Dear colleagues,

November is a busy time of year for development practitioners!

In this week’s edition, we would like to highlight just a few of the many recent events and initiatives:

- WHO Director-General Margaret Chan and Germany’s Chancellor Angela Merkel just launched the initiative ‘Healthy Systems – Healthy Lives’ to enhance global cooperation on health systems strengthening.

- At the International Dialogue on Population and Sustainable Development in Berlin on 28/29 October, delegates agreed unequivocally that Sexual and Reproductive Health and Rights must continue to be a priority in the new era of sustainable development.

- For those of you who would like to consolidate their skills and knowledge regarding Social Protection and Universal Health Coverage, GIZ just set up a database which provides an up to date overview of all relevant capacity building opportunities in these fields.

- At the World Health Summit in Berlin from 11-13 October, the German Federal Ministry for Economic Cooperation and Development hosted a workshop on Universal Health Coverage.

- And in Vietnam, a new national guideline on hygiene in operating theatres was officially launched and has already led to marked improvements not just for surgical patients but for hospital staff and hospital budgets, too.

Enjoy the reading and share widely!

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

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**TABLE OF CONTENTS**

**ONLINE RESOURCES**

- Healthy Developments – Germany's commitment to health and social protection ........................................... 5
  - Germany reinforces commitment to Universal Health Coverage (UHC) ......................................................... 5
  - Learn globally, succeed locally! ....................................................................................................................... 5
  - 13th International Dialogue on Population and Sustainable Development ...................................................... 5
  - Taking infection control seriously .................................................................................................................. 6
  - The ‘Healthy Systems – Healthy Lives’ Initiative .............................................................................................. 6

- Reproductive, maternal, neonatal, child and adolescent health & Right to health .............................................. 6
  - Global Health Action Special Issue Family Planning ...................................................................................... 6
  - The Incidence of Abortion in Nigeria ........................................................................................................... 7
  - Failure to Deliver: Violations of Women’s Human Rights in Kenyan Health Facilities ................................... 7
  - Trends in Maternal Mortality: 1990 to 2015 .................................................................................................. 7
  - The Developmental Approach to Child and Adult Health ............................................................................ 8
  - Communication Strategy Guide for Maternal, Newborn, and Child Health ................................................... 8
  - IACAPAP Textbook of Child and Adolescent Mental Health .......................................................................... 9
  - Counting the cost of child mortality in the World Health Organization African region ................................9
  - South African Child Gauge 2015 .................................................................................................................. 10
  - Child health in Syria: recognising the lasting effects of warfare on health .................................................. 10
  - Arsenic exposure is associated with pediatric pneumonia in rural Bangladesh: a case control study ............ 10

- HIV, Tuberculosis & Malaria .............................................................................................................................. 11
  - The role of quality improvement in achieving effective large-scale prevention of mother-to-child transmission of HIV in South Africa ........................................................................................................... 11
  - Focus on Women and Girls .......................................................................................................................... 11
  - Avert the looming TB-diabetes co-epidemic before it gets too late ............................................................ 11
  - President’s Malaria Initiative (PMI) 2016 Malaria Operational Plans (MOPs) Now Available ....................... 12
  - Investigating a Non-Mesh Mosquito Net Among Outdoor Sleeping Nomadic Communities in Kenya .......... 12
  - Feasibility of an innovative electronic mobile system to assist health workers to collect accurate, complete and timely data in a malaria control programme in a remote setting in Kenya ......................................................... 12
  - Tyrosine kinase inhibitors: New class of antimalarials on the horizon? .................................................... 13
  - Tetracyclines in malaria ............................................................................................................................... 13

- Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness ........................................... 13
  - Saving Lives: The civil-military response to the 2014 Ebola outbreak in West Africa ................................ 13
  - Challenges in Diagnosing Human African Trypanosomiasis: Evaluation of the MSF OCG project in Dingila, DRC .............................................................................................................................. 14

- Nutrition, Non-Communicable Diseases & Environmental Health (incl. WASH & Climate Change) .......... 14
  - Food Safety in Developing Countries: An Overview ...................................................................................... 14
  - Multiple micronutrient supplementation for women during pregnancy (Review) ........................................ 15
  - Costs, affordability, and feasibility of an essential package of cancer control interventions in low-income and middle-income countries: key messages from Disease Control Priorities, 3rd edition ............................................. 15
  - Integration of mental health into primary care in low- and middle-income countries: the PRIME mental healthcare plans .................................................................................................................................................................................. 16
  - Mitigation of non-communicable diseases in developing countries with community health workers ........ 16
  - Prospects for Climate Success in Paris .......................................................................................................... 16
  - Topic Guide: Mainstreaming Environment and Climate Change into Humanitarian Action ....................... 17
  - Shock Waves: Managing the Impacts of Climate Change on Poverty .............................................................. 17

