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**BOOKS**

*Principles of Medicine in Africa*
(4th - low price edition)

by D Mabey, G Gill, E Parry, M Weber, C Whitty

To order online go to:

Combining classical clinical medicine with an understanding of the major environmental and cultural influences on health and disease, this book provides comprehensive guidance for anyone intending to practice medicine in Africa. Practical, evidence-based management guidelines are provided for all the common and less common conditions likely to be encountered.

* * *

*Promoting Access to Medical Technologies and Innovation*

by Hans Georg Bartels, Peter Beyer, Roger Kampf et al.

253 pp. 8.7 MB:
http://apps.who.int/iris/bitstream/10665/78069/1/9789241504874_eng.pdf

This study responds to an increasing demand, particularly in developing countries, for strengthened capacity for informed policy-making in areas of intersection between health, trade and intellectual property (IP), focusing on access to and innovation of medicines and other medical technologies. While addressing the broader issue of innovation and access to the whole range of medical technologies, the study focuses mainly on the area of medicines for which most practical experience and data are available.

* * *

*The New Microfinance Handbook: A Financial Market System Perspective*

Edited by Joanna Ledgerwood, Julie Earne and Candace Nelson
International Bank for Reconstruction and Development / The World Bank, 2013

533 pp. 6.9 MB:
https://openknowledge.worldbank.org/bitstream/handle/10986/12272/751830PUB0EPI00microfinance0handbook.pdf?sequence=1

The new microfinance handbook provides a primer on financial services for the poor. It is written for a wide audience, including practitioners, facilitators, policy makers, regulators, investors, and donors working to improve the financial system, but who are relatively new to the sector. Although this book is in part an update of the original handbook, the growth of the sector and the complexity of the financial market system have led to a perspective much broader than the previous ‘financial and institutional perspective'.
Countering the Problem of Falsified and Substandard Drugs

Editors: Lawrence O. Gostin and Gillian J. Buckley
Board on Global Health, Institute of Medicine, February 13, 2013

The report portrays a global and growing danger that is both deadly and resource drain-ing, brings the highest risks in the poorest countries, and threatens affluent countries as well. Still, coordinated efforts to tackle the proliferation of fake and substandard medicines lag far behind other efforts to respond to the diseases and epidemics some of those medicines are intended to treat, the report shows.

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Mathematics Learning in Early Childhood: Paths Toward Excellence and Equity

by Christopher T. Cross, Taniesha A. Woods, and Heidi Schweingruber
Committee on Early Childhood Mathematics; National Research Council, 2009

Early childhood mathematics is vitally important for young children’s present and future educational success. Research demonstrates that virtually all young children have the capability to learn and become competent in mathematics. Furthermore, young children enjoy their early informal experiences with mathematics. Unfortunately, many children’s potential in mathematics is not fully realized, especially those children who are economically disadvantaged.

ONLINE PUBLICATIONS

Financing Global Health 2012: The End of the Golden Age?

by Benjamin PC Brooks, Joseph Dieleman, Joseph Frostad et al.
Institute for Health Metrics and Evaluation (IHME), 2012

The publication reports on global health expenditure and includes preliminary estimates for health financing in the most recent years. The research suggests that, despite global macroeconomic stress, the international community continues to respond to the need for health and health system support across the developing world.

***
The Impact of Universal Coverage Schemes in the Developing World: A Review of the Existing Evidence

by Ursula Giedion, Eduardo Andrés Alfonso and Yadira Díaz

The World Bank supports the efforts of countries to share prosperity by transitioning toward universal health coverage (UHC) with the objectives of improving health outcomes, reducing the financial risks associated with ill health, and increasing equity. The Bank launched the Universal Health Coverage Studies Series (UNICO Studies Series) to develop knowledge and operational tools designed to help countries tackle these implementation challenges in ways that are fiscally sustainable and that enhance equity and efficiency.

* * *

Universal health coverage: Old wine in a new bottle? If so, is that so bad?

by Adam Wagstaff
The Worldbank Group, 12 February 2013

Read online at: http://blogs.worldbank.org/developmenttalk/universal-health-coverage-old-wine-in-a-new-bottle-if-so-is-that-so-bad

Universal health coverage (UHC) is about equity: linking care to need, not to ability to pay. UHC is also about financial protection: making sure that people's use of needed care doesn't leave their family in poverty. And UHC is about quality of care: making sure providers make the right diagnosis, and prescribe a treatment that is appropriate and affordable. Are these new ideas? No. They've been around for a long time. Countries have been pursuing these goals for ages, and scholars have been studying these issues for ages. It's just that it hasn't been called UHC. UHC is indeed old wine in a new bottle. We've all been working on UHC all along; we just didn't know it!

* * *

A Beginner's Guide to the Global Fund
3rd Edition

Aidspan, 31 January 2013

As its title suggests, the Beginner’s Guide is designed to provide a broad introduction to the Global Fund for people who have little or no prior experience of the Fund - including members of new country coordinating mechanisms (CCMs), new principal recipients (PRs), new sub-recipients (SRs) - or new staff in existing PRs and SRs - as well as government officials, members of non-governmental organisations (NGOs), donors, and journalists who report on the Fund.

* * *
**Designing Tomorrow’s Vaccines**

by Gary J. Nabel  

10 pp. 1.2 MB:  

Traditional vaccines have shown unprecedented success in preventing human infectious diseases and preserving public health by alleviating death and suffering from numerous microbial threats. Despite continuing challenges, the collective effort of governments and non-profit organizations to expand the utilization of effective vaccines throughout the world has grown. Scientific, medical, and biotechnologic advances promise to improve the utilization of existing vaccines and expand the horizons for tomorrow’s vaccines.

* * *

**Climate change and health - what’s the problem?**

by Matthew HR Anstey  
Globalization and Health 2013, 9:4 (9 February 2013)

10 pp. 124 kB:  

The scientific consensus is that global warming is occurring and is largely the result of greenhouse gas emissions from human activity. This paper examines the health implications of global warming, the current socio-political attitudes towards action on climate change and highlight the health co-benefits of reducing greenhouse gas emissions. In addition, policy development for climate change and health should embrace health systems strengthening, commencing by incorporating climate change targets into Millennium Development Goal 7.

