive format. It builds on the messaging developed in the United Nations International Children’s Emergency Fund (UNICEF) Risk Communication and Community Engagement for Zika Virus Prevention and Control guidance, and is intended to guide country-level communication strategies.

Learning from the Ebola Response in cities: Communication and engagement

by Leah Campbell and Luisa Miranda Morel
ALNAP Working Paper, 2017
21 pp. 343 kB

This paper explores the urban-specific challenges of the Ebola Virus Disease (EVD) epidemic in West Africa. It describes how humanitarians communicated and engaged with urban stakeholders in Liberia, Guinea and Sierra Leone. It focuses in particular on how humanitarians navigated urban notions of community, a dense and mobile population, participation in an environment of little trust and other related issues. In doing so, it identifies learning to take forward into future urban public health crises.

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

What drives and constrains effective leadership in tackling child undernutrition? Findings from Bangladesh, Ethiopia, India and Kenya

by Nicholas Nisbett, Elise Wach, Lawrence Haddad et al.
Food Policy 53 (2015) 33–45
13 pp. 1.3 MB

hesp-news-briefing Issue 10/2017
Strong leadership has been highlighted as a common element of success within countries that have made rapid progress in tackling child and maternal undernutrition. Yet little is known of what contributes to nutrition leaders’ success or lack of it in particular policy environments. This study of 89 individuals identified as influential within child and maternal undernutrition policy and programming in Bangladesh, Ethiopia, Kenya and India sheds light on why particular individuals have been effective in contributing towards positive changes in nutrition policy, and how they operate in the wider policy/political sphere.

**Stories of Change in Nutrition: An Overview**

by Stuart Gillespie, Mara van den Bold, the Stories of Change Study Team

Global Food Security xxx (xxxx) xxx–xxx

11 pp. 215 kB


After a period of relative success in generating political momentum to address malnutrition, there is an increasing urgency to focus on implementation and impact on the ground. This requires better documentation of the experiences of policymakers, nutrition leaders, program managers and implementers in making decisions on what to do in real time, such as coordinating and implementing multisectoral nutrition plans in dynamic country contexts. The goal of the Stories of Change (SoC) initiative is to foster and support such experiential learning by systematically assessing and analysing drivers of change in six high-burden contexts (Ethiopia, Zambia, Senegal, Bangladesh, Nepal and Odisha, India) that have had some success in accelerating improvements in nutrition. While recognising context-specificity, here the authors unpack the key pre-requisites (commitment, coherence, accountability, data, leadership, capacity and finance) that fuel and sustain progress.

**Underweight, Stunting and Wasting among Children in Kilimanjaro Region, Tanzania; a Population-Based Cross-Sectional Study**

Melina Mgongo, Nikolas A. S. Chotta, Tamara H. Hashim et al.


12 pp. 423 kB

http://www.mdpi.com/1660-4601/14/5/509/pdf

This study assessed the prevalence and risk factors associated with underweight, stunting and wasting among children aged 0–24 months in six districts of Kilimanjaro region, northern Tanzania. The prevalence of children classified as underweight was 46.0%, stunting was 41.9%, and wasting was 24.7%. About 33% were both underweight and stunted, and 12% had all three conditions. The preva-
lence of child undernutrition is high in this region. Strategies that target each risk factor for child undernutrition may help to reduce the problem in the region.

**Early Childhood Obesity Prevention Policies**

Editors: Leann L. Birch, Lynn Parker, and Annina Burns
Institute of Medicine; Early Childhood Obesity Prevention Policies; Committee on Obesity Prevention Policies for Young Children, 2011
203 pp. 2.9 MB
https://download.nap.edu/cart/download.cgi?record_id=13124

Childhood obesity is a serious health problem that has adverse and long-lasting consequences for individuals, families, and communities. The magnitude of the problem has increased dramatically during the last three decades and, despite some indications of a plateau in this growth, the numbers remain stubbornly high. Efforts to prevent childhood obesity to date have focused largely on school-aged children, with relatively little attention to children under age 5. However, there is a growing awareness that efforts to prevent childhood obesity must begin before children ever enter the school system.

**Low Urinary Iodine Concentration among Mothers and Children in Cambodia**

by Arnaud Laillou, Prak Sophonneary, Khov Kuong et al.
Nutrients 2016, 8(4), 172; 11 pp. 231 kB

A 2014 national assessment of salt iodization coverage in Cambodia found that 62% of samples were non-iodized, suggesting a significant decline in daily iodine intakes. Iodine status was significantly lower among mothers and children living in rural areas, belonging to the poorest socioeconomic category, or living in a household not using iodized salt. The limited enforcement of the legislation for iodized salt has resulted in a major decrease in the prevalence of iodized salt, which in turn has compromised iodine status in Cambodia. It is essential for the government to enhance enforcement of the iodized salt legislation, and implement short term strategies, such as iodine supplementation, to prevent an increase of severe complications due to iodine deficiency in the Cambodian population.