- Population Dynamics & Social Determinants of Health (including Gender & Education) ............................ 17
  - The End of the One-Child Policy: Lasting Implications for China ............................................................... 17
  - Education 2030: Incheon Declaration and Framework for Action ............................................................... 18
  - Shamed and Blamed: Pregnant Girls’ rights at risk in Sierra Leone ............................................................ 18
  - Educational attainment and adult literacy: A descriptive account of 31 Sub-Saharan Africa countries .......... 19
Health System Governance, Health Workforce and Health Information Systems ........................................... 19
  Sharing data to save lives.............................................................................................................................. 19
  How systematic reviews can reduce waste in research ............................................................................ 19
Access to Medical Products, Vaccines and Technologies.............................................................................. 20
  The 2016 Access to Medicine Index........................................................................................................ 20
  Improvements for international medicine donations: a review of the World Health Organization Guidelines for Medicine Donations, 3rd edition.............................................................. 20
  The Meningitis Vaccine Project: The Development, Licensure, Introduction, and Impact of a New Group A Meningococcal Conjugate Vaccine for Africa..................................................................................... 21
Management and Quality of Health Services and Facilities.......................................................................... 21
  Integrated Community Case Management: A Lens on Health Policy Processes in Sub-Saharan Africa........ 21
  Data for Decisionmaking and the Global Fund .............................................................................................. 21
  Benchmarking facilities providing care: An international overview of initiatives........................................ 22
  Social Science & Medicine Special Issue: Health Systems in Asia 2013 .................................................... 22
  National health research systems in the WHO African Region: current status and the way forward.............. 23
Universal Health Coverage, Health Financing and Social Health Protection..................................................... 23
  Achieving universal health coverage in East and Southern Africa: what role for profit providers?.............. 23
  Universal Health Coverage: A Political Struggle and Governance Challenge ........................................... 23
  Guidance on using needs based formulae and gap analysis in the equitable allocation of health care resources in East and Southern Africa........................................................................................................ 24
  Achieving universal health coverage in Africa: is there a role for for-profit providers?............................... 24
  BMC Health Services Research Special Issue: User Fee Exemption Policies.............................................. 25
  Emerging challenges in implementing universal health coverage in Asia..................................................... 25
  Measuring Progress Towards Universal Health Coverage With An Application to 24 Developing Countries.............................................................................................................................. 25
  Insights for Taking Results Based Financing to Scale.................................................................................. 26
  Case-based payment systems for hospital funding in Asia: an investigation of current status and future directions.......................................................... 26
Old Age, Unemployment and Occupational Injuries Protection................................................................. 27
  Socio-demographic patterns of disability among older adult populations of low-income and middle-income countries: results from World Health Survey.............................................................................. 27
  Old age insurance participation among rural-urban migrants in China.......................................................... 27
Inclusion of People with Disabilities............................................................................................................ 27
  Abandoned by the State: Violence, Neglect, and Isolation for Children with Disabilities in Russian Orphanages.............................................................................................................................................. 27
Global Health Governance, Sustainable Development Goals & Development Cooperation..................... 28
  Health Care Analysis Special Issue: Global Health Justice ........................................................................ 28
  Health at a Glance 2015............................................................................................................................... 28
  Listening to Leaders: Which Development Partners do they prefer and why?........................................ 29
  Drugs and Illicit Practices: Assessing their impact on development and governance........................................ 29
Miscellaneous .................................................................................................................................................. 30
  Bulletin of the World Health Organization – Vol. 93, Nr. 11, November 2015........................................... 30
  I am here, I belong........................................................................................................................................ 30
  The New Refugee Toolbox: A Service for Helpers and Migrants................................................................. 30
  Alert, Early Warning and Readiness Report November 2015 – April 2016............................................ 31
CONFERENCES & TRAINING .......................................................................................................................... 31
  First International Social and Behavior Change Communication (SBCC) Summit........................................... 31
  Free online courses at the London School of Hygiene & Tropical Medicine................................................. 31
  Peoples-uni Open Online Course................................................................................................................ 32
CARTOON ....................................................................................................................................................... 32
TIPS & TRICKS ............................................................................................................................................... 33
  Sneaky Fake Apps Hide Adware.................................................................................................................. 33
ONLINE RESOURCES

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

Germany reinforces commitment to Universal Health Coverage (UHC)


Universal Health Coverage (UHC) is part of the new 2030 Agenda for Sustainable Development and was discussed vividly at this year’s World Health Summit in Berlin. Germany has been a strong advocate of UHC for years and welcomes the increasing international attention to this key development issue.

Learn globally, succeed locally!

Global Learning Database for Social Protection and Universal Health Coverage


GIZ’s new database provides an overview of all relevant capacity building opportunities for expert or policy makers in the field of Social Protection and Universal Health Coverage (UHC). Through detailed filter options it allows its users to find the training that corresponds to their specific interests and level of expertise.

13th International Dialogue on Population and Sustainable Development

Advancing sexual and reproductive health and rights in the new era of sustainable development


At the end of their meeting in Berlin on 28 and 29 October 2015 delegates of this year’s International Dialogue on Population and Sustainable Development agreed unequivocally that Sexual and Reproductive Health and Rights must continue to be a priority in the new era of sustainable development.
Taking infection control seriously

How a practical guideline for hospitals has become the national standard in Vietnam


The German-supported health programme in Vietnam helped develop a guideline for better hygiene in Vietnam's operating theatres. The guideline is highly appreciated by hospital staff, has markedly reduced patients' wound infections and has just been approved as the national standard.

The ‘Healthy Systems – Healthy Lives’ Initiative


The Millennium Development Goals have led to significant improvements on specific global health issues like HIV and malaria. Not least through the Ebola crisis in West Africa we have learned that an integrated approach and cross-cutting investments are needed to build resilient and sustainable health systems. Drawing on these lessons and on the holistic approach of the new Sustainable Development Goals, Germany together with the World Health Organization launched the global initiative ‘Healthy Systems – Healthy Lives’. The Initiative will bring together global health actors for a coordinated, effective and measurable effort to strengthen health systems. It aims to develop a common understanding on health systems strengthening (HSS) and coordinated commitments for actions.

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

Global Health Action Special Issue: Family Planning

Editor: Peter Byass, Umeå University, Sweden
http://www.globalhealthaction.net/index.php/gha/article/view/30086

The research findings in this Special Issue, which come from distinguished scientists in United Nations agencies, non-governmental organisations, and universities, present a range of global and local policy and programmatic priorities to address measurement, coverage, impact, quality and equity issues in family planning services, which are integral to the global sustainable development agenda. This is particularly important for countries in sub-Saharan Africa. The authors thus call on world leaders and financiers to join forces and work towards the future we want, a future in which every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled.
The Incidence of Abortion in Nigeria

by Akinrinola Bankole, Isaac F. Adewole, Rubina Hussain et al.
12 pp. 160 kB
http://www.guttmacher.org/pubs/journals/4117015.pdf

The study finds that 1.25 million abortions were performed in Nigeria in 2012, up substantially from 610,000 procedures in 1996. With abortion highly restricted in Nigeria, most of the abortions were clandestine and unsafe, with complications that include uncontrolled bleeding, infection and even death. Unwanted pregnancy is the reason behind most of the abortions in Nigeria, experts say, and the latest abortion numbers illustrate the dire need for family planning services.

Failure to Deliver: Violations of Women’s Human Rights in Kenyan Health Facilities

by Claris Ogangah, Elisa Slattery, Avani Mehta Sood et al.
Center for Reproductive Rights (CRR) and Federation of Women Lawyers – Kenya (FIDA), 2007
105 pp. 909 kB

Providing women with affordable, accessible, and safe health services is a key obligation of the government of Kenya. However, as this report vividly illustrates, Kenya’s health care sector suffers from systemic and widespread problems that deny women high quality family planning and maternal health care. Through interviews with women, health care providers, and government officials, the report documents a wide range of violations of women’s fundamental human rights. Findings include physical and verbal abuse of women seeking maternity services, detention of women and their babies for unpaid medical bills, and staff and equipment shortages that impair the ability to provide good care. Very few formal channels exist to provide redress for the serious human rights violations taking place in both public and private health care facilities throughout Kenya.

