

## EDITORIAL

Dear colleagues,

What does it really mean to follow the roadmap for health measurement and accountability agreed by WHO, World Bank and others in Washington DC earlier this year? *HealthyDEvelopment* spoke with WHO and GIZ staff and learnt [how Nepal and Malawi work towards improving their health data](#).

Better and faster surveillance is just one element of epidemic preparedness, a capacity many low and lower middle income countries still lack. On behalf of BMZ, GIZ will soon host [a training in the timely assessment and rapid response to disease outbreaks and other comprehensive health hazards](#).

In addition, we would like to highlight the following pieces in this edition:

- A report by the Bertelsmann Stiftung asks: [“SDGs, are the rich countries ready?”](#) and shows with few words and clear graphics how the 34 richest countries currently perform in relation to each of the goals. Curious where “your” country stands? Go have a look.
- Equally interesting is the report [“Doing cash differently”](#) by The High Level Panel on Humanitarian Cash Transfers, showing how cash transfers can be highly effective in reducing suffering in humanitarian emergencies
- The article on the [effects of performance-based financing on child health services in Rwanda](#) adds new insights to the discussion of the pros and cons of results-based financing on health care quality and usage in low resource settings.

And please note: This is your LAST chance to take part in our [user survey](#) as we will close it next week. It should not take you more than five minutes after your next visit to [www.health.bmz.de](http://www.health.bmz.de) - and it will help us improve the website for you. Thank you!

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

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## ONLINE RESOURCES

[Healthy Developments – Germany's commitment to health and social protection](#)

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### **Building expertise for epidemic preparedness**

A training workshop in Würzburg, Germany on 5 & 6 October 2015

[http://health.bmz.de/events/Events\\_2015/Building\\_expertise\\_for\\_epidemic\\_preparedness/index.html?pk\\_campaign=18\\_2015](http://health.bmz.de/events/Events_2015/Building_expertise_for_epidemic_preparedness/index.html?pk_campaign=18_2015)



On behalf of BMZ, GIZ hosts a training for health experts from German-supported programmes worldwide to strengthen their capacities in the detection of, and rapid response to, potential epidemic outbreaks and other comprehensive health hazards that can quickly overstretch partner countries' health systems or even lead to their collapse.

### **Following the roadmap to better health data: How Germany supports health information systems in Nepal and Malawi**



[http://health.bmz.de/events/In\\_focus/Following\\_the\\_roadmap\\_to\\_better\\_health\\_data/index.html?pk\\_campaign=18\\_2015](http://health.bmz.de/events/In_focus/Following_the_roadmap_to_better_health_data/index.html?pk_campaign=18_2015)

When a major measurement conference in Washington DC agreed a roadmap to better health data, it addressed a long-standing development problem: how to really know what's happening on the ground and plan and tailor interventions around that knowledge. We look at Nepal, which has started reforming its health information system, and at Malawi, where better data has already yielded convincing results.

[Reproductive, maternal, neonatal, child and adolescent health & Right to health](#)

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### **Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: a review of evidence from 26 countries**



b S. Singh and I. Maddow-Zimet  
BJOG: An International Journal of Obstetrics & Gynaecology - Published online 19 August 2015  
10 pp. 131 kB

<http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13552/epdf>

With changing conditions affecting receipt of post-abortion care, an updated estimate of the incidence of treatment for complications from unsafe pregnancy termination is needed to inform policies and programmes. National estimates of facility-based treatment for complications in 26 countries form the basis for estimating treatment rates in the developing world. An estimated seven million women were treated in the developing world for complications from unsafe pregnancy termination in 2012, a rate of 6.9 per 1000 women aged 15–44 years. Regionally, rates ranged from 5.3 in Latin America and the Caribbean to 8.2 in Asia. Results inform policies to improve women’s health.

## Guidelines for Maternity Care in South Africa

A manual for clinics, community health centres and district hospitals  
4th Edition



by E Buchmann, R Van der Walt, J Geldenhuys et al.  
National Maternity Guidelines Committee, National Department of Health, Republic of South Africa, 2015  
174 pp. 3.9 MB

[http://www.hst.org.za/sites/default/files/Maternal%20Care%20Guidelines%202015\\_FINAL-21.7.15.pdf](http://www.hst.org.za/sites/default/files/Maternal%20Care%20Guidelines%202015_FINAL-21.7.15.pdf)

The National Department of Health has identified maternal health care as a priority area requiring urgent action in South Africa. This is in line with the target to achieve the Millennium Development Goals (MDGs) as the targets set in the National Development Plan (NDP). There is a continuing global commitment to reduce the unacceptably high maternal death rates in low to middle-income countries (LMIC). Progress towards this goal in South Africa demands national co-ordination and co-operation with the major role players in provision of health services, addressing causes of maternal and perinatal deaths and in making available clinical management protocols to ensure that high quality health services are rendered.

## A Randomized Trial of Phototherapy with Filtered Sunlight in African Neonates



by Tina M. Slusher, Bolajoko O. Olusanya, Hendrik J. Vreman et al.  
N Engl J Med 373;12 - September 17, 2015  
10 pp. 583 kB

<http://www.nejm.org/doi/pdf/10.1056/NEJMoa1501074>

Sequelae of severe neonatal hyperbilirubinemia constitute a substantial disease burden in areas where effective conventional phototherapy is unavailable. We previously found that the use of filtered sunlight for the purpose of phototherapy is a safe and efficacious method for reducing total bilirubin. However, its relative safety and efficacy as compared with conventional phototherapy are unknown. The authors conclude that filtered sunlight was non-inferior to conventional phototherapy for the treatment of neonatal hyperbilirubinemia and did not result in any study withdrawals for reasons of safety.

## Innocence Lost: Child Marriage in a global context, with a focus on Malawi



by Lydia van der Putten, Ton Liefwaard, Julia Sloth-Nielsen  
KidsRights Foundation, May 2014  
26 pp. 747 kB

<https://www.kidsrights.nl/Portals/0/Peter%20R/Innocence%20Lost%20-%20Child%20Marriage%20in%20a%20global%20context,%20with%20a%20focus%20on%20Malawi.pdf>

Child marriage, according to international human rights authorities, is defined as any marriage below the age of 18 years. Sometimes involving boys, but mostly girls, it is a global issue which affects children before they are physically or emotionally mature enough to deal with the consequences. For child marriage to end, the practice must be kept high on the global human rights agenda. In Malawi, local perceptions of the practice need to change. Girls, their families and their communities must be informed of the risks of early pregnancy, the benefits of an extended education, and the human rights to which all children are entitled.

## “She goes with me in my boat”: Child and Adolescent Marriage in Brazil



by Alice Taylor, Giovanna Lauro, Marcio Segundo et al.  
Instituto Promundo & Promundo-US, July 2015  
148 pp. 2.9 MB

[http://promundoglobal.org/wp-content/uploads/2015/07/SheGoesWithMyBoat\\_ChildAdolescentMarriageBrazil.pdf](http://promundoglobal.org/wp-content/uploads/2015/07/SheGoesWithMyBoat_ChildAdolescentMarriageBrazil.pdf)

According to one estimate, Brazil is ranked the fourth country in the world in absolute numbers of women married or co-habiting by age 15. This study explores attitudes and practices around child and adolescent marriage in the two Brazilian states with the highest prevalence of the practice. The study examines local attitudes and practices, as well as risk and protective factors, around child and adolescent marriage in the capital cities in these two states. The findings offer insights for improving our understanding of attitudes and practices related to child and adolescent marriage in Brazil and in other settings where the practice is informal.