**Smoking prevalence and attributable disease burden in 195 countries and territories, 1990–2015: a systematic analysis from the Global Burden of Disease Study 2015**

by GBD 2015 Tobacco Collaborators
22 pp. 19.7 MB(!)
The scale-up of tobacco control, especially after the adoption of the Framework Convention for Tobacco Control, is a major public health success story. Nonetheless, smoking remains a leading risk for early death and disability worldwide, and therefore continues to require sustained political commitment. The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) offers a robust platform through which global, regional, and national progress toward achieving smoking-related targets can be assessed.

**Does targeting children with hygiene promotion messages work?** The effect of handwashing promotion targeted at children, on diarrhoea, soil-transmitted helminth infections and behaviour change, in low- and middle-income countries

by Julie A. Watson, Jeroen H. J. Ensink, Monica Ramos et al.
Tropical Medicine and International Health, Vol 22, No 5, pp 526–538, May 2017
13 pp. 313 kB

This review found very few studies that evaluated handwashing interventions targeting children and all had various methodological limitations. It is plausible that interventions which succeed in changing children’s handwashing practices will lead to significant health impacts given that much of the attributable disease burden is concentrated in that age group. The current paucity of evidence in this area, however, does not permit any recommendations to be made as to the most effective route to increasing handwashing with soap practice among children in low- and middle-income countries (LMIC).

**Wash interventions in disease outbreak response**

by Travis Yates, Jelena V. Allen, Myriam Leandre Joseph et al.
Humanitarian Evidence Programme, Oxford, Oxfam GB, February 2017
88 pp. 1.8 MB

Water, sanitation and hygiene interventions (WASH) are commonly implemented as part of emergency response activities (i.e. in response to disease outbreaks) in low and middle-income countries. But what does the existing evidence tell us about what works? How does the use of WASH interventions reduce disease outbreaks? What are the programme design and implementation characteristics associated with more effective programmes? What is the cost effectiveness of WASH interventions in emergency outbreak situations? What are the barriers and facilitators to WASH interventions in outbreaks? This evidence synthesis identifies, synthesizes and evaluates the available evidence in order to find a response.
Achieving Quality Universal Health Coverage Through Better Water, Sanitation and Hygiene Services in Health Care Facilities: A Focus on Ethiopia

by Melissa Kleine Bingham and Arabella Hayter
World Health Organization, 2017
43 pp. 4.7 MB

http://apps.who.int/iris/bitstream/10665/255264/1/9789241512169-eng.pdf

This document provides a summary of national actions taken to advance Water, Sanitation and Hygiene (WASH) in health care facilities within the context of quality universal health care (UHC). Key successes and associated enabling factors, as well as factors which improve sustainability, are outlined. Challenges and bottlenecks are also described. Finally, a set of recommendations is provided for consideration by the Ethiopian Ministry of Health, WHO Ethiopia and WHO headquarters.

The Uncertainty Handbook: A Practical Guide for Climate Change Communicators

by Adam Corner, Stephan Lewandowsky, Mary Phillips et al.
Climate Outreach and University of Bristol, 2015
20 pp. 1.7 MB

http://www.climateoutreach.org/download/5990

This handbook outlines 12 practical principles for smarter communication about climate change uncertainties. Its purpose is to provide scientists, policymakers, and campaigners with the tools they need to communicate more effectively around climate change. The issue, according to the handbook’s creators, is that, although public debate often cites uncertainty as a reason to delay policy action, the reality is very different: Scientific papers have shown that greater scientific uncertainty provides a greater, rather than lesser, impetus for climate mitigation.

Climate Governance in Africa: A Handbook for Journalists

by Kudzai Makombe, Leonie Joubert, Dorah Marema et al.
Inter Press Service (IPS) Africa and Heinrich Böll Foundation (HBF) Southern Africa, 2013
64 pp. 1.4 MB

https://ke.boell.org/sites/default/files/climategovernancehandbook_2.pdf

This handbook offers insights and knowledge about climate governance issues affecting the African continent. It was produced to provide a quick reference for journalists on what are often complex climate governance issues and includes examples of news features that speak to these issues, highlighting why these stories work.