Trends in Maternal Mortality: 1990 to 2015

The Maternal Mortality Estimation Inter-Agency Group (MMEIG), November 2015
199 pp. 5.0 MB
http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1

Worldwide, the maternal mortality ratio (MMR) declined by almost 44% between 1990 and 2015, from 385 maternal deaths per 100,000 live births to 216. The news, while welcome, falls short of the MDG goal to reduce the ratio by 75% in that timeframe - and huge
disparities persist between low- and middle-income countries. Further, measurement is still a challenge: of the 183 countries covered by the report, 12 had no maternal mortality data at all, and in sub-Saharan Africa and South Asia, most countries have low death registration coverage. The report calls on governments to step up their civil registration systems, and collect more vital statistics.

The Developmental Approach to Child and Adult Health

Pediatricians should consider the costs and benefits of preventing rather than treating childhood diseases. The authors present an integrated developmental approach to child and adult health that considers the costs and benefits of interventions over the life cycle. They suggest policies to promote child health that are currently outside the boundaries of conventional pediatrics. They discuss current challenges to the field and suggest avenues for future research.

Communication Strategy Guide for Maternal, Newborn, and Child Health

This Global Communication Strategy Development Guide for Maternal, Newborn, Child Health and Nutrition (MNCHN) Programs has been conceived as a step-by-step tool for MNCHN program managers, program planners, and communication specialists to use when conceptualizing, writing, implementing and assessing their programs. The Guide consists of modules that address the various steps in developing a communication for development strategy, with an example of how to develop a strategy specifically for MNCHN programmes.

Abolishing Fees at Health Centers in the Context of Community Case Management of Malaria: What Effects on Treatment-Seeking Practices for Febrile Children in Rural Burkina Faso?

by Thomas Druetz, Federica Fregonese, Aristide Bado et al.
PLoS ONE 10(10): e0141306 (26 October 2015)
14 pp. 863 kB
The authors conclude that user fees abolition reduced visit delay for febrile children living close to health centers. It also increased demand for and use of health centers for children with malaria. Concurrently, demand for community health worker’s services diminished. User fees abolition and community case management of malaria (CCMm) should be coordinated to maximize prompt access to treatment in rural areas.

IACAPAP Textbook of Child and Adolescent Mental Health

Editor Joseph M Rey
by International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), 2015
Download chapter by chapter at:

An electronic textbook on child and adolescent mental health (CAMH) that is free of charge and downloadable is now available on the above website. It is based on best clinical practice, reflects the latest research, will be updated regularly and strives to be culturally sensitive. This feat clearly reveals the commitment of IACAPAP to make knowledge about CAMH widely available, whilst advocating for access to quality CAMH care globally.

Counting the cost of child mortality in the World Health Organization African region

by Joses M. Kirigia, Rosenabi Deborah Karimi Muthuri, Juliet Nabyonga-Orem et al.
BMC Public Health 2015, 15:1103 (6 November 2015)
13 pp. 753 kB
http://www.biomedcentral.com/content/pdf/s12889-015-2465-z.pdf

It is estimated that the African Region will incur a loss of approximately 6% of its non-health GDP from the future years of life lost among the 2,976,000 child deaths that occurred in 2013. Therefore, countries and development partners should in solidarity sustainably provide the resources essential to build resilient national health systems and systems to address the determinants of health and meet the other basic needs such as for clothing, education, food, shelter, sanitation and clean water to end preventable child morbidity and mortality.
South African Child Gauge 2015

Editors: Ariane De Lannoy, Sharlene Swartz, Lori Lake & Charmaine Smith
Children's Institute, University of Cape Town, November 2015
140 pp. 15 MB(!)


For about half of all young South Africans today, the future is likely to be marked by low levels of poor education, high unemployment and restricted access to social grants. The report paints a disturbing picture of the many varied and deep ways poverty continues to prejudice young people's access to the quality education and by extension jobs. It is a scenario that leaves many to replay cycles of poverty that have marked families for generations.

Child health in Syria: recognising the lasting effects of warfare on health

by Delan Devakumar, Marion Birch, Leonard S. Rubenstein et al.
Conflict and Health 2015, 9:34 (3 November 2015)
4 pp. 369 kB


The war in Syria, now in its fourth year, is one of the bloodiest in recent times. The legacy of war includes damage to the health of children that can last for decades and affect future generations. In this article we discuss the effects of the war on Syria's children, highlighting the less documented longer-term effects. In addition to their present suffering, these children, and their own children, are likely to face further challenges as a result of the current conflict. This is essential to understand both for effective interventions and for ethical reasons.

Arsenic exposure is associated with pediatric pneumonia in rural Bangladesh: a case control study

by Christine Marie George, W. Abdullah Brooks, Joseph H Graziano et al.
Environmental Health 2015, 14:83 (23 October 2015)
10 pp. 424 kB


The study involving 450 children in Bangladesh finds that low or moderate exposure to arsenic in drinking water can make children more vulnerable to pneumonia. While the mechanism is not yet fully understood, arsenic in the drinking water seems to weaken children's immune systems. Some 40 million people in Bangladesh depend on tube wells drawing on groundwater naturally contaminated with arsenic.
**HIV, Tuberculosis & Malaria**

**The role of quality improvement in achieving effective large-scale prevention of mother-to-child transmission of HIV in South Africa**

by Pierre Barker, Peter Barron, Sanjana Bhardwaj et al.  
7 pp. 324 kB  
http://journals.lww.com/aidsonline/Fulltext/2015/07002/The_role_of_quality_improvement_in_achieving.4.aspx

After a late start and poor initial performance, the South African Prevention of Mother-To-Child Transmission (PMTCT) programme achieved rapid progress in achieving effective national-scale implementation of a complex intervention across a large number of different geographic and socioeconomic contexts. This study shows how quality-improvement methods played a significant part in PMTCT improvements.

**Focus on Women and Girls**

The Global Fund, November 2015  
4 pp. 357 kB  
http://www.theglobalfund.org/documents/publications/other/Publication_WomenGirls_FocusOn_en/

Gender inequalities, harmful practices, sexual violence and discrimination against women continue to fuel a disproportionate number of new HIV infections in women and adolescent girls, and increase their overall health risks. The Global Fund is focusing sharply on women and girls, making strategic investments to improve their health and supporting country-driven processes grounded in equity and inclusiveness.