## BMJ Special Supplement: Towards a new Global Strategy for Women’s, Children’s and Adolescents’ Health



BMJ 2015; 351, Supplement (14 September 2015)  
76 pp. 4.2 MB

[http://static.www.bmj.com/sites/default/files/attachments/resources/2015/09/who\\_supplement.pdf](http://static.www.bmj.com/sites/default/files/attachments/resources/2015/09/who_supplement.pdf)

Although great strides have been made in reducing maternal and child mortality, showing that change is possible, many countries are lagging behind in reaching

millennium development goal 4 (to reduce the under 5 mortality rate by two thirds between 1990 and 2015) and goal 5 (to reduce the maternal mortality ratio by three quarters between 1990 and 2015 and achieve universal access to reproductive healthcare by 2015), and there are vast inequities between and within countries. In 2010, confronted with unacceptably high rates of maternal and child mortality, the UN secretary general called on the world to develop a strategy to improve maternal and child health in the world's poorest and high burden countries, starting with 49 low income countries. The 15 papers in this collection examine the evidence and the thinking that form the basis of the new global strategy.

## Levels & Trends in Child Mortality 2015



by Danzhen You, Lucia Hug, Simon Ejdemyr et al.  
United Nations Children's Fund, September 2015  
36 pp. 4.0 MB

[http://www.childmortality.org/files\\_v20/download/IGME%20Report%202015\\_9\\_3%20LR%20Web.pdf](http://www.childmortality.org/files_v20/download/IGME%20Report%202015_9_3%20LR%20Web.pdf)

Child mortality rates have plummeted to less than half of what they were in 1990, according to this new report. Under-five deaths have dropped from 12.7 million per year in 1990 to 5.9 million in 2015. This is the first year the figure has gone below the 6 million mark. Although the global progress has been substantial, 16 000 children under 5 still die every day. And the 53% drop in under-five mortality is not enough to meet the Millennium Development Goal of a two-thirds reduction between 1990 and 2015.

## Global, regional, and national levels and trends in under-5 mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Inter-agency Group for Child Mortality Estimation



by Danzhen You, Lucia Hug, Simon Ejdemyr et al.  
The Lancet - Published Online September 9, 2015  
12 pp. 6.8 MB

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00120-8.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00120-8.pdf)

The authors aimed to estimate levels and trends in under-5 mortality for 195 countries from 1990 to 2015 to assess MDG 4 achievement and then intended to project how various post-2015 targets and observed rates of change will affect the burden of under-5 deaths from 2016 to 2030. They conclude that despite substantial progress in reducing child mortality, concerted efforts remain necessary to avoid preventable under-5 deaths in the coming years and to accelerate progress in improving child survival further. Urgent actions are needed most in the regions and countries with high under-5 mortality rates, particularly those in sub-Saharan Africa and south Asia.

## HIV, Tuberculosis & Malaria

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### Ending AIDS



by Brian Williams  
South African Centre for Epidemiological Modelling and Analysis (SACEMA) Quarterly -  
Published on September 15, 2015  
3 pp. 123 kB

[http://sacemaquarterly.com/wp-content/uploads/2015/09/Brian\\_Ending-AIDS\\_article-2.pdf](http://sacemaquarterly.com/wp-content/uploads/2015/09/Brian_Ending-AIDS_article-2.pdf)

As the world embraces immediate treatment for HIV, the game is not over: stigma and discrimination persist; drug procurement, supply and delivery are failing in many countries; ways must be found to ensure adherence with treatment to keep people alive, minimize resistance and stop transmission; thirty million people will need treatment for the next half-century or until a cure is found. This is an auspicious time to review a few of the many studies that have accumulated over the last fifteen years in support of providing treatment for people infected with HIV as early and as soon as possible.

### Every Dose Every Day



<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/BiomedicalInterventions/MedicationAdherence.aspx>

The Centers for Disease Control and Prevention (CDC) has published online a new toolkit offering health care providers evidence-based strategies for improving medication adherence among patients living with HIV. The Every Dose, Every Day™ toolkit features four HIV medication adherence e-learning modules and a mobile app.

### Communities Deliver: The Critical Role of Communities in Reaching Global Targets to End the AIDS Epidemic

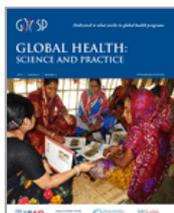


Joint United Nations Programme on HIV/AIDS (UNAIDS), STOP AIDS NOW! and the International HIV/AIDS Alliance, 2015  
80 pp. 1.0 MB

[http://www.aidsalliance.org/assets/000/001/759/UNAIDS\\_CommunitiesDeliver\\_v24\\_original.pdf](http://www.aidsalliance.org/assets/000/001/759/UNAIDS_CommunitiesDeliver_v24_original.pdf)

To reach the fast-track targets to end the AIDS epidemic by 2030, community responses to HIV need to be integrated in national AIDS plans, and scaled up and resourced at levels much higher than before. This comprehensive report draws on multiple sources that document the many ways in which communities are advancing the response to AIDS, and the evidence for the effectiveness of these responses.

## Covering the Last Kilometer: Using GIS to Scale-Up Voluntary Medical Male Circumcision Services in Iringa and Njombe Regions, Tanzania



by Hally Mahler, Sarah Searle, Marya Plotkin et al.  
 Glob Health Sci Pract, September 10, 2015, Vol. 3, No. 3, pp. 503-515  
 13 pp. 7.6 MB

<http://www.ghspjournal.org/content/3/3/503.full.pdf+html>

Interactive geographic information system (GIS) maps created by overlapping facility data including roads and infrastructure with population and service delivery data permitted strategic deployment of mobile voluntary medical male circumcision (VMMC) services to underserved rural communities. The percentage of VMMCs performed in rural areas jumped from 48% in 2011 to 93% in 2014. GIS was an effective tool for making strategic decisions about where to prioritize VMMC service delivery, particularly for mobile and outreach services. Donors may want to consider funding mapping initiatives that support numerous interventions across implementing partners to spread initial start-up costs.

## Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial



by Sheena McCormack, David T Dunn, Monica Desai et al.  
 The Lancet - Published Online September 10, 2015  
 8 pp. 275 kB

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00056-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00056-2.pdf)

The authors enrolled HIV-negative gay and other men who have sex with men who had had anal intercourse without a condom in the previous 90 days. In this high incidence population, daily tenofovir–emtricitabine conferred even higher protection against HIV than in placebo-controlled trials, refuting concerns that effectiveness would be less in a real-world setting. There was no evidence of an increase in other sexually transmitted infections. The findings strongly support the addition of PrEP to the standard of prevention for men who have sex with men at risk of HIV infection.

## World Atlas of BCG Policies and Practices



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

This interactive website provides detailed information on current and past BCG policies and practices for over 180 countries. The Atlas is designed to be a useful resource for clinicians, policymakers and researchers alike, providing information that may be helpful for better interpretation of TB diagnostics as well as design of new TB vaccines. The rationale and methodology for this Atlas is described in a paper in [PLoS Medicine](#).

