

EDITORIAL

Dear colleagues,

Our new 'in focus' article describes [how Nepal's health sector has reacted to the devastating earthquake in April](#), trying to (re)build a more resilient health system.

Some other highlights from this issue:

- A USAID paper looks at the [impact of health systems strengthening on health](#).
- A new guide by the World Bank identifies [25 essential interventions for early childhood development](#) (including in health and social protection) and a short paper examines the [effects of social transfers on child protection](#).
- Negotiators agreed on a text (to be adopted by the UN in September) for the [post-2015 development agenda \(including the Sustainable Development Goals\)](#), an ambitious "plan of action for people, planet and prosperity" that promises to "leave no one behind" (but continues to exclude sexual rights...).

If you haven't yet participated in our [user survey](#), please give it a go after your next visit to www.health.bmz.de and help us improve the website for you. Thank you!

Your editorial team

Dieter Neuvians, Viktor Siebert, Anna von Roenne

To keep up-to-date

- subscribe to our pdf news briefing, sent to you every fortnight per email: send an email to majordomo@mailserv.giz.de, leave the subject field empty, just write the following commands in the email's text body:
subscribe hesp-news-briefing
end
- subscribe to our [RSS feeds](#) (for the entire news briefing or individual thematic categories) to get continuous updates brought to your newsreader
- visit us on the web at health.bmz.de/

TABLE OF CONTENTS

ONLINE RESOURCES	4
Healthy Developments – Germany’s commitment to health and social protection	4
Coping with catastrophe: Helping rehabilitate Nepal’s health sector after the April 2015 earthquake	4
Reproductive, maternal, neonatal, child and adolescent health & Right to health	4
Sexual Pleasure, Partner Dynamics and Contraceptive Use in Malawi	4
Health worker roles in providing safe abortion care and post-abortion contraception.....	4
Critical Maternal Health Knowledge Gaps in Low- and Middle-income Countries for Post-2015: Researchers’ perspectives	5
Lessons learnt during the process of setup and implementation of the voucher scheme in Eastern Uganda: a mixed methods study	5
Human Rights and African Abortion Laws: A Handbook for Judges	6
Maximizing the Impact of Global Fund Investments by Improving the Health of Women and Children.....	6
Stepping up Early Childhood Development: Investing in Young Children for High Returns.....	6
Mortality risks in children aged 5–14 years in low-income and middle-income countries: a systematic empirical analysis	7
Hidden in Plain Sight: A Statistical Analysis of Violence Against Children	7
Randomised Trials in Child Health in Developing Countries	8
HIV, Tuberculosis & Malaria	8
A Comparison of South African National HIV Incidence Estimates: A Critical Appraisal of Different Methods	8
UNAIDS Strategy for 2016–2021: Fast-tracking to zero	8
Using hepatitis C prevalence to estimate HIV epidemic potential among people who inject drugs in the Middle East and North Africa.....	9
PMTCT in Humanitarian Settings: Lessons Learned and Recommendations: Part 1.....	9
PMTCT in Humanitarian Settings: Implementation Guide: Part 2.....	10
Focus on Delivery and Scale: Achieving HIV Impact with Sex Workers.....	10
Treatment Uptake and Availability of Antimalarial Drugs for Intermittent Preventative Treatment in Pregnant Women in Malawi	10
Seasonal malaria chemoprevention (SMC): slow uptake of a proven technology	11
Malaria vaccine: How good is good enough?.....	11
Malaria eradication and elimination: views on how to translate a vision into reality.....	11
Strengthening tactical planning and operational frameworks for vector control: the roadmap for malaria elimination in Namibia.....	12
The origins of malaria: there are more things in heaven and earth.....	12
Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness	12
Efficacy and effectiveness of an rVSV-vectored vaccine expressing Ebola surface glycoprotein: interim results from the Guinea ring vaccination cluster-randomised trial	12
World Health Organization Ebola Situation Report - 5 August 2015.....	13
Disease outbreak: Finish the fight against Ebola.....	13
The Global Immunization Meeting: Protect, Innovate, Accelerate	14
The Burden of Mental Health in Lymphatic Filariasis.....	14
The Rapid-Heat LAMPellet Method: A Potential Diagnostic Method for Human Urogenital Schistosomiasis	14
Old and new challenges in Chagas disease.....	15
Current perspectives on leprosy as a public health challenge in India	15
War Against Hepatitis	15
Contamination of Stethoscopes and Physicians’ Hands After a Physical Examination	16
Nutrition, Non-Communicable Diseases & Environmental Health (incl. WASH & Climate Change) ...	16
Building a Stronger System for Tracking Nutrition Sensitive Spending: A methodology and estimate of global spending for nutrition sensitive foreign aid.....	16
Coverage of Community-Based Management of Severe Acute Malnutrition Programmes in Twenty-One Countries, 2012-2013	16
Population Dynamics & Social Determinants of Health (including Gender & Education)	17
World Population Prospects: The 2015 Revision.....	17

Justice Programs for Public Health: A Good Practice Guide.....	17
Health System Governance, Health Workforce and Health Information Systems	18
The complex remuneration of human resources for health in low-income settings: policy implications and a research agenda for designing effective financial incentives	18
HIV/TB counselling: Who is doing the job? Time for recognition of lay counsellors.....	18
Access to Medical Products, Vaccines and Technologies.....	18
Are we moving towards a new definition of essential medicines?	18
Modern African Remedies: Herbal Medicine and Community Development in Nigeria.....	19
Engaging communities for increasing immunisation coverage: what do we know?.....	19
Management and Quality of Health Services and Facilities.....	20
Impact of Health Systems Strengthening on Health	20
The Lancet Commissions - Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development.....	20
Are service-delivery NGOs building state capacity in the global South? Experiences from HIV/AIDS programmes in rural Uganda.....	20
Ensuring the preparedness and security of health-care facilities in armed conflict and others emergencies	21
Universal Health Coverage, Health Financing and Social Health Protection	21
Advancing Partnerships for Universal Health Coverage	21
Guidelines for Employers on Maternity Protection at Work.....	22
Social Transfers	22
Social transfers and child protection in the South.....	22
Inclusion of People with Disabilities	23
Determining the competences of community based workers for disability-inclusive development in rural areas of South Africa, Botswana and Malawi.....	23
Special issue: Disabled children and disabling childhoods in the global South.....	23
Empowering Communities through Knowledge Transfer: Training Guide for Community Based Rehabilitation	24
Inclusive Civic Engagement: An Information Toolkit for Families and People with Intellectual Disabilities.....	24
The determinants of health inequities experienced by children with learning disabilities.....	24
Global Health Governance, Sustainable Development Goals & Development Cooperation	25
Contributions of global health diplomacy to equitable health systems in east and southern Africa	25
Opinion: Third FfD Conference Fails to Finance Development – Part One	25
Transforming Our World: The 2030 Agenda for Sustainable Development	26
MDG-based National Planning: An Assessment	26
Analysing Proposals for Reform of the Global Health Architecture	27
5 things needed to turn the SDGs into reality.....	27
Miscellaneous	27
Trafficking in Persons Report 2015.....	27
E-HUESPED: An Information Platform on Transmissible Diseases	28
Bulletin of the World Health Organization – Vol. 93, Nr. 8, August 2015	28
CONFERENCES & TRAINING.....	28
First International Congress of Research Integrity and Evidence Based Practice	28
XIX International Congress for Tropical Medicine and Malaria - Brisbane, Australia (2016).....	29
New Master of Science in Global Urban Health (MSc GUH).....	29
CARTOON.....	30
TIPS & TRICKS.....	30
Where Did THAT Come From?	30
color-hex	31
IMPRINT.....	32

ONLINE RESOURCES

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

Coping with catastrophe: Helping rehabilitate Nepal's health sector after the April 2015 earthquake



http://health.bmz.de/events/In_focus/Coping_with_catastrophe/index.html?pk_campaign=15_2015

When the earthquake struck, German Development Cooperation in Nepal reacted immediately, redirecting project resources to meet basic needs. But as the weeks wore on, Nepal's longer term challenges became apparent: how to build a more resilient health system better able to withstand disaster.