**Avert the looming TB-diabetes co-epidemic before it gets too late**

by Shobha Shukla  
Citizen News Service (CNS), November 2015  
Read online at:  

The global picture presents a bleak scenario of the double burden of TB and diabetes, in so much as a communicable and a non-communicable disease seem to have joined hands to threaten public health. That’s why the present first-ever Global TB Diabetes Summit in Indonesia becomes important for galvanizing effective and collaborative public health responses.
President’s Malaria Initiative (PMI) 2016 Malaria Operational Plans (MOPs) Now Available

The 2016 Malaria Operational Plans (MOPs) are now available on the President’s Malaria Initiative (PMI) above website. These plans were developed in collaboration with national malaria control programs and with the participation of national and international partners involved in malaria prevention and control. They outline PMI support to national malaria control program strategic priorities and complement investments made by other partners to improve and expand malaria-related services.

Investigating a Non-Mesh Mosquito Net Among Outdoor Sleeping Nomadic Communities in Kenya

by Georgia R. Gore-Langton, James Mungai, Nfomuh Alenwi et al.
8 pp. 785 kB
http://www.ajtmh.org/content/93/5/1002.full.pdf+html

Rising reports of exophagic malaria vectors make even more pressing the need for alternatives to traditional, mesh, long-lasting insecticidal nets (LLINs) designed for indoor sleeping and often inadequate in the protection of outdoor-sleeping populations. This study tests and evaluates the retention, utilization, and durability of novel, non-mesh nets designed for outdoor use. The authors conclude that this novel mosquito net has the potential to provide a durable and context-specific tool to prevent malaria among traditionally hard-to-protect and highly vulnerable populations.

Feasibility of an innovative electronic mobile system to assist health workers to collect accurate, complete and timely data in a malaria control programme in a remote setting in Kenya

by David O. Soti, Stephen N. Kinoti, Ahmeddin H. Omar et al.
Malaria Journal 2015, 14:430 (4 November 2015)
8 pp. 1.3 MB
http://www.malariajournal.com/content/pdf/s12936-015-0965-z.pdf

The Ministry of Public Health and Sanitation in Kenya decided to pilot feasibility of Fionet, an innovation that integrates diagnostics, data capture and cloud services, in its malaria control programme to demonstrate usability and feasibility by primary level workers in a remote setting in Kenya. The authors conclude that quality, complete and timely data collection by health workers in a remote setting in Kenya is feasible. This paperless innovation brought unprecedented quality control and quality assurance in diagnosis, care and data capture, all in the hands of the health worker at point of care in an integrated way.
Tyrosine kinase inhibitors: New class of antimalarials on the horizon?

by Vrushali Pathak, Roshan Colah, Kanjaksha Ghosh

Blood Cells, Molecules and Diseases, Vol. 55, Issue 2, August 2015, pp. 119–126
8 pp. 964 kB


Development of the antimalarial drug resistant strains has currently become a major public health challenge. There is an urgent need to develop new antimalarial drugs. Tyrosine kinase inhibitors (TKIs) are receiving increasing attention as anticancer therapy. It has revolutionised the management of chronic myelogenous leukaemia (CML) to say the least. TKIs are also increasingly being implicated in complicated but vital life cycle of malaria parasite. These compounds caused dose dependent inhibition of parasite maturergism with artesunate indicating imatinib and other tyrosine kinase inhibitors may have significant antimalarial activity and can be used in combination therapy.

Tetracyclines in malaria

by Tiphaine Gaillard, Marylin Madamet and Bruno Pradines

Malaria Journal 2015, 14:445 (10 November 2015)
10 pp. 1.1 MB

http://www.malariajournal.com/content/pdf/s12936-015-0980-0.pdf

Doxycycline, a synthetically derived tetracycline, constitutes an interesting alternative for malaria treatment and prophylaxis. It is a slow-acting blood schizontocidal agent that is highly effective at preventing malaria. In areas with chloroquine and multidrug-resistant P. falciparum parasites, doxycycline has already been successfully used in combination with quinine to treat malaria, and it has been proven to be effective and well-tolerated. Prophylactic and clinical failures of doxycycline have been associated with both inadequate doses and poor patient compliance. The effects of tetracyclines on parasites are not completely understood. A better comprehension of the mechanisms underlying drug resistance would facilitate the identification of molecular markers of resistance to predict and survey the emergence of resistance.

Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

Saving Lives: The civil-military response to the 2014 Ebola outbreak in West Africa

by Adam Kamradt-Scott, Sophie Harman, Clare Wenham et al.
The University of Sydney, October 2015
33 pp. 885 kB
The 2014 Ebola outbreak in Guinea, Liberia and Sierra Leone proved to be an exceptional outbreak that blurred the lines between health and humanitarian crises. In so doing, it highlighted numerous problems with regard to the coordination of humanitarian disasters that have public health implications of international consequence. This study provides a number of independent insights into the civil-military response and overall coordination of the Ebola outbreak in Liberia and Sierra Leone. It also offers recommendations to inform future research and response efforts.

**Challenges in Diagnosing Human African Trypanosomiasis: Evaluation of the MSF OCG project in Dingila, DRC**

by Simon Van Nieuwenhove
Médecins sans Frontières (MSF), Vienna Evaluation Unit, September 2015
43 pp. 2.8 MB

Between late 2010 and the end of 2014 and under extremely difficult conditions, Médecins sans Frontières (MSF) carried out a project to combat Human African Trypanosomiasis (HAT), also known as sleeping sickness, in the Dingila, Ango and Zobia regions of Orientale Province in the Democratic Republic of Congo (DRC). HAT in DRC is caused by Trypanosoma brucei gambiense and is transmitted by the tsetse fly (Glossina genus) of the Palpalis group. Without effective treatment, virtually all first-stage HAT patients and one hundred per cent of second-stage patients will die. By and large, the overall impression of the project was considered positive by the National Sleeping Sickness Programme (NSSP).

**Food Safety in Developing Countries: An Overview**

A learning resource for DFID Livelihoods Advisers
by Delia Grace
Evidence on Demand and the International Livestock Research Institute (ILRI), October 2015
83 pp. 4.0 MB

This new learning resource provides new and topical information on foodborne diseases within the broader context of development discussions. The resource captures what the current best evidence is telling us.
- There is growing evidence that foodborne disease may be an important contributor to gastrointestinal disease.
- Foodborne disease has been increasing in developed countries and is likely to increase in developing countries.
- Foodborne disease is not just a health issue. Already a major determinant of export market access, it is increasingly affecting domestic markets.