## Prevalence of tuberculosis in post-mortem studies of HIV-infected adults and children in resource-limited settings: a systematic review and meta-analysis



by Rishi K. Gupta, Sebastian B. Lucas, Katherine L. Fielding et al.  
AIDS: 24 September 2015, Vol. 29, Issue 15, pp. 1987–2002  
16 pp. 575 kB

[http://pdfs.journals.lww.com/aidsonline/2015/09240/Prevalence\\_of\\_tuberculosis\\_in\\_post\\_mortem\\_studies.12.pdf](http://pdfs.journals.lww.com/aidsonline/2015/09240/Prevalence_of_tuberculosis_in_post_mortem_studies.12.pdf)

Tuberculosis (TB) is estimated to be the leading cause of HIV-related deaths globally. However, since HIV-associated TB frequently remains unascertained, the authors systematically reviewed autopsy studies to determine the true burden of TB at death. They conclude that in resource-limited settings, TB accounts for approximately 40% of facility-based HIV/AIDS-related adult deaths. Almost half of this disease remains undiagnosed at the time of death. These findings highlight the critical need to improve the prevention, diagnosis and treatment of HIV-associated TB globally.

## Effectiveness of Electronic Reminders to Improve Medication Adherence in Tuberculosis Patients: A Cluster-Randomised Trial



by Xiaoqiu Liu, James J. Lewis, Hui Zhang et al.  
PLoS Med 12(9): e1001876 (15 September 2015)  
18 pp. 625 kB

<http://www.plosmedicine.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pmed.1001876&representation=PDF>

The findings show that, in China, the use of an electronic medication monitor box to remind patients to take their anti-tuberculosis drugs improved medication adherence. Interestingly, text messaging alone, which has been shown to improve adherence to antiretroviral therapy among HIV-positive individuals, did not improve medication adherence among patients with tuberculosis, possibly because the messages were too frequent or too impersonal. These findings suggest that using medication monitors to deliver electronic drug reminders to patients might improve medication adherence among patients with tuberculosis in China and in other settings.

## Achieving the Malaria MDG Target: Reversing the Incidence of Malaria 2000-2015



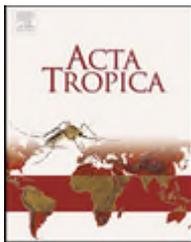
by Agbessi Amouzou, Valentina Buj, Liliana Carvajal et al.  
World Health Organization and the United Nations Children's Fund, 2015  
40 pp. 1.2 MB

[http://apps.who.int/iris/bitstream/10665/184521/1/9789241509442\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/184521/1/9789241509442_eng.pdf?ua=1)

In 2000, malaria was identified as one of the biggest impediments to global development and selected as a critical global target of the Millennium Development

Goals (MDGs). This report summarizes the remarkable progress seen, on a global and regional level, in reversing malaria mortality and incidence since 2000. It introduces malaria and the strategies used to fight the disease, outlines progress according to each of the MDG indicators, and highlights the main challenges that remain in controlling and eliminating this disease.

### **Malaria-associated morbidity during the rainy season in Saharan and Sahelian zones in Mauritania**



Acta Tropica, Volume 152, December 2015, pp. 1–7  
by Mohamed Salem Ould Ahmedou Salem, Leonardo K. Basco, Mohamed Ouldabdallahi et al.  
7 pp. 625 kB

[http://www.malarianexus.com/\\_common/updateable/files/articles/635769866561157889.pdf](http://www.malarianexus.com/_common/updateable/files/articles/635769866561157889.pdf)

Reliable epidemiological data based on laboratory-confirmed cases are scarce in Mauritania. A large majority of reported malaria cases are based on presumptive clinical diagnosis. The present study confirmed the predominance of *P. falciparum* in southern Mauritania reported in previous studies. The presence of *P. vivax* in Nouakchott is a new epidemiological reality that requires an urgent adoption of novel strategies for parasitological and vector control to combat urban malaria. Moreover, the study provides evidence-based data on malaria burden in two regions in Mauritania that may serve as a springboard to establish and develop a national surveillance system of malaria epidemiology.

### **Effectiveness of Provider and Community Interventions to Improve Treatment of Uncomplicated Malaria in Nigeria: A Cluster Randomized Controlled Trial**



by Obinna Onwujekwe, Lindsay Mangham-Jefferies, Bonnie Cundill et al.  
PLoS ONE 10(8): e0133832 (26 August 2015)  
18 pp. 636 kB

<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.0133832&representation=PDF>

The World Health Organization recommends that malaria be confirmed by parasitological diagnosis before treatment using Artemisinin-based Combination Therapy (ACT). Despite this, many health workers in malaria endemic countries continue to diagnose malaria based on symptoms alone. This study evaluates interventions to help bridge this gap between guidelines and provider practice. Presumptive treatment of uncomplicated malaria remains an ingrained behaviour that is difficult to change. With or without extensive supporting interventions, levels of testing in this study remained critically low. Governments and researchers must continue to explore alternative ways of encouraging providers to deliver appropriate treatment and avoid the misuse of valuable medicines.

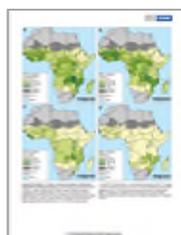
## Introducing seasonal malaria chemoprevention



<http://www.malariaconsortium.org/resources/video-library/607/introducing-seasonal-malaria-chemoprevention>

Seasonal malaria chemoprevention (SMC) is an innovative and highly effective intervention to prevent malaria in children under five - who are most vulnerable to this deadly disease. SMC involves administering up to four monthly doses of antimalarial drugs to children aged 3 to 59 months during peak malaria transmission season. Since approved by the World Health Organization in 2012, SMC has been found to prevent up to 75 percent of malaria cases.

## The effect of malaria control on Plasmodium falciparum in Africa between 2000 and 2015



by S. Bhatt, D. J. Weiss, E. Cameron et al.  
Nature, 00 Month 2015, Vol. 000  
9 pp. 3.1 MB

<http://www.nature.com/nature/journal/vaop/ncurrent/pdf/nature15535.pdf>

The authors found that *Plasmodium falciparum* infection prevalence in endemic Africa halved and the incidence of clinical disease fell by 40% between 2000 and 2015. They estimate that interventions have averted 663 million clinical cases since 2000. Insecticide-treated nets, the most widespread intervention, were by far the largest contributor (68% of cases averted). Although still below target levels, current malaria interventions have substantially reduced malaria disease incidence across the continent. Increasing access to these interventions, and maintaining their effectiveness in the face of insecticide and drug resistance, should form a cornerstone of post-2015 control strategies.

## 2015 Social media Award



The theme of the **2015 Social Media Awards** is 'Malaria Heroes'. The awards recognize the amazing group of people who use social media most effectively to promote and showcase the global fight against malaria. The awards are also timed to help promote visibility and awareness of malaria successes (and on-going needs) around critical sustainable development meetings taking

place this year.

The Awards' partners would appreciate your help with raising awareness about the Awards between now and the SDG Summit on the 25th September. To make this as simple as possible, they have prepared a social media kit with sample tweets and Facebook posts that you can use to tell your network about the 'Malaria Heroes' awards. The kit includes sharegraphics and can be downloaded from this Dropbox folder: <http://bit.ly/SMA-General-Toolkit>

## Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

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### Neglected Tropical Diseases Report 2015



Christian Blind Mission (CBM), 2015  
12 pp. 2.9 MB

[http://www.cbm.org/article/downloads/54741/NTD\\_Report\\_2015\\_accessible\\_.pdf](http://www.cbm.org/article/downloads/54741/NTD_Report_2015_accessible_.pdf)

In order to fight against the five major Neglected Tropical Diseases (NTDs - trachoma, onchocerciasis, lymphatic filariasis, schistosomiasis, and soil-transmitted helminths), CBM works with partners at the global, regional and country levels to support national programmes and their efforts to control or eliminate NTDs. The primary focus in current NTD programmes is on prevention and treatment. However, it is important to recognise the need for continuum of care for people affected, in order to reduce suffering from morbidity, stigma and poverty, and enable participation in family and community life.