* * *

**The Private-Sector Role in Public Health**  
Reflections on the New Global Architecture in Health

by Jeffrey L. Sturchio and Akash Goel  
Center for Strategic and International Studies (CSIS), January 2012

24 pp. 1.8 MB:  

The private sectors stake in global health in increasingly apparent. This paper outlines the evolving role of the private sector in helping to address the challenges of global health. The central question is how to put the particular skills of the private sector to best use. The authors present a case for why private sector involvement in global health matters and provide an overview of the key ways in which the private sector is already involved.

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**Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents**

HESP-News & Notes - 04/2013 - page 7
These guidelines generally represent the state of knowledge regarding the use of ARV agents. However, because the science of HIV evolves rapidly, the availability of new agents and new clinical data may change therapeutic options and preferences. Key changes were made to the update the March 28, 2012 version of the guidelines.

** Efficient and Sustainable HIV Responses: Case studies on country progress **

Joint United Nations Programme on HIV/AIDS (UNAIDS), January 2013

As the world economic landscape changes, so too does the HIV funding landscape. The limited resources available require more emphasis on value for money. This case study report highlights countries’ progress in making their HIV response more efficient or increasing domestic HIV funding, contributing to sustainability, increased scale-up and country ownership. Each country has evolved strategies that other countries may apply to their particular context. The examples given here aim to catalyse country-driven action to make efficiency and sustainably funded HIV services the reality in the HIV response.

** Short-Course Antiretroviral Therapy in Primary HIV Infection **

The Short Pulse Anti-Retroviral Therapy at Seroconversion (SPARTAC) Trial Investigators

N Engl J Med 2013;368:207-17

A 48-week course of antiretroviral medication taken in the early stages of HIV infection slows the damage to the immune system and delays the need for long term treatment. However, the delay was only marginally longer than the time already spent on treatment. The study also suggests that the treatment lowers the amount of virus in the blood for up to sixty weeks after it is stopped, which potentially reduces the risk of onward transmission.

** New guidelines for counselling and testing children for HIV **

Developed by Kitty Grant, Ray Lazarus, Ann Strode et al.

Human Sciences Research Council (HSRC), January 2013
A new set of guidelines and training tools dealing with the legal, ethical and counselling issues related to HIV testing of children is now available for HIV/AIDS practitioners working with children. This package of tools is available on the above website and includes: a trainers’ manual, participants’ manual, legal guidelines for implementers, as well as counselling and testing implementation guidelines. A CD-ROM containing these resources is also being made available.

**Promoting Equity for Children Living in a World with HIV and AIDS**

by Upjeet Chandan, Ken Legins, Matthew Barnhardt et al.


The purpose of this brief is to provide a summary of the evidence at a global level of ‘who is missing out’ on programming to achieve an AIDS-free generation, and ‘which evidence-based interventions may be implemented with partners to improve both HIV and equity outcomes’. However, this is a global snapshot, and no one specific context will match the situation presented in this brief. An equitable children and AIDS response must be based on local data and experience to determine the most appropriate interventions.

**Five ways to begin the end of AIDS**

by Peter Godwin and Clare Dickinson
The HLSP Institute, February 2013

4 pp. 86 kB: [http://www.hlsp.org/LinkClick.aspx?fileticket=KIDwSmkqhww4%3d&amp;tabid=1547](http://www.hlsp.org/LinkClick.aspx?fileticket=KIDwSmkqhww4%3d&amp;tabid=1547)

Is recent optimism about the ‘end of AIDS’ justified? The authors argue that for the end of AIDS to become a reality, radical re-thinking is needed. They suggest five critical areas that AIDS policy-makers, programmers, implementers and thinkers will need to consider.

**The push to decriminalise sex work in Kenya**

by Mandy Noonan
Consultancy Africa Intelligence (Pty) Ltd., 4 February 2013


This paper explores prostitution in Kenya. Sex workers are exposed to higher rates of violence and HIV infection, but have problems accessing social resources such as police aid and medical treatment, due to the illegality and stigma of their profession. This
paper highlights the dangers associated with sex work, the protest movement in Kenya to decriminalise it, and the debate around decriminalisation.

* * *

Queer as F**k: Reaching and Engaging Gay Men in Sexual Health Promotion through Social Networking Sites

by Alisa Pedrana, Margaret Hellard, Judy Gold, et al.

A growing number of health promotion interventions are taking advantage of the popularity and interactivity of new social media platforms to foster and engage communities for health promotion. However, few health promotion interventions using social networking sites (SNS) have been rigorously evaluated. "Queer as F**k" (QAF) began as pilot project in 2010 to deliver sexual health promotion via short "webisodes" on SNS to gay men. The authors conclude that QAF offers a successful example of exploiting the reach, interactivity, and engagement potential of SNS; findings from this process evaluation provide a model to inform the delivery and evaluation of future health promotion interventions on SNS.

* * *

From Population Pyramids to Pillars

by Carl Haub
Population Reference Bureau, February 2013

Read online at:
http://www.prb.org/Articles/2013/population-pyramids.aspx

To give people a clear and compelling picture of world population, demographers have a favourite graphic - the population pyramid. It looks like its name: a very broad base that comes to a point at the top. Ages are displayed as groupings (for example, 0 to 4, 5 to 9), and the pyramid has two sides - one for males and one for females. But for many countries, a pillar and not a pyramid is the accurate graphic.

Maternal & Child Health

Staff experiences of providing maternity services in rural southern Tanzania - a focus on equipment, drug and supply issues

by Suzanne Penfold, Donat Shamba, Claudia Hanson et al.
BMC Health Services Research 2013, 13:61 (14 February 2013)

The authors found that inadequately stocked and equipped facilities compromised the health system’s ability to reduce maternal and neonatal mortality and morbidity by affecting staff personally and professionally, which hinders the provision of timely and appropriate interventions. Improving stock control and maintaining equipment could benefit
mothers and babies, not only through removing restrictions to the availability of care, but also through improving staff working conditions.