**Multiple-micronutrient supplementation for women during pregnancy (Review)**

by Batool A Haider and Zulfiqar A Bhutta
Cochrane Pregnancy and Childbirth Group - Published Online: 1 November 2015
130 pp. 1.3 MB


In low- and middle-income countries, many women have poor diets and are deficient in nutrients and micronutrients which are required for good health. Combining multiple micronutrients has been suggested as a cost-effective way to achieve multiple benefits for women during pregnancy. The findings of this review, consistently observed in several other systematic reviews of evidence, provide a strong basis to guide the replacement of iron and folic acid with multiple-micronutrient supplements for pregnant women in low- and middle-income countries where multiple-micronutrient deficiencies are prevalent among women.

**Costs, affordability, and feasibility of an essential package of cancer control interventions in low-income and middle-income countries: key messages from Disease Control Priorities, 3rd edition**

by Hellen Gelband, Rengaswamy Sankaranarayanan, Cindy L Gauvreau et al.
The Lancet - Published Online November 11, 2015
12 pp. 425 kB

http://www.lancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00755-2.pdf

Investments in cancer control - prevention, detection, diagnosis, surgery, other treatment, and palliative care - are increasingly needed in low-income and particularly in middle-income countries, where most of the world’s cancer deaths occur without treatment or palliation. To help countries expand locally appropriate services, Cancer (the third volume of nine in Disease Control Priorities, 3rd edition) developed an essential package of potentially cost-effective measures for countries to consider and adapt. With implementation of an appropriately tailored package, most countries could substantially reduce suffering and premature death from cancer before 2030, with even greater improvements in later decades.
Integration of mental health into primary care in low- and middle-income countries: the PRIME mental healthcare plans

by Crick Lund, Mark Tomlinson and Vikram Patel
The British Journal of Psychiatry, October 7, 2015, s1–s3
3 pp. 127 kB

http://bjp.rcpsych.org/content/early/2015/10/01/bjp.bp.114.153668.full-text.pdf

This supplement outlines the development and piloting of district mental healthcare plans from five low- and middle-income countries, together with the methods for their design, evaluation and costing. In this editorial the authors consider the challenges that these programmes face, highlight their innovations and draw conclusions.
For more articles in this supplement see: http://bjp.rcpsych.org/content/early/recent

Mitigation of non-communicable diseases in developing countries with community health workers

by Shiva Raj Mishra, Dinesh Neupane, David Preen et al.
Globalization and Health 2015, 11:43 (10 November 2015)
5 pp. 371 kB

http://www.globalizationandhealth.com/content/pdf/s12992-015-0129-5.pdf

While developed countries are more prepared in terms of skilled human resources for Non-communicable diseases (NCDs) management, developing the required human resources is still a challenge in developing countries. In this context, mobilizing community health workers (CHWs) for control of NCDs seems promising. With proper training, supervision and logistical support, CHWs can participate in the detection and treatment of hypertension, diabetes, and other priority chronic diseases. Furthermore, advice and support that CHWs can provide about diet, physical activity, and other healthy lifestyle habits (such as avoidance of smoking and excessive alcohol intake) have the potential for contributing importantly to NCD programs. This paper explores the possibility of involving CHWs in developing countries for addressing NCDs.

Prospects for Climate Success in Paris

by Rob Bailey
Chatham House, November 4, 2015
Read online at:

http://www.cfr.org/councilofcouncils/global_memos/p37220

This December, countries will gather in Paris to hammer out a global agreement to limit climate change at the United Nations Framework Convention on Climate Change’s twenty-first session of the Conference of the Parties. The last attempt to do so ended in acrimony and recrimination; Copenhagen-
gen has gone down in history as a failure. Six years on, should we expect things to be different in Paris? The author would argue yes for two reasons; one encouraging, the other less so.

**Topic Guide: Mainstreaming Environment and Climate Change into Humanitarian Action**

by Roy Brooke and Charles Kelly
Evidence on Demand, June 2015
77 pp. 1.5 MB


This new Topic Guide provides evidence of the relationships between environment, climate change and humanitarian action. Written by experts in the field, the guide links evidence to action, outlining how to integrate environmental issues with humanitarian action and reduce the environmental impact of humanitarian operations.

**Shock Waves: Managing the Impacts of Climate Change on Poverty**

by Stephane Hallegatte, Mook Bangalore, Laura Bonzanigo et al.
227 pp. 6.3 MB

https://openknowledge.worldbank.org/bitstream/handle/10986/22787/9781464806735.pdf?sequence=13&isAllowed=y

Climate change and climate policies will affect poverty reduction efforts through direct and immediate impacts on the poor and by affecting factors that condition poverty reduction, such as economic growth. This report explores the relation between climate change, climate policies, and poverty outcomes by examining three questions: the (static) impact on poor people’s livelihood and well-being; the impact on the risk for non-poor individuals to fall into poverty; and the impact on the ability of poor people to escape poverty.

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

**The End of the One-Child Policy: Lasting Implications for China**

by Therese Hesketh, Xudong Zhou, Yun Wang
JAMA - Published online November 06, 2015
2 pp. 56 kB
The Chinese government has just announced that China's one-child policy has been lifted, to be replaced by a universal two-child policy. The implications of the one-child policy for modern China cannot be overstated. This policy has profoundly affected the lives of one-fifth of the world's population for 35 years, at the most personal level of reproductive choice. In this Viewpoint, the authors describe why the policy was introduced (and why it may not even have been necessary); summarize the demographic, health, and social ramifications of the policy, both positive and negative; and consider whether this change is too late to address the demographic and social imbalances attributed to the policy.

Education 2030: Incheon Declaration and Framework for Action

Towards inclusive and equitable quality education and lifelong learning for all (Final draft for adoption)
52 pp. 660 kB


The world has made some remarkable progress in education since 2000, when the six Education for All (EFA) goals and the Millennium Development Goals (MDGs) were established. Those goals were not, however, reached by the 2015 deadline and continued action is needed to complete the unfinished agenda. With Goal 4 of Transforming our world: the 2030 Agenda for Sustainable Development – 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' (hereafter referred to as Education 2030) – and its associated targets, the world has set a more ambitious universal education agenda for the period from 2015 to 2030. Every effort must be made to guarantee that this time the goal and targets are achieved.

