

# **giz** Health, Education, Social Protection News & Notes 17/2014

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(Deutsche Gesellschaft für Internationale Zusammenarbeit)*

17 August 2014



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## HIGHLIGHTS from *Healthy DEvelopments*

*Germany's commitment to health and social protection*

*Cam Thuy Hospital's 'Vision 2020': How Vietnamese-German cooperation has helped to transform a district hospital*

More at: <http://health.bmz.de/>

## BOOKS

*The Global Innovation Index 2014: The Human Factor in Innovation*



Editors: Soumitra Dutta, Bruno Lanvin, and Sacha Wunsch-Vincent  
Cornell University, European Competitiveness Initiative (INSEAD), and  
World Intellectual Property Organization (WIPO), 2014



428 pp. 7.8 MB:

<http://www.globalinnovationindex.org/userfiles/file/reportpdf/gii-2014-v5.pdf>

To guide policies and to help overcome divides between developed and emerging economies, metrics are needed to assess innovation and policy performance. The Global Innovation Index (GII) helps to create an environment in which innovation factors are continually evaluated. It provides a key tool and a rich database of detailed metrics for 143 economies, which represent 92.9% of the world's population and 98.3% of global GDP. The chapter contributions to this report describe many strands of action in the fields of education, training, skill formation, and related areas. The index appeals to diverse groups including policy makers, business leaders, academics, and different organizations of civil society.

\* \* \*

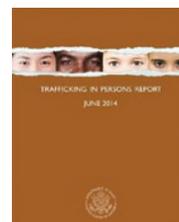
*Trafficking in Persons Report 2014*

Office to Monitor and Combat Trafficking in Persons, June 2014



Due to its large size (432 pp.) the PDF has been separated into sections for easier download at:

<http://www.state.gov/j/tip/rls/tiprpt/2014/index.htm>



Over the past fourteen years, the Trafficking in Persons (TIP) Report has documented how people from all parts of the world are victims of sex trafficking and forced labour in nearly every sector of the economy. While such abuses may seem far away, they are - in reality - very much a part of our daily lives. Many of our fruits and vegetables, clothes, electronics, and other consumer goods are products of supply chains in which exploitation is used to gain a competitive advantage in the cost of production. To break the cycle of human trafficking that forms the base of many products and goods, we must identify the critical points of supply chains where patterns of and vulnerability to forced labour exist and address the socio-economic foundations of the poverty that ensnare so many into exploitative situations.

\* \* \*

## ONLINE PUBLICATIONS

### Global Health

#### **Health impact of external funding for HIV, tuberculosis and malaria: systematic review**

by Thyra E de Jongh, Joanne H Harnmeijer, Rifat Atun et al.  
Health Policy Plan. (2014) 29 (5): 650-662 - First published online: August 5, 2013



13 pp. 296 kB:

<http://heapol.oxfordjournals.org/content/29/5/650.full.pdf+html>



Since 2002, development assistance for health has substantially increased, especially investments for HIV, tuberculosis (TB) and malaria control. The authors undertook a systematic review to assess and synthesize the existing evidence in the scientific literature on the health impacts of these investments. They conclude that despite the large number of supported programmes worldwide and despite an abundance of published studies on HIV, TB and malaria control, they identified very few eligible studies that adequately demonstrated the full process by which external funding has been translated to health impact.

\* \* \*

#### **Outcome Document - Open Working Group on Sustainable Development Goals**

Introduction to the Proposal of the Open Working Group for Sustainable Development Goals, 19 July 2014



21 pp. 467 kB:

[http://sustainabledevelopment.un.org/content/documents/4518SDGs\\_FINAL\\_Proposal%20of%20OWG\\_19%20July%20at%201320hrsver3.pdf](http://sustainabledevelopment.un.org/content/documents/4518SDGs_FINAL_Proposal%20of%20OWG_19%20July%20at%201320hrsver3.pdf)

The long wait is over. During the 13th and final session of the Open Working Group (OWG) on sustainable development goals (SDGs), held from 14 to 19 July, the 69 member countries agreed on a set of 17 SDGs and 169 associated targets. These should by no means be read as business as usual: they are more far-reaching than the MDGs both in content (they capture all three dimensions of sustainable development) and scope (they apply to both developing and developed countries). However, the proposed SDGs are by no means a clear-cut victory for the global South either, as they do not challenge the existing global power imbalances.

\* \* \*

#### **2014 World Population Data Sheet**

by Carl Haub and Toshiko Kaneda  
Population Reference Bureau (PRB), August 2014



20 pp. 1.9 MB:

[http://www.prb.org/pdf14/2014-world-population-data-sheet\\_eng.pdf](http://www.prb.org/pdf14/2014-world-population-data-sheet_eng.pdf)



PRB's World Population Data Sheet is an annual report on the world's demographic, health, and environmental progress and challenges. This year's data sheet provides de-

tailed information on 16 population, health, and environment indicators for more than 200 countries, and has a special focus on “Progress and Challenges”. For three of the indicators - infant mortality, total fertility rate, and life expectancy - data from 1970 and 2013 have been included to show trends over time. The environment indicator - carbon emissions - shows data from 1990 and 2012.

\* \* \*

### ***HIV, Universal Health Coverage and the Post-2015 Development Agenda***

A Discussion Paper

by Andrew Ball, Khalid Tinasti, Wafaa El-Sadr et al.  
World Health Organization, 2014



64 pp. 634 kB:

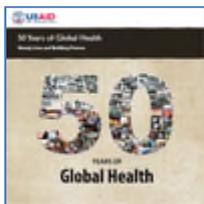
[http://apps.who.int/iris/bitstream/10665/128120/1/9789241507530\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/128120/1/9789241507530_eng.pdf)



This discussion paper describes the progress made towards achieving the MDGs, the process for developing the post-2015 development framework, the possible position of health in the framework, and the concept of universal health coverage, all with a specific focus on HIV. Particular attention is given to the relationship between universal health coverage and the HIV response. With this information, readers will be better able to take part in discussions on the post-2015 development agenda, whether at the global level, in national strategic planning, or within local constituencies and communities.

\* \* \*

### ***50 Years of Global Health: Saving Lives and Building Futures***



by Tonya Himelfarb

U.S. Agency for International Development (USAID), 2014



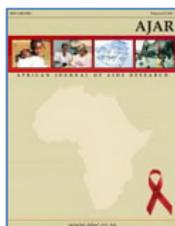
144 pp. 14.6 MB (!):

[http://pdf.usaid.gov/pdf\\_docs/PBAAA700.pdf](http://pdf.usaid.gov/pdf_docs/PBAAA700.pdf)

The chief purpose of this USAID global health history legacy report is to describe USAID's key contributions to the improvement of global health over the past 50 years. This report looks first at the establishment of USAID, its organizational structure and how that structure has supported USAID's achievements in global health. It then details USAID's key contributions to global health over each of the past five decades. The full 50-year history of USAID's involvement in each intervention appears in the chapter on the decade in which that intervention was most prominent or achieved the greatest success.

HIV - AIDS - STI

### ***The end of AIDS: Possibility or pipe dream? A tale of transitions***



by Alan Whiteside & Michael Strauss  
African Journal of AIDS Research, 13:2, 101-108



9 pp. 320 kB:

<http://www.heard.org.za/downloads/ajar-special-issue-2014/end-of-aids-possibility-or-pipe-dream-a-tale-of-transitions.pdf>

The paper contains important and innovative ideas to help in the fight against HIV and AIDS. In particular, it explores the idea of tipping points and provides ammunition for advocacy on both prevention and treatment. It explores the concept of three transition points: economic, epidemiological and programmatic. The first two have been developed and written about by others. The authors add a third transition point, namely programmatic, they argue this is an important concept, and show how it can become a powerful tool in the response to the epidemic.

\* \* \*

### ***Is PrEP Cost-Effective?***

by Mead Over and Yuna Sakuma  
Global Health Policy Blog, 6 August 2014

Read online at: <http://www.cgdev.org/blog/prep-cost-effective>

Funding Pre-Exposure Prophylaxis (PrEP) while other potentially more cost-effective HIV prevention interventions remain under-funded may have high opportunity costs by diverting resources from early ART initiation or other prevention strategies. Demonstration projects and open-label trials for PrEP continue, including one in Uganda, which may include cost-effectiveness components. Such studies of real-life field implementation will be crucial to answer the question: in a limited resource setting, what proportion of resources for treatment and prevention should be spent on PrEP?