* * *

**The Structural Determinants of Child Well-being**

An Expert Consultation Hosted by the UNICEF Office of Research, 22-23 June 2012

by Prerana Banati and Gordon Alexander


The two-day meeting brought together twelve participants to discuss the underlying causes of child well-being and develop an initial framework to consider the impact of structural factors on children’s lives and the inequalities that too often shape (and limit) their futures. While remarkable achievements have been made in the last decades in progress in health and survival of children, progress is still lagging in other key dimensions of child wellbeing, a number of which are now recognised as needing fresh attention in both rich and poor countries.

* * *

**Neonatal Sepsis - A Review**

by Chandan Kumar Shaha, Sanjoy Kumer Dey, Kamrul Hassan Shabuj et al.

Bangladesh J Child Health 2012; Vol. 36 (2): 82-89


Neonatal infection is an important cause of morbidity, prolonged hospital stay and mortality among infants, particularly those born preterm and of very low birth weight. Causal organisms of neonatal infections are diverse in their epidemiology, clinical presentation, diagnosis and management. However, this updated review principally emphasizes and focus on bacterial sepsis in the newborn.

**Malaria**

**Training Module on Malaria Control: Case Management**

by O. Mokuolu, S. Lutalo, M. E. Molyneux et al.

World Health Organization, December 2012


To achieve the objectives of malaria control and elimination programmes, appropriately planned and targeted delivery of essential malaria interventions is critical, including: early diagnostic testing of suspected malaria and prompt treatment of confirmed cases with
effective artemisinin-based combination therapy; and application of appropriate vector control interventions, particularly the use of insecticide-treated nets and indoor residual spraying. This training module on malaria case management has been developed to support the staff involved in malaria control and elimination programmes in the effective organization of malaria diagnosis and case management services.

* * *

**Intermittent Preventive Therapy for Malaria During Pregnancy Using 2 vs 3 or More Doses of Sulfadoxine-Pyrimethamine and Risk of Low Birth Weight in Africa**

Systematic Review and Meta-analysis

by Kassoum Kayentao, Paul Garner, Anne Maria van Eijk et al.
JAMA, February 13, 2013 – Vol. 309, No. 6

11 pp. 316 kB:

Among pregnant women in sub-Saharan Africa, intermittent preventive therapy with 3 or more doses of sulfadoxine-pyrimethamine was associated with a higher birth weight and lower risk of low birth weight than the standard 2-dose regimens. These data provide support for the new WHO recommendations to provide at least 3 doses of intermittent preventive therapy during pregnancy at each scheduled antenatal care visit in the second and third trimester.

* * *

**Evaluation of a rapid colorimetric field test to assess the effective life of long-lasting insecticide-treated mosquito nets in the Lao PDR**

Michael D Green, Mayfong Mayxay, Ray Beach et al.
Malaria Journal 2013, 12:57 (7 February 2013)

15 pp. 387 kB:
[http://www.malariajournal.com/content/pdf/1475-2875-12-57.pdf](http://www.malariajournal.com/content/pdf/1475-2875-12-57.pdf)

Monitoring of available insecticides on insecticide-treated mosquito nets’ surface is essential for determining the effective life of the net. A rapid and inexpensive colorimetric field test for cyanopyrethroids (Cyanopyrethroid Field Test or CFT) was used to measure surface levels of deltamethrin on insecticide-coated polyester nets (PowerNetsTM) in rural Lao PDR over a two-year period. The CFT results show that 50% of the nets from Laos failed at 12 months of normal use. The CFT is a useful and accurate indicator of net efficacy and may be substituted for mosquito bioassays.

* * *

**Self-Diagnosis of Malaria by Travelers and Expatriates: Assessment of Malaria Rapid Diagnostic Tests Available on the Internet**

by Jessica Maltha, Philippe Gillet, Marloes Heutmekers et al.

9 pp. 301 kB:
In the past malaria rapid diagnostic tests (RDTs) for self-diagnosis by travellers were considered suboptimal due to poor performance. Nowadays RDTs for self-diagnosis are marketed and available through the internet. The authors found that diagnostic accuracy of RDTs for self-diagnosis was variable, with only 4/8 RDT products being reliable for the diagnosis of P. falciparum and P. vivax, and none for P. ovale and P. malariae. RDTs for self-diagnosis need improvements in instructions for use (content and user-friendliness), labelling and content before they can be considered for self-diagnosis by the traveller.

* * *

Mobile phones improve case detection and management of malaria in rural Bangladesh

by Chai S Prue, Kerry L Shannon, Jacob Khyang et al.
Malaria Journal 2013, 12:48 (4 February 2013)

The recent introduction of mobile phones into the rural Bandarban district of Bangladesh provided a resource to improve case detection and treatment of patients with malaria. The authors conclude that mobile phone technology is an efficient and effective method for rapidly detecting and treating patients with malaria in this remote area. This technology, when combined with local knowledge and field support, may be applicable to other hard-to-reach areas to improve malaria control.

* * *

Impact of Home-Based Management of malaria combined with other community-based interventions: what do we learn from Rwanda?

by Manasse Nzayirambaho, Jean De Dieu Bizimana, Robert Jean Freund et al.
The Pan African Medical Journal, 2013;14:50

Read online at: http://www.panafrican-med-journal.com/content/article/14/50/full

The aim of this study was to evaluate, at a community level, the impact of home-based management of malaria (HBM) on time to treatment and on malaria morbidity (febrile episodes without rapid diagnostic test or laboratory confirmation of malaria), and on reported all-cause morbidity in children aged less than 5 years in the pilot district of Nyanza two and a half years after its introduction, independently of the possible impact of other community-based interventions. The authors conclude that HBM contributed to decrease time to treatment and reported presumed malaria morbidity.

* * *

Nets, spray or both? The effectiveness of insecticide-treated nets and indoor residual spraying in reducing malaria morbidity and child mortality in sub-Saharan Africa

by Nancy Fullman, Roy Burstein, Stephen S Lim et al.
Malaria Journal 2013, 12:62 (13 February 2013)
This study assesses intervention effectiveness experienced by children under the age of five exposed to both insecticide-treated nets (ITNs) and indoor residual spraying (IRS), as compared to each intervention alone, based on nationally representative survey data collected from 17 countries in sub-Saharan Africa. The findings suggest that greater reductions in malaria morbidity and health gains for children may be achieved with ITNs and IRS combined beyond the protection offered by IRS or ITNs alone.