### Meningococcal disease control in countries of the African meningitis belt, 2014



World Health Organization, Weekly Epidemiological Record, No. 13, 2015, 90  
(27 March 2015)  
10 pp. 1.3 MB

<http://www.who.int/wer/2015/wer9013.pdf?ua=1>

Since 2010, 15 of the 26 countries of the African meningitis belt have introduced MACV vaccine. No *Neisseria meningitidis* A (NmA) epidemics have occurred in areas where vaccination with MACV has been implemented. Overall, there is a continuing dramatic decrease in the numbers of NmA cases in these countries. The documentation of these epidemiological changes is essential for the assessment of the impact of MACV and the revision of meningitis control strategies. To this end, the expansion of enhanced surveillance into more countries, improving the quality of this surveillance and the progressive introduction of case-based surveillance are essential.

### Global programme to eliminate lymphatic filariasis: progress report, 2014



WHO Weekly Epidemiological Record (WER) - 18 September 2015, Vol. 90, 38  
16 pp. 601 kB

<http://www.who.int/entity/wer/2015/wer9038.pdf?ua=1>

Lymphatic filariasis (LF) is targeted for global elimination as a public health problem by 2020. The Global Programme to Eliminate Lymphatic Filariasis (GPELF) was launched in 2000, aiming to stop the spread of infection and alleviate suffering. Mass drug administration (MDA) is the recommended preventive chemotherapy (PC) strategy of delivering safe, anthelmintic drugs to populations at risk

of LF to prevent morbidity due to infection and interrupt transmission. When the level of infection has been reduced to below target thresholds, MDA is considered no longer required.

## A Call for Incorporating Social Research in the Global Struggle against Snakebite



by José María Gutiérrez, Thierry Burnouf, Robert A. Harrison et al.  
PLoS Negl Trop Dis 9(9): e0003960 (17 September 2015)  
4 pp. 156 kB

<http://www.plosntds.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pntd.0003960&representation=PDF>

Snakebite envenoming is predominantly a disease of the poor, with the highest incidence and severity seen in regions facing complex and interrelated social and economic problems. Understanding how this interplay of variables influences both the circumstances leading to snakebite injury and its consequences is crucial to developing successful strategies to mitigate the problem. A comprehensive multidisciplinary approach incorporating social research into the study of snakebite envenoming is needed. Hereby, the authors aim to increase awareness of areas where reinvigorated social research would be highly beneficial.

## Antivenoms for Snakebite Envenoming: What Is in the Research Pipeline?



by Emilie Alirol, Pauline Lechevalier, Federica Zamatto et al.  
PLoS Negl Trop Dis 9(9): e0003896 (September 10, 2015)  
11 pp. 339 kB

<http://www.plosntds.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pntd.0003896&representation=PDF>

Of the 24 neglected tropical diseases (NTDs) and conditions listed by WHO, snakebite is among the top killers. Tens of thousands of people die each year as a result of snakebite envenoming, with close to 50,000 deaths in India alone and up to 32,000 in sub-Saharan Africa. Yet there are few sources of effective, safe, and affordable antivenoms. The regions that bear the highest snakebite burden are especially underserved. The Fav-Afrique antivenom, produced by Sanofi Pasteur (France), is considered safe and effective and is one of the few antivenoms to be approved by a Stringent Regulatory Authority. Worryingly, Médecins Sans Frontières (MSF) has been informed that the production of Fav-Afrique by Sanofi Aventis will be permanently discontinued. The last batch was released in January 2014, with an expiry date of June 2016. All the vials produced have already been sold by Sanofi Pasteur. Although several alternative antivenom products target a similar list of species as Fav-Afrique, there is currently no evidence of their safety and effectiveness.

## Outbreak Bulletin Vol. 5, Issue 4 (4 September 2015)



World Health Organization, Regional Office for Africa, 2015  
8 pp. 1.1 MB

[http://apps.who.int/iris/bitstream/10665/184164/1/OB\\_4.pdf](http://apps.who.int/iris/bitstream/10665/184164/1/OB_4.pdf)

In this bulletin, it is important to note that the Ebola outbreak in West Africa has significantly declined. On 3 September 2015, WHO declared Liberia free of Ebola virus transmission in the human population. Sierra Leone has reported one new case after the country marked 21 days without reporting any case. Elsewhere in the region, a plague outbreak was recently reported in Moramanga district, Madagascar. In this issue, a general overview of public health events that occurred between January–July 2015, as well as a summary of other ongoing outbreaks as reported by Member States, are being described to inform public health officers across the continent, health partners and wider audience.

## Global Health Sector Strategy on Viral Hepatitis, 2016-2021

Draft for Consultation



World Health Organization, 2015  
37 pp. 467 kB

[http://www.who.int/hiv/draft-hep-strategy-2016-2021\\_en.pdf](http://www.who.int/hiv/draft-hep-strategy-2016-2021_en.pdf)

The need for a global health sector strategy on viral hepatitis stems from the scale and complexity of the hepatitis pandemic, along with growing recognition of its massive public health burden and the huge opportunities for action. To date, few countries have seized these opportunities; action has tended to be fragmented and inadequate. The time has come for a coherent public health response that identifies effective services and delivery approaches, brings together key programmes and establishes clear institutional responsibility and accountability.

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

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## Global Nutrition Report 2015: Actions and accountability to advance nutrition and sustainable development



by Lawrence Haddad, Corinna Hawkes, Emorn Udomkesmalee et al.  
International Food Policy Research Institute, 2015  
201 pp. 7.1 MB

<http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129443/filename/129654.pdf>

The publication is a report card on the world's nutrition - globally, regionally, and country by country - and on efforts to improve it. It assesses countries' progress in meeting global nutrition targets established by the World Health Assembly. It documents how well countries, aid donors, NGOs, businesses, and others are meeting the commitments they made at the major Nutrition for Growth summit in 2013. And it spells out the actions that proven effective in combating malnutrition in all its forms.

## Nutrition and Social Protection: The Many Dimensions of Nutrition



by Holly Sedutto, Martina Kress, Militezegga Abduk Mustafa et al.  
Food and Agriculture Organization of the United Nations (FAO), 2015  
52 pp. 1.7 MB

<http://www.fao.org/3/a-i4819e.pdf>

This document analyses linkages and complementarities between social protection and nutrition, laying out the common ground between the two. It identifies general principles which should guide the design and implementation of social protection interventions in order to maximize their positive impact on nutrition. Common social protection instruments are analysed for their specific linkages with nutrition and concrete suggestions are made on how to best use them in order to achieve improved nutrition.

## Screening and Routine Supplementation for Iron Deficiency Anemia: A Systematic Review



by Marian S. McDonagh, Ian Blazina, Tracy Dana et al.  
Pediatrics, Vol. 135, No. 4, April 1, 2015, pp. 723 -733  
13 pp. 917 kB

<http://pediatrics.aappublications.org/content/135/4/723.full.pdf+html>

Supplementation and screening for iron-deficiency anemia (IDA) in young children may improve growth and development outcomes. The goal of this study was to review the evidence regarding the benefits and harms of screening and routine supplementation for IDA for the US Preventive Services Task Force. The authors conclude that although some evidence on supplementation for IDA in young children indicates improvements in hematologic values, evidence on clinical outcomes is lacking. No randomized controlled screening studies are available.