Health System Governance, Health Workforce, Health Information Systems and Digital Health
Learning Across Health Systems: Literature Review of International Health Policy Transfer Processes

by Barbara McPake, Charity Jensen, Alex Jones
Oxford Policy Management Ltd., May 2017
28 pp. 446 kB

http://health.bmz.de/services/newsletter_related/HESP-related-Documents/Learning-for-Action-Across-Health-Systems.pdf

Learning across health systems is an emerging field of research in policy and international relations. The transfer of health policies between countries has been identified as a significant trend in the development of effective health services in low- and middle-income countries. As such, it is important to understand how and why health policy transfer takes place and the processes which facilitate and hinder transfer. Policy transfer is encouraged by collaboration between stakeholders on a global level, contextualisation of policies to fit changing socio-political environments, and effective mobilisation of policy networks and resources. There is a growing base of literature addressing processes for international health policy transfer, which this review aims to summarise.

Enhancing the role of community health nursing for universal health coverage

Human Resources for Health Observer Series No. 18
by Kathy Fritsch, Margaret Phiri, Silvina Malvarez et al.
World Health Organization, 2017
32 pp. 530 kB

http://apps.who.int/iris/bitstream/10665/255047/1/9789241511896-eng.pdf

Community health nurses (CHNs) have the potential to make significant contributions to meet the health care needs of various population groups in a variety of community settings. In order to assess the extent to which CHNs are achieving this potential, WHO conducted a study between 2010 and 2014 that examined the status of community health nursing in 22 countries, 13 of which were experiencing a critical shortage of health care workers. The major challenges identified were: Limited availability of career opportunities; poor worker retention; low recognition for CHNs; inadequate and unsupportive working conditions and environments; absence of educational standards; varying educational entry-level requirements for CHN programmes; and a lack of consensus on the scope of practice for CHNs.

Looking through a social lens: conceptualising social aspects of knowledge management for global health practitioners

by Rupali J. Limaye, Tara M. Sullivan, Scott Dalessandro et al.
Journal of Public Health Research 2017; Volume 6:761
7 pp. 648 kB

Managing knowledge is essential for improving population health outcomes. Global health practitioners at all levels of the health system are bombarded with information related to best practices and guideline changes, among other relevant information to provide the best quality of care. Knowledge management, or the act of effectively using knowledge, has yet to capitalize on the power of social connections within the context of global health. While social elements have been incorporated into knowledge management activities, the authors suggest that systematically integrating key concepts that leverage social connections, such as social systems, social capital, social learning, and social software, will yield greater benefit with regard to health outcomes.

What is open peer review? A systematic review

“Open peer review” (OPR), despite being a major pillar of Open Science, has neither a standardized definition nor an agreed schema of its features and implementations. The literature reflects this, with a myriad of overlapping and often contradictory definitions. Based on this work, the author proposes a pragmatic definition of open peer review as an umbrella term for a number of overlapping ways that peer review models can be adapted in line with the ethos of Open Science, including making reviewer and author identities open, publishing review reports and enabling greater participation in the peer review process.

What might peer review look like in 2030?

The publication examines how peer review can be improved for future generations of academics and offers key recommendations to the academic community. The report is based on the lively and progressive sessions at the SpotOn London conference held at Wellcome Collection Conference centre in November 2016. It includes a collection of reflections on the history of peer review, current issues such as sustainability and ethics, while also casting a look into the future including advances such as preprint servers and Artificial Intelligence (AI) applications. The contributions cover perspectives from the researcher, a librarian, publishers and others.
Revolutionizing global health

by Daniel de Wolff
Massachusetts Institute of Technology (MIT) Industrial Liaison Program, April 26, 2017
Read online at:

In more than 20 years working on wireless sensors and radio frequency identification (RFID), MIT research scientist Richard Fletcher has produced several start-ups and over a dozen patents. He directs the Mobile Technology Group at MIT D-Lab, which develops a variety of mobile sensors, analytic tools, and diagnostic algorithms to study problems in global health and behaviour medicine. Utilizing mobile technologies - which include smartphones, wearable sensors, and the so-called internet of things - his group applies these technologies to real-world social problems with global implications. These issues involve a variety of areas, such as environmental monitoring and air pollution, agriculture, farming, and global health.

Prepare for the Digital Health Revolution

by Sy Mukherjee
Fortune Health, April 20, 2017
Read online at:

The business of medicine is inefficient, expensive, and ripe for disruption. Here are 21 companies that are using technology to reinvent it - and to change our lives in the process. The business of medicine is quite literally one of life and death. This is what sets health care apart from other industries. And throughout much of the world, it remains a messy, inefficient, expensive sector in need of radical reform.

Access to Medical Products, Vaccines and Technologies

Fair Pricing Forum

World Health Organization, 2017
This is a report of the proceedings of the informal WHO Advisory Group meeting on fair pricing that met on 22–24 November 2016 at WHO headquarters in Geneva, Switzerland. The meeting was to discuss challenges in the current system of pricing medicines and provide advice to WHO on how to move forward with organizing a Fair Pricing Forum. The group discussed a number of background papers that were produced for the meeting. This report provides a summary of the deliberations.