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

Sexual Pleasure, Partner Dynamics and Contraceptive Use in Malawi



by Neetu A. John, Stella Babalola and Effie Chipeta
International Perspectives on Sexual and Reproductive Health, 2015, 41(2):99–107
9 pp. 115 kB

<http://www.guttmacher.org/pubs/journals/4109915.pdf>

Despite increases in the use of modern contraceptives, Malawian women have a high unmet need for contraception. Because current understanding of contraceptive use ignores sexual pleasure and partner dynamics, this study explores the links between sexual pleasure seeking, partner dynamics and contraceptive use. The authors conclude that family planning programs should consider the nuanced ways in which notions of sexual pleasure, partner dynamics and the broader social context are involved in decision making regarding contraceptive use.

Health worker roles in providing safe abortion care and post-abortion contraception



by Anisa Assifi, Monica Dragoman, Bela Ganatra et al.
Department of Reproductive Health and Research, World Health Organization, 2015
92 pp. 951 kB

http://apps.who.int/iris/bitstream/10665/181041/1/9789241549264_eng.pdf?ua=1&ua=1

Whilst in many settings safe abortion care is limited to specialist doctors, many of the evidence-based interventions for safe abortion and post-abortion care covered in

the new WHO guidance, particularly for those in early pregnancy, can be provided on an outpatient basis at the primary-care level – such as medical abortion, which is non-surgical abortion using medications. WHO's new guideline helps to address these issues by offering guidance on how different types of tasks can be shifted across or shared appropriately by trained health-care providers. It shows how a greater range of health-care professionals can also be used including for example practitioners, nurses, midwives and auxiliaries.

Critical Maternal Health Knowledge Gaps in Low- and Middle-income Countries for Post-2015: Researchers' perspectives



by Tamil Kendall
Women and Health Initiative Working Paper No. 2, January 2015
34 pp. 825 kB

http://wordpress.sph.harvard.edu/mhtf-2/wp-content/uploads/sites/32/2015/02/Knowledge_gaps_MH_post2015.pdf

Between June and October 2014, the Maternal Health Task Force (MHTF) consulted 26 international maternal health researchers to gather perspectives on the most critical and neglected areas for knowledge generation to improve maternal health in low- and middle-income countries. The MHTF asked respondents to identify research and evaluation priorities in three broad areas: 1) persistent and critical knowledge gaps that need to be filled to accelerate reductions in maternal mortality and morbidity in low- and middle income countries; 2) crucial maternal health issues that have not been given adequate attention by research and donor communities; and 3) new situations and emerging challenges that require research to improve maternal health outcomes. These interviews yielded responses that can shape the landscape of maternal health over the next decade.

Lessons learnt during the process of setup and implementation of the voucher scheme in Eastern Uganda: a mixed methods study

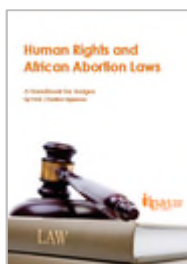


by John Bua, Ligia Paina and Elizabeth Ekirapa Kiracho
Implementation Science 2015, 10:108 (6 August 2015)
8 pp. 392

<http://www.implementationscience.com/content/pdf/s13012-015-0292-3.pdf>

In spite of the investments made by the Ugandan Government, the utilisation of maternal health services has remained low, resulting in a high maternal mortality (438 maternal deaths per 100,000 live births). Aiming to reduce poor women's constraints to the utilisation of services, an intervention consisting of a voucher scheme and health system strengthening was implemented. This paper presents the lessons learnt during the setup and implementation of the intervention in Eastern Uganda, in order to inform the design and scale up of similar future interventions.

Human Rights and African Abortion Laws: A Handbook for Judges



by Charles Ngwena

Ipas Africa Alliance for Women's Reproductive Health And Rights, December, 2014

85 pp. 17.4 MB(!)

http://www.ipas.org/~media/Files/PubsManual/NgwenaAlliance2014%20pdf.ashx?utm_source=resource&utm_medium=meta&utm_campaign=NgwenaAlliance2014%20pdf

This handbook is designed to raise judges' awareness about the human rights obligations associated with abortion. Judges can use it as a guide to interpret and apply domestic abortion laws, taking into account global and regional human rights standards.

Maximizing the Impact of Global Fund Investments by Improving the Health of Women and Children



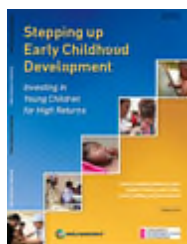
Second report to the independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health, June 2015

21 pp. 864 kB

http://www.theglobalfund.org/documents/publications/other/Publication_IERG2015_Report_en/

This report summarizes how the Global Fund has supported and continues to contribute to the improvement of maternal and child health through its investments in a wide range of HIV, tuberculosis (TB) and malaria (HTM) and health systems strengthening (HSS) interventions across the continuum of care. The Global Fund has identified opportunities to leverage existing flexibilities and to increase synergies among disease-specific financing, HSS, reproductive, maternal, newborn, child and adolescent health (RMNCAH) services and gender-responsive programming within its current strategy and funding model. The Global Fund will also ensure continued investments in women and children as it begins to develop its new strategy. There is growing global commitment to improving the health of women and children, and this document highlights how the new strategy will fit into the larger landscape for RMNCAH investments.

Stepping up Early Childhood Development: Investing in Young Children for High Returns



by Amina D. Denboba, Rebecca K. Sayre, Quentin T. Wodon et al.

Human Development Network at the World Bank, October 2014

32 pp. 3.8 MB

http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2014/12/07/000333037_20141207224311/Rendered/PDF/929880WP0Box380CD0Oct20140ENG0FINAL.pdf

This report is a guide for policy makers and practitioners about how to invest in young children. It identifies 25 essential ECD [early childhood development] interventions that can be delivered

through five integrated packages at different stages in a child's life, spanning the education, health, nutrition, water, sanitation, and social protection sectors. The guide introduces the reasons for investment in ECD and how the guidelines can assist service professionals in delivering improved health and learning outcomes for infants and young children.

Mortality risks in children aged 5–14 years in low-income and middle-income countries: a systematic empirical analysis



by Kenneth Hill, Linnea Zimmerman, Dean T Jamison
Lancet Glob Health, Published Online: 05 August 2015
8 pp. 810 kB

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)00044-3.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00044-3.pdf)

The analysis suggests that mortality risks nowadays in the age range 5–14 years in low-income and middle-income countries are rather higher (relative to mortality in children younger than 5 years) than would be expected on the basis of historical evidence. The findings broadly lend support for the UN World Population Prospects (WPP) mortality estimates, but are almost double those underpinning Global Burden of Disease (GBD) 2010 study. Global policy emphasis on reduction of mortality in children younger than 5 years should be broadened to include older children and adolescents.