\* \* \*

### ***The changing face of the HIV epidemic in sub-Saharan Africa***



by Portia C. Mutevedzi, and Marie-Louise Newell  
Tropical Medicine & International Health, Vol. 19, Issue 9, pp. 1015-1028,  
September 2014



14 pp. 114 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12344/pdf>

Although much has been achieved in tackling the HIV epidemic, especially in sub-Saharan Africa, with considerable support from international donors, including PEPFAR and the Global fund, much remains to be done and new challenges are emerging. The crucial goal is the prevention of transmission of HIV infection through early detection of infection immediately followed by ART, and the ultimate elimination of the HIV epidemic. For many decades, treatment of HIV-infected people will remain an important focus for both the large numbers of already infected people and as a prevention tool.

\* \* \*

### ***“Let's Talk about Sex”: A Qualitative Study of Rwandan Adolescents' Views on Sex and HIV***

by Jennifer Ilo Van Nuil, Philippe Mutwa, Brenda Asiimwe-Kateera et al.  
PLoS ONE 9(8): e102933 (5 August 2014)



6 pp. 229 kB:

<http://www.plosone.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0102933&representation=PDF>

This qualitative study explored the views and experiences of adolescents with perinatal-

ly acquired HIV in Kigali, Rwanda, regarding sex, love, marriage, children and hope for the future. The authors conclude that strengthening the life skills of HIV-positive adolescents, especially around HIV disclosure and reduction of HIV transmission, as well as the support skills of parents/caregivers, may not only reduce onward HIV transmission but also improve quality of life by reducing anxiety.

## Sexual & Reproductive Health

### ***Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda***

by Sharon Eva Ahumuza, Joseph KB Matovu, John Bosco Ddamulira et al.  
Reproductive Health 2014, 11:59 (2 August 2014)



16 pp. 74 kB:

<http://www.reproductive-health-journal.com/content/pdf/1742-4755-11-59.pdf>

Despite the universal right to access the same range, quality and standard of free or affordable health care and programs as provided to other persons, people with physical disabilities (PWPDs) continue to experience challenges in accessing these services. This article presents the challenges faced by PWPDs in accessing sexual and reproductive health (SRH) services in Kampala, Uganda. The findings call for a need to sensitize service providers on SRH needs of PWPDs for better support and for the government to enforce the provision of PWPD-friendly services in all health facilities.

\* \* \*

### ***Preventing and Responding to Sexual and Domestic Violence against Men*** A Guidance Note for Security Sector Institutions

by Callum Watson  
Geneva Centre for the Democratic Control of Armed Forces (DCAF),  
2014



89 pp. 4.9 MB:

[http://www.dcaf.ch/content/download/174011/2714016/file/SDVAM\\_Guidance.pdf](http://www.dcaf.ch/content/download/174011/2714016/file/SDVAM_Guidance.pdf)

Sexual and domestic violence (SDV) presents a serious security threat in all societies and one that security sector institutions such as the police, justice system, armed forces and prisons are increasingly beginning to address. Historically, SDV was thought to almost exclusively affect women, yet recent studies in several countries have indicated that there are also large numbers of male victims. This guidance note is designed to serve as a tool to enable security sector institutions to provide a more effective, gender-sensitive approach to preventing and responding to SDV against men.

## Maternal & Child Health

### ***Use of antenatal corticosteroids and tocolytic drugs in preterm births in 29 countries: an analysis of the WHO Multicountry Survey on Maternal and Newborn Health***

by Joshua P Vogel, João Paulo Souza, A Metin Gülmezoglu et al.



9 pp. 376 kB:

<http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673614605808.pdf>

Despite the global burden of morbidity and mortality associated with pre-term birth, little evidence is available for use of antenatal corticosteroids and tocolytic drugs in preterm births in low-income and middle-income countries. The authors analysed data from the WHO Multicountry Survey on Maternal and Newborn Health (WHOMCS) to assess coverage for these interventions in preterm deliveries. They found that use of interventions was generally poor, despite evidence for their benefit for newborn babies. A substantial proportion of antenatal corticosteroid use occurred at gestational ages at which benefit is controversial, and use of less effective or potentially harmful tocolytic drugs was common.

\* \* \*

### ***Nationwide implementation of integrated community case management of childhood illness in Rwanda***

by Catherine Mugeni, Adam C Levine, Richard M Munyaneza et al.  
Glob Health Sci Pract - Advance Access Article published on August 5, 2014



14 pp. 1.1 MB:

<http://m.ghspjournal.org/content/early/2014/08/04/GHSP-D-14-00080.full.pdf>

Between 2008 and 2011, Rwanda introduced integrated community case management (iCCM) of childhood illness nationwide. Community health workers in each of Rwanda's nearly 15,000 villages were trained in iCCM and equipped for empirical diagnosis and treatment of pneumonia, diarrhea, and malaria; for malnutrition surveillance; and for comprehensive reporting and referral services. One year after iCCM rollout, community-based treatment for diarrhea and pneumonia had increased significantly, and under-5 mortality and overall health facility use had declined significantly.

\* \* \*

### ***Integrated Community Case Management of Childhood Illness in Ethiopia: Implementation Strength and Quality of Care***



by Nathan P. Miller, Agbessi Amouzou, Mengistu Tefesse et al.  
Am J Trop Med Hyg 2014, Vol. 91, No. 2, 424-434



11 pp. 669 kB:

<http://www.ajtmh.org/content/91/2/424.full.pdf+html>

Ethiopia has scaled up integrated community case management of childhood illness (iCCM) in most regions. The authors assessed the strength of iCCM implementation and the quality of care provided by health extension workers (HEWs). The results show that iCCM can be implemented at scale and that community-based HEWs can correctly manage multiple illnesses. However, to increase the chances of impact on child mortality, management of severe illness and use of iCCM services must be improved.

\* \* \*

## ***Drivers of routine immunization coverage improvement in Africa: findings from district-level case studies***

by Anne LaFond, Natasha Kanagat, Robert Steinglass et al.  
Health Policy Plan. (2014) - First published online: March 10, 2014



11 pp. 747 kB:

<http://heapol.oxfordjournals.org/content/early/2014/07/25/heapol.czu011.full.pdf+html>



There is limited understanding of why routine immunization (RI) coverage improves in some settings in Africa and not in others. The authors found that the differences in coverage trends were due to factors other than basic RI system capacity or service readiness. They identified six common drivers of RI coverage performance improvement - four direct drivers and two enabling drivers - that were present in well-performing districts and weaker or absent in steady coverage districts, and map the pathways from driver to improved supply, demand and coverage.

\* \* \*

## ***Severe events in the first 6 months of life in a cohort of HIV-unexposed infants from South Africa: effects of low birthweight and breastfeeding status***



by Tanya Doherty, Debra Jackson, Sonja Swanevelder et al.  
Tropical Medicine & International Health, Vol. 19 Issue 8 - Article first published online: 23 July 2014



8 pp. 159 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12355/pdf>

The authors conclude that a strengthened primary healthcare system incorporating promotion of breastfeeding and appropriate caring practices for low birthweight infants (such as kangaroo mother care) are critical. Given the leading reasons for hospitalisation, early administration of oral rehydration therapy and treatment of suspected pneumonia are key interventions needed to prevent hospitalisation in young infants.

\* \* \*

## ***Generation 2030 – Africa: Child Demographics in Africa***

by Danzhen You, Lucia Hug and David Anthony  
UNICEF, August 2014



68 pp. 4.5 MB:

[http://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF\\_Africa\\_Generation\\_2030\\_en\\_11Aug.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF_Africa_Generation_2030_en_11Aug.pdf)



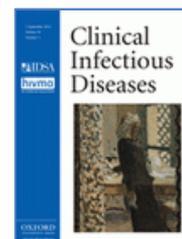
The report reveals sweeping projections, and urges policymakers to invest in Africa's children to enable the continent. It calls for expanded access to reproductive health services and efforts to empower girls and keep them in school.

The Numbers:

- Over the next 35 years, almost 2 billion babies will be born in Africa
- By 2050 the African continent's population will double in size
- Africa's under-18 population will grow by 2/3, nearing 1 billion children
- Africa still accounts for about 1/2 of child mortality globally

## ***Etiology of Severe Childhood Pneumonia in The Gambia, West Africa, Determined by Conventional and Molecular Microbiological Analyses of Lung and Pleural Aspirate Samples***

by Stephen R. C. Howie, Gerard A. J. Morris, Rafal Tokarz et al.  
Clin Infect Dis. (1 September 2014) 59 (5): 682-685.



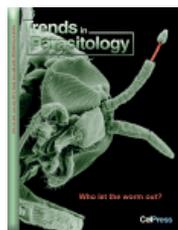
4 pp. 103 kB:

<http://cid.oxfordjournals.org/content/59/5/682.full.pdf+html>

Molecular methods have advantages over conventional methods for the detection and characterization of pathogens in clinical samples, and hold promise for improving diagnostic sensitivity. The authors describe the application of both approaches to the detection of pathogens in lung and pleural aspirates obtained from children with severe pneumonia in a West African setting. They conclude that molecular analyses of lung aspirates detected pathogens more frequently than did culture and showed a predominance of bacteria, principally *Streptococcus pneumoniae*, >75% being of serotypes covered by current pneumococcal conjugate vaccines. Multiple pathogens were detected frequently, notably *Haemophilus influenzae* (mostly nontypeable) together with *S. pneumoniae*.