**Systematic review of current and emerging strategies for reducing morbidity from malaria in sickle cell disease**

by Ehimen C. Aneni, Davidson H. Hamer, Christopher J. Gill et al.
Tropical Medicine and International Health, Article first published online 16 January 2013

The authors explore what is currently known about the interactions between sickle cell disease (SCD) and malaria and review the published literature on the efficacy of malaria chemoprophylaxis in SCD. They also consider alternative strategies, including hydroxyurea, in the reduction of malaria-associated morbidity and mortality in patients with SCD.

**Tuberculosis**

**Substandard and falsified anti-tuberculosis drugs: a preliminary field analysis**

by R. Bate, P. Jensen, K. Hess et al.
Int J Tuberc Lung Dis; e-publication ahead of print 14 January 2013

New research shows that substandard and falsified tuberculosis medicines are widely used and likely contribute to the rise in drug-resistant strains of the disease. The authors tested 716 samples of isoniazid and rifampicin, which comprise a standard TB treatment regimen. The samples were purchased from pharmacies in 17 countries across Africa, Asia, Europe and Latin America. Across all countries, 9.1% of samples were substandard or falsified. In African countries, one in six samples - 16.6% - were substandard or falsified. As long as substandard tuberculosis drugs are permitted in the marketplace, people will continue to die in pursuit of a cure. And without a coordinated response, growing resistance will eventually render even the highest quality drugs obsolete.
Systematic screening for active tuberculosis: rationale, definitions and key considerations

by K. Lönnroth, E. Corbett, J. Golub et al.
Int J Tuberc Lung Dis 17(3):289-298 (1 March 2013)

There is growing evidence from national TB prevalence surveys and other research of a large pool of undetected TB in the community. Intensified efforts to further break down access barriers and scale up new and rapid diagnostic tools are likely to improve the situation. However, will these be enough? The WHO is in the process of developing guidelines on systematic screening for active TB. In this article, the authors present the rationale, definitions and key considerations underpinning this process.

HIV and TB in Practice for nurses: Pregnancy and TB/HIV

by Lesley Odendal
HIV & AIDS Treatment in Practice (HATIP) #203; 14 February 2013

Tuberculosis (TB) should be given special attention during pregnancy (particularly in women with HIV) to keep both mother and baby healthy. Pregnant women with untreated TB are likely to have poor obstetric and perinatal outcomes. TB is the cause of death during pregnancy for somewhere between one in six and one in sixteen women, and pregnant women living with HIV are at especially high risk of dying due to TB.

Safety and efficacy of MVA85A, a new tuberculosis vaccine, in infants previously vaccinated with BCG: a randomised, placebo-controlled phase 2b trial

by Michele D Tameris, Mark Hatherill, Bernard S Landry et al.
The Lancet, Early Online Publication, 4 February 2013

The authors report the safety, immunogenicity, and efficacy of the MVA85A tuberculosis vaccine in infants. In this phase 2b trial, 2794 healthy, BCG-vaccinated infants aged 4–6 months were randomised to receive either MVA85A vaccine or placebo. Results show that while there were no concerns about safety, there was no evidence that the vaccine was efficacious. Despite these disappointing findings, authors of a Comment state that the results “do not carry a terminal prognosis for MVA85A, or for any of the other TB vaccines under development”.

Assessing tuberculosis under-reporting through inventory studies

by Ibrahim Abubakar, Amal Bassili, Ana Bierrenbach et al.
Estimation of TB incidence is a major challenge in many countries due to under-reporting and under-diagnosis of TB cases. This guide describes and explains how to design, implement and analyse an inventory study to measure TB under-reporting. It also explains how to apply capture-recapture methods to estimate TB incidence. Its aim is to catalyse many more inventory studies worldwide, leading to better measurement of the burden of TB disease and, in turn, better TB prevention, diagnosis and treatment services.

Other Infectious Diseases

Discussion topics from Pandemic Influenza
2nd Edition

Edited by Jonathan Van-Tam and Chloe Sellwood
CABI Bookshop, January 2013

This short eBook contains material based on Pandemic Influenza, 2nd Edition, identifying key questions and providing detailed answers. It expands the themes from the first edition to incorporate important lessons and learning about preparedness and response from around the world. The twenty academic chapters are supported by seven country-specific case studies describing the impact of the pandemic in a range of international settings.

Schistosomiasis Progress Report 2001-2011 and Strategic Plan 2012-2020

Department of Control of Neglected Tropical Diseases (NTD), World Health Organization, 2013

Schistosomiasis remains a major public health problem with almost 240 million people, and more than 90% of them living in sub-Saharan Africa, requiring preventive chemotherapy. It is thought that transmission has been interrupted in 19 countries, but this requires confirmation. In the World Health Assembly resolution WHA65.21, Member States called for intensified control interventions and initiation of elimination programmes where possible. The resolution also called for guidelines toward elimination as well as procedures for the verification of interruption of transmission.


by Luc E. Coffeng, Wilma A. Stolk, Honorat G. M. Zouré et al.
In 1995, the World Health Organization launched the African Programme for Onchocerciasis Control (APOC) with the aim to control morbidity due to the parasitic infectious disease onchocerciasis (river blindness). APOC aims to set up sustainable national control programs against onchocerciasis in 16 countries in sub-Saharan Africa, covering over 100 million people who are at risk for infection. The authors conclude that APOC is a highly cost-effective public health program. Given the anticipated elimination of onchocerciasis from some APOC areas, they expect even more health gains and a more favorable cost-effectiveness of mass treatment with ivermectin in the near future.