## Effect of an integrated community-based package for maternal and newborn care on feeding patterns during the first 12 weeks of life: a cluster-randomized trial in a South African township



by Petrida Ijumba, Tanya Doherty, Debra Jackson et al.  
Public Health Nutrition, Volume 18, Issue 14 (October 2015)  
9 pp. 297 kB

<http://journals.cambridge.org/action/displayFulltext?type=1&fid=9952447&jid=PHN&volumeId=18&issueId=14&aid=9952442&bodyId=&membershipNumber=&societyETOCSession=>

The objective of the study was to analyse the effect of community-based counselling on feeding patterns during the first 12 weeks after birth, and to study whether the effect differs by maternal HIV status, educational level or household wealth. The authors conclude that a perinatal intervention package delivered by community health workers was effective in increasing exclusive breast-feeding, exclusive formula-feeding and decreasing mixed feeding.

## Estimating the lost benefits of not implementing a visual inspection with acetic acid screen and treat strategy for cervical cancer prevention in South Africa



by Gwinyai Masukume  
Wikiversity Journal of Medicine, Vol. 2, No. 1, August 2015  
12 pp. 813 kB

[http://www.researchgate.net/profile/Gwinyai\\_Masukume/publication/281380250\\_Estimating\\_the\\_lost\\_benefits\\_of\\_not\\_implementing\\_a\\_visual\\_inspection\\_with\\_acetic\\_acid\\_screen\\_and\\_treat\\_strategy\\_for\\_cervical\\_cancer\\_prevention\\_in\\_South\\_Africa/links/55eb4cf008aeb651626775ac.pdf](http://www.researchgate.net/profile/Gwinyai_Masukume/publication/281380250_Estimating_the_lost_benefits_of_not_implementing_a_visual_inspection_with_acetic_acid_screen_and_treat_strategy_for_cervical_cancer_prevention_in_South_Africa/links/55eb4cf008aeb651626775ac.pdf)

South Africa has had a national cervical cancer screening policy (2002) based on the Pap (Papanicolaou) smear for more than 10 years which has not been effective. Cancer of the cervix remains a very common cancer among women in South Africa. The authors conclude that had South Africa adopted a pragmatic low cost method to prevent cervical cancer like Zambia (Botswana and Zimbabwe) did, substantial morbidity and mortality from cervical cancer would have been prevented. Important public health lessons for politicians, policy makers and others can be drawn from this missed opportunity.

## Mobile Technology in Cancer Control for Emerging Health Systems: Digital Divide or Digital Provide?



by Hani Eskandar, Mary-Anne Land, Virginia Arnold et al.  
Cancer Control 2015, pp. 65-70  
6 pp. 139 kB

<http://www.cancercontrol.info/wp-content/uploads/2015/07/65-70-Robinson.pdf>

There is a great deal of excitement around the use of mobile technology to overcome infrastructural limitations across all fields – business, health, education, agriculture and governance. Health in particular has seen numerous applications of smartphones and analogue phones being used to improve health coverage and access to services. The technology has been used to promote health and healthy behaviours, raise awareness of health risks, facilitate early diagnosis, manage treatment and adherence, increase surveillance and data collection, and in general improve health systems management and information sharing. There is however the contrasting view that mobile services and mobile technology solutions are not yet validated sufficiently to merit their use in strengthening or replacing existing public health delivery programmes, and have no standard operating systems.

## Progression to Traditional Cigarette Smoking After Electronic Cigarette Use Among US Adolescents and Young Adults

**JAMA Pediatrics**

by Brian A. Primack, Samir Soneji, Michael Stoolmiller et al.  
JAMA Pediatr. Published online September 08, 2015  
7 pp. 152 kB

<http://archpedi.jamanetwork.com/pdfaccess.ashx?ResourceID=11549800&PDFSource=24>

Electronic cigarettes (e-cigarettes) may help smokers reduce the use of traditional combustible cigarettes. However, adolescents and young adults who have never smoked traditional cigarettes are now using e-cigarettes, and these individuals may be at risk for subsequent progression to traditional cigarette smoking. The authors conclude that in this national sample of US adolescents and young adults, use of e-cigarettes at baseline was associated with progression to traditional cigarette smoking. These findings support regulations to limit sales and decrease the appeal of e-cigarettes to adolescents and young adults.

## Wasted Health - The Tragic Case of Dumpsites



by Antonis Mavropoulos, David Newman, Vivek Agrawal et al.  
International Solid Waste Association (ISWA), June 2015  
38 pp. 5.9 MB

[http://www.iswa.org/fileadmin/galleries/Task\\_Forces/THE\\_TRAGIC\\_CASE\\_OF\\_DUMPSITES.pdf](http://www.iswa.org/fileadmin/galleries/Task_Forces/THE_TRAGIC_CASE_OF_DUMPSITES.pdf)

Dumpsites are a global problem that threatens the health and the quality of life of 3.5 - 4 billion people that are served by dumpsites. Due to both the expected increase of population and the growing income/capita in the developing world, significant additional amounts of municipal, industrial and hazardous waste are expected to enter into dumpsites within next 15-20 years. Despite the methodological limitations, the scientific literature on the health effects of dumpsites provides strong indications of the existing linkages between dumpsites and adverse health effects for workers, informal recyclers and nearby residents.

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

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### Explaining the role of the social determinants of health on health inequality in South Africa

Global Health  
Action



by John Ele-Ojo Ataguba, Candy Day and Di McIntyre  
Glob Health Action 2015, 8: 28865  
11 pp. 716 kB

[http://www.globalhealthaction.net/index.php/gha/article/download/28865/pdf\\_108](http://www.globalhealthaction.net/index.php/gha/article/download/28865/pdf_108)

Action on the social determinants of health (SDH) is relevant for reducing health inequalities. This is particularly the case for South Africa (SA) with its very high level of income inequality and inequalities in health and health outcomes. This paper assesses health inequalities in SA and explains the factors (i.e. SDH and other individual level factors) that account for large disparities in health. The relative contribution of different SDH to health inequality is also assessed.

### Education under Attack in Syria



Save the Children, September 2015  
8 pp. 470 kB

[http://reliefweb.int/sites/reliefweb.int/files/resources/EDUCATIONUNDERATTACK\\_SEPT2015.PDF](http://reliefweb.int/sites/reliefweb.int/files/resources/EDUCATIONUNDERATTACK_SEPT2015.PDF)

More than half of all attacks on schools worldwide in the last four years have occurred in Syria, compounding the humanitarian crisis that has already forced four million Syrian refugees to flee to camps in over-crowded surrounding states, or onwards towards Europe. The study, "Education under Attack", brings to light how schools inside Syria have been indiscriminately bombed, destroyed, commandeered by armed groups, or turned into weapons caches or torture centers.

### **Selection and performance of village health teams (VHTs) in Uganda: lessons from the natural helper model of health promotion**



by Emmanueil Benon Turinawe, Jude T. Rwemisisi, Laban K. Musinguzi et al.  
Human Resources for Health 2015, 13:73 (7 September 2015)  
11 pp. 456 kB

<http://www.human-resources-health.com/content/pdf/s12960-015-0074-7.pdf>

In 2002, Uganda began implementing a national community health worker (CHW) programme called the village health teams (VHTs), but their performance has been poor in many communities. In this paper, the authors' aim was to examine the process of the introduction of the VHT strategy in one rural community, including the selection of VHT members and how these processes may have influenced their work in relation to the ideals of the natural helper model of health promotion.