Hidden in Plain Sight: A Statistical Analysis of Violence Against Children



by Claudia Cappa, Laura Cordisco Tsai, Yadigar Coskun et al.
United Nations Children's Fund (UNICEF), September 2014
206 pp. 29.8 MB(!)

http://www.unicef.org/publications/index_74865.html

Interpersonal violence has a grave effect on children: Violence undermines children's future potential; damages their physical, psychological and emotional well-being; and in many cases, ends their lives. This report sheds light on the prevalence of different forms of violence against children, with global figures and data from 190 countries. Where relevant, data are disaggregated by age and sex, to provide insights into risk and protective factors.

Randomised Trials in Child Health in Developing Countries



13th Edition, July 2014-June 2015

by Trevor Duke

Centre for International Child Health University of Melbourne, Australia, 2015

242 pp. 1.7 MB

<http://www.ichrc.org/sites/default/files/RCTs%20in%20child%20health%20in%20developing%20countries%202014-2015-2.pdf>

This booklet is compiled annually to summarize the evidence on child health derived from randomized or controlled trials in developing countries over the previous year. The aim is to make this information widely available to paediatricians, nurses, other health workers and administrators in resource poor settings where up-to-date information is hard to find. It is hoped that such information will be helpful in reviewing treatment policies, clinical practice and public health strategies.

[HIV, Tuberculosis & Malaria](#)

A Comparison of South African National HIV Incidence Estimates: A Critical Appraisal of Different Methods



by Thomas Rehle, Leigh Johnson, Timothy Hallett et al.

PLoS ONE 10(7): e0133255 - Published: July 31, 2015

15 pp. 498kB

<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.0133255&representation=PDF>

The interpretation of HIV prevalence trends is increasingly difficult as antiretroviral treatment programs expand. Reliable HIV incidence estimates are critical to monitoring transmission trends and guiding an effective national response to the epidemic. A multi-method comparison showed similar levels and trends in HIV incidence and validated the estimates provided by the assay-based incidence testing algorithm. The results confirm that South Africa is the country with the largest number of new HIV infections in the world, with about 1,000 new infections occurring each day among adults aged 15-49 years in 2012.

UNAIDS Strategy for 2016–2021: Fast-tracking to zero

Draft for Review

Joint United Nations Programme on HIV/AIDS (UNAIDS), 3 August

69 pp. 1.4 MB

http://www.unaidsstrategy2021.org/wp-content/uploads/2015/08/UNAIDS-Strategy-2016-2021_Draft-for-review_3-August.pdf

With their partners, the Joint Programme has established that the AIDS epidemic can be ended as a public health threat by 2030. This confidence is based on a combination of major scientific breakthroughs and accumulated lessons learned over more than a decade of scaling up the AIDS response. Wide-ranging political support has been mobilized for this achievement. Ending the AIDS epidemic will deliver health, dignity and hope to millions of people while ushering in better education, employment and well-being for families and communities.

Using hepatitis C prevalence to estimate HIV epidemic potential among people who inject drugs in the Middle East and North Africa



Ghina R. Mumtaza, Helen A. Weiss, Peter Vickerman et al.
AIDS: 24 August 2015, Vol. 29, Issue 13, pp. 1701–1710
10 pp. 426 kB

http://pdfs.journals.lww.com/aidsonline/2015/08240/Using_hepatitis_C_prevalence_to_estimate_HIV.15.pdf

The objective of this study is to understand the association between HIV and hepatitis C virus (HCV) among people who inject drugs (PWIDs) in the Middle East and North Africa (MENA), and to estimate HIV epidemic potential among PWIDs using HCV prevalence. The authors conclude that HCV prevalence could be a predictor of future endemic HIV prevalence. In MENA, they predict that there will be further HIV epidemic growth among PWID. The proposed methodology can identify PWID populations that should be prioritized for HIV prevention interventions.

PMTCT in Humanitarian Settings: Lessons Learned and Recommendations: Part 1



by Heidi Becher
Interagency Task Team HIV in Humanitarian Emergencies, May 2015
52 pp. 3.0 MB

http://www.emtct-iatt.org/wp-content/uploads/2015/07/PART-I_PMTCT-in-Humanitarian-Settings-7-July-2015.pdf

This document is a synthesis of experiences from the field, based on a systematic literature review, existing guidelines and grey literature on PMTCT programming in humanitarian action. Over 50 key informant interviews were held with United Nations and Non-governmental Organization representatives with experience developing policies and implementing PMTCT programmes in humanitarian settings.

PMTCT in Humanitarian Settings: Implementation Guide: Part 2



by Heidi Becher
Interagency Task Team HIV in Humanitarian Emergencies, May 2015
32 pp. 4.0 MB

http://www.emtct-iatt.org/wp-content/uploads/2015/07/PART-II_PMTCT-in-Humanitarian-Settings-7-July-2015.pdf

This document is a practical series of tools based on Part I developed to improve the implementation of PMTCT services in humanitarian settings but which can be adapted to different contexts. The guide focuses on PMTCT health service delivery including preparedness actions for shocks, and on continuation, or where possible initiation, of ART during the PMTCT risk period or for life.

Focus on Delivery and Scale: Achieving HIV Impact with Sex Workers



<http://www.ploscollections.org/article/browse/issue/info:doi/10.1371/issue.pcol.v02.i38>

The burden of HIV is heavily disproportionate in sex workers, where the high rates of partner change due to their work and their vulnerability increase the likelihood of sexual transmitted infections. Articles in this collection collate up-to-date analyses on both the influence of direct and indirect intervention programmes aimed at interrupting this high-incidence of infection. With this increased likelihood of HIV infection, calls are made for a rapid scale-up of combination prevention programmes, and HIV care and treatment in order to improve conditions for sex workers on a global scale.

Treatment Uptake and Availability of Antimalarial Drugs for Intermittent Preventative Treatment in Pregnant Women in Malawi



Loren Bausell and Katherine Wolf
USAID DELIVER PROJECT, Task Order 7; June, 2015
40 pp. 1.4 MB

http://deliver.jsi.com/dlvr_content/resources/allpubs/countryreports/MW_TreaUptaAvai.pdf

Throughout Africa, 30 million pregnant women are exposed to malaria each year. Malaria in pregnancy carries increased risk of low birth weight, severe maternal anaemia, maternal mortality, miscarriage, premature delivery, and stillbirth. To address malaria during pregnancy, the Roll Back Malaria Consortium advocates a three-pronged approach, one aspect of which is the delivery of intermittent preventative treatment in pregnancy (IPTp) with sulphadoxine-pyrimethamine (SP). The report looks at Malawi to analyze the relationship between SP stockout rates and coverage of SP for intermittent preventative treatment of malaria in pregnant women. This analysis was performed to explore the relationship between stock availability and intervention coverage.

Seasonal malaria chemoprevention (SMC): slow uptake of a proven technology

by William R Brieger



Africa Health, July 2015

4 pp. 512 kB

http://www.africa-health.com/articles/july_2015/Bill%27s%20Malaria%20Feature.pdf

Over five years of research went into proving that intermittent preventive treatment of infants and children (IPTi/IPTc) for malaria was not only safe but effective. SMC has been defined as a complete treatment course of amodiaquine plus sulfadoxine-pyrimethamine (AQ+SP) should be given to children aged between 3 and 59 months at monthly intervals, beginning at the start of the transmission season, to a maximum of four doses during the malaria transmission season. As we approach the third transmission season it is important to take stock of how far countries have come finding the needed sources, establishing appropriate policies and protocols, and finally, implementing SMC.

Malaria vaccine: How good is good enough?



Gavi – the Vaccine Alliance, 24 July 2015

Read online at:

<http://www.gavi.org/Library/News/GAVI-features/2015/Malaria-vaccine--How-good-is-good-enough-/>

On Friday 24th July the world's first malaria vaccine was set to be given the green light by regulators, opening the door for the World Health Organization to recommend its use in developing countries. But Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, and Dr Mark Dybul, Executive Director of the Global Fund to Fight Aids, Tuberculosis and Malaria, say it won't be a straightforward decision.