### Malaria

## ***The role of submicroscopic parasitemia in malaria transmission: what is the evidence?***



by Jessica T. Lin, David L. Saunders, and Steven R. Meshnick  
Trends in Parasitology, Vol. 30, Issue 4, April 2014, pp. 183-190



8 pp. 502 kB:

<http://www.malarianexus.com/common/updateable/files/articles/635431282887650200.pdf>

Although there is some evidence that individuals with submicroscopic malaria can infect mosquitoes, transmission is much less likely to occur at submicroscopic gametocyte levels. As malaria elimination programs pursue mass screening and treatment of asymptomatic individuals, further research should strive to define the degree to which submicroscopic malaria contributes to the infectious reservoir and, in turn, what diagnostic detection threshold is needed to effectively interrupt transmission.

\* \* \*

## ***Rapid Assessment of Malaria in Pregnancy in the Greater Mekong Sub-Region - Cambodia, Thailand and Myanmar (Burma)***

by Prudence Hamade and Mitra Feldman  
Malaria Consortium, March 2013



75 pp. 6.6 MB:

[http://www.pmi.gov/docs/default-source/default-document-library/implementing-partner-reports/mip-rapid-assessment-gms\\_malaria-consortium-through-cdc\\_march-2013.pdf?sfvrsn=4](http://www.pmi.gov/docs/default-source/default-document-library/implementing-partner-reports/mip-rapid-assessment-gms_malaria-consortium-through-cdc_march-2013.pdf?sfvrsn=4)



Malaria infection during pregnancy is a serious public health problem, with substantial

risks for the mother, foetus and neonate. Pregnant women are especially prone to severe attacks of malaria which may cause death of the mother and/or foetus, abortion, premature labour and still-birth. However, current WHO recommendations are based upon the available literature, most of which refers to Africa, where transmission is more intense than in South East Asia (SEA).

\* \* \*

### ***Protective Efficacy and Safety of Three Antimalarial Regimens for the Prevention of Malaria in Young Ugandan Children: A Randomized Controlled Trial***

by Victor Bigira, James Kapisi, Tamara D. Clark et al.  
PLoS Med 11(8): e1001689 (5 August 2014)



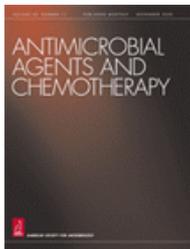
12 pp. 619 kB:

<http://www.plosmedicine.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pmed.1001689&representation=PDF>

Chemoprevention offers a promising strategy for prevention of malaria in African children. However, the optimal chemoprevention drug and dosing strategy is unclear in areas of year-round transmission and resistance to many antimalarial drugs. The authors conclude that for preventing malaria in children living in an area of high transmission intensity, monthly dihydroartemisinin-piperazine (DP) was the most efficacious and safe, although adherence may pose a problem. Monthly sulfadoxine-pyrimethamine (SP) and daily trimethoprim-sulfamethoxazole (TS) may not be appropriate in areas with high transmission intensity and frequent resistance to antifolates.

\* \* \*

### ***Randomized Comparison of the Efficacies and Tolerabilities of Three Artemisinin-Based Combination Treatments for Children with Acute Plasmodium falciparum Malaria in the Democratic Republic of the Congo***



by M. A. Onyamboko, C. I. Fanello, K. Wongsand et al.  
Antimicrob. Agents Chemother. September 2014, Vol. 58, No. 9, 5528-5536



9 pp. 737 kB:

<http://aac.asm.org/content/58/9/5528.full.pdf#page=1&view=FitH>

The efficacy, safety, and tolerability of three artemisinin-based combination treatments, dihydroartemisinin-piperazine, amodiaquine-artesunate, and artemether-lumefantrine was tested on 684 children aged 3 to 59 months with uncomplicated Plasmodium falciparum malaria. The three combinations tested were equally efficacious and well tolerated for the treatment of these children. Dihydroartemisinin-piperazine (DP) had the longest-lasting chemoprophylactic effect which prevented repeated clinical attacks in the treated children. But the recommended dosage of DP provides suboptimal piperazine plasma concentrations, particularly in small children.

\* \* \*

### ***Case Management of Severe Malaria - A Forgotten Practice: Experiences from Health Facilities in Uganda***

by Jane Achan, James Tibenderana, Daniel Kyabayinze et al.



7 pp. 100 kB:

[http://www.malariaconsortium.org/userfiles/file/Uganda/case%20management\\_uganda.pdf](http://www.malariaconsortium.org/userfiles/file/Uganda/case%20management_uganda.pdf)

Severe malaria is a life-threatening medical emergency and requires prompt and effective treatment to prevent death. There is paucity of published information on current practices of severe malaria case management in sub-Saharan Africa; the authors evaluated the management practices for severe malaria in Ugandan health facilities. They conclude that management of severe malaria in Ugandan health facilities was sub-optimal. These findings highlight the challenges of correctly managing severe malaria in resource limited settings. Priority areas for improvement include triage and emergency care, referral practises, quality of diagnosis and treatment, availability of medicines and supplies, training and support supervision.

\* \* \*

### ***Is Plasmodium vivax Malaria a Severe Malaria?: A Systematic Review and Meta-Analysis***

by Cho Naing, Maxine A. Whittaker, Victor Nyunt Wai et al.  
PLoS Negl Trop Dis 8(8): e3071, (August 14, 2014)



11 pp. 2.9 MB:

<http://www.plosntds.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pntd.0003071&representation=PDF>

Until recently, vivax malaria has received less attention than falciparum malaria and was deemed neglected. The present analysis identified that the incidence of severe malaria in patients infected with *P. vivax* was considerable, indicating that *P. vivax* is a major cause of severe malaria. Awareness of the clinical manifestations of vivax malaria should prompt early detection. Subsequent treatment and monitoring of complications can be life-saving.

\* \* \*

### ***"We are supposed to take care of it": a qualitative examination of care and repair behaviour of long-lasting, insecticide-treated nets in Nasarawa State, Nigeria***

by Gabrielle C Hunter, Leah Scandurra, Angela Acosta et al.  
Malaria Journal 2014, 13:320 (14 August 2014)

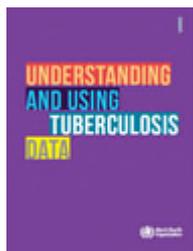


18 pp. 973 kB:

<http://www.malariajournal.com/content/pdf/1475-2875-13-320.pdf>

The longevity of long-lasting insecticidal nets (LLIN) under field conditions has important implications for malaria vector control. This study provides novel and valuable insights on the perceptions and attitudes of LLIN users in Nasarawa, Nigeria on the durability of bed nets, how to care for and repair nets, and for what reasons. Communication around net care should stress proper daily storage of nets, regular net inspections, prompt repairs, and clarify misconceptions about proper washing frequency and technique. These messages should include compelling motivators, such as local social norms of household hygiene.

\* \* \*

***Understanding and using tuberculosis data***

by Laura Anderson, Lori Armstrong, Emily Bloss et al.  
World Health Organization (WHO) Global Task Force on TB Impact Measurement, 2014



208 pp. 5.2 MB:

[http://apps.who.int/iris/bitstream/10665/129942/1/9789241548786\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/129942/1/9789241548786_eng.pdf)

Surveillance data collected in vital registration and tuberculosis (TB) notification systems provide essential information about the TB epidemic and programmatic efforts to control the disease at both national and local levels. Analysis of these data can help programme managers and other staff to track the level of and trends in TB disease burden, detect outbreaks of disease and identify ways to improve existing TB prevention, diagnostic and treatment services. This book provides practical guidance on the analysis and use of such surveillance data, and is suitable for a wide range of people engaged in TB control.

\* \* \*

***How to hinder tuberculosis control: five easy steps***

by Mishal S Khan and Richard J Coker  
The Lancet - Published Online July 24, 2014



3 pp. 46 kB:

<http://www.eatg.org/gallery/170584/How%20to%20hinder%20tuberculosis%20control%20-%20five%20easy%20steps.pdf>

It is undoubtedly challenging to formulate policies for the optimum control of tuberculosis, especially with limited resources. However, history shows that acting on the basis of urgency or unfounded assumptions rather than evidence, and ignoring realities on the ground, such as perverse incentives and unregulated private practitioners, will lead to squandering of tuberculosis control efforts at best, and causing harm at worst. We feel forced to ask whether, in another 30 years, we will look back and say that, despite our knowledge base and experience, we exacerbated the burden of tuberculosis because of our haste simply to act. Perhaps now is a good time to recall the oft-stated maxim "insanity is repeating the same mistakes and expecting different results".