### **Innovating to improve primary care in less developed countries: towards a global model**



by Lara Fairall, Eric Bateman, Ruth Cornick et al.  
BMJ Innovations, Publish Ahead of Print on July 23, 2015  
9 pp. 344 kB

<http://innovations.bmj.com/content/early/2015/07/23/bmjinnov-2015-000045.full.pdf#page=1&view=FitH>

The Knowledge Translation Unit of the University of Cape Town Lung Institute has spent 14 years developing a series of innovative packages to support and empower nurses and other health workers. PACK (Practical Approach to Care Kit) Adult comprises policy-based and evidence-informed guidelines; onsite, team and case-based training; non-physician prescribing; and a cascade system of scaling up. A series of randomised trials has shown the effectiveness of the packages, and methods are now being developed to respond cost-effectively and sustainably to global demand for implementing PACK Adult. Global health would probably benefit from less time and money spent developing new innovations and more spent on finding ways to spread those we already have.

### **Human resources for primary health care in sub-Saharan Africa: progress or stagnation?**



by Merlin L Willcox, Wim Peersman, Pierre Daou et al.  
Human Resources for Health 2015, 13:76 (10 September 2015)  
11 pp. 1.3 MB

<http://www.human-resources-health.com/content/pdf/s12960-015-0073-8.pdf>

There is an "inverse primary health care law" in the countries studied: staffing is inversely related to poverty and level of need, and health worker density is not increasing in the lowest income countries.

Unless there is money to recruit and retain staff in these areas, training programmes will not improve health worker density because the trained staff will simply leave to work elsewhere. Information systems need to be improved in a way that informs policy on the health workforce. It may be possible to use existing resources more cost-effectively by involving skilled staff to supervise and support lower level health care workers who currently provide the front line of primary health care in most of Africa.

### **Task Sharing Implant Insertion by Community Health Workers: Not Just Can It Work, but How Might It Work Practically and With Impact in the Real World**



by Lois Schaefer  
Glob Health Sci Pract, September 10, 2015, Vol. 3, No. 3, pp. 327-329  
3 pp. 151 kB

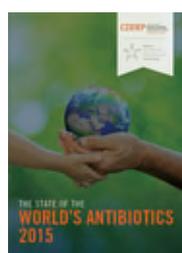
<http://www.ghspjournal.org/content/3/3/327.full.pdf+html>

Demonstrating that a health service, such as providing contraceptive implants, can be safely task shared to less highly trained workers is crucial but is only one step toward effective implementation at scale. Providers need dedicated time, enough clients, supplies, supervision, and other system support, allowing them to maintain their competency, confidence, and productivity.

#### [Access to Medical Products, Vaccines and Technologies](#)

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### **The State of the World's Antibiotics, 2015**



by Hellen Gelband, Molly Miller-Petrie, Suraj Pant et al.  
Center for Disease Dynamics, Economics & Policy (CDDEP), 2015  
84 pp. 12.6 MB

[http://www.cddep.org/sites/default/files/swa\\_2015\\_final.pdf](http://www.cddep.org/sites/default/files/swa_2015_final.pdf)

The report documents alarming rates of bacteria resistant to last-resort antibiotics that can lead to life-threatening infections across the world. Though wealthy countries still use far more antibiotics per capita, high rates in the low- and middle-income countries where surveillance data is now available - such as India, Kenya, and Vietnam - sound a warning to the world. The report lays out six strategies that belong in every national plan to halt the spread of resistance. The authors say antibiotic stewardship is the key component of that action, and they challenge the frequently-cited notion that the problem with antibiotic resistance is a lack of new drugs in the antibiotic pipeline.

## Journal of Law, Medicine & Ethics (JLME) Special Issue: The Global Threat of Antibiotic Resistance



JLME - 2015 Volume 43: 2 - Supplemental Issue - Online Only  
Free access to all articles at:

[http://aslme.org/Back\\_Issues\\_And\\_Articles?journal=JLME&year=2015&volume=43&number=2&type=S#A1664](http://aslme.org/Back_Issues_And_Articles?journal=JLME&year=2015&volume=43&number=2&type=S#A1664)

Of the many global health challenges facing the world today, only a small number require global collective action. Most health challenges can be fully addressed through action at local, regional or national levels. What kind of actions must be taken to address the global threat of antibiotic resistance (ABR)? What legal, political and economic tools might be needed to achieve this level of action? Eleven concise articles were commissioned and published in this special issue to explore whether ABR depended on global collective action, and if so, what tools could help states and non-state actors to achieve it.

### Management and Quality of Health Services and Facilities

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## The effect of performance-based financing on illness, care-seeking and treatment among children: an impact evaluation in Rwanda



by Martha Priedeman Skiles, Siân L. Curtis, Paulin Basinga et al.  
BMC Health Services Research 2015, 15:375 (14 September 2015)  
11 pp. 454 kB

<http://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-015-1033-7?hostname=bmchealthservres.biomedcentral.com>

Performance-based financing (PBF) strategies are promoted as a supply-side, results-based financing mechanism to improve primary health care. This study estimated the effects of Rwanda's PBF program on less-incentivized child health services and examined the differential program impact by household poverty. The findings provide additional evidence that PBF incentivizes the critical role staff play in assuring quality services, but does little to influence consumer demand for these services. Efforts to improve child health need to address both supply and demand, with additional attention to barriers due to poverty if equity in service use is a concern.

## People's Republic of China Health System Review



by Meng Qingyue, Yang Hongwei, Chen Wen et al.  
World Health Organization, Health Systems in Transition, Vol. 5, No. 7, 2015  
246 pp. 3.1 MB

[http://iris.wpro.who.int/bitstream/10665.1/11408/1/9789290617280\\_eng.pdf](http://iris.wpro.who.int/bitstream/10665.1/11408/1/9789290617280_eng.pdf)

The Health Systems in Transition (HiT) profiles are country-based reports that provide a detailed description of a health system and of policy initiatives in progress or development. HiTs examine approaches to the organization, financing and delivery of health services and the role of the main actors in health systems; describe the institutional framework, process, content and implementation of health and health-care policies; and highlight challenges and areas that require more in-depth analysis. HiT profiles seek to provide information to support policy-makers and analysts in the development of health systems.

## Universal Health Coverage, Health Financing and Social Health Protection

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



by Rachel M. Taylor, Rapporteur  
Institute of Medicine; The National Academies of Sciences, Engineering, and Medicine, September 10, 2015  
116 pp. 4.3 MB

[http://download.nap.edu/cart/download.cgi?&record\\_id=21747](http://download.nap.edu/cart/download.cgi?&record_id=21747)

The workshop examined the approaches, successes and challenges, and lessons learned in order to explore the topics of universal health coverage and occupational health and safety for the informal workforce in developing countries. The overall workshop objective was to illuminate best practices and lessons learned for the informal workforce in developing countries in the financing of health care with respect to health care delivery models that are especially suitable to meeting a population's needs for a variety of occupational health issues, including the prevention or mitigation of hazardous risks and the costs of providing medical and rehabilitation services and other benefits to various types of workers within this population.