Malaria eradication and elimination: views on how to translate a vision into reality



by Marcel Tanner, Brian Greenwood, Christopher J. M. Whitty et al.

BMC Medicine 2015, 13:167 (25 July 2015)

22 pp. 2.0 MB

<http://www.biomedcentral.com/content/pdf/s12916-015-0384-6.pdf>

Although global efforts in the past decade have halved the number of deaths due to malaria, there are still an estimated 219 million cases of malaria a year, causing more than half a million deaths. In this forum article, experts working in malaria research and control were asked to discuss the ways in which malaria might eventually be eradicated. Their collective views highlight the challenges and opportunities, and explain how multi-factorial and integrated processes could eventually make malaria eradication a reality.

Strengthening tactical planning and operational frameworks for vector control: the roadmap for malaria elimination in Namibia



by Emmanuel Chanda, Birkinesh Ameneshewa, Hans A Angula et al.
Malaria Journal 2015, 14:302 (5 August 2015)
11 pp. 1.0 MB

<http://www.malariajournal.com/content/pdf/s12936-015-0785-1.pdf>

Universal coverage with indoor residual spraying (IRS) and long-lasting insecticidal nets, supplemented by larval source management in the context of integrated vector management (IVM) and guided by vector surveillance coupled with rational operationalization of the global plan for insecticide resistance management (GPIRM), will enable expeditious attainment of malaria elimination in Namibia. However, national capacity to plan, implement, monitor and evaluate interventions will require adequate and sustained support for technical, physical infrastructure, and human and financial resources for entomology and vector control operations.

The origins of malaria: there are more things in heaven and earth...



by P. J. Keeling and J. C. Rayner
Parasitology, Vol. 142, Supplement S1, February 2015, pp S16-S25
10 pp. 214 kB

http://journals.cambridge.org/download.php?file=%2FPAR%2FPAR142_S1%2FS0031182014000766a.pdf&code=93ea07d1b8566d07892e95a86818a91c

The past decade has seen the publication of a number of important discoveries about malaria parasite origins, all based on the application of molecular diagnostic tools to new sources of samples. This review summarizes some of those recent discoveries and discusses their implication for our current understanding of the origin and evolution of the Plasmodium genus. The nature of these discoveries and the manner in which they are made are then used to lay out a series of opportunities and challenges for the next wave of parasite hunters.

Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

Efficacy and effectiveness of an rVSV-vectored vaccine expressing Ebola surface glycoprotein: interim results from the Guinea ring vaccination cluster-randomised trial



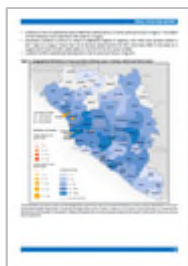
by Ana Maria Henao-Restrepo, Ira M Longini, Matthias Egger et al.
The Lancet - Published Online July 31, 2015
10 pp. 937 kB

<http://www.thelancet.com/pb/assets/raw/Lancet/pdfs/S0140673615611175.pdf>

An experimental Ebola vaccine seems to confer total protection against infection in

people who are at high risk of contracting the virus, according to the preliminary results of a trial in Guinea that were announced today and published¹ in *The Lancet*. They are the first evidence that a vaccine protects humans from Ebola infection. The results of this interim analysis indicate that rVSV-ZEBOV might be highly efficacious and safe in preventing Ebola virus disease, and is most likely effective at the population level when delivered during an Ebola virus disease outbreak via a ring vaccination strategy.

World Health Organization Ebola Situation Report - 5 August 2015



16 pp. 2.0 MB

http://apps.who.int/iris/bitstream/10665/181534/1/ebolasitrep5Aug2015_eng.pdf?ua=1&ua=1

There were 2 confirmed cases of Ebola virus disease (EVD) reported in the week to 2 August: 1 in Guinea and 1 in Sierra Leone. This is the lowest weekly total to have been reported since March 2014, and marks a third consecutive decline in weekly case incidence. This decline is underpinned by continued refinements to all elements of the response. In particular, strengthened capacity for contact tracing and case investigation has increased confidence that the few remaining known chains of transmission are better understood and controlled than was the case several months ago. Maintaining these resources in the months ahead will be critical, as there remains a significant risk of further transmission and an increase in case incidence in the near and medium term

Disease outbreak: Finish the fight against Ebola



by Joanne Liu
Nature 524, 27–29 (06 August 2015)
Read online at:

<http://www.nature.com/news/disease-outbreak-finish-the-fight-against-ebola-1.18109>

Leaders and health agencies are talking about 'lessons learned' from West Africa's Ebola epidemic. But a major push is needed to end the outbreak. Numbers of cases refusing to diminish, new communities being infected, bodies buried in secret. Sound familiar? It should. But these are not just scenes from last year's Ebola epidemic. They are playing out today in West Africa.

As head of Médecins Sans Frontières (MSF; also known as Doctors Without Borders), which has treated one-third of reported Ebola cases in the outbreak, the author has witnessed how a lack of political will undermined the response in the early days of the epidemic. Now, fatigue and a waning focus are threatening the final push to end it.

The Global Immunization Meeting: Protect, Innovate, Accelerate



WHO, UNICEF, 23 to 25 June 2015, Sitges, Spain
28 pp. 604

http://www.who.int/immunization/GIM_PIA_meeting_report_23-25June2015.pdf?ua=1

The meeting was organized jointly by WHO and UNICEF and served as forum to update the global immunization community on implementing the new vaccines, strengthening routine immunization and accelerated disease control pillars of the Global Vaccine Action Plan. The meeting also provided a basis for discussions with immunization partners to identify areas where each partner will best contribute to advancing the common agenda.

The Burden of Mental Health in Lymphatic Filariasis



by TGN Ton, C Mackenzie and DH Molyneux
Infectious Diseases of Poverty 2015, 4:34 (30 July 2015)
8 pp. 463 kB

<http://www.idpjournals.com/content/pdf/s40249-015-0068-7.pdf>

Lymphatic Filariasis, a neglected tropical disease, with a global tropical distribution is a highly disfiguring and disabling condition. The mental health co-morbidity burden was calculated and suggests this burden is a major factor previously not assessed as a contribution to morbidity. Similarly, other neglected tropical diseases need to be assessed using the methodology to provide a true assessment of morbidity for sufferers and their caregivers.

The Rapid-Heat LAMPellet Method: A Potential Diagnostic Method for Human Urogenital Schistosomiasis



by Javier Gandasegui, Pedro Fernández-Soto, Cristina Carranza-Rodríguez et al.
PLoS Negl Trop Dis 9(7): e0003963, 31 July 2015
23 pp. 7.3 MB

<http://www.plosntds.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pntd.0003963&representation=PDF>

Urogenital schistosomiasis due to *Schistosoma haematobium* is a serious underestimated public health problem affecting 112 million people - particularly in sub-Saharan Africa. Microscopic examination of urine samples to detect parasite eggs still remains as definitive diagnosis. This work was focussed on developing a novel loop-mediated isothermal amplification (LAMP) assay for detection of *S. haematobium* DNA in human urine samples as a high-throughput, simple, accurate and affordable diagnostic tool to use in diagnosis of urogenital schistosomiasis. The authors conclude that the method has the potential to be developed further as a field diagnostic tool for use in urogenital schistosomiasis-endemic areas.