**Antimicrobial Testing Leadership and Surveillance**

[https://atlas-surveillance.com/#/login](https://atlas-surveillance.com/#/login)

Pfizer has launched the Antimicrobial Testing Leadership and Surveillance (ATLAS) website, which is designed to provide physicians and the global health community with easy access to critical data on the efficacy of various antibiotic treatments and emerging resistance patterns across more than 60 countries. Understanding evolving bacterial resistance patterns is a key element in managing the rise of antimicrobial resistance. To that end, ATLAS can not only help physicians select the most appropriate treatment choices for their patients, but also enable global health authorities to develop data-driven antimicrobial resistance mitigation strategies.

**A New Handheld Device for the Detection of Falsified Medicines: Demonstration on Falsified Artemisinin-Based Therapies from the Field**

by Benjamin K. Wilson, Harparkash Kaur, Elizabeth Louise Allan et al.


7 pp. 1.0 MB

[http://www.ajtmh.org/deliver/fulltext/14761645/96/5/1117.pdf?itemId=/content/journals/10.4269/ajtmh.16-0904&mimeType=pdf&containerItemId=content/journals/14761645](http://www.ajtmh.org/deliver/fulltext/14761645/96/5/1117.pdf?itemId=/content/journals/10.4269/ajtmh.16-0904&mimeType=pdf&containerItemId=content/journals/14761645)

Poor-quality medicines are a major problem for health-care systems in resource-poor settings as identifying falsified medicines requires a complex laboratory infrastructure such as a Medicines Quality Control Laboratory. The authors report here an evaluation of a low-cost, handheld near-infrared spectrometer (NIRS) device by analyzing a library of artemisinin-based combination therapy (ACT) medicines to determine its usefulness as a drug-screening tool. The NIRS device was successful at detecting falsified medicines in all cases where the library contained both quality assured and falsified medicines of the same stated brand of medicines. This work reveals that this low-cost, portable NIRS device is promising for screening ACTs for falsified samples and could enable widespread drug screening at all points of the health system.
Antibiotic resistance has a language problem

by Marc Mendelson, Manica Balasegaram, Tim Jinks et al.
Nature 545, 23–25 (04 May 2017)
Read online at:
http://www.nature.com/news/antibiotic-resistance-has-a-language-problem-1.21915

Clinicians have long known that microbes such as bacteria, viruses and fungi are becoming alarmingly resistant to the medicines used to treat them. But a global response to this complex health threat — commonly termed ‘antimicrobial resistance’ — requires engagement from a much broader array of players, from governments, regulators and the public, to experts in health, food, the environment, economics, trade and industry. People from these disparate domains are talking past each other. Many of the terms routinely used to describe the problem are misunderstood, interpreted differently or loaded with unhelpful connotations. The interchangeable use of terms by the press and by scientists in publications and meetings is likely to be counterproductive in all sorts of contexts.

The year in review - New drugs and new indications in 2016: a system that favours imitation over the pursuit of real progress

Prescrire International, May 2017, Volume 26, N° 182
4 pp. 157 kB

Little therapeutic progress was made in 2016, yet many medicines with no clinical value, uncertain efficacy or an unfavourable harm-benefit balance were authorised. This is due at least in part to the current system that drives pharmaceutical research and development. The primary focus is neither on patients’ needs nor on delivering genuine therapeutic advances at affordable prices.

An open source pharma roadmap

by Manica Balasegaram, Peter Kolb, John McKew et al.
8 pp 491 kB
This Essay outlines how open source methods of working could be applied to the discovery and development of new medicines. There are many potential advantages of an open source approach, such as improved efficiency, the quality and relevance of the research, and wider participation by the scientific and patient communities; a blend of traditional and innovative financing mechanisms will have to be adopted. To evaluate properly the effectiveness of an open source methodology and its potential as an alternative model of drug discovery and development, the authors recommend that new projects be trialled and existing projects scaled up.

Human papillomavirus vaccines: WHO position paper, May 2017

Weekly Epidemiological Record, No 19, 92, 241–268, 12 May 2017
28 pp. 655 kB

This document replaces the 2014 WHO position paper on vaccines against diseases caused by human papillomaviruses (HPV). It focuses primarily on the prevention of cervical cancer, but also considers the broader spectrum of cancers and other diseases preventable by HPV vaccination. It incorporates recent developments concerning HPV vaccines, including the licensure of a nonavalent (9-valent) vaccine and recent data on vaccine effectiveness, and provides guidance on the choice of vaccine. New recommendations are proposed regarding vaccination strategies targeting girls only or both girls and boys, and vaccination of multiple birth cohorts.