Shamed and Blamed: Pregnant Girls’ rights at risk in Sierra Leone

Amnesty International Publications, 6 November 2015
63 pp. 2.8 MB

https://www.amnesty.org/download/Documents/AFR5126952015ENGLISH.PDF

In April 2015 the Sierra Leone Ministry of Education, Science and Technology issued a statement banning pregnant girls from mainstream education. The exclusion of pregnant girls from mainstream education and from sitting exams is a violation of their right to education and a discriminatory measure which reinforces negative stereotypes about girls. Enforcement of the ban was immediate and was done through searches and physical examination of girls. The Human Rights Commission of Sierra Leone described the ban as discriminatory, stigmatising and likely to worsen the marginalization of pregnant girls and women.
Educational attainment and adult literacy: A descriptive account of 31 Sub-Saharan Africa countries

by Emily Smith-Greenaway
22 pp. 338 kB
http://www.demographic-research.org/volumes/vol33/35/33-35.pdf

Demographic and Health Survey data from 31 African countries confirm that there are many instances in which women have several years of primary school but cannot read. In fact, in some countries, large proportions of African women who never went to school can read, even as some of their peers who have completed primary school cannot. The weak correlation between educational attainment and literacy is not specific to older cohorts of women, but is also observed among younger women. The findings demonstrate that educational attainment is generally a poor proxy for literacy, highlighting the need to measure, theorize, and study literacy as empirically distinct from education.

Health System Governance, Health Workforce and Health Information Systems

Sharing data to save lives

Nature Medicine Editorial, 21, 1235 (2015) - Published online 05 November 2015
1 pp. 178 kB
http://www.nature.com/nm/journal/v21/n11/pdf/nm.3991.pdf

On 1–2 September 2015 in Geneva, the World Health Organization (WHO) gathered a group of public health experts, scientists, funders, editors, industry and government representatives for a consultation related to the sharing of data during public health emergencies. Many barriers to data sharing were identified during the meeting in Geneva, including patient privacy concerns, government restrictions on the export of patient samples, lack of access to advanced technology in limited resource settings, and lack of personnel and time. Attendees at the WHO consultation agreed on a list of practical steps that can be taken to remove all identified barriers to data sharing. A list of these steps was submitted to the WHO emergency R&D preparedness blueprint Advisory Group, and it awaits endorsement by the WHO and its partners.

How systematic reviews can reduce waste in research

by Paul Glasziou and Iain Chalmers
The BMJ Blogs, 29 October, 2015
Read online at:
If you asked a member of the public “Should researchers review relevant, existing research systematically before embarking on further research?” they would probably be puzzled. Why would you ask a question with such an obvious answer? But in the current research system, researchers are only rarely required by research funders and regulators to do this.

**Access to Medical Products, Vaccines and Technologies**

**The 2016 Access to Medicine Index**

by Hans Hogerzeil, Sanne Frost Helt, Suzanne Hill et al.
The Access to Medicine Foundation, 2015
64 pp. 12.0 MB

http://www.access2medicineindex.org/sites/2015.atmindex.org/files/2015methodology_2016access2medicineindex_access2medicin.foundation_0.pdf

The Access to Medicine Index is a tool for spurring change for the 2 billion people who still lack access to medicine worldwide. It works by stimulating and guiding pharmaceutical companies to develop sustainable access programmes, innovate and to work with other stakeholders to help solve the most troubling access problems.

**Improvements for international medicine donations: a review of the World Health Organization Guidelines for Medicine Donations, 3rd edition**

by Nuria Cañigueral-Vila, Jennifer C. Chen, Lindsey Frenkel-Rorden et al.
5 pp. 578kB

http://www.joppp.org/content/pdf/s40545-015-0045-3.pdf

Some humanitarian and development organizations respond to major natural disasters and emergencies by donating medicines. Many provide medicines on a routine basis to support health systems, particularly those run by Faith-Based Organizations. Although such donations can provide essential medicines to populations in great need, inappropriate donations also take place, with burdensome consequences. The World Health Organization (WHO) has developed the interagency Guidelines for Medicine Donations for use by donors and recipients in the context of emergency aid and international development assistance. Although comprehensive in nature and transferable to various emergency situations, adjustments to both content and formatting would improve this resource.
The Meningitis Vaccine Project: The Development, Licensure, Introduction, and Impact of a New Group A Meningococcal Conjugate Vaccine for Africa

Over the last 4 years, a remarkable public health success has unfolded in Africa. The field introduction of a new group A meningococcal conjugate vaccine, PsA-TT (MenAfriVac), has been a stunning success, with the virtual disappearance of group A meningococcal meningitis in sub-Saharan Africa. Participants in this effort have prepared a series of manuscripts that detail the many technical, epidemiologic, and public health steps that were associated with the development, introduction, and evaluation of this vaccine. The success of the project is a testimonial to the potential of public/private partnerships to develop needed vaccines that, when introduced, can have major impact to solve important public health problems.

Integrated Community Case Management: A Lens on Health Policy Processes in Sub-Saharan Africa

In the introductory paper of this supplement on policy analyses of integrated community case management of childhood illness (iCCM), the editors argue that ‘the continued neglect of policy analysis in policy design, implementation and evaluation contributes to inappropriate decisions, ineffective programmes and inequitable consequences hindering our ability to reach widely endorsed global health goals’. The manuscripts contained in this issue provide important insights not only into how iCCM programmes can be better designed and implemented but also on how national and global health actors can take local context and policy considerations into greater account to improve the chance of their efforts being successful, regardless of the intervention.

Data for Decisionmaking and the Global Fund

by Cathryn Streifel and Todd Summers
Center for Strategic and International Studies (CSIS), October 2015
8 pp. 237 kB
The Global Fund to Fight AIDS, Tuberculosis, and Malaria's current five-year strategy “Investing for Impact” has guided a massive shift in its operational approach, leaving behind the more passive competitive rounds in favour of an allocation-based system that includes substantial back and forth with countries to increase impact. This change has been widely welcomed, but its success has been challenged by lack of data to guide smart investment decisions. As the Global Fund develops its next strategy for 2017–2021/22, there is considerable energy behind a greater emphasis on strengthening the capacity of countries to obtain data, interpret them, and use them to monitor programs and guide strategies.