Old and new challenges in Chagas disease



by Jose A Pérez-Molina, Angela Martinez Perez, Francesca F Norman et al.
Lancet Infect Dis 2015 - Published Online July 29, 2015
10 pp. 114 kB

[http://thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(15\)00243-1.pdf](http://thelancet.com/pdfs/journals/laninf/PIIS1473-3099(15)00243-1.pdf)

Chagas disease, caused by the parasite *Trypanosoma cruzi*, is a neglected disease, which can lead to cardiomyopathy, arrhythmias, megaviscera, and more rarely, polyneuropathy in up to 30–40% of patients around 20 to 30 years after acute infection. Although it is endemic in the Americas, global population movements mean that it can be located wherever migrants from endemic areas settle. The report illustrates the challenges of an increasingly common infection seen in non-endemic countries, and highlights both daily management dilemmas and associated difficulties that arise.

Current perspectives on leprosy as a public health challenge in India



by A. Pandey
Research and Reports in Tropical Medicine, July 2015, Vol. 2015:6 pp. 43–48
6 pp. 206 kB

<http://www.dovepress.com/getfile.php?fileID=26127>

This review examines trends of new leprosy cases during the post elimination phase in India and its provinces, mainly on the basis of data from the Central Leprosy Division of the National Leprosy Eradication Programme, to highlight that leprosy remains a challenge to health care providers. Critical issues and challenges related to active transmission of the disease resulting from hidden cases and delayed detection and initiation of treatment are discussed.

War Against Hepatitis



Virology Journal, July 2015

http://www.virologyj.com/about/update/20150728?utm_campaign=BMC20201D1&utm_medium=BMCemail&utm_source=Teradata

The 28th July 2015 marks the World Hepatitis Day. The theme for World Hepatitis Day 2015 is "Prevent Hepatitis. Act now".

On this occasion, "Virology Journal" shares with you a special article collection, which covers cutting-edge researches and reviews on viral hepatitis, including but not limited to, risk factors, prevention, diagnosis and treatment of viral hepatitis. We hope to help fight against the disease by broadening understanding of the hepatitis virus.

Contamination of Stethoscopes and Physicians' Hands After a Physical Examination

by Yves Longtin, Alexis Schneider, Clément Tschopp et al.



Mayo Clin Proc. March 2014, Vol. 89, Issue 3, pp. 291–299

9 pp. 512 kB

[http://www.mayoclinicproceedings.org/article/S0025-6196\(13\)01084-7/pdf](http://www.mayoclinicproceedings.org/article/S0025-6196(13)01084-7/pdf)

The objective of the study was to compare the contamination level of physicians' hands and stethoscopes and to explore the risk of cross-transmission of microorganisms through the use of stethoscopes. The authors conclude that the results suggest that the contamination level of the stethoscope is substantial after a single physical examination and comparable to the contamination of parts of the physician's dominant hand.

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

Building a Stronger System for Tracking Nutrition Sensitive Spending: A methodology and estimate of global spending for nutrition sensitive foreign aid



by Scott B. Ickes, Rachel B. Trichler, Bradley C. Parks

AidData Working Paper 7; April 2015

24 pp. 531 kB

http://aiddata.org/sites/default/files/wps7_nutrition_tracking.pdf

As the deadline for the 2015 MDGs draws to a close, new global challenges have been set to achieve ambitious outcomes to improve nutrition and reduce mortality in poor countries. For example, the World Health Organization now aims to reduce by 40% the world's 171 million stunted children by 2025. With these nutrition specific goals and outcomes in view, direct nutrition interventions need to be liaised with nutrition-sensitive development actions to leverage new approaches that can address these more distal nutrition risk factors: health, family planning, water and sanitation, agriculture, and social safety nets.

Coverage of Community-Based Management of Severe Acute Malnutrition Programmes in Twenty-One Countries, 2012-2013



by Eleanor Rogers, Mark Myatt, Sophie Woodhead et al.

PLoS ONE 10(6): e0128666, June 4, 2015

12 pp. 536 kB

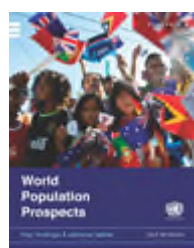
<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.0128666&representation=PDF>

This study shows that coverage of Community-Based Management of Severe Acute Malnutrition (CMAM) is lower than previous analyses of early Community-based Therapeutic Care (CTC) pro-

grammes; therefore reducing programme impact. Barriers to access need to be addressed in order to start improving coverage by paying greater attention to certain activities such as community sensitisation. As barriers are interconnected focusing on specific activities, such as decentralising services to satellite sites, is likely to increase significantly utilisation of nutrition services. Programmes need to ensure that barriers are continuously monitored to ensure timely removal and increased coverage.

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

World Population Prospects: The 2015 Revision



Key Findings and Advance Tables
UN Department of Economic and Social Affairs, Population Division, July 2015
66 pp. 1.2 MB

http://esa.un.org/unpd/wpp/Publications/Files/Key_Findings_WPP_2015.pdf

Understanding the demographic changes that are likely to unfold over the coming years, as well as the challenges and opportunities that they present for achieving sustainable development, is important for designing and implementing the post-2015 development agenda. The 2015 Revision provides the demographic data and indicators to assess population trends at the global, regional and national levels and to calculate many other key indicators commonly used by the United Nations system.

Justice Programs for Public Health: A Good Practice Guide



by Ryan Quinn, Tamar Ezer, Peter Chapman et al.
Open Society Foundations, 2015
138 pp. 1.8 MB

http://www.opensocietyfoundations.org/sites/default/files/justice-programs-public-health-20150701_1.pdf

Access to justice is integral to improving public health and achieving broader development goals. Socially excluded people, in particular, experience human rights violations that harm their health and well-being. These violations include police harassment, sexual violence, unlawful discrimination, land dispossession, forced medical interventions, and denial of essential services. Access to justice programs can - and should - play a critical role in addressing and deterring these abuses.

Health System Governance, Health Workforce and Health Information Systems

The complex remuneration of human resources for health in low-income settings: policy implications and a research agenda for designing effective financial incentives



by M. Bertone and S. Witter
Human Resources for Health 2015, 13:62 (28 July 2015)
9 pp. 434 kB

<http://www.human-resources-health.com/content/pdf/s12960-015-0058-7.pdf>

This paper argues that research focusing on the health workers' "complex remuneration" is critical to address some of the most challenging issues affecting human resources for health. An empirical research agenda is proposed to fill the gap in our understanding.

HIV/TB counselling: Who is doing the job? Time for recognition of lay counsellors



by Eyerusalem Negussie and Nathan Ford
HIV department of WHO Geneva, 2015
63 pp. 4.6 MB

http://cdn.doctorswithoutborders.org/sites/usa/files/attachments/hiv_tb_counselling_2015_final_report.pdf

This review finds that lay counsellors have played a critical role in scaling up HIV and TB services. In most countries, however, the work of lay counsellors is done in the absence of a supportive policy framework and is inadequately addressed by national human resources for health (HRH) strategic plans. Countries have taken several steps in recognizing lay counsellors and harmonizing approaches to training, job descriptions and support, but formal integration of this cadre into national health care systems is limited.

Access to Medical Products, Vaccines and Technologies

Are we moving towards a new definition of essential medicines?



by S Manikandan
Journal of Pharmacology and Pharmacotherapeutics, July-September 2015, Vol. 6, Issue 3
3 pp. 407 kB

<http://www.jpharmacol.com/text.asp?2015/6/3/123/1620082>

Essential medicines are defined as "those that satisfy the priority health care needs of the population," with the concept being that they are intended to be available within the context of a functioning healthcare system at all times, in adequate amounts, in appropri-

ate dosage forms, with assured quality and at a price that individual and country can afford. This concept, though deceptively simple and easy to understand, becomes extremely complex and hard to adhere to when preparing a list for a given country. However, the World Health Organization's (WHO's) Model List stands out like a guiding beacon and is the gold standard to which all countries compare their selections with and turn to in case they face indecision during selection.