Commentary: Embrace the facts about vaccines, not the myths

by Flavia Bustreo
Assistant Director-General for Family, Women’s and Children’s Health at WHO and co-Chair of the Gavi Board, 26 April 2017

Read online at:

Immunization is actually one of the most incredible scientific innovations, and has contributed hugely to preventing deaths - mostly of children - and to dramatic rises in life expectancy and economic development. Every US$ 1 invested in immunization returns an estimated US$ 16 in health-care savings and increased economic productivity. Despite all the fantastic advances in immunization over recent decades, 1.5 million children still die annually from vaccine-preventable diseases. And not all of our advances are secure. Last year 25 countries reported a net decrease in immunization coverage since 2010.
Global atlas of medical devices

WHO medical devices technical series
by Adriana Velazquez Berumen, Steffen Groth, Gilles Forte et al.
World Health Organization, 2017
480 pp. 11.6 MB
http://apps.who.int/iris/bitstream/10665/255181/1/9789241512312-eng.pdf

The Global Atlas of Medical Devices offers a new perspective on the global status of national medical device policies and the availability of medical device information, regulations, assessments, procurement and donation guidelines, as well as the density of high cost medical equipment and guidance documents available at country level. The aim of this publication is to raise awareness and bring evidence of the indispensable safe and good use of appropriate, affordable and quality medical devices in health care delivery to achieve better health outcomes.

Management and Quality of Health Services and Facilities

South Africa District Health Barometer 2015/16

by N Massyn, N Peer, R English et al.
Health Systems Trust, South Africa, 2016
626 pp. 15.6 MB

The District Health Barometer (DHB) 2015/16, in its 11th edition, seeks to highlight, health system performance, inequities in health outcomes, and health-resource allocation and delivery, and to track the efficiency of healthcare delivery processes across all provinces and districts in South Africa. It has become a planning and management resource for health service providers, managers, researchers and policy-makers. This DHB contains 44 indicators, with trend illustrations and health profiles across South Africa’s nine provinces and 52 health districts. It includes a chapter on the burden of disease, as well as seven additional indicators, including: inpatient under 5 years death rate, percentage of ideal clinics, percentage of assessed PHC facilities with patients who have access to a medical practitioner and the MDR-TB treatment success rate.

The health system in Portugal: the challenge of health inequalities and financial sustainability

by Jorge de Almeida Simões, Gonçalo Figueiredo Augusto, Inês Fronteira et al.
European Observatory on Health Systems and Policies, 2017
211 pp. 2.3 MB
While overall health indicators for Portugal have notably improved in recent years, they still hide significant health inequalities, which are mostly related to health determinants, such as child poverty, mental health and quality of life. Even though the Portuguese National Health Service (NHS) is universal, comprehensive and almost free at point of delivery, there are also inequities in the access to health care, mostly related to geography, income and health literacy. The so-called health subsystems, the special health insurance schemes for particular professions or companies that exist next to the NHS as well as private voluntary health insurance, provide easier access for certain groups.

10 Ways to improve the quality of care in health facilities

World Health Organization, 2017
Read online at:

There is increasing global awareness that good quality care is key to keeping mothers and babies alive and well. Today, each year there are 303 000 deaths of women during pregnancy and childbirth, 2.6 million stillbirths, and 2.7 million deaths of babies during the first 28 days of life. Better care can prevent many of these deaths. This photo story describes some of WHO’s recommendations on how countries can improve quality of care in their health facilities and prevent maternal and newborn deaths, based on its standards for improving quality of maternal and newborn care in health facilities.

Clinical management of children with fever: a cross-sectional study of quality of care in rural Zambia

by Karsten Lunze, Godfrey Biemba, J Joseph Lawrence et al.
10 pp. 549 kB
http://www.who.int/bulletin/volumes/95/5/16-170092.pdf?ua=1

With this study, the authors aimed to evaluate current practices and standards of care for childhood febrile illness at different levels of the health-care system, in Southern Province, Zambia. They conclude that various health system challenges resulted in a substantial proportion of children receiving insufficient management and treatment of febrile illness. Interventions are needed including strengthening the availability of commodities and improving diagnosis and treatment of febrile illness.
Consumer satisfaction with tertiary healthcare in China: findings from the 2015 China National Patient Survey

by Jing Sun, Guangyu Hu, Jing Ma et al.
9 pp. 415 kB

Chinese hospitals need to pay more attention to offering more humane care to patients, hospital environment and process management improvement, reducing waiting times for seeing doctors and outpatient testing, and improving amenity services such as better food in the wards.