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**Neglected Tropical Diseases of Oceania: Review of Their Prevalence, Distribution, and Opportunities for Control**

by Kevin Kline, James S. McCarthy, Mark Pearson

Among Oceania’s population of 35 million people, the greatest number living in poverty currently live in Papua New Guinea (PNG), Fiji, Vanuatu, and the Solomon Islands. These impoverished populations are at high risk for selected Neglected Tropical Diseases (NTDs). Tremendous strides have been made in controlling and eliminating selected NTDs in Oceania, but mostly through the Pacific Programme to Eliminate Lymphatic Filariasis (PacELF). There is an urgent need to extend these successes to all of the major NTDs throughout the region but especially in PNG and among Aboriginal Australians.

**Non-communicable Diseases**

**Diabetes and depression comorbidity and socio-economic status in low and middle income countries (LMICs): a mapping of the evidence**

by Tiziana Leone, Ernestina Coast, Shilpa Narayanan et al.
Globalization and Health 2012, 8:39 (26 November 2012)

Non-communicable diseases account for more than 50% of deaths in adults aged 15–59 years in most low income countries. Depression and diabetes carry an enormous public health burden, making the identification of risk factors for these disorders an important strategy. While socio-economic inequalities in chronic diseases and their risk factors have been studied extensively in high-income countries, very few studies have investigated social inequalities in chronic disease risk factors in low or middle-income countries.

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The Lancet Non-Communicable Diseases Series 2013

Published February 12, 2013

All articles are freely available (after free registration) at: http://www.thelancet.com/series/non-communicable-diseases

This latest Series on non-communicable diseases (NCDs) builds on previous Lancet Series (2010, 2007, 2005), and on a landmark high-level United Nations NCD meeting convened in September 2011. The aim of the new Series is to set out clear plans for countrywide implementation of NCD plans in the post-MDG era, towards the unified goal of ‘25 by 25’ - reducing NCD mortality worldwide by 2025.

Food & Nutrition

The Scaling Up Nutrition (SUN) initiative

International Baby Food Action Network’s (IBFAN’s) concern about the role of businesses
IBFAN Discussion Paper, November 2012

Breastfeeding tops the list of effective preventive interventions for child survival. Together with appropriate complementary feeding these two have more impact even than immunisation, safe water and sanitation. The Scaling Up Nutrition (SUN) initiative claims to be a “global ‘movement’ that unites governments, civil society, businesses and citizens in a worldwide effort to end under-nutrition.” However IBFAN has identified six fundamental problems in SUN’S strategy. Unless these are changed, IBFAN fears that SUN will undermine breastfeeding, lead to low-income country dependence on inappropriate imported products and foreign expertise, and increase rather than reduce malnutrition.

FAO - Food Security Indicators

January 24, 2013

Following the recommendation of experts gathered in the Committee on World Food Security (CFS) Round Table on hunger measurement, hosted at FAO headquarters in September 2011, an initial set of indicators aiming to capture various aspects of food insecurity is presented here. While most of these indicators are already being produced and published by the FAO and other international organizations, this database introduces a number of new indicators to fill some of the recognized gaps in food security information systems, most notably in the ability to capture the socio-economic dimensions of food insecurity.
Essential Medicines

**Antiretrovirals for low income countries: an analysis of the commercial viability of a highly competitive market**

by Olive N Nakakeeto and Brian V Elliott
Globalization and Health 2013, 9:6 (15 February 2013)


The price of antiretroviral drugs (ARVs) in low income countries declined steadily in recent years. This raises concerns about the commercial viability of the market of ARVs in low income countries. While recent price decreases indicate that there is still space for price reduction, the authors’ estimate that gross profit margin on sales decreased by 6 to 7% between 2010 and 2012 lends credibility to assertions by generic manufacturers that the ARV market in low income countries is under considerable price pressure. This might create problems for the quality and/or the continued supply of ARVs to low income countries.

Social Protection

**Global Social Protection Scheme: Moving from Charity to Solidarity**

International Seminar on Financing for Health and Social Protection

Edited by Jens Holst on behalf of Medico International and Hélène-de-Beir Foundation, December 2012


There is a growing consensus that effective public social protection schemes are essential to reduce health and other social inequalities. Can we imagine a funding mechanism for Global Social Protection between people living in different countries, relying on each other and supporting each other, contributing to a fair and equitable global society? The idea of charity is still omnipresent in thinking about international assistance. The word ‘donor’ is a witness of that: some countries ‘donate’ or give; they do not see themselves as owing something to other countries or their inhabitants; nor do they see themselves as partners in a shared effort. We know we must move from global charity to global solidarity. The question is: how?

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**An evaluation of microfinance as an effective instrument for poverty reduction**

by Anne Manon Wijnbergen
Master Thesis in Global Business and Stakeholder Management
Erasmus University Rotterdam, March 2012

Ten years after the creation of the Millennium Development Goals improvement in poverty reduction has been achieved but there is still a high percentage of people living in poverty and the question has been raised whether microfinance is really an effective instrument for poverty reduction. This study has conducted a cross-country analysis and finds that microfinance is effective in reducing extreme income poverty, but that there are limits to this effectiveness. Proof has been found that the increase in microfinance institutions over the years is leading microfinance to be ineffective.

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**Safe drinking water: Who is willing to pay the price?**

Editors Christelle Chapoy, Louise Daniel, Fatema Rajabali

Evidence Matters, Issue 2, August 2012


Treating water can reduce the prevalence of diarrhoea by up to 70 percent. Although there are several inexpensive water treatment technologies available, statistics show that every 15 seconds a child dies due to waterborne diseases. Over 700 million people still lack access to safe drinking water. While there is a lot of research on the effectiveness of water treatment technologies, we urgently need to build on our understanding of the factors that contribute to the demand for and adoption of these products.

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**Retaining doctors in rural Zambia: A policy issue**

by Tino Maliselo and Rita Magawa

Consultancy Africa Intelligence (Pty) Ltd., 4 February 2013


This paper discusses the challenges that hinder the Zambian healthcare system’s efforts to attract and retain qualified doctors in rural Zambia. Unless the trends fuelling the external and internal brain drain of doctors are fully understood and appropriately dealt with, the current crisis is set to remain a significant public health concern. The paper offers possible solutions in the form of policy changes, and assesses both the feasibility and sustainability of the recommended changes.

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**Human resource governance: what does governance mean for the health workforce in low- and middle-income countries?**

by Avril D Kaplan, Sarah Dominis, John GH Palen et al.