Modern African Remedies: Herbal Medicine and Community Development in Nigeria



by Father Anselm Adodo OSB
 Policy Voices Series, Africa Research Institute, April 2015
 24 pp. 4.9 MB

<http://www.africaresearchinstitute.org/newsite/wp-content/uploads/2015/04/ARI-Policy-Voice-Pax-Herbal-download.pdf>

Pax is a private sector rural manufacturing enterprise in Edo State Nigeria that is a joint endeavour of the monastic and local communities. It has professionalised the production of traditional natural remedies to demonstrate that herbal medicines can be a force for innovation and progress in health care. An estimated two-thirds of Nigerians are reported in this paper to use these products, often in tandem with other medicines. More than 30 Pax products are reported to be government-certified. The paper argues that traditional medicine and pharmaceutical industries could be fostered in Nigeria; but that indigenous knowledge, resources and enterprise still remain under-exploited.

Engaging communities for increasing immunisation coverage: what do we know?



by Shagun Sabarwal, Raag Bhatia, Bharat Dhody et al.
 3ie Scoping Paper 3, July 2015
 83 pp. 2.0 MB

http://www.3ieimpact.org/media/filer_public/2015/07/29/3ie_immunisation_scoping_report_3.pdf

This paper analyses the role of community engagement approaches in immunisation programmes. It finds that these programmes focus mainly on demand generation. Technology-based interventions may work but contextual factors should inform the programme design. The study also highlights implementation problems, which if not addressed, can lead to a lack of confidence in the programme. However, more studies are needed to identify what works in this regard.

Management and Quality of Health Services and Facilities

Impact of Health Systems Strengthening on Health



by Laurel Hatt, Ben Johns, Catherine Connor et al.
The Health Finance and Governance Project, June 2015
66 pp 744 kB

<https://www.hfgproject.org/?download=10632>

The report for the first time presents a significant body of evidence linking health systems strengthening interventions to measurable impacts on health outcomes. It identifies 13 types of health systems strengthening (HSS) interventions with quantifiable effects. Making decisions on who delivers health services and where and how these services are organized is important to achieve priority health goals.

The Lancet Commissions - Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development



by John G Meara, Andrew J M Leather, Lars Hagander et al.
The Lancet 2015; 386: 569–624 - Published Online April 27, 2015
56 pp. 4.8 MB

[http://thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)60160-X.pdf](http://thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60160-X.pdf)

Remarkable gains have been made in global health in the past 25 years, but progress has not been uniform. Mortality and morbidity from common conditions needing surgery have grown in the world's poorest regions, both in real terms and relative to other health gains. At the same time, development of safe, essential, life-saving surgical and anaesthesia care in low-income and middle-income countries (LMICs) has stagnated or regressed. In the absence of surgical care, case-fatality rates are high for common, easily treatable conditions including appendicitis, hernia, fractures, obstructed labour, congenital anomalies, and breast and cervical cancer.

Are service-delivery NGOs building state capacity in the global South? Experiences from HIV/AIDS programmes in rural Uganda



by Badru Bukenya
Effective States and Inclusive Development Research Centre (ESID)
Working Paper No. 22; June 2013

46 pp. 866 kB

http://www.effective-states.org/wp-content/uploads/working_papers/final-pdfs/esid_wp_22_bukenya.pdf

It is argued that NGOs, through their technocratic interventions, can have progressive impacts on political processes in developing countries. This paper investigates the role of service delivery NGOs in building state capacity in the global south, examining a Ugandan NGO called the AIDS Support Organisation (TASO) as a case study. The document clarifies that primary research into TASO reveals that NGOs can have a constructive impact on four aspects of state capacity – bureaucratic capacity, embeddedness, territorial reach, and legitimacy. However, the impact of the programme on the infra-structural reach of the state in rural Uganda was not sustained beyond its implementation. All things considered, the paper concludes that service delivery by NGOs can actually be an avenue for building more effective states.

Ensuring the preparedness and security of health-care facilities in armed conflict and others emergencies



International Committee of the Red Cross, 27 July 2015
66 pp. 3.4 MB

<http://reliefweb.int/sites/reliefweb.int/files/resources/icrc-002-4239.pdf>

This publication is intended as a practical manual for governments, hospital managers and others concerned, with a view to helping them prepare for and manage situations that could jeopardize their objective of assisting the wounded and sick and maintaining the health of people affected by armed conflict and other emergencies. In addition, this publication promotes some key preventive measures for consideration during the early stages of designing a health-care facility, in order to increase its resilience to all kinds of major risk.

Universal Health Coverage, Health Financing and Social Health Protection

Advancing Partnerships for Universal Health Coverage



Workshop Report
by Thomas Feeny, Rekha Viswanathan, Rachel Neill, et al.
HANSHEP – Harnessing non-state actors for better health for the poor, July 31, 2015
19 pp. 821 kB

http://healthsystemshub.org/uploads/resource_file/attachment/530/HANSHEP_July_2015_Workshop_Report.pdf

In the pursuit of Universal Health Coverage (UHC), many countries are investigating and testing strategies to publicly finance privately provided healthcare services. On 8-9 July 2015 in Nairobi, Kenya, 65 representatives from the public and private sectors met to discuss and debate strategies of financing privately provided healthcare. This report represents key insights and points of debate which revolved around the following themes: financing of private healthcare, quality assurance and quality improvement, and the potential role of intermediaries.

Guidelines for Employers on Maternity Protection at Work



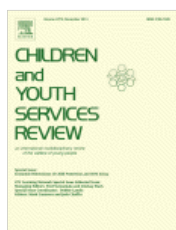
Better Work Indonesia, 2014
31 pp. 1.1 MB

http://betterwork.org/indonesia/wp-content/uploads/GuidelinesPregnantWorkerProtection_Final_Final_English2-PDF.pdf

For working women, pregnancy and maternity are vulnerable times. Maternity leave and breastfeeding breaks while at work are protected under national and international law in most countries. Special protection is required in the workplace for expectant and nursing mothers to prevent harm to their health or to health of their children, and they need adequate time to give birth, recover and nurse their children. They also need social protection to ensure job security that prevents dismissal based on pregnancy or maternity leave. Through this guideline, “Better Work Indonesia” provides practical guidance and advice to employers on pregnant worker-related issues in the workplace.

Social Transfers

Social transfers and child protection in the South



by Armando Barrientos, Jasmina Byrne, Paola Peña et al.
Children and Youth Services Review, Vol. 47, Part 2, December 2014, pp. 105–112
8 pp. 478 kB

<http://www.sciencedirect.com/science/article/pii/S0190740914002606/pdf?md5=ac47465b54bf807bbcc568d49b7041a2&pid=1-s2.0-S0190740914002606-main.pdf>

Most low and middle-income countries have implemented programmes providing transfers to families in poverty, often with a focus on children. The paper examines the potential effects of social transfers in these countries on child protection outcomes: the reduction of violence, exploitation and abuse of children, family separation and improved birth registration. It identifies and evaluates three sets of effects: direct effects observed where social transfers have explicit child protection outcome objectives; poverty-mediated effects where the impact of social transfers on poverty and exclusion leads to improved child protection outcomes; and operational synergies arising from the implementation of social transfers.