Universal Health Coverage, Health Financing and Social Health Protection

Public financial management and health service delivery: necessary, but not sufficient?

by Bryn Welham, Tom Hart, Shakira Mustapha et al.
Overseas Development Institute (ODI), April 2017
56 pp. 3.3 MB

The issues of public financial management (PFM) and healthcare have long been of interest to the development policy community. Both issues are relatively well discussed and studied in their own right, but the relationship between them is comparatively under-theorised and under researched. More recently, the debates in both policy fields have started to place more of a premium on understanding the links between the two issues. To support this closer alignment, this research report looks in more detail at the theoretical and empirical links between these two concepts, predominantly from a PFM perspective.

The cost of free health care for all Kenyans: assessing the financial sustainability of contributory and non-contributory financing mechanisms

by Vincent Okungu, Jane Chuma and Di McIntyre
Int J Equity Health. 2017; 16: 39 - Published online 2017 Feb 27
13 pp. 1.2 MB
https://wwwncbinlmnihgov/pmc/articles/PMCS327514pdf/12939_2017_Article_535pdf

The need to provide quality and equitable health services and protect populations from impoverishing health care costs has pushed universal health coverage (UHC) to the top of global health policy agenda. In many developing countries where the majority of the population works in the informal sector, there are critical debates over the best financing mechanisms to progress towards UHC. In
Kenya, government health policy has prioritized contributory financing strategy (social health insurance) as the main financing mechanism for UHC. However, there are currently no studies that have assessed the cost of either social health insurance (SHI) as the contributory approach or an alternative financing mechanism involving non-contributory (general tax funding) approaches to UHC in Kenya. The aim of this study was to critically assess the financial requirements of both contributory and non-contributory mechanisms to financing UHC in Kenya in the context of large informal sector populations.

How a Universal Basic Income Can Disrupt the Cycle of Poverty

by Leon Kaye
Triple Pundit, May 11th, 2017
Read online at:
http://www.triplepundit.com/2017/05/universal-basic-income-can-disrupt-cycle-poverty/

Talk of a universal basic income (UBI) has accelerated in recent months as analysts agree society needs a complete rethink when it comes to countering economic trends such as offshoring and automation. From a minor gubernatorial candidate in California floating an ambitious UBI proposal to a test pilot in Canada, momentum for UBI programs is building – but there is still much to learn.

Old Age, Unemployment and Occupational Injuries Protection

Coming of age: health-care challenges of an ageing population in Israel

by Tzvi Dwolatzky, Jenny Brodsky, Faisal Azaiza et al.
The Lancet - Published: 08 May 2017
9 pp. 956 kB

Although Israel is still young in years, with relatively high birth rates and older people (individuals aged 65 years or older) constituting only about 11% of its population, the absolute number of older people is growing rapidly. Life expectancy is high, and increasing numbers of people are living to advanced old age (older than 85 years). A wide spectrum of geriatric care is provided within a universal system providing health services to all citizens. Community and institutional care is available, and many innovative programmes are being developed.

Inclusion of People with Disabilities
Prevalence of HIV infection among people with disabilities: a population-based observational study in Yaoundé, Cameroon (HandiVIH)

by Pierre De Beaudrap, Gervais Beninguisse, Estelle Pasquier et al.
Lancet HIV 2017; 4: e161–68 - Published Online January 23, 2017
8 pp. 517 kB
http://www.thelancet.com/pdfs/journals/lanhiv/PIIS2352-3018(16)30209-0.pdf

In resource-limited settings, people with disabilities have been left behind in the response to HIV. The higher prevalence of HIV infection in people with disabilities than people without disabilities reflects a higher exposure to HIV infection as well as the presence of disability-associated HIV infection. The susceptibility of people with disabilities to HIV infection seems to be shaped by social and environmental factors. Research is needed to inform firm recommendations on how to protect this vulnerable population.

You’re disabled, why did you have sex in the first place?’ An intersectional analysis of experiences of disabled women with regard to their sexual and reproductive health and rights in Gujarat State, India

by Laura Dean, Rachel Tolhurst, Renu Khanna et al.
Global Health Action, Volume 10, 2017 - Issue sup2
11 pp. 1.1 MB

Globally, disabled people have significant unmet needs in relation to sexual and reproductive health (SRH). Disabled women in India face multiple discrimination: social exclusion, lack of autonomy with regard to their SRH, vulnerability to violence, and lack of access to SRH care. While they may face shared challenges, an intersectional perspective suggests that considering disabled women as a uniform and ‘vulnerable’ group is likely to mask multiple differences in their lived experiences.