Human Resources for Health 2013, 11:6 (15 February 2013)
Research on practical and effective governance of the health workforce is limited. This paper examines health system strengthening as it occurs in the intersection between the health workforce and governance by presenting a framework to examine health workforce issues related to eight governance principles: strategic vision, accountability, transparency, information, efficiency, equity/fairness, responsiveness and citizen voice and participation.

**Unregulated and Unaccountable: How the private health care sector in India is putting women’s lives at risk**

Oxfam Media Briefing 02/2013; February 2013

Decades of appallingly low investment in the public health sector has left India with a crumbling health system which is unable to meet the needs of its citizens. The gap left by the public health system combined with a government policy of proactively promoting the private sector has led to the proliferation of private health providers which are unregulated, unaccountable, and out of control.

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**How hard can it be to include research evidence and evaluation in local health policy implementation? Results from a mixed methods study**

by Bridie Angela Evans, Helen Snooks, Helen Howson et al.
Implementation Science 2013, 8:17 (12 February 2013)

There is a gap between evidence-based aims of national health policy and how health services are commissioned, implemented, and evaluated at local level. Commissioners and managers are unable to routinely incorporate research evidence. If health services research is to identify most effective ways to implement high quality care, it should be incorporated into commissioning and service delivery. Local commissioners and managers need to build the critical use of research evidence and evaluation into health policy implementation at local level in order to provide consistent and effective healthcare services.

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**Improving the use of health data for health system strengthening**

by Tara Nutley and Heidi W. Reynolds
Glob Health Action 2013, 6: 20001, (13 February 2013)
Good quality and timely data from health information systems are the foundation of all health systems. However, too often data sit in reports, on shelves or in databases and are not sufficiently utilised in policy and program development, improvement, strategic planning and advocacy. Without specific interventions aimed at improving the use of data produced by information systems, health systems will never fully be able to meet the needs of the populations they serve.

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The health and wellbeing of young people in sub-Saharan Africa: An under-researched area?

by Caroline W. Kabiru, Chimaraoke O. Izugbara and Donatien Beguy
BMC International Health and Human Rights 2013, 13:11 (13 February 2013)


Published research on the broad issues that affect youth health and wellbeing in sub-Saharan Africa is limited and centers heavily on sexual and reproductive health. In this article, the authors provide a broad overview of sub-Saharan African youth, highlight research gaps with respect to youth health and wellbeing, and describe potential avenues to develop the region’s research capacity on youth health and wellbeing.

Information & Communication Technology

Health on the move: Can mobile phones save lives?

by Yvonne MacPherson and Sara Chamberlain
BBC Media Action - Policy Briefing #7, February 2013

24 pp. 4.8 MB: http://downloads.bbc.co.uk/mediaaction/policybriefing/bbc_media_action_health_on_the_move.pdf

The briefing draws on BBC Media Action’s experience in Bihar, India, to explore how, where and when low-tech mobile phones can best help reduce maternal and child mortality. Mobile health (mHealth) projects are increasingly common across the developing world. This briefing highlights how the project, funded by the Bill and Melinda Gates Foundation, has sought to overcome two problems that have proved particularly challenging in this area: those of scale and sustainability.

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Mobile on the Move: Opportunities in mobile learning from IICD’s perspective

International Institute for Communication and Development (IICD), February 2013

12 pp. 1.6 MB: http://www.iicd.org/about/publications/mobile-on-the-move-mobile-learning-publication/Mobile%20on%20the%20move%20-%20IICD%20mobile%20publication%20Feb%202013.pdf
Mobile phone usage is exploding in developing countries. Africa alone had more than 500 million mobile telephone subscribers in 2011. Mobile learning or ‘m-learning’ services therefore play a growing role in IICD’s education, health and economic development programmes. IICD supports mobile telephone-based projects in 11 countries. As a result of these, more than 3.7 million messages will reach some 150,000 students, farmers, health-care workers and community members in 2013.

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**Mobile Phone Applications for the Care and Prevention of HIV and Other Sexually Transmitted Diseases: A Review**

Kathryn E Muessig, Emily C Pike, Sara LeGrand et al.

Read online at: [http://www.jmir.org/2013/1/e1/](http://www.jmir.org/2013/1/e1/)

Mobile phone applications (apps) provide a new platform for delivering tailored human immunodeficiency virus (HIV) and sexually transmitted disease (STD) prevention and care. From this study the authors conclude that most available HIV/STD apps have failed to attract user attention and positive reviews. Public health practitioners should work with app developers to incorporate elements of evidence-based interventions for risk reduction and improve app inclusiveness and interactivity.

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**Scaling Up mHealth: Where Is the Evidence?**

by Mark Tomlinson, Mary Jane Rotheram-Borus, Leslie Swartz et al.

5 pp. 279 kB: [http://www.plosmedicine.org/article/fetchObjectAttachment.action;jsessionid=C43563B1BC8C2E1A6E73EDB13808A0C3?uri=info%3Adoi%2F10.1371%2Fjournal.pmed.1001382&representation=PDF](http://www.plosmedicine.org/article/fetchObjectAttachment.action;jsessionid=C43563B1BC8C2E1A6E73EDB13808A0C3?uri=info%3Adoi%2F10.1371%2Fjournal.pmed.1001382&representation=PDF)

The authors question whether there is sufficient evidence on implementation and effectiveness to match the wide enthusiasm for mHealth interventions, and propose a global strategy to determine needed evidence to support mHealth scale-up.

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**Smart policies to close the digital divide: Best practices from around the world**

A report from the Economist Intelligence Unit, 2012


This report, based on extensive desk research and wide-ranging interviews with experts from more than ten developed and emerging-market countries, presents best practices that have been adopted by governments and the private sector globally to bridge digital divides. To seize the full economic and social potential of the information society, this report identifies six areas in which smart policies can improve online take-up.
**Access to Health Information Under International Human Rights Law**

by Molly Land and Neil Pakenham-Walsh
Institute for Information Law and Policy in cooperation with the Justice Action Center and Healthcare Information for All by 2015, May 2012


This white paper considers whether and, if so, to what extent states are obligated under international treaty law to provide individuals, lay healthcare providers, professional healthcare providers, and policymakers with appropriate health information. The article concludes that health information is an essential component of many identified and established human rights. States party to treaties such as the International Covenant on Civil and Political Rights must provide and guarantee access to health information.