\* \* \*

***Effect of BCG vaccination against Mycobacterium tuberculosis infection in children: systematic review and meta-analysis***

by A Roy, M Eisenhut, R J Harris et al.  
BMJ 2014;349:g4643 (05 August 2014)



11 pp. 4.9 MB:

<http://www.bmj.com/content/bmj/349/bmj.g4643.full.pdf#pdfjs.action=download>

BCG vaccine has been the subject of numerous efficacy trials and epidemiological studies conducted over several decades. In this systematic review the authors examined the evidence for the protective effect of BCG against M tuberculosis infection, as opposed to

against disease, in settings where children can be presumed to have been exposed to M tuberculosis. This therefore assesses the degree to which BCG vaccination before exposure is associated with a subsequent negative result on an interferon  $\gamma$  release assay. The authors conclude that BCG protects against M tuberculosis infection as well as progression from infection to disease.

\* \* \*

### **Delayed BCG Vaccination - Time to Take a Shot**

by Alexander W. Kay, Catherine A. Blish  
Journal of Infectious Diseases - Advance Access published August 8, 2014



10 pp. 349 kB:

<http://jid.oxfordjournals.org/content/early/2014/08/07/infdis.jiu435.full.pdf#page=1&view=FitH>

BCG vaccination prevents disseminated TB in children, but can also result in severe disease in the context of HIV-infection, and is therefore contraindicated. In TB endemic regions, BCG is administered soon after birth, before in utero and peripartum HIV infection is excluded. From a cited study in the journal the authors conclude that the immunogenicity of BCG vaccination in HIV-exposed, uninfected infants is not compromised when delayed until 8 weeks of age, and results in robust BCG-specific T cell responses at 14 weeks of age. These findings support further evaluation of this modified BCG vaccination strategy for HIV exposed infants.

## Other Infectious Diseases

### **“Science” and “Science Translational Medicine” Special Collection: Ebola Virus**



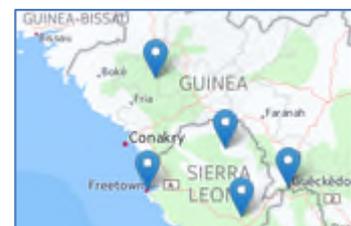
<http://www.sciencemag.org/site/extra/ebola/>

Given the current outbreak, unprecedented in terms of number of people killed and rapid geographic spread, “Science” and “Science Translational Medicine” have made this collection of research and news articles on the viral disease freely available to researchers and the general public.

\* \* \*

### **Ebola: Voices on the ground**

<http://www.scidev.net/global/disease/multimedia/ebola-voices-on-the-ground-interactive.html>



To better understand the challenges faced by health workers and people in West Africa, SciDev.Net has put together these interactive stories, which gather the voices of experts working on the ground in Guinea and Sierra Leone. They explain how doctors and health promoters are working with local people to curb the disease’s spread, which improvements have been achieved and what capacity and infrastructure are still missing.

## ***Need of surveillance response systems to combat Ebola outbreaks and other emerging infectious diseases in African countries***

by Ernest Tambo, Emmanuel Chidiebere Ugwu and Jeane Yonkeu Ngogang  
Infectious Diseases of Poverty 2014, 3:29 (5 August 2014)



13 pp. 640 kB:

<http://www.idpjournals.com/content/pdf/2049-9957-3-29.pdf>

There is growing concern in Sub-Saharan Africa about the spread of the Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, and the public health burden that it ensues. Since 1976, there have been 884,955 suspected and laboratory confirmed cases of EVD and the disease has claimed 2,309 lives including 729 lives in West Africa. There are certain requirements that must be met when responding to EVD outbreaks and this process could incur certain challenges. There is an urgent need to develop and implement an active early warning alert and surveillance response system for outbreak response and control of emerging infectious diseases.

\* \* \*

## ***Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola***

by Benedetta Allegranzi, Jean Christophe Aze, Sergey Eremin et al.  
World Health Organization (WHO), August 2014



24 pp. 4.3 MB:

<http://www.who.int/csr/resources/who-ipc-guidance-ebolafinal-09082014.pdf?ua=1>



This document provides a summary of infection prevention and control (IPC) measures for those providing direct and non-direct care to patients with suspected or confirmed cases of Filovirus haemorrhagic fever (HF), including Ebola or Marburg haemorrhagic fevers, in health-care facilities (HCFs). The guidance presents the most up to date, evidence based and practical recommendations for health care workers and incorporates visual guides and interestingly instructions on how healthcare facilities can locally produce hand sanitisers using a step by step WHO "recipe" that has been successfully used in many hospitals across Africa - crucial in settings where the infrastructure for hand hygiene generally is severely challenged.

\* \* \*

## ***Neglected tropical diseases in Central America and Panama: Review of their prevalence, populations at risk and impact on regional development***



by Peter J. Hotez, Laila Woc-Colburn, Maria Elena Bottazzi  
International Journal for Parasitology, Vol. 44, Issue 9, August 2014, pp. 597-603



7 pp. 455 kB:

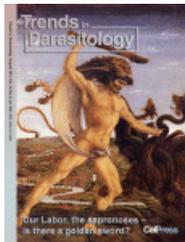
<http://www.malariainexus.com/common/updateable/files/articles/635424233898761912.pdf>

A review of the literature since 2009 reveals a staggering health and economic burden resulting from neglected tropical diseases in Panama and the six countries of Central

America (Belice, Guatemala, Nicaragua, Honduras, El Salvador, Costa Rica). There is an extreme dearth of epidemiological data on neglected tropical diseases based on active surveillance as well as estimates of their economic impact. Limited information to date, however, suggests that neglected tropical diseases are a major hindrance to the region's economic development, in both the most impoverished Central American countries, as well as for Panama and Costa Rica where a substantial (but largely hidden) minority of people live in extreme poverty.

\* \* \*

### ***The Vicious Worm: a computer-based Taenia solium education tool***



by Maria Vang Johansen, Chiara Trevisan, Uffe Christian Braae et al.  
Trends in Parasitology August 2014, Vol. 30, No. 8



3 pp. 1.5 MB:

[http://www.cell.com/trends/parasitology/pdf/S1471-4922\(14\)00103-2.pdf](http://www.cell.com/trends/parasitology/pdf/S1471-4922(14)00103-2.pdf)

Ignorance is a major obstacle for the effective control of diseases. To provide evidence-based knowledge about prevention and control of *Taenia solium* cysticercosis, the authors have developed a computer-based education tool: 'The Vicious Worm' - (<http://www.theviciousworm.org>). The tool targets policy makers, professionals, and lay-people, and comprises educational materials including illustrated short stories, videos, and scientific texts designed for the different target groups. They suggest that evidence-based health education is included as a specific control measure in any control programme.

\* \* \*

### ***Diagnosis of leishmaniasis***

Ehab Kotb Elmahallawy, Antonio Sampedro Martinez, Javier Rodriguez-Granger et al.  
J Infect Dev Ctries 2014; 8(8):961-972



12 pp. 549 kB:

<http://www.jidc.org/index.php/journal/article/download/4310/1120>

Leishmaniasis is a clinically heterogeneous syndrome caused by intracellular protozoan parasites of the genus *Leishmania*. The clinical spectrum of leishmaniasis encompasses subclinical localized and disseminated (cutaneous, mucocutaneous, and visceral) infection. This spectrum of manifestations depends on the immune status of the host, on the parasite, and on immune-inflammatory responses. Visceral leishmaniasis causes high morbidity and mortality in the developing world. Reliable laboratory methods become mandatory for accurate diagnosis, especially in immunocompromised patients such as those infected with HIV. In this article, the authors review the current state of the diagnostic tools for leishmaniasis, especially the serological test.

## Non-communicable Diseases

### ***Primary Health Care: a strategic framework for the prevention and control of chronic non-communicable disease***

by Alessandro R. Demaio, Karoline Kragelund Nielsen, Britt Pinkowski Tersbøl et al.  
Glob Health Action 2014, 7: 24504 (4 August 2014)





6 pp. 167 kB:

[http://www.globalhealthaction.net/index.php/gha/article/download/24504/pdf\\_1](http://www.globalhealthaction.net/index.php/gha/article/download/24504/pdf_1)

In 2014, chronic, non-communicable diseases (NCDs) represent the leading causes of global mortality and disability. Following the 2008 World Health Report, there has recently been renewed interest in Primary Health Care (PHC) and its core principles. Reflecting recent major global reports, declarations and events, the authors propose and critique a PHC approach to NCDs, highlighting PHC, with its core themes, as a valuable guiding framework for health promotion and policy addressing this group of diseases.