Inclusion of People with Disabilities

Determining the competences of community based workers for disability-inclusive development in rural areas of South Africa, Botswana and Malawi



by T Lorenzo, E van Pletzen, M Booyens
Rural and Remote Health 15: 2919, June 2015
14 pp. 341 kB

http://www.rrh.org.au/publishedarticles/article_print_2919.pdf

Persons with disabilities and their families still live with stigma and a high degree of social exclusion especially in rural areas, which are often poorly resourced and serviced. Community-based workers in health and social development are in an ideal position to assist in providing critical support for some of those most at risk of neglect in these areas. This article analyses the work of community disability workers (CDWs) in three southern African countries to demonstrate the competencies that these workers acquired to make a contribution to social justice for persons with disabilities and their families.

Special issue: Disabled children and disabling childhoods in the global South

Edited by Erica Burman, Anat Greenstein & Manasi Kumar
Disability and the Global South (DGS), 2015, Vol. 2 No. 2
Access all articles for free at:

<http://dgsjournal.org/current-issue/>

Our understanding of disability is rooted in the epistemology of disability studies, seeing it not as a medical state contained within the body or mind of a person, but as a socially created phenomenon that takes its shape through social relations, cultural representations, and modes of production and reproduction. This means that disability cannot be discussed in universal or generalised terms, but always requires attention to the specific embodied, social, cultural and economic contexts in which it occurs. This resource provides a link to the articles of the Disability and the Global South journal's Special Issue on disabled children within the Global South. This special issue features a variety of topics such as rehabilitation, inclusion, child sexual abuse, and the disabling effects of education systems within the Global South.

Empowering Communities through Knowledge Transfer: Training Guide for Community Based Rehabilitation



by Marco Ferrante
Volunteer Organization for International Cooperation (OVCI), 2014
60 pp. 981 kB

<http://www.asksource.info/sites/asksource.info/files/OVCI%20KHARTOUM%20CBR%20Booklet%20Empowering%20Communities%20Through%20Knowledge%20Transfer-1.pdf>

This manual, along with the attached annex, presents useful information about community based rehabilitation (CBR) in Sudan. It is initially intended to be used as a guide for a scheduled training program. However, the scope of the contents of this manual goes beyond this. It is meant to be a source for basic community based rehabilitation knowledge as well as providing training guidance.

Inclusive Civic Engagement: An Information Toolkit for Families and People with Intellectual Disabilities



Inclusion International, March 2015
24 pp. 435 kB

<http://inclusion-international.org/wp-content/uploads/2015/07/Inclusive-Civic-Engagement-Information-Toolkit.pdf>

This toolkit has been developed as part of an Inclusion International project, "Accessing the Ballot Box". The project was designed to address the limited political participation of people with intellectual disabilities in Kenya, Zanzibar and Lebanon. It is designed to explore how to support people to access the ballot box before during and after elections and to support people with intellectual disabilities and their families, governments and partners to ensure people with intellectual disabilities are able to exercise their right to political participation.

The determinants of health inequities experienced by children with learning disabilities



by Eric Emerson
Public Health England, February 2015
52 pp. 384 kB

http://www.improvinghealthandlives.org.uk/securefiles/150807_1531//Determinants%20of%20Child%20Health%20Inequalities.pdf

Learning disability refers to a significant general impairment in intellectual functioning that is acquired during childhood. Approximately one in 50 people in England have learning disabilities. People with learning disabilities have significantly poorer health and increased age adjusted mortality than their non-disabled peers. It is clear that this difference in health status is, to an extent, preventable and unjust. As such, it represents an example of health

inequity. The primary aim of this report is to summarise current scientific knowledge about the determinants of health inequities experienced by children with learning disabilities in the UK.

Global Health Governance, Sustainable Development Goals & Development Cooperation

Contributions of global health diplomacy to equitable health systems in east and southern Africa



Key findings and recommendations from a regional research programme 2012-2015
Regional Network for Equity in Health in East and Southern Africa (EQUINET), May 2015
8 pp. 836 kB

<http://www.equinet africa.org/bibl/docs/EQ%20GHD%20Summary%20brief%20June2015.pdf>

Do global health platforms provide meaningful opportunities to advance equitable health systems and population health in east and southern Africa? What factors have supported effective negotiation of African policy goals on health systems within international and global health diplomacy? This brief outlines, with hyperlinks to the relevant reports, the findings and proposals for follow up policy review, action and research from a three year EQUINET led policy research programme with government officials, technical institutions, civil society and other stakeholders and in association with the East, Central and Southern Africa Health Community (ECSA–HC).

Opinion: Third FfD Conference Fails to Finance Development – Part One



by Bhumika Muchhala
Social Watch, 23 July 2015
Read online at:

<http://www.socialwatch.org/node/16996>

The third Financing for Development (FfD) conference in Addis Ababa concluded Thursday, July 16, in bad faith as developed countries rejected a proposal for a global tax body and dismissed developing countries' compromise proposal to strengthen the existing U.N. committee of tax experts. Usually, when large conferences end after conflicts and climax in intergovernmental negotiations, there is a sense of exhilaration. This did not happen in Addis Ababa. The hallmark failure of the 3rd FfD conference is the missed opportunity to create an intergovernmental tax body, despite the persistent push into the 11th hour by a critical mass of developed countries led by India and Brazil.

Part Two can be read [here](#).

Transforming Our World: The 2030 Agenda for Sustainable Development



Outcome Document for the UN Summit to Adopt the Post-2015 Development Agenda
Finalised text for adoption (1 August 2015)
UN Sustainable Development Knowledge Platform
31 pp. 599 kB

<https://sustainabledevelopment.un.org/content/documents/7891TRANSFORMING%20OUR%20WORLD.pdf>

This Agenda is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom. All countries and all stakeholders, acting in collaborative partnership, will implement this people-centred Agenda. We are resolved to free the human race within this generation from the tyranny of poverty and want and to heal and secure our planet for the present and for future generations. We are determined to take the bold and transformative steps which are urgently needed to shift the world onto a sustainable and resilient path. As we embark on this collective journey, we pledge that no one will be left behind.

MDG-based National Planning: An Assessment



by Elham Seyedsayamdost
Commissioned by UNDP Independent Evaluation Office in contribution to their report
"Evaluation of the Role of UNDP in Supporting National Achievement of the Millennium
Development Goals," 30 November 2014
28 pp. 2.4 MB

http://oxfamblogs.org/wp-content/uploads/2015/07/MDG-Assessment_ES.pdf

This study reviews post-2005 national development strategies of fifty countries from diverse income groups, geographical locations, human development tiers, and ODA levels to assess the extent to which national plans have tailored the Millennium Development Goals to their local contexts. Reviewing Poverty Reduction Strategy Papers (PRSPs) and non-PRSP national strategies, it presents a mixed picture. The encouraging finding is that thirty-two of the development plans under review have either adopted the MDGs as planning and monitoring tools or "localized" them in a meaningful way, using diverse adaptation strategies from changing the target date to setting additional goals, targets and indicators, all the way to integrating MDGs into subnational planning. On the other hand, all the countries that have not aligned their plans with the MDGs belong to the middle-income countries and are least dependent on ODA.

Analysing Proposals for Reform of the Global Health Architecture



by Marco Schäferhoff, Christina Schrade and Elina Suzuki
Centre on Global Health Security, August 2015
45 pp. 414 kB

http://www.chathamhouse.org/sites/files/chathamhouse/field/field_document/20150803_GlobalHealthArchitectureSchaferhoffSchradeSuzuki.pdf

The global health architecture has contributed significantly to progress towards the Millennium Development Goals over the past decade. As the target date approaches for adoption of the new Sustainable Development Goals, this paper suggests that reconfiguration of the architecture is necessary if it is to be fit to address the challenges of the post-2015 period. Is the current global health system fit for purpose? Will it be fit to meet future challenges? What could a more effective and efficient system look like?