China’s New Regulations for Persons with Disabilities Are a Good Step - but Not Enough

by Joy Chia
Open Society Foundations, April 28, 2017
Read online at:
https://www.opensocietyfoundations.org/voices/china-s-new-regulations-persons-disabilities-are-good-step-not-enough

Last year, parents at a Beijing elementary school demanded that one of the students, an eight-year-old girl with autism, be transferred. But because the rules at the time held that students must go to the school closest to their home, and because the girl’s local school said it could not meet her needs, the child - like so many children with disabilities in China - was effectively forced to go without an
education. Thanks in part to the dogged work of multiple advocacy groups supported by Open Soci-
yty Foundations, however, China now has new regulations, ones which represent a dramatic step to-
ward inclusive education. To be sure, education in China is far from inclusive; but for the first time in
generations, China’s government is recognizing the rights of children with disabilities.

Global Health Governance, Sustainable Development Goals & Development Cooperation

Coherent G20 policies towards the 2030 Agenda for Sustainable Development

Coherent G20 policies towards the 2030 Agenda for Sustainable Development by Nancy Alexander, Clara Brandi, Ram Upendra et al.
G20 Insights - Policy Briefs, April 2017
11 pp. 267 kB

Policy coherence is essential to achieve the 17 Sustainable Development Goals (SDGs) of the 2030
Agenda. The authors recommend that the G20 (a) puts policy coherence for sustainable development
(PCSD) to the forefront of its actions and (b) focuses on policy areas, where coherent actions can
make a difference. Priority should be given to (i) improved coherence in the context of trade and in-
vestment policies, (ii) a comprehensive approach towards climate policy that extends beyond climate
targets, (iii) these issues in the context of the partnership with Africa, and (iv) the policy coherence
set-up within the G20.

From Goals to Action: Implementing the Sustainable Development Goals

From Goals to Action: Implementing the Sustainable Development Goals by Asian Development Bank (ADB), May 2017
8 pp. 282 kB

This note reflects on the progress in implementing the Sustainable Development
Goals (SDGs), with a focus on Asia and the Pacific. It has been more than a year
since the SDGs were adopted, and institutions including ADB are grappling with
the demands of delivering on this ambitious new agenda. The 2030 agenda is particularly relevant in
the Asia and Pacific region, where impressive progress has been made in reducing extreme poverty,
but 330 million people in ADB developing member countries still live on less than US$ 1.90 a day.

Five steps to smarter multi-bi aid: a new way forward for earmarked finance

Five steps to smarter multi-bi aid: a new way forward for earmarked finance by Bernhard Reinsberg
Overseas Development Institute, April 2017
24 pp. 1.8 MB
Multi-bi aid – donor contributions to multilateral organisations earmarked for specific purposes – is an important channel for financing development, and is expected to grow. Yet multi-bi aid poses significant challenges for both multilateral and bilateral actors, including lack of alignment with recipient-country priorities, aid fragmentation, and increased transaction costs. This report explores the potential for smart reforms of multi-bi aid.

Time to Listen: Hearing People on the Receiving End of International Aid

by Mary B. Anderson, Dayna Brown, Isabella Jean
CDA Collaborative Learning Projects, 2012
184 pp. 2.6 MB


This book captures the experiences and voices of over 6,000 people who have received international assistance, observed the effects of aid efforts, or been involved in providing aid. Over time, across very different contexts and continents, people’s experiences with international aid efforts have been remarkably consistent. While there was a wide range of opinions on specifics, the authors were struck by the similarity in people’s descriptions of their interactions with the international aid system. Their stories are powerful and full of lessons for those who care enough to listen and to hear the ways that people on the receiving side of aid suggest it can become more effective and accountable.

Miscellaneous

Bulletin of the World Health Organization - Volume 95, Number 5, May 2017

http://www.who.int/bulletin/volumes/95/5/en/

Highlights from the May 2017 issue:

- A new funding mechanism for tuberculosis research
- Improving work conditions in medical supplies manufacture
- Preventing deaths from prescription opioids in north America
- Interview: the harms of maternal alcohol consumption during pregnancy
- Tracking inequities in mosquito-net ownership in sub-Saharan Africa
- HIV service provision by nurses in Kenya evaluated
- Assessing the quality of care for children with fever in Zambia

The latest edition of Africa Health is now available – May 2017

http://www.africa-health.com
This edition includes a report on establishing the Africa Centre for Disease Control and Prevention; William R Brieger discusses the use of chloroquine medicine for malaria, which is still being used in some countries, plus our usual mix of news, reviews, CPD Challenge, Clinical Review, Medicine Digest, and Clinical quiz.

The Annual Review of Public Health is now freely available to read, reuse, and share

Read online at:
https://annualreviewsnews.org/2017/04/06/public-health-oa/

The Annual Review of Public Health, in publication since 1980, covers significant developments in the field of public health, including key developments and issues in epidemiology and biostatistics, environmental and occupational health, social environment and behaviour, health services, and public health practice and policy. Volume 38 (2017) is available open access under a Creative Commons Attribution-ShareAlike (CC BY-SA) license, and previous volumes (1980-2016) are also free to read.