\* \* \*

### ***Economic cost of primary prevention of cardiovascular diseases in Tanzania***

by Frida Ngalesoni, George Ruhago, Ole F. Norheim et al.  
Health Policy Plan. (2014) - First published online: August 11, 2014



10 pp. 177 kB:

<http://heapol.oxfordjournals.org/content/early/2014/08/11/heapol.czu088.full.pdf+html>

Tanzania is facing a double burden of disease, with non-communicable diseases being an increasingly important contributor. Evidence-based preventive measures are important to limit the growing financial burden. This article aims to estimate the cost of providing medical primary prevention interventions for cardiovascular disease (CVD) among at-risk patients, reflecting actual resource use and if the World Health Organization (WHO)'s CVD medical preventive guidelines are implemented in Tanzania.

\* \* \*

### ***Heart Failure Care in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis***

by Thomas Callender, Mark Woodward, Gregory Roth et al.  
PLoS Med 11(8): e1001699 (August 12, 2014)



41 pp. 7.7 MB:

<http://www.plosmedicine.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pmed.1001699&representation=PDF>

Heart failure places a significant burden on patients and health systems in high-income countries. However, information about its burden in low- and middle-income countries (LMICs) is scant. The authors thus set out to review both published and unpublished information on the presentation, causes, management, and outcomes of heart failure in LMICs. They conclude that the presentation, underlying causes, management, and outcomes of heart failure vary substantially across LMICs. On average, the use of evidence-based medications tends to be suboptimal. Better strategies for heart failure surveillance and management in LMICs are needed.

\* \* \*

***Risk factors of malnutrition among preschool children in Terengganu, Malaysia: a case control study***

by Hui Jie Wong, Foong Ming Moy and Sulochana Nair  
BMC Public Health 2014, 14:785 (3 August 2014)



17 pp. 78 kB:

<http://www.biomedcentral.com/content/pdf/1471-2458-14-785.pdf>

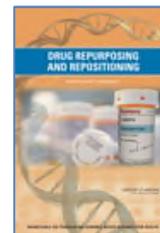
Childhood malnutrition is a multi-dimensional problem. An increase in household income is not sufficient to reduce childhood malnutrition if children are deprived of food security, education, access to water, sanitation and health services. The authors conclude that lower socio-economic status, household food insecurity, and poor child caring practices were associated with childhood malnutrition. Besides implementation of programmes focusing on poverty reduction, community based nutrition and hygiene education with extensive family planning and de-worming programmes should be intensified to improve both mother and children's nutritional status.

Essential Medicines

***Drug Repurposing and Repositioning***

Workshop Summary

by Sarah H. Beachy, Samuel G. Johnson, Steve Olson et al.  
Roundtable on Translating Genomic-Based Research for Health; Board on Health Sciences Policy; Institute of Medicine, 2014



119 pp. 1.0 MB:

[http://download.nap.edu/cart/download.cgi?&record\\_id=18731](http://download.nap.edu/cart/download.cgi?&record_id=18731)

Drug development can be time-consuming and expensive. Recent estimates suggest that, on average, it takes 10 years and at least US\$ 1 billion to bring a drug to market. Given the time and expense of developing drugs de novo, pharmaceutical companies have become increasingly interested in finding new uses for existing drugs (a process referred to as drug repurposing or repositioning). While approximately 10 percent of new drug applications gain market approval, it is estimated that nearly 30 percent of repurposed drugs are approved, which gives companies a significant market-driven incentive for finding ways to repurpose existing drugs.

Social Protection

***Advancing the application of systems thinking in health: provider payment and service supply behaviour and incentives in the Ghana National Health Insurance Scheme - a systems approach***

by Irene A Agyepong, Genevieve C Aryeetey, Justice Nonvignon et al.  
Health Research Policy and Systems 2014, 12:35 (5 August 2014)



31 pp. 2.9 MB:

<http://www.health-policy-systems.com/content/pdf/1478-4505-12-35.pdf>

The objective of this work was to describe provider behaviour related to supply of health services to insured clients in Ghana and the influence of provider payment methods on incentives and behaviour. The influence of provider payment method on supply behaviour was sometimes intuitive and sometimes counter intuitive. It appeared to be related to context and the interaction of the methods with context and each other rather than linearly to any given method. As countries work towards Universal Health Coverage, there is a need to holistically design, implement, and manage provider payment methods reforms from systems rather than linear perspectives, since the latter fail to recognize the effects of context and the between-methods and context interactions in producing net effects.

\* \* \*

### ***Our Daily Bread: What is the Evidence on Comparing Cash versus Food Transfers?***

by Ugo Gentilini  
World Bank Social Protection & Labour Discussion Papers, July 2014



56 pp. 1.9 MB:

[http://www-](http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2014/07/18/000456286_20140718154645/Rendered/PDF/895020NWP0REPL00Box385284B00PUBLIC0.pdf)

[wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2014/07/18/000456286\\_20140718154645/Rendered/PDF/895020NWP0REPL00Box385284B00PUBLIC0.pdf](http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2014/07/18/000456286_20140718154645/Rendered/PDF/895020NWP0REPL00Box385284B00PUBLIC0.pdf)



This paper reviews key issues in the 'cash versus food' debate, including as they relate to political economy, theory, evidence, and practice. Costs associated with cash transfers and vouchers tend to be substantially lower relative to food. Yet methods for cost-effectiveness analysis vary and need to be more standardized and nuanced. The reviewed evaluations are helping to shift the debate from one shaped by ideology, political economy and 'inference' of evidence to one centering on robust and context-specific results.

\* \* \*

### ***Comparing cash and food transfers: findings from a pilot project in Sri Lanka***

by Lili Mohiddin, Manohar Sharma, Anette Haller  
ENN Field Exchange 30, 2014



7 pp. 310 kB:

<http://www.ennonline.net/page/pdf/2098>



Thematic research on cash and food transfers has increased significantly since the late nineties. However, comparative research on cash and food transfers remains limited and claims about the relative advantages of one or the other are often based on comparisons of programmes implemented in different contexts. This field article shares the findings of a pilot cash transfer project that gives valuable insight into household expenditure and consumption patterns in cash-receiving and food-receiving households over a three-month period in Sri Lanka.

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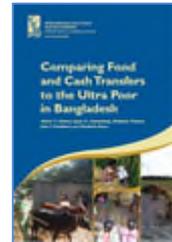
### ***Comparing Food and Cash Transfers to the Ultra Poor in Bangladesh***

by Akhter U. Ahmed, Agnes R. Quisumbing, Mahbuba Nasreen et al.  
International Food Policy Research Institute (IFPRI) Research Monograph 163, 2009



250 pp. 1.6 MB:

<http://www.ifpri.org/sites/default/files/publications/rr163.pdf>



Bangladesh has some social safety net programs that transfer food to the poor, some that transfer cash, and some that provide a combination of both. This study evaluates the relative impacts of food and cash transfers on food security and livelihood outcomes among the ultra poor in Bangladesh. The programs' impacts are evaluated according to various measures, including how well transfers are delivered; which transfers beneficiaries prefer; how accurately the programs target the extremely poor; effects on food security, livelihoods, and women's empowerment; and cost effectiveness. The report identifies what has and has not worked in food and cash transfers and recommends ways of improving these programs.

## Water, Sanitation & Hygiene

### **Newsletter "Water & Risk"**

by Thomas Kistemann

WHO Collaborating Centre (WHOCC) Newsletter No. 23 for Health Promoting, Water Management and Risk Communication, University of Bonn - IHPH Institute for Hygiene and Public Health, August 2014



10 pp. 2.0 MB:

[http://health.bmz.de/services/newsletters/HESP-related-Documents/Water\\_Risk\\_Vol\\_20](http://health.bmz.de/services/newsletters/HESP-related-Documents/Water_Risk_Vol_20)

Energy and Water – this is the thematic scope of the 2014 World Water Week in Stockholm. And obviously, energy and water are inseparably linked: Water is needed for energy (e.g. for hydropower, storage, cooling, biofuel production, fracking), and vice versa energy is needed for water (e.g. for pumping, treatment, desalination, heating). Both, water and energy are essential preconditions for basic human needs, for human health and wealth. And all over the world, at local, national, regional and global levels, mostly the same societies, groups and human beings lack both reliable energy support and safe access to water and sanitation.

## Human Resources

### **Outcome and impact of Master of Public Health programs across six countries: education for change**

by Prisca AC Zwanikken, Nguyen Thanh Huong, Xiao Hua Ying et al.  
Human Resources for Health 2014, 12:40 (6 August 2014)



21 pp. 709 kB:

<http://www.human-resources-health.com/content/pdf/1478-4491-12-40.pdf>

The human resources for health crisis has highlighted the need for high-level public health education to add specific capacities to the workforce. Recently, it was questioned whether Master of Public Health (MPH) training prepared graduates with competencies relevant to low- and middle-income countries (LMICs). This study aims to examine the influence of the MPH programs geared towards LMICs offered in Vietnam, China, South Africa, Mexico, Sudan, and the Netherlands on graduates' careers, application of ac-

quired competencies, performance at the workplace, and their professional contribution to society.