Benchmarking facilities providing care: An international overview of initiatives

by Frédérique Thonon, Jonathan Watson, Mahasti Saghatchian
SAGE Open Medicine, Vol. 3, Published September 23, 2015
14 pp. 694 kB
http://smo.sagepub.com/content/3/2050312115601692.full.pdf+html

The authors performed a literature review of existing benchmarking projects of health facilities to explore (1) the rationales for those projects, (2) the motivation for health facilities to participate, (3) the indicators used and (4) the success and threat factors linked to those projects. They conclude that success factors and threats are linked to both the benchmarking process (such as organisation of meetings, link with existing projects) and indicators used (such as adjustment for diagnostic-related groups). The results of this review will help coordinators of a benchmarking project to set it up successfully.

Social Science & Medicine Special Issue: Health Systems in Asia 2013

Edited by Kai Hong Phua, Shenglan Tang and Kabir Sheikh
Social Science & Medicine, Volume 145, pp. 1-248 (November 2015)

Social Science and Medicine convened an international conference in Singapore in December 2013 on the theme – Health Systems in Asia: Equity, Governance and Social Impact. The deliberations of the conference and selected articles in this special issue should present abundant learning opportunities to compare international practices and lessons for health systems development not only in Asia, but for the rest of the world. The organizers of the conference and the authors and editors of the many papers presented and shared, have all endeavoured to apply real-life health systems experiences that are based on empirical data and evidence, albeit highly contextualized to suit different conditions and levels of development, reflecting the current rapidly changing situation throughout the vast and disparate health systems in Asia.
National health research systems in the WHO African Region: current status and the way forward

by Joses Muthuri Kirigia, Martin Okechukwu Ota, Marion Motari et al.
14 pp. 712 kB


A number of resolutions of the World Health Assembly and the WHO Regional Committee for Africa call upon African countries and their development partners to make the required investments in national health research systems (NHRS) to generate knowledge and promote its use in tackling priority public health challenges. Implementation of these resolutions is critical for Africa to progress with the rest of the world in achieving the post-2015 health sustainable development goal. This study assesses the current status of some NHRS components in the 47 countries of the WHO African Region, identifies the factors that enable and constrain NHRS, and proposes the way forward.

Universal Health Coverage, Health Financing and Social Health Protection

Achieving universal health coverage in East and Southern Africa: what role for profit providers?

by Jane Doherty
School of Public Health, University of the Witwatersrand, South Africa
International Conference on Public Policy, 1-4 July 2015, Milan, Italy
18 pp. 628 kB

http://www.equinetafrica.org/bibl/docs/PRIVATE%20PRACT%20T03P13Jane%20Doherty.pdf

This paper considers evidence on the effectiveness, equity and sustainability of for-profit private provision, and the effectiveness of government’s stewardship of the sector, in East and Southern Africa. It draws conclusions about policy and regulatory requirements to encourage for-profit providers to make a more useful contribution towards achieving universal health coverage in the region. As warned by the international literature that critiques the commercialisation of health care, such developments could worsen inequity and destabilise national health systems if inadequately regulated.

Universal Health Coverage: A Political Struggle and Governance Challenge

by Scott L. Greer and Claudio A. Méndez
3 pp. 451 kB

Universal health coverage has become a rallying cry in health policy, but it is often presented as a consensual, technical project. It is not. A review of the broader international literature on the origins of universal coverage shows that it is intrinsically political and cannot be achieved without recognition of its dependence on, and consequences for, both governance and politics. On one hand, a variety of comparative research has shown that health coverage is associated with democratic political accountability. Democratization, and in particular left-wing parties, gives governments particular cause to expand health coverage. On the other hand, governance, the ways states make and implement decisions, shapes any decision to strive for universal health coverage and the shape of its implementation.

Guidance on using needs based formulae and gap analysis in the equitable allocation of health care resources in East and Southern Africa

by Di McIntyre and Laura Anselmi
EQUINET Discussion Paper 93; Health Economics Unit, School of Public Health and Family Medicine, University of Cape Town, August 2015
29 pp. 566 kB

The equitable allocation of limited public sector health care resources across population groups is a critical mechanism for promoting health system equity and efficiency. The population groups are often defined by geographic areas that correspond to administrative authorities. The use of a needs-based resource allocation formula to calculate target allocations for each province or region and each district is becoming increasingly popular in countries where health care is publicly funded and provided. EQUINET has supported the development of needs-based resource allocation formulae in a number of east and southern African countries in the past. The methods for developing such a formula are summarised in this paper.

Achieving universal health coverage in Africa: is there a role for formal for-profit providers?

by Jane Doherty
School of Public Health, University of the Witwatersrand, South Africa
Read online at: http://www.globalhealthcheck.org/?p=1841

There is increasing consensus that public financing is required to achieve the financial protection from the costs of using health care that is an essential component of the concept of universal health coverage. However, the other dimension of universal health coverage is access for all to health care services that are both needed and of sufficient quality to be effective. In the current environment of donors pushing for a strong role for the private sector, policy-makers in Africa (and in other LMICs) need to embark on a programme of action to strengthen regulatory frameworks. Such a programme
includes policies, legislation and reimbursement mechanisms that incentivize appropriate behaviours by for-profit providers.

**BMC Health Services Research Special Issue: User Fee Exemption Policies**

Edited by Jean-Pierre Olivier de Sardan and Valéry Ridde
BMC Health Services Research, Volume 15, Supplement 3
http://www.biomedcentral.com/bmchealthservres/supplements/15/S3

This special issue on fee exemption policies in West Africa could not be more timely. The editors are confident that this issue will feed into the current debates on health equity research. More specifically, it will help to improve evaluation methodologies that capture contextual and other critical influences to understand what works to make significant progress towards universal health coverage (UHC) and how and why it does. Ultimately, such comprehensive knowledge can pave the way for transformative policies, a necessary condition for health equity.

**Emerging challenges in implementing universal health coverage in Asia**

by Caryn Bredenkamp, Timothy Evans, Leizel Lagrada et al.
6 pp. 456 kB

As countries in Asia converge on the goal of universal health coverage (UHC), some common challenges are emerging. One is how to ensure coverage of the informal sector so as to make UHC truly universal; a second is how to design a benefit package that is responsive and appropriate to current health challenges, yet fiscally sustainable; and a third is how to ensure “supply-side readiness”, i.e. the availability and quality of services, which is a necessary condition for translating coverage into improvements in health outcomes. Using examples from the Asia region, this paper discusses these three challenges and how they are being addressed.