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**Education**

**Transforming Education for Girls in Tanzania: Endline research summary report**

by Ophelia Mascarenhas, Bernadetha Rushahu, Baltazaray Gasper et al.
Transforming Education for Girls in Nigeria and Tanzania (TEGINT) and ActionAid International, November 2012


Between 2007 and 2012, TEGINT undertook systematic research and analysis of barriers to girls' participation in education and mobilisation and advocacy initiatives to address the systemic causes of those barriers. These methodologically rigorous researches have distilled a wide spectrum of knowledge on social perceptions of girls' education, school systems within a broader learning discourse and most importantly, crucial components of wider and effective empowerment processes that can lead to positive systemic reforms.

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**E-learning in medical education in resource constrained low- and middle-income countries**

by Seble Frehywot, Yianna Vovides, Zohray Talib et al.
Human Resources for Health 2013, 11:4 (4 February 2013)


In the face of severe faculty shortages in resource-constrained countries, medical schools look to e-learning for improved access to medical education. This paper summarizes the literature on e-learning in low- and middle-income countries (LMIC), and presents the spectrum of tools and strategies used.
Millennium Development Goals: 2012 Progress Chart

Statistics Division, Department of Economic and Social Affairs, United Nations, 2012

1 pp. 1.2 MB:  
http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2012/Progress_E.pdf

The adoption of the Millennium Declaration in 2000 by all United Nations Member States marked an historic moment, as world leaders committed to tackle extreme poverty in its many dimensions and create a better life for everyone. The Millennium Development Goals (MDGs) translate this commitment into a framework of measurable goals and targets by which progress can be measured. Progress is tracked against 21 targets and 60 indicators addressing extreme poverty and hunger, education, women’s empowerment and gender equality, health, environmental sustainability and global partnership.

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Health in the Post-2015 Development Agenda

Report of the Global Thematic Consultation on Health  
Draft for public comment, 1 February 2013

38 pp. 370 kB:  
http://www.worldwewant2015.org/bitcache/375e162ba3c26a6c612b69a669744a3eed17f036?vid=331104& disposition=attachment&op=download

The first draft of the report of the consultation on health in the post-2015 development agenda was made public and is now open for comment from 1 to 19 February 2013. The purpose of this report is to present a summary of the main themes and messages that have emerged from the consultation and to make recommendations to inform the deliberations of the High-Level Panel of Eminent Persons and the UN Secretary-General’s report to the General Assembly.

Development Assistance

World Economic and Social Survey 2012: In Search of New Development Finance

by Rob Vos, Manuel F. Montes, Diana Alarcón et al.  
Department of Economic and Social Affairs (DESA) of the United Nations Secretariat, 2012

178 pp. 1.9 MB:  

The World Economic and Social Survey 2012 analyzes the nature of the challenges associated with generating new sources of development finance. It confirms the potential of a number of mechanisms, but concludes that realizing that potential will require international agreement and corresponding political will to tap sources, as well as the design of appropriate governance of uses and allocation mechanisms.
Mapping synergy and antagony in North-South partnerships for health: a case study of the Tanzanian women’s NGO KIWAKKUKI

by J. Hope Corbin, Maurice B. Mittelmark and Gro Th. Lie


10 pp. 123 kB: http://heapro.oxfordjournals.org/content/28/1/51.full.pdf+html

North-South partnerships for health aim to link resources, expertise and local knowledge to create synergy. The literature on such partnerships presents an optimistic view of the promise of partnership on one hand, contrasted by pessimistic depictions of practice on the other. This case study examined the experience of the Tanzanian women's NGO, KIWAKKUKI, based on its long history of partnerships with Northern organizations, all addressing HIV/AIDS in the Kilimanjaro region. The study highlights the importance of acknowledging and reporting on both positive and negative processes to maximize learning in North-South partnerships.

The silent crisis: Mental health in Africa

by Modupeola Dovi

Consultancy Africa Intelligence (Pty) Ltd., 4 February 2013


This paper discusses the challenges faced by African governments in the delivery of mental health care services, and identifies promising initiatives that have been undertaken by some. Neuropsychiatric disorders reportedly make up 14% of the global burden of disease, with some 450 million people having some type of mental disorder. Even so, mental health often draws less attention than communicable diseases such as HIV, tuberculosis and malaria. Stigma and insufficient resources are some of the barriers to mental health services among African populations.

Road Traffic Injuries: Social Change and Development

by Iris Borowy


32 pp. 945 kB: http://www.academia.edu/t/eJXvR/2509140/Road_Traffic_Injuries_Social_Change_and_Development

In the course of the twentieth century road traffic injuries (RTIs) became a major public health burden. RTI deaths first increased in high-income countries and declined after the 1970s, and they soared in low- and middle-income countries from the 1980s onwards. Discussions on RTIs have reflected and influenced international interpretations of the costs and benefits of ‘development’, as conventionally understood.
Demography is an inherently spatial science, yet the application of spatial data and methods to demographic research has tended to lag that of other disciplines. Many important demographic questions can be studied and framed using spatial approaches. This will become even more evident as changes in the volume, source, and form of available demographic data - much of it geocode - further alter the data landscape, and ultimately the conceptual models and analytical methods used by demographers. This overview provides a brief introduction to a rapidly changing field.

**ELECTRONIC RESOURCES**


http://www.ajod.org/index.php/ajod/issue/view/4

The open access African Journal of Disability is published for the purpose of advancing scholarship in disability studies and rehabilitation sciences in a uniquely African context. Widely read by scholars, professionals and students, it encourages scholarly exchange between all disciplines and academics from both the developing and developed worlds to work towards the improvement of human development and its practices across the continent.

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**ecancermedicalscience - Volume 7, 2013**

http://ecancer.org/ecms

ecancermedicalscience is the peer-reviewed open access cancer journal founded by the European Institute of Oncology in Milan. They consider articles on all aspects of research relating to cancer, including molecular biology, genetics, pathophysiology, epidemiology, clinical reports, controlled trials and cancer policy.