\* \* \*

### ***What elements of the work environment are most responsible for health worker dissatisfaction in rural primary care clinics in Tanzania?***

by Godfrey M Mbaruku, Elysia Larson, Angela Kimweri et al.  
Human Resources for Health 2014, 12:38 (3 August 2014)



15 pp. 404 kB:

<http://www.human-resources-health.com/content/pdf/1478-4491-12-38.pdf>

The authors conclude that two dimensions of health workers' work environment, namely infrastructure and supportive interpersonal work environment, explained much of the variation in satisfaction among rural Tanzanian health workers in primary health clinics. Health workers were generally more satisfied with supportive interpersonal relationships than with the infrastructure. Human resource policies should consider how to improve these two aspects of work as a means for improving health worker morale and potentially rural attrition.

\* \* \*

### ***The effects of health worker motivation and job satisfaction on turnover intention in Ghana: a cross-sectional study***

Marc Bonenberger, Moses Aikins, Patricia Akweongo et al.  
Human Resources for Health 2014, 12:43 (9 August 2014)



24 pp. 119 kB:

<http://www.human-resources-health.com/content/pdf/1478-4491-12-43.pdf>

Motivation and job satisfaction have been identified as key factors for health worker retention and turnover in low- and middle-income countries. District health managers in decentralized health systems usually have a broadened 'decision space' that enables them to positively influence health worker motivation and job satisfaction, which in turn impacts on retention and performance at district-level. The findings indicate that effective human resource management practices at district level influence health worker motivation and job satisfaction, thereby reducing the likelihood for turnover. Therefore, it is worth strengthening human resource management skills at district level and supporting district health managers to implement retention strategies.

## Health Systems & Research

### ***Nine misconceptions about free healthcare in sub-Saharan Africa***



by Valéry Ridde, Ludovic Queuille & Maramé Ndour  
Development Studies Research, Vol. 1, Issue 1, pp. 54-63, December 2014



11 pp. 191 kB:

<http://www.tandfonline.com/doi/pdf/10.1080/21665095.2014.925785>

The continued reluctance to make healthcare free in Africa is in most cases based not on strong evidence, but rather on misconceptions around the very notion of free care. In

this paper, the authors address nine such misconceptions about free healthcare and provide recent evidence from Africa showing the benefit of eliminating user fees for patients. The author's aim is to demonstrate that when free care is properly financed and implemented, which in itself is a major challenge, certain perceptions about the principle of free healthcare turn out to be misconceptions.

\* \* \*

### ***Advancing the application of systems thinking in health: understanding the dynamics of neonatal mortality in Uganda***

Agnes Semwanga Rwashana, Sarah Nakubulwa, Margaret Nakakeeto-Kijjambu et al.  
Health Research Policy and Systems 2014, 12:36 (8 August 2014)



26 pp. 391 kB:

<http://www.health-policy-systems.com/content/pdf/1478-4505-12-36.pdf>

Of the three million newborns that die each year, Uganda ranks fifth highest in neonatal mortality rates, with 43,000 neonatal deaths each year. Despite child survival and safe motherhood programmes towards reducing child mortality, insufficient attention has been given to this critical first month of life. There is urgent need to innovatively employ alternative solutions that take into account the intricate complexities of neonatal health and the health systems. In this paper, the authors set out to empirically contribute to understanding the causes of the stagnating neonatal mortality by applying a systems thinking approach to explore the dynamics arising from the neonatal health complexity and non-linearity and its interplay with health systems factors, using Uganda as a case study.

\* \* \*

### ***Health systems research in the time of health system reform in India: a review***

by Krishna D Rao, Radhika Arora and Abdul Ghaffar  
Health Research Policy and Systems 2014, 12:37 (9 August 2014)



13 pp. 266 kB:

<http://www.health-policy-systems.com/content/pdf/1478-4505-12-37.pdf>

Research on health systems is an important contributor to improving health system performance. Importantly, research on program and policy implementation can also create a culture of public accountability. In the last decade, significant health system reforms have been implemented in India. These include strengthening the public sector health system through the National Rural Health Mission (NRHM), and expansion of government-sponsored insurance schemes for the poor. This paper provides a situation analysis of health systems research during the reform period.

Information & Communication Technology

### ***Special issue of the Pan American Journal of Public Health on eHealth in the Americas***

May/June 2014

New special issue  
**health**  
in the Americas

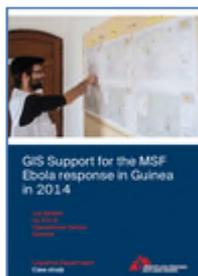
[http://www.paho.org/journal/index.php?option=com\\_content&view=article&id=145&Itemid=259&lang=en](http://www.paho.org/journal/index.php?option=com_content&view=article&id=145&Itemid=259&lang=en)

The vision of providing universal health coverage in the Region of the Americas means moving towards broader and better health services and ensuring that the entire population has access to affordable services. eHealth - the use of ICT to support health - can play a major role. Wisely used and widely applied, eHealth can be a strategic tool for improving access, expanding coverage, and increasing the financial efficiency of health care systems. Devoted entirely to eHealth, the special issue highlights the wide range of efforts currently under way in the region and presents emerging evidence about key factors that determine their success.

\* \* \*

### **GIS Support for the MSF Ebola response in Guinea in 2014**

1st Edition



by Timo Lüge

Médecins Sans Frontières (MSF) Operational Center, Geneva, July 2014



46 pp. 5.7 MB:

<http://www.medbox.org/preview/53d0d9e6-b46c-4d5d-a849-6c131fcc7b89/doc.pdf>

In March 2014, MSF-Switzerland deployed a dedicated Geographic Information Systems (GIS) officer to Guinea in response to the Ebola outbreak in the south of the country. During the eight weeks of his mission, the GIS officer produced 109 maps for this previously very poorly mapped area. The maps included basic orientation maps that showed roads, landmarks and villages but also specialised maps that visualized population density or the spread of the disease. Both field and headquarters staff interviewed for this case study emphasized that having a dedicated GIS officer in the field was a major asset that had a significant positive impact on the operation.

\* \* \*

### **State of Internet Freedoms in East Africa 2014**

An Investigation into the Policies and Practices Defining Internet Freedom in East Africa

by Ashnah Kalemera, Lillian Nalwoga, Juliet Nanfuka et al.

The Collaboration on International ICT Policy in East and Southern Africa (CIPESA), May 2014



30 pp. 1.5 MB:

[http://www.cipesa.org/?wpfb\\_dl=76](http://www.cipesa.org/?wpfb_dl=76)



In East Africa, the internet and other digital technologies have become a key platform for citizens to enjoy their rights to expression and to associate with other citizens as well as with leaders. However, many challenges stand in the way of East African citizens' enjoyment of their right to seek, receive and impart information and ideas through digital technologies. These challenges include unfavourable legal regimes and affronts by both state and non-state actors, poor infrastructure and the high accessibility costs that have tended to create a wide digital divide. They also include irresponsible behaviour by internet users who are often unaware of online ethics or legal regimes that govern the internet and other non-traditional media.

\* \* \*

## Massive Open Online Courses on Health and Medicine: Review

Tharindu Rekha Liyanagunawardena & Shirley Ann Williams  
J Med Internet Res 2014;16(8):e191

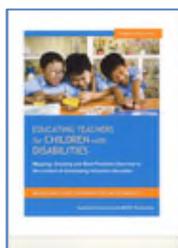


Read online at: <http://www.jmir.org/2014/8/e191/>

Massive open online courses (MOOCs) have become immensely popular in a short span of time. However, there is very little research exploring MOOCs in the discipline of health and medicine. The authors aim to provide a review of MOOCs related to health and medicine offered by various MOOC platforms in 2013, by analyzing and comparing the various offerings, their target audience, typical length of course, and credentials offered. They also discuss opportunities and challenges presented by MOOCs in health and medicine.

### Education

#### ***Educating teachers for children with disabilities: mapping, scoping and best practice exercise in the context of developing inclusive education***



by Richard Rieser, Sue Stubbs, Juliette Myers et al.  
United Nations Children's Fund (UNICEF), December 2013



61 pp. 87.6 MB(!):

<https://dl.dropboxusercontent.com/u/8608264/UNICEF%20Educating%20Teachers%20for%20Children%20with%20Disabilities1a.pdf>

Studies have shown that teachers' attitudes, knowledge skills and understanding are major factors in the effective inclusion of children with disabilities. This report highlights the key findings carried out as part of UNICEF's Rights, Education, and Participation Project (REAP). It is based on an extensive literature review, survey results, and consultations carried out as part of the REAP project. The report identifies ways that teachers are educated, to teach children with disabilities in inclusive environments, and subsequently makes recommendations based upon the findings.