New Journal - Cities and health: an evolving global conversation

by Marcus Grant, Caroline Brown, Waleska T. Caiaffa et al.
Cities & Health, 2017
10 pp. 972 kB

Evidence increasingly demonstrates that many aspects of city and neighbourhood form, urban and transport design, and residential environments play an important role in mediating health and health equity outcomes. The new journal Cities & Health is being launched to support political, academic and technical leadership and trans-disciplinarity in this field. For this endeavour we will need to re-examine the nature of evidence required before we act; to explore how academics, policy-makers, practitioners and communities can best collaborate using the city as a laboratory for change; and to develop capacity building for healthier place-making at professional and community levels.

Health Policy and Planning Review Collections

https://academic.oup.com/heapol/pages/review_collections

The review collections are designed to draw together evidence on topics pertinent to current debates and discussions around health systems in low- and middle-income countries. They are an essential first stop for those academics, policy-
makers and health care practitioners seeking a clearer picture of what is already known on a particular topic and how their own research can build on this.

**Preventing drowning: an implementation guide**

by David Meddings, Elena Altieri, Joost Bierens et al.
World Health Organization, 2017
116 pp. 2.9 MB

[http://apps.who.int/iris/bitstream/10665/255196/1/9789241511933-eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/255196/1/9789241511933-eng.pdf?ua=1)

Each year almost 360 000 people die from drowning – over 90% of them in low- and middle-income countries. More than half of these deaths are among those younger than 25, with children aged under 5 facing the greatest risk. Drowning is the third leading cause of death worldwide for those aged from 5 to 14. Despite these tragic facts, drowning prevention gets relatively little attention and few resources. There is far more we can do to prevent drowning.

**Conflict of Interest**

Edited by Howard Bauchner and Phil B. Fontanarosa

[http://jamanetwork.com/journals/jama/currentissue](http://jamanetwork.com/journals/jama/currentissue)

While endeavouring to protect the interests and well-being of their patients and maintain professional competence, physicians may develop secondary interests such as the competition for patients and trainees, extramural research funding, and high-profile publications. Financial and other rewards of medical practice can create conflicts of interest. This issue of JAMA features 23 Viewpoint open access articles on conflict of interest for physicians in settings such as academic medicine, biomedical research, medical education, guideline development, health care management, and medical publishing. Two Editorials discuss the pervasive opportunities for conflict of interest in health care and medical journalism.

**CONFERENCES & TRAINING**

**e-Learning Course: Pneumonia**

Course Authors: Rachel Bonawitz and James Wolff
Center for Global Health and Development, April 2017
Pneumonia is a major killer of children under five years of age. Although children's mortality resulting from pneumonia has decreased in the last two decades, it is still the leading cause of death for children under five globally. In this course, you will learn what needs to be done for further reduction of this preventable disease.

**e-Learning Course on Health Financing Policy for Universal Health Coverage (UHC)**

The first e-learning course on health financing policy for universal health coverage has now been launched. This e-learning course comprises six modules which cover the core functions of health financial policy as conceptualised by WHO. Each module is divided into a number of sub-topics. This is a foundational course which targets participants of various levels of experience and expertise. The course is designed to be used in a variety of ways: as preparation for those who will attend a WHO face-to-face course, for those who are for various reasons unable to attend a face-to-face course, and for those who have already attended courses and wish to refresh their knowledge. Individual modules can also be used as part of a programme of blended capacity building.

**First “No Free Lunch” Conference**

15.-17.9.2017 Berlin / Germany

“How do conflicts of interest harm health around the world?”

We are MEZIS (“Mein Essen zahl ich selbst” — I pay for my own lunch in German), an initiative founded in 2007 of incorruptible (German speaking) doctors. Our aim is to counteract the “hug strategy” of the pharmaceutical industry.

For the conference flyer see:
https://mezis.de/wp-content/plugins/download-attachments/includes/download.php?id=6309
TIPS & TRICKS

Quick Phone Recharging Tip

Here is a quick tip for getting a smartphone or tablet that’s running low on juice up to full power as fast as possible. Switch the device to airplane mode while you are charging. This shuts off the WiFi connection and means your phone won’t use any power updating apps or receiving notification.

Airplane mode is usually found under Settings and is usually under Network connections. Don’t forget to shut airplane mode off when the phone is charged. Otherwise, you won’t be able to connect to the Internet.

Insert text in front of table at document beginning

Did it happen to you? You placed a table at the beginning of a MS WORD document and would like to insert some text before the table but you can’t move the cursor there.

Solution: Position the cursor into the first row of the table. From the Menu select: Table | Split Table and voila – an empty line has been inserted in front of the table.