## Financing Healthcare for All in India: Towards a Common Goal



by Oommen C. Kurian, Indranil Mukhopadhyay, Anant Phadke et al.  
Oxfam India, May 2015  
40 pp. 2.0 MB

<http://oxfamilibrary.openrepository.com/oxfam/bitstream/10546/556476/1/wp-financing-healthcare-for-all-india-290515-en.pdf>

This paper explores available evidence, contextualises and maps the debate in India around financing healthcare for all. While the focus is on healthcare in response to current policy debates, Oxfam India recognises the crucial importance of adopting a holistic approach to health, addressing factors such as nutrition and sanitation, and broader social determinants of health.

## Old Age, Unemployment and Occupational Injuries Protection

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### Global Strategy and Action Plan on Ageing and Health



Web Based Consultation – August through October 2015  
World Health Organization, August 2015  
27 pp. 418 kB

<http://www.who.int/entity/ageing/global-strategy/GSAP-ageing-health-draft.pdf>

The Draft zero of the "Global Strategy and Action Plan on Ageing and Health" is now open to public consultation from individuals and institutions. "Healthy Ageing" is defined as the process of developing and maintaining the functional ability that enables well-being in older age. A person's intrinsic capacities and the interaction with his or her environment, makes up functional ability. This perspective provides a new approach to frame comprehensive health policies and implement actions within and across countries.

### Global AgeWatch Index 2015: Insight report



by Jane Scobie, Sophie Amos, Sylvia Beales et al.  
Global AgeWatch, September 2015  
28 pp. 1.5 MB

[http://www.ageinternational.org.uk/Documents/Global\\_AgeWatch\\_Index\\_2015\\_HeIpAge.pdf](http://www.ageinternational.org.uk/Documents/Global_AgeWatch_Index_2015_HeIpAge.pdf)

The 3rd annual Global AgeWatch Index is ranking 96 countries on how they treat their older people. The index covers 91 per cent of the world's population aged 60 and over (lack of data prevents them including the rest, including the vast majority of African countries). Although it is not always recog-

nised as such, global population ageing is the great success story of human development, resulting as it does from falling birth rates and longer lives. However, not all governments have yet put the policy frameworks in place to respond to the challenges posed by the ageing of their populations.

## WHO Global Database of Age-friendly Practices



[http://apps.who.int/datacol/custom\\_view\\_report.asp?survey\\_id=600&view\\_id=653&display\\_filter=1](http://apps.who.int/datacol/custom_view_report.asp?survey_id=600&view_id=653&display_filter=1)

As the global population ages, cities around the world are striving to become more “age-friendly”. In WHO’s Global Database of Age-friendly Practices, find out what your city is doing to improve the lives of older people. Browse the database to find out. Small measures can make a big difference. They are shared here by communities, for communities. The Database is just one element of a wider WHO project to support cities in developing environments that enable the healthy and active ageing of their populations.

## Social Transfers

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### Doing Cash Differently: How Cash Transfers Can Transform Humanitarian Aid

#### Report of the High Level Panel on Humanitarian Cash Transfers



by Owen Barder, Chris Blattman, Lindy Cameron et al.

The High Level Panel on Humanitarian Cash Transfers, Overseas Development Institute, September 2015

44 pp. 688 kB

<http://www.cgdev.org/sites/default/files/HLP-Humanitarian-Cash-Transfers-Report.pdf>

This report shows why giving aid directly in the form of cash is often a highly effective way to reduce suffering and to make limited humanitarian aid budgets go further. We urge the humanitarian community to give more aid as cash, and to make cash central to future emergency response planning. Moving to a coordinated system of cash transfers is also an opportunity for broader reform of the humanitarian system, so that aid providers of the future can work in a more complementary way to maximise their impact.

## Inclusion of People with Disabilities

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### Left Out? Obstacles to Education for People with Disabilities in Russia



Human Rights Watch, 2015  
45 pp. 2.9 MB

[https://www.hrw.org/sites/default/files/report\\_pdf/russia0915\\_4up.pdf](https://www.hrw.org/sites/default/files/report_pdf/russia0915_4up.pdf)

If you are a child living with a disability in Russia, there is a significant chance that you will not receive a quality education or even any education at all. The report found many barriers that can prevent children with disabilities from studying in mainstream schools. These include a lack of ramps or lifts to help children enter and move within buildings and the absence of accommodations such as large-print textbooks for children with low vision, assistive technology, or teachers' aides. Infrastructure barriers and limited accessible transportation prevent some children from leaving their homes and reaching school.

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

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### African Health Diplomacy



Journal of Health Diplomacy, Vol. 1, Issue 3 (2015)  
Free access to all articles at:

<http://www.journalofhealthdiplomacy.org/#/v1i3/xzwum>

The five papers in this issue present the findings of a two - year research project carried out by the Regional Network for Equity in Health in East and Southern Africa (EQ-UINET). The project examined the experience of health diplomacy from the perspective of east and southern African states. The articles explore how health diplomacy remains constrained by international frameworks and the ' remoteness' of global decision - making processes for many African actors. Rather than being a transformative process, there is a constant risk of falling back into traditional power relationships and this calls for the continued and often real-time examination, including through participatory research with those involved, of the institutions, processes and relationships within which health diplomacy plays out.

## Development Co-operation Report 2015: Making Partnerships Effective Coalitions for Action



by Erik Solheim, Hildegard Lingnau, Julia Sattelberger et al.  
OECD Publishing, 2015  
348 pp. 14.7 MB

<http://www.oecd-ilibrary.org/docserver/download/4315041e.pdf>

With the adoption of the Sustainable Development Goals, the question of how to finance, implement and monitor these goals moves to the centre of the debate. The Development Co-operation Report 2015 explores the potential of networks and partnerships to create incentives for responsible action, as well as innovative, fit-for-purpose ways of co-ordinating the activities of diverse stakeholders. The report looks at a number of existing partnerships working in diverse sectors, countries and regions to draw lessons and provide practical guidance, proposing ten success factors for post-2015 partnerships. A number of leading policy makers and politicians share their insights and views.

## Security to go: A Risk Management Toolkit for Humanitarian Aid Agencies



by James Davis, Lisa Reilly, Raquel Vazquez Llorente et al.  
European Interagency Security Forum (EISF)  
69 pp. 478 kB

[http://reliefweb.int/sites/reliefweb.int/files/resources/2039-EISF-2015-Security-to-go\\_a-risk-management-toolkit-for-humanitarian-aid-agencies.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/2039-EISF-2015-Security-to-go_a-risk-management-toolkit-for-humanitarian-aid-agencies.pdf)

The publication is intended to provide a simple, easy-to-use guide for non-security experts to quickly set up basic safety, security and risk management systems in new contexts or rapid onset emergency response situations. This guide is applicable to both international organisations and national agencies moving into new regions and/or setting up new programmes; it is especially applicable to environments where the risk levels have changed due to human or natural causes.

## Sustainable Development Goals: Are the rich countries ready?



by Christian Kroll  
Bertelsmann Stiftung, September 2015  
106 pp. 4.3 MB

[https://www.bertelsmann-stiftung.de/fileadmin/files/BSt/Publikationen/GrauePublikationen/Studie\\_NW\\_Sustainable-Development-Goals\\_Are-the-rich-countries-ready\\_2015.pdf](https://www.bertelsmann-stiftung.de/fileadmin/files/BSt/Publikationen/GrauePublikationen/Studie_NW_Sustainable-Development-Goals_Are-the-rich-countries-ready_2015.pdf)

The world's first "stress test" of OECD countries with regard to the new global policy goals presented in this study is a crucial first step for making the Sustainable Development Goals (SDGs) become a game changer in global development policies. The stress test shows that rich coun-

tries will fail the new goals if they do not take immediate steps toward a more sustainable and socially just economic model. Only then will they be able to serve as role models for the rest of the world. But the study also identifies best practices across all 17 goals and 34 OECD countries. Going forward, we will have to learn from these good examples and discuss how they can be followed by others.