\* \* \*

#### ***A Rapid Needs Assessment Guide: For Education in Countries Affected by Crisis and Conflict***

by Valerie Haugen, Christy Olenik, Wendy Lee  
JBS International, Inc., February 2014



33 pp. 397 kB:

[http://pdf.usaid.gov/pdf\\_docs/PBAAA583.pdf](http://pdf.usaid.gov/pdf_docs/PBAAA583.pdf)



This guide serves two purposes: 1) to provide USAID Washington and USAID Missions with a clear, common framework for undertaking education rapid needs assessments; and 2) to provide USAID Education Officers with necessary information to conduct a conflict-sensitive, high-quality, rapid needs assessment of the education situation in a conflict or crisis environment.

### ***Building capacity for implementation of the framework convention for tobacco control in Vietnam: lessons for developing countries***

by Frances A. Stillman, Annette M. David, Naseeb Kibria et al.  
Health Promot. Int. (September 2014) 29 (3): 442-453



12 pp. 465 kB:

<http://heapro.oxfordjournals.org/content/29/3/442.full.pdf+html>

Effective implementation of the WHO international Framework Convention on Tobacco Control (FCTC) is the key to controlling the tobacco epidemic. Within countries, strong national tobacco control capacity is the primary determinant for successful implementation of the FCTC. This case study of tobacco control policy describes the experience of building national tobacco control capacity in Vietnam under the Reduce Smoking in Vietnam Partnership project within a national capacity-building framework.

\* \* \*

### ***Open drug scenes: responses of five European cities***

by Helge Waal, Thomas Clausen, Linn Gjersing et al.  
BMC Public Health 2014, 14:853 (16 August 2014)



21 pp. 97 kB:

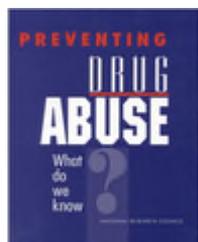
<http://www.biomedcentral.com/content/pdf/1471-2458-14-853.pdf>

Open drug scenes are gatherings of drug users who publicly consume and deal drugs. The authors conducted a study of five European cities that have met such scenes constructively. The aim was to investigate shared and non-shared interventions and strategies in order to increase the understanding of this type of problem. They conclude that prevention, harm reduction and treatment should be combined with law enforcement based on cooperation between police, health care and social services. The solutions are found in appropriate combinations of harm reduction and restrictive measures.

\* \* \*

### ***Preventing Drug Abuse - What do we know?***

National Research Council (US) Committee on Substance Abuse Prevention Research



Edited by Dean R. Gerstein and Lawrence W. Green  
National Academies Press (US); 1993



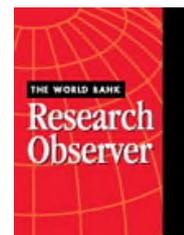
174 pp. 1.2 MB:

<http://www.ncbi.nlm.nih.gov/books/NBK234582/pdf/TOC.pdf>

As the nation's drug crisis has deepened, public and private agencies have invested huge sums of money in prevention efforts. Are the resulting programs effective? What do we need to know to make them more effective? This book provides a comprehensive overview on what we know about drug abuse prevention and its effectiveness. It offers provocative findings on the connection between low self-esteem and drug use, the role of schools, the reality of changing drug use in the population, and more.

### ***Progress on Global Health Goals: Are the Poor Being Left Behind?***

by Adam Wagstaff, Caryn Bredenkamp, and Leander R. Buisman  
TheWorld Bank Research Observer, Vol. 29, No. 2 (August 2014)



26 pp. 1.4 MB:

<http://wbro.oxfordjournals.org/content/29/2/137.full.pdf?keytype=ref&ijkey=2mIPfbYirFxF7qr>

The authors examine differential progress on health Millennium Development Goals (MDGs) between the poor and the better off within countries. They track five health status indicators and seven intervention indicators from all four health MDGs. In approximately three-quarters of countries, the poorest 40 percent have made faster progress than the richest 60 percent on MDG intervention indicators. On average, relative inequality in these indicators has been falling. However, in terms of MDG outcome indicators, in nearly half of the countries, relative inequality has been growing. Despite reductions in most countries, relative inequalities in MDG health indicators are still appreciable, with the poor facing higher risks of malnutrition and death in childhood and lower odds of receiving key health interventions.

\* \* \*

### ***Sustained and inclusive growth: employment and social protection***



by Catherine Naughton  
Christoffel Blindenmission (CBM), 2014



7 pp. 382 kB:

[http://www.cbm.org/article/downloads/82788/CBM\\_Policy-brief-inclusive-growth-ACCESSIBLE.pdf](http://www.cbm.org/article/downloads/82788/CBM_Policy-brief-inclusive-growth-ACCESSIBLE.pdf)

Inclusive economic growth with decent employment and decent wages has proven to be a prerequisite for achieving success with the Millennium Development Goals (MDGs). This short policy brief sets out recommendations concerning four key issues relating to persons with disabilities and their inclusion in economic growth and social protection strategies. Each of these issues resonates with the current narrative in the post-2015 development framework for decent work and an adequate standard of living.

## Development Assistance

### ***Aid effectiveness in rebuilding the Afghan health system: A reflection***



by Suraya Dalil, William Newbrander, Benjamin Loevinsohn et al.  
Global Public Health, 9:sup1, S124-S136 (12 June 2014)



15 pp. 154 kB:

<http://www.tandfonline.com/doi/pdf/10.1080/17441692.2014.918162>

The Paris Declaration defined five components of aid effectiveness: ownership, alignment, harmonisation, managing for results and mutual accountability. Afghanistan, which has received a high level of donor aid for health since 2002, has seen significant improvements in health indicators, expanded access to health services and an in-

creased range of services. Do the impressive health outcomes in this fragile state mean that aid has been effectively utilised?

\* \* \*

### ***Aid effectiveness: research, policy and unresolved issues***

by M.G. Quibria

Development Studies Research, Vol. 1, Issue 1, Published online: 08 August 2014



13 pp. 211 kB:

<http://www.tandfonline.com/doi/pdf/10.1080/21665095.2014.922890>



This paper provides a critical review of the recent research on aid effectiveness. It argues that there is an enormous disjunction between research on aid effectiveness and current policies and practices: in particular, recent empirical research efforts have spawned a large body of work that is rife with controversies and insiders' drama, but sheds little light on important policy issues regarding allocation, design and delivery of foreign aid. The paper argues that a convergence of the two universes – research and policies – is essential both for a sophisticated understanding of the underlying issues and for formulating appropriate policies and practices for aid effectiveness.

\* \* \*

### ***Straight to the Point: Assessing Partner Capacity Building Needs***

Pathfinder International, 2014



11 pp. 322 kB:

<http://www.pathfinder.org/publications-tools/pdfs/Assessing-Capacity-Building-Needs.pdf?x=119&y=17>



This tool helps users conduct a concise assessment of a partner organization's (or potential partner's) strengths and weaknesses, helping to identify areas where technical assistance will be needed to successfully implement a project. The tool addresses key capacity areas including: human capacity, basic management capacity, M&E capacity, absorptive capacity, and community connectedness. The tool is meant to serve as a guide for interviewing multiple stakeholders at a partner or subgrantee organization. It can be used in the process of selecting local partners, or after partners have been selected, and will be particularly helpful for projects with a mandate to provide technical assistance to local partners.

\* \* \*

### ***Learning from India's Development Cooperation***

by Sachin Chaturvedi, Anuradha Chenoy, Deepta Chopra et al.

Institute of Development Studies (IDS) Policy Briefing, Issue 70, July 2014



4 pp. 212 kB:

[http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4198/AD\\_ID148\\_Policybriefing70\\_India\\_Web.pdf](http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/4198/AD_ID148_Policybriefing70_India_Web.pdf)



In recent years, India has substantially increased the levels of its development cooperation. It has streamlined its development cooperation activities and put the principles of South-South Cooperation, including respect for national sovereignty, national ownership

and independence, non-conditionality and mutual benefit, into action. India now needs to strengthen and harmonise its institutional mechanisms for development cooperation through clear policy statements. In addition to national foreign policy and economic interests, accountability – to both Indian citizens and recipient countries – should become a cornerstone for planning future development cooperation.

\* \* \*

### ***Human development, the state and participation***



by Tim Anderson  
Development Studies Research: 1:1, 64-74 (08 Aug 2014)



12 pp. 187 kB:

<http://www.tandfonline.com/doi/pdf/10.1080/21665095.2014.933080>

Human development should be seen as a broad, emancipatory and social process, rather than the mere expansion of individual choices or 'capabilities'. In post-colonial nations, a strong 'human development enabling' state is necessary to build basic human capacity, such as in health, education, shelter and nutrition; and then to promote popular participation. This requirement can be seen in a range of historical experience and is reflected in the declaration on the right to development. A wider view of human development, deepening democracy with active state-civil society partnerships, might be seen as a social democratic project in a neoliberal era.