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**Early Childhood Development Encyclopaedia**


This encyclopaedia is an online tool that provides access to recent scientific studies on early childhood. It offers users multi-dimensional and interdisciplinary information about themes for understanding the complex nature of early childhood development. The articles are written by early childhood experts and deal primarily with children’s development from pregnancy to five
years of age. They are written from three different perspectives: development, services, and policies. For each issue, a synthesis is provided in a simple format that highlights key points to professionals and planners.

INTERESTING WEB SITES

**Say NO – UNITE to End Violence against Women**

http://saynotoviolence.org

Based on country data available, between 15 to 76 per cent of women experience physical or sexual violence from men in their lifetime. Say NO – UNITE to End Violence against Women is a social mobilization platform on ending violence against women and girls, contributing towards UN Secretary General’s system-wide campaign, UNITE to End Violence against Women.

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**Worldbank Universal Health Coverage Study Series**


The World Bank supports countries’ efforts to achieve universal health coverage, with the aim of providing quality, affordable health care to everyone - ultimately improving health outcomes, reducing financial risks associated with ill health, and increasing equity. Achieving universal health coverage is a path specific to each country, and no single system or model exists to achieve it. The Bank’s universal health coverage study series offers knowledge and operational tools to help countries tackle challenges in ways that are fiscally sustainable and that enhance equity and efficiency.

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**Offene Entwicklungshilfe: Deutsche Entwicklungszusammenarbeit analysieren und recherchieren**

Open aid: Mapping over 100,000 German aid projects from the last 10 years by Christian Kreutz

http://www.offene-entwicklungshilfe.de/


TRAINING OPPORTUNITIES

**New Master of Science in Global Health at Georgetown University**

Department of International Health, Georgetown University, Washington, DC, USA

The Master of Science in Global Health program is based on an interdisciplinary and
development-oriented approach to global health. With a strong focus on quantitative, qualitative and applied social sector research in developing countries, and a rather unique “regional health and development” concentration, the program offers new opportunities to individuals pursuing a career in the field of global health.

For more information see: http://globalhealthms.georgetown.edu
Call +1-202-687-2781
globalhealthms@georgetown.edu

Deadline for Fall 2013 Entry: April 15, 2013

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E-learning course in English: Basics of Health Economics

Duration and Course Load: 5 Weeks - 8 to 10 hours per week
Dates: March 27- May 01, 2013
Application Deadline: March 20, 2013
Participants: (Health) Professionals

Health economics should play an important role in critical policy and operational decisions, and can contribute to better decision-making. Unfortunately, a clear gap exists for training and empowering policy and operational decision makers on how health economics can contribute to strengthening the effectiveness of health systems by efficiently and equitably addressing the needs of the population.

Course Fee: US$ 400
Organizers: The World Bank Institute
Language: English only
Format: web-based facilitated
General Course Contact: Jo Hindriks jhindriks@worldbank.org
WBI Health E-learning healthlearning@worldbank.org

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13th International Course on Dengue

12-23 August 2013
Pedro Kouri Tropical Medicine Institute, Havana, Cuba

Deadline for applications: 20 July, 2013

Full information online: http://instituciones.sld.cu/ipk/anuncioc/

This course is for: Physicians, virologists, immunologists, sociologists, epidemiologists, entomologists, and health managers.

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E-learning course on Vaccine Safety Basics

http://www.vaccine-safety-training.org/

This free, interactive online course aims to establish a shared under-
standing among professionals whose work is linked to vaccine safety issues. The rationale behind this resource from the World Health Organization (WHO) is that professionals involved in vaccine safety - nurses/midwives/community health workers, as well as pharmacists, medical doctors, and programme or technical officers - come from different backgrounds. As their jobs are all interrelated and co-dependent, they need a 'common language' in order to ensure smooth collaboration.

CONFERENCES

Primary Health Care and NCDs in Eastern Europe and Central Asia: Where do we stand and where to go?

Swiss Tropical and Public Health Institute’s Annual Spring Symposium  
Basel, Switzerland, April 10, 2013

This year’s Spring Symposium will allow participants to learn from recent experiences in Eastern Europe and Central Asia in strengthening primary health care services from the NCD prevention and treatment point of view will be presented. The symposium will expose and examine: the evidence base and emerging implementation research agenda; achievements, challenges and obstacles to primary health care delivery, innovative approaches to prevention and control in primary health care settings, and the future of primary health care with emphasis on service delivery.

For more information please visit: http://www.swisstph.ch/spring_symposium_2013.html or contact scih-tph@unibas.ch

CARTOON
Google Chrome: Scroll Bar Upgraded

Google always seems to be on the forefront of “didn’t know I needed that until I got it” innovation. Take the recent upgrade to the find-on-page feature. Ctrl+F still brings it up like always, but notice when you start typing the scroll bar starts filling with little yellow dashes. These dashes represent all the places your search query appears on a page. So instead of manually scanning for highlighted words, Chrome tells you exactly where to look.

WikiCancel Tells You How to Quit Everything

Can you possibly imagine the number of services you have signed up for since you started using the internet? So there was that Twitter account that you used for precisely two days and that Paypal that you made for a one-off transaction and on and on…

You probably even forgotten your username/password combos for half those services you barely used. Yet, these accounts linger out there in the big bad World Wide Web.

A lot of people abandoned their Orkut and MySpace accounts without bothering to delete or cancel them. One primary reason for this behaviour is that a lot of services make it very complex for a user to cancel his or her account. Take Skype, for example. Once you create a Skype account, you cannot delete it. You can only remove all personal information associated to it. How does a user ensure a complete removal of his/her account information?

Enter http://wikicancel.org - a valuable resource that tells us the various steps involved in cancelling a service account. The site is kept up-to-date by enthusiastic contributors, and the list of services/subscriptions is growing day by day. Wikicancel.org saves you precious time wasted in searching for the right way to cancel a particular service and the annoyance caused by searching for a direct customer service phone number. Bookmark it now!

Best regards,

Dieter Neuvians MD