## Measuring Global Health R&D for the Post-2015 Development Agenda



by Policy Cures, supported by the Council on Health Research for Development, the Foundation for Innovative New Diagnostics, the Global Health Technologies Coalition, the International AIDS Vaccines Initiative, the Medicines for Malaria Venture, PATH, and the TB Alliance, August 2015  
20 pp. 1.0 MB

[http://www.ghcoalition.org/files/GlobalhealthRandInpost2015\\_web.pdf](http://www.ghcoalition.org/files/GlobalhealthRandInpost2015_web.pdf)

This report underscores the critical link between global health research and development (R&D) and achieving the Sustainable Development Goals (SDGs) and calls for the inclusion of robust indicators to measure global health R&D in the SDG monitoring framework, recommending the most suitable indicators for this purpose.

## Shifting to Sustainable Development Goals - Implications for Global Health



by Christopher J.L. Murray  
The New England Journal of Medicine, September 16, 2015  
4 pp. 397 kB

<http://www.nejm.org/doi/pdf/10.1056/NEJMp1510082>

Representatives of national governments are now coming together to set the next development agenda, under the umbrella of the Sustainable Development Goals (SDGs), as the era of the Millennium Development Goals (MDG) concludes. In order to attain the new goals, it may help to revisit what worked - and what didn't - in achieving the successes of the MDGs over the past 15 years.

## Lessons Learned from Fifteen Years of Responding to Malaria Globally: A Prototype for Sustainable Development



Roll Back Malaria (RBM) Partnership, Malaria Advocacy Working Group (MAWG) Messaging Workstream, 2015  
10 pp. 1.8 MB

[http://www.rollbackmalaria.org/files/files/about/SDGs/RBM\\_Malaria\\_Briefing\\_paper\\_70915.pdf](http://www.rollbackmalaria.org/files/files/about/SDGs/RBM_Malaria_Briefing_paper_70915.pdf)

The past 15 years illustrate how increased international and domestic financing, political commitment, strong country leadership, multi-sectoral partnerships, technical knowledge, effective execution by national governments, the reach and flexibility of civil society organizations and faith-based organizations, and the contributions of research and academia have transformed the fight against malaria into an exemplary 'gateway' to sustainable development.

## Politics and Universal Health Coverage - The Post-2015 Global Health Agenda



by Vin Gupta, Vanessa B. Kerry, Eric Goosby et al.  
The New England Journal of Medicine, September 16, 2015  
3 pp. 996 kB

<http://www.nejm.org/doi/pdf/10.1056/NEJMp1508807>

When the United Nations summit for the adoption of the post-2015 development agenda begins on September 25, the attainment of universal health coverage (UHC) is expected to garner substantial attention. Bolstered by increasing evidence that UHC improves health outcomes, countries are seeking to build health-related goals around the concept of health care for all. Yet many lower- and middle-income countries (LMICs) have not created UHC systems. How can the global community translate vision into policy, especially in the face of complicated politics?

### Miscellaneous

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## Frequently asked questions on migration and health



World Health Organization, September 2015  
Read online at:

<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/news/news/2015/09/population-movement-is-a-challenge-for-refugees-and-migrants-as-well-as-for-the-receiving-population/frequently-asked-questions-on-migration-and-health>

The large influx of refugees and migrants to countries of the WHO European Region, which has escalated in the past few months, calls for an urgent response to their health needs. Actions are needed

between and within countries as well as among sectors. Adequate standards of care for refugees and migrants into Europe are not only important for population health but are fundamental for protecting and promoting their human rights as well as those of the host communities.

## CONFERENCES & TRAINING

### Online course: Health for All through Primary Health Care



Department of International Health  
Bloomberg School of Public Health  
Johns Hopkins University

The MOOC (massive, open online course) on Coursera entitled Health for All through Primary Health Care is now available for enrolment at your convenience, and you can take it at your own speed.

The course consists of 4 modules. Each module contains 1 hour of lecture and 1 hour of readings. The course is free, but you can obtain a verified certificate of completion for US\$ 49 if you want (assuming you satisfactorily complete all the assignments). A statement of completion will be provided to those who complete all the assignments but who do not pay for a verified certificate of completion.

For those who want a statement or certificate of completion, there is a quiz after each module and, after the second module, a 2-page paper to write and after the fourth module, a 4-page paper to write.

To sign up, go to: <https://www.coursera.org/course/healthforall>

## CARTOON

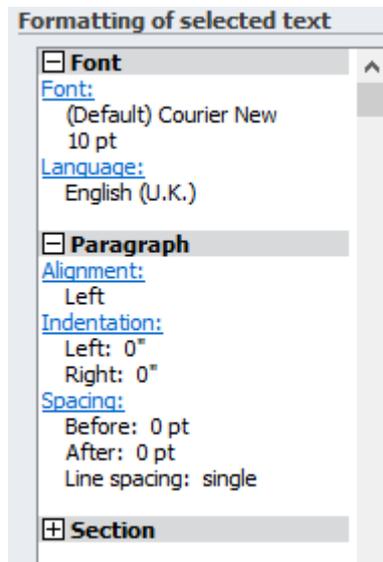


**“Every day I walk for 30 minutes, I drink 8 glasses of water, and I eat 5 fruits and vegetables... BUT I’M STILL GETTING OLDER!”**

Source: [www.glasbergen.com](http://www.glasbergen.com)

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### Show formatting in WORD with a click of the mouse



You are interested to know how a certain text in your WORD document has been formatted? The solution: press SHIFT + F1 and WORD will show you all formatting attached to text under the cursor (e.g. Font, Language, Spacing, Alignment etc.)

### What is Bluetooth?

 **Bluetooth**® Bluetooth is the common name for the short range wireless technology that is able to transmit voice and data while working with mobile phones, music players, personal digital assistants (PDA) and computers. Bluetooth has a range of about 10 meters and allows you to do away with messy cables. The Bluetooth technology was given its name in reference to the Danish king Harald "Bluetooth" Blaatand. He was the one who unified Denmark and Norway between 940 and 985 AD. The reason Bluetooth is named after him is because it is known to unite the telecom and computing industries today. To learn more about Bluetooth go to the official Bluetooth web site: <http://www.bluetooth.com/>

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Registered offices	Bonn and Eschborn, Germany  Sector initiative PROFILE Godesberger Allee 119 53175 Bonn T +49 (0) 228 24 93-190 F +49 (0) 228 24 93-215  profile@giz www.giz.de / www.health.bmz.de	Division	Health; population policy
As at	March 2014  GIZ is responsible for the content of this publication.	Adresses of the BMZ offices	BMZ Bonn Dahlmannstraße 4 53113 Bonn, Germany T +49 (0) 228 99 535-0 F +49 (0) 228 99 535-3500  BMZ Berlin Stresemannstraße 94 10963 Berlin, Germany T +49 30 18 535-0 F +49 30 18 535-2501  poststelle@bmz.bund.de www.bmz.de

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