### Others

### ***2014 World Population Data Sheet***

by Carl Haub and Toshiko Kaneda  
Population Reference Bureau (PRB), August 2014



20 pp. 1.9 MB:

[http://www.prb.org/pdf14/2014-world-population-data-sheet\\_eng.pdf](http://www.prb.org/pdf14/2014-world-population-data-sheet_eng.pdf)

PRB's World Population Data Sheet is an annual report on the world's demographic, health, and environmental progress and challenges. This year's data sheet provides detailed information on 16 population, health, and environment indicators for more than 200 countries, and has a special focus on "Progress and Challenges". For three of the indicators - infant mortality, total fertility rate, and life expectancy - data from 1970 and 2013 have been included to show trends over time. The environment indicator - carbon emissions - shows data from 1990 and 2012.

\* \* \*

### ***Methodological notes: Developing SDH Indicators for observatories on health inequities: The Brazilian experience***

by Nelly Salgado de Snyder, Germán Guerra y Guerra  
National Institute of Public Health (INSP), Mexico and Fundação Oswaldo Cruz (FIOCRUZ), June 2014



25 pp. 789 kB:

[http://tie.inspvirtual.mx/portales/sdhnet/recursos/Developing\\_SDH.pdf](http://tie.inspvirtual.mx/portales/sdhnet/recursos/Developing_SDH.pdf)

This document presents the experience of the Brazilian Observatory on Health Inequities, particularly the methodological aspects involved in gathering, organizing, developing and publishing indicators on health inequities provided by different data sources in Brazil. This document has the purpose of serving as a methodological reference for low and middle income countries (LMIC) that wish to develop similar initiatives within their own possibilities – particularly on their health information systems and health policy framework – with the final purpose of generating accurate and timely information on Social Determinants of Health (SDH) and health inequities at national level to develop programs and policies in order to improve the health of the population.

\* \* \*

### ***The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities: Evidence from Low and Middle Income Countries***



by Lena Morgon Banks and Sarah Polack  
Evidence in Disability, London School of Hygiene & Tropical Medicine, 2014



83 pp. 2.9 MB:

<http://disabilitycentre.lshtm.ac.uk/files/2014/07/Costs-of-Exclusion-and-Gains-of-Inclusion-Report.pdf>

This report seeks to explore the potential pathways through which exclusion of people with disabilities may generate economic costs to individuals, their families and societies at large. Additionally, potential economic gains that may be realised through inclusion are investigated.

## **ELECTRONIC RESOURCES**

### ***Bulletin of the World Health Organization – Vol. 92, Nr. 8, August 2014***

<http://www.who.int/bulletin/volumes/92/8/en/>



Highlights from the August 2014 issue:

- Reframing climate change as a human health issue
- WHO hosts first international conference
- Investing in health instead of fuel subsidies
- Interview: bringing air pollution into the equation
- Family planning should be included in development goals
- Child growth and economic growth in China
- Men's health should count too

\* \* \*

### ***People's Health Movement (PHM) Global News, June 2014***



6 pp. 314 kB:

[http://www.phmovement.org/sites/www.phmovement.org/files/New\\_sletter%20July%202014%20-%20final.compressed\\_0.pdf](http://www.phmovement.org/sites/www.phmovement.org/files/New_sletter%20July%202014%20-%20final.compressed_0.pdf)



In this issue:

- PHM in Solidarity with GAZA

- PHM Brazil receives special visitor
- PHM South Africa condemns the arrest of Community Health Workers
- PHM US connects with US health activists at the Left Forum
- No to Corporate Power!

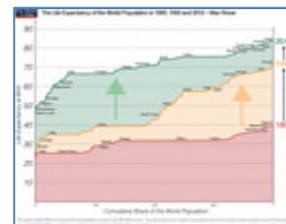
\* \* \*

### **Our World in Data**

<http://www.ourworldindata.org/>

This website seeks to provide visual evidence on how the world is changing. It currently has five visual data presentations of world history available:

- World Poverty
- World Hunger and Food Provision
- Global Health
- War and Violence, and
- Africa



Its section on Data Entries includes facets dealing with child mortality, food supply, democratization, war deaths, world poverty, life-satisfaction and 50 other data entries are already online.

## **INTERESTING WEB SITES**

### **Ebola Alert**

<http://ebolaalert.org/>



Ebola Alert is an evidence-driven group of volunteer professionals working on Ebola Virus Disease Interventions. A group of young health-workers in Nigeria have been working together for the past couple weeks - since the first suspected case of Ebola was announced in Nigeria. They are putting together social media messages on twitter and Facebook, an app, a website providing updated news and resources, a toll-free helpline for callers from within Nigeria -0800 EBOLA HELP. They are now moving to the phase of community sensitization, beyond the internet and social media.

## **TRAINING OPPORTUNITIES**

### **GIS Techniques for M&E of HIV/AIDS and Related Programs**

This certificate course is now available online at no cost to learners at:

<https://training.measureevaluation.org/node/90>



The course presents a practical guide for using a geographic information system (GIS) to integrate, visualize, and analyze geographically-referenced data extracted from the Demographic and Health Surveys (DHS) and other key data sets to facilitate monitoring and evaluation (M&E) of HIV/AIDS and related health programs. To make the course accessible to learners without commercial GIS software licenses, the course focuses on the use of free and open source software (FOSS). The course includes a number of practical exercises which will allow you to apply what you have learned, using the FOSS - QGIS. These exercises are estimated to add an additional three hours to completing the course.

## CARTOON

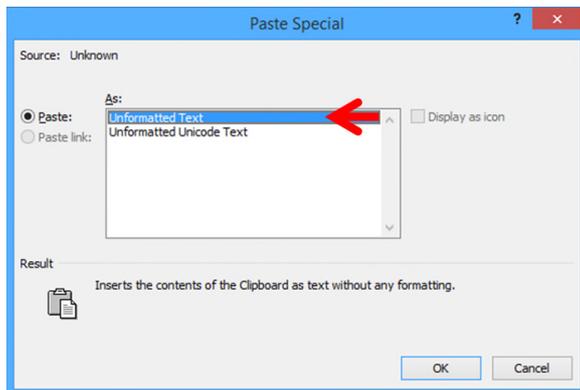


## TIPS & TRICKS

### *Fix Copy/Paste Formatting Problems in MS WORD*

Ever tried to copy and paste some text in Microsoft WORD and ended up with weird formatting that you can't seem to fix? Unwanted bold letters or indentations? It certainly happened to you more than once, so you might be glad to find out a quick trick to stop that from happening.

Here is how it works:



Let's say you want to copy a piece of text. You highlight it and press Ctrl + C or right-click and choose Copy.

When you want to paste in WORD, you press Ctrl + Alt + V instead of Ctrl + V to paste and I get this Paste Options window. Choose unformatted text and all formatting will be removed.

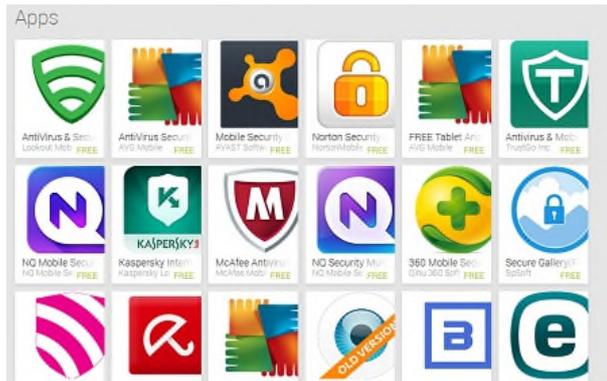
BTW: If you press Ctrl + Shift + V a window with the last 11 pieces from the clipboard opens and you can easily select one and insert it into your text.

\* \* \*

### *Malware and anti-virus programmes for Android phones and tablets*

With the growing popularity of smartphones and tablets, they are also becoming an increasingly popular target for malicious attacks. And with the open nature of the Google

Play store, people have been known to sneak in some malicious apps. To find security software for your device, head over to the Google Play Store and search “security”.



You will find hundreds of apps, many of them from recognizable security names like McAfee, Norton and Avast. Some of the apps are free and some will cost you a few dollars. To learn more about an app, tap on it. You will be able to see information about the app and usually screenshots. If you choose Norton Security antivirus, you can also view a video.

Just because an app is free to download, it doesn't mean the security protection service remains free. One app that is both free and well-reviewed is “AVAST Mobile Security and Antivirus”.

Best regards,

[Dieter Neuvians MD](#)

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