**Measuring Progress Towards Universal Health Coverage With An Application to 24 Developing Countries**

by Adam Wagstaff, Daniel Cotlear, Patrick Hoang-Vu Eozouen et al.
67 pp. 892 kB
The last few years have seen a growing commitment worldwide to universal health coverage (UHC). Yet there is a lack of clarity on how to measure progress towards UHC. This paper proposes a ‘mashup’ index that captures both aspects of UHC: that everyone - irrespective of their ability-to-pay - gets the health services they need; and that nobody suffers undue financial hardship as a result of receiving care.

**Insights for Taking Results Based Financing to Scale**

Health Partners International, Montrose International: Policy Brief, Northern Uganda Health, UK, August 2015
4 pp. 606 kB


There is increasing interest in understanding how Results Based Financing (RBF) can improve efficiency, effectiveness and accountability in programming towards Universal Health Coverage and improved health outcomes at scale. The Northern Uganda Health (NU Health) is a controlled implementation study to assess the costs and benefits of RBF relative to conventional Input Based Financing (IBF). The study design aimed to isolate the main effect of the financing modality in terms of quality and quantity of health service provision. Programme data and the results of an independent evaluation confirm a range of key findings.

**Case-based payment systems for hospital funding in Asia: an investigation of current status and future directions**

Editors: Peter Leslie Annear and Dale Huntington
World Health Organization 2015, Comparative Country Studies, Volume 1, Number 2, 2015
138 pp. 1.6 MB

http://www.wpro.who.int/entity/asia_pacific_observatory/country_comparative_studies/who_apo_drg.pdf?ua=1

The Asia Pacific Observatory released comparative country studies on case-based payments in the Asia Pacific Region. The study underscores the need for countries to be clear about their purpose and objective for introducing Diagnosis Related Groups (DRGs), as well as their place in healthcare financing reform and for policymakers to reflect on the importance of country-specific starting points, objectives and context in which the hospital payment reforms are being implemented.
Old Age, Unemployment and Occupational Injuries Protection

Socio-demographic patterns of disability among older adult populations of low-income and middle-income countries: results from World Health Survey

by Ahmad Reza Hosseinpoor, Nicole Bergen, Nenad Kostanjsek et al.
International Journal of Public Health; pp 1-9, First online: 04 November 2015
9 pp 466 kB

The objective of the study was to quantify disability prevalence among older adults of low- and middle-income countries, and measure socio-demographic distribution of disability. Overall, 33.3% of older adults reported disability. Disability was 1.5 times more common in females, and was positively associated with increasing age. Urban residence tended to be advantageous over rural. Effective approaches aimed at disability prevention and improved disability management are warranted, including the inclusion of equity considerations in monitoring and evaluation activities.

Old age insurance participation among rural-urban migrants in China

by Qin Min, Yaer Zhuang, Hongyan Liu
Demographic Research, Vol. 33, Article ID: 37, pp. 1047-1066, 13 November 2015
22 pp. 356 kB
http://www.demographic-research.org/volumes/vol33/37/33-37.pdf

The Chinese government has been introducing reform policies to improve the existing social security system, including the old age insurance schemes for rural-urban migrants. However, there are still challenges in the current system that hinder migrants who move frequently from participating in old age insurance schemes. The objectives of this paper are to describe the current coverage of old age insurance amongst migrant workers and examine the associated individual, household, and geographical factors, and to predict the probability of old age insurance participation among rural-urban migrants by province and relevant migrant characteristics.

Inclusion of People with Disabilities

Abandoned by the State: Violence, Neglect, and Isolation for Children with Disabilities in Russian Orphanages

Human Rights Watch, 2014
178 pp. 51.7 MB(!)
This report found that many children and young people with disabilities who have lived in state orphanages suffered serious abuse and neglect on the part of institution staff that impedes their development. Some children interviewed by Human Rights Watch said that orphanage staff beat them, injected them with sedatives, and sent them to psychiatric hospitals for days or weeks at a time to control or punish them. Russia should make a plan to end institutionalization of children with disabilities so that children can be placed in state care only in limited circumstances that serve their best interest and in compliance with international human rights law.

Global Health Governance, Sustainable Development Goals & Development Cooperation

Health Care Analysis Special Issue: Global Health Justice

Health Care Analysis, Vol. 23, Issue 4, December 2015
Access all articles for free at:
http://link.springer.com/journal/10728/23/4/page/1

In countries across the world, many, many populations are unable to enjoy conditions in which they can be healthy. The barriers to change are political, economic, social, regulatory, legal, and philosophical. The current journal issue draws together leading scholars in moral and political philosophy, economics, and law, with a shared interest in questions of global justice. The different papers underscore the significance of this area of inquiry, and the imperative to bring insights from scholarly work into global health practice.

Health at a Glance 2015

OECD Indicators
by Gaëtan Lafortune, Nelly Biondi, Valérie Paris et al.
Organisation for Economic Co-operation and Development (OECD), November 2015
220 pp. 4.0 MB - Access at:

This new edition of Health at a Glance presents the most recent comparable data on the performance of health systems in OECD countries. Where possible, it also reports data for partner countries (Brazil, China, Colombia, Costa Rica, India, Indonesia, Latvia, Lithuania, Russian Federation and South Africa). Compared with the previous edition, this new edition includes a new set of dashboards of health indicators to summarise in a clear and user-friendly way the relative strengths and weaknesses of OECD countries on different key indicators of health and health system performance, and also a special focus on the pharmaceutical sector. This edition also contains new indicators on health workforce migration and on the quality of health care.

by Derege Kebede, Delanyo Yao Tsidi Dovlo, Francis Chisaka Kasolo et al.
World Health Organization, Regional Office for Africa, 2015
214 pp. 6.8 MB

This report provides an assessment of the current status and trends in health in the World Health Organization (WHO) African Region, which consists of 47 of the 54 countries on the African continent and is one of the six regions of WHO. The report aims to go further than simply establishing the health status of the Region: the purpose of looking at data about health is to identify what can be - and has already successfully been - done to improve health, and what strategies and approaches have been shown to work.

Listening to Leaders: Which Development Partners do they prefer and why?

by Samantha Custer, Zachary Rice, Takaaki Masaki et al.
AidData, 2015
86 pp. 1.8 MB

AidData - an American academic collaboration - findings showed that it is intergovernmental organizations like the World Bank and the International