5 things needed to turn the SDGs into reality



by Elizabeth Stuart
Devex, 29 July 2015
Read online at:

https://www.devex.com/news/5-things-needed-to-turn-the-sdgs-into-reality-86617?utm_source=social&utm_medium=twitter&utm_campaign=sustaining_dev

Now that the sustainable development goals are - in the main - agreed, what needs to happen to turn this global manifesto into a national policy agenda? The clock to SDG attainment will start ticking Jan. 1, 2016. Here are five things that will be important to ensure the much-debated goals and targets - and the overarching vision of a new future for everyone - actually start to be implemented.

Miscellaneous

Trafficking in Persons Report 2015



by Feleke Assefa, Andrea Balint, Shonnie R. Ball et al.
The Office to Monitor and Combat Trafficking in Persons, U.S. Department of State, July 2015
384 pp. 20.8 MB(!)

<http://www.state.gov/documents/organization/245365.pdf>

This year's Report places a special emphasis on human trafficking in the global marketplace. It highlights the hidden risks that workers may encounter when seeking employment and the steps that governments and businesses can take to prevent trafficking, including a demand for transparency in global supply chains. The bottom line is that this is no time for complacency.

Right now, across the globe, victims of human trafficking are daring to imagine the possibility of escape, the chance for a life without fear, and the opportunity to earn a living wage.

E-HUESPED: An Information Platform on Transmissible Diseases



Fundación Huésped, July 2015

<http://www.e-huesped.org/>

e-huesped aims at communicating news about the progress made in the fields of HIV/AIDS, viral hepatitis and other transmissible diseases, in a swift and dynamic way using an online platform which allows the continuous collaboration and updating and information exchange with professionals throughout the world. The platform is accessible at any time and from any place. It is implemented on the Edx platform developed by MIT and Harvard with online courses to update professionals in the health team. E-huesped was developed by Fundación Huésped an Argentinean organization with projects that reach throughout Latin America responding to HIV/AIDS as both an infectious disease and a social challenge.

Bulletin of the World Health Organization – Vol. 93, Nr. 8, August 2015



<http://www.who.int/bulletin/volumes/93/8/en/>

- Gross national happiness in Bhutan
- Emergency water treatment for refugees in South Sudan
- Boosting health workers' skills in Ukraine
- Interview: space technologies for public health
- Investing in emergency care
- Gaps in HIV treatment access in the Americas
- The true burden of foodborne diseases in Japan
- Cash transfers for the health impact of climate change

CONFERENCES & TRAINING

First International Congress of Research Integrity and Evidence Based Practice



7-9th December 2015, Kish Island, Iran

The First International Congress of Research Integrity and Evidence Based Practice (EBP) with several parallel workshops, will be held in Kish Island, Iran. This is a good opportunity for gathering and discussing about EBP and Research integrity. Present your achievements in a friendly atmosphere, discuss the approaches, barriers, recent challenges and emerging issues in achieving the best practice and research integrity.

We will take this chance to learn from each other and the leading experts and participate in various interactive programs.

For more information see: <http://www.EBMcongress.com>

XIX International Congress for Tropical Medicine and Malaria - Brisbane, Australia (2016)



<http://tropicalmedicine2016.com/>

The XIX International Congress for Tropical Medicine and Malaria meeting will be held on September 18-22, 2016 in Brisbane, Australia (at Brisbane Convention & Exhibition Centre). The program will cover the major infectious diseases prevalent in the tropics, including malaria and other parasite infections, bacterial infections such as typhoid and tuberculosis, and viral infections such as HIV and dengue fever. In addition, social, cultural and economic aspects of health relevant to the tropics will be covered.

New Master of Science in Global Urban Health (MSc GUH)



Starting in October 2016 at the University of Freiburg, Germany

This modular course in English is intended for postgraduate students. The MSc GUH will be taken as FULL TIME STUDY (one academic year). The initial phase will be in Freiburg (9 months) and the subsequent field study (for the MSc thesis) will be done abroad or as desk study in Freiburg.

TOPIC AREAS

The MSc in Global Urban Health is organized through an interdisciplinary effort covering different topic areas in relation to urban health needs.

- Analysis tools (Epidemiology, Statistics, Social Sciences, Economics, Geography, Anthropology)
- Environmental management and control of Non-Communicable Diseases
- Communicable Diseases and quality assured programmes in urban settings
- Migration, violence and mental health among urban populations

For more information see:

<https://www.zmg.uni-freiburg.de/training/mscglobalhealth/master>

or contact Sonia Diaz-Monsalve (sonia.diaz-monsalve@uniklinik-freiburg.de)

CARTOON



Unknown source

TIPS & TRICKS

Where Did THAT Come From?

Ever opened up your browser, and all of the sudden your home page is different or there is a tool bar at the top you don't recognize? You probably recently installed some new program, and it had extra software "wrapped" up with it. You probably agreed to install it, without even knowing it, as annoying as that may be.

Most of the time when you download something from a website, you have to click on a link or a button. This will vary depending on what you are downloading. A word of warning: be careful what you are clicking on. First and foremost, look to download files from the site they were created on, rather than a site like "download.com" or "softpedia.com". If you choose somewhere else or are not careful, you may unknowingly install programs onto your computer. Also, look carefully at what you are clicking on, sometimes other buttons will pop up to try to suck you into downloading. For example, in the screen shot below you can see 3 spots that look like you can download the software Avast. However, only the "Download Now" link is for Avast, the other two are for another program.



color-hex

<http://www.color-hex.com/>

Users Latest Favorite Colors



This site is an awesome tool that helps you get color code information for multiple kinds of color codes. You have your choices from RGB, HSL, HSV, CMYK, css, and even html color codes.

If you need help at any time, you can check out the site's Help page which offers tips on searching for colors.

At the top of the page you will find the color search engine where you can type in a search using a color hex, name, rgb, etc. Or you can click the color square next to it and select the color from the palette. Click choose to go to that color's information page.

This site is a cool way to explore color, go check it out today!

IMPRINT

Published by	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	On behalf of	Federal Ministry for Economic Cooperation and Development (BMZ)
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
		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
As at	March 2014		
	GIZ is responsible for the content of this publication.		poststelle@bmz.bund.de www.bmz.de

Archive of past issues:

You can find and search past issues of the news briefing (2010-2015) at http://health.bmz.de/services/newsletters/HESP_News_Notes/index.jsp

Fair Use:

The health and social protection news briefing is produced under the principles of ‚fair use‘. We source relevant news articles, resources and research documents and strive to attribute sources by providing reference and/or direct links to authors and websites.

Disclaimer:

The information in this news briefing has been carefully researched and diligently compiled. Nevertheless, GIZ does not accept any liability or give any guarantee for the validity, accuracy and completeness of the information provided. GIZ assumes no legal liabilities for damages, material or immaterial in kind, caused by the use or non-use of provided information or the use of erroneous or incomplete information, with the exception of proven intentional or grossly negligent conduct on the side of GIZ.

This news briefing may contain links to third-party web sites. The linked sites are not under the control of GIZ and GIZ is not responsible for the contents of any linked site or any link contained in a linked site.

How to un-subscribe:

If you want to remove yourself from this mailing list, send an email to majordomo@mailserv.giz.de with the following command in the body of your email message: [unsubscribe hesp-news-briefing](#)

Contact:

To contact the editorial team of the HeSP news briefing, send an email to hesp-news-briefing@healthy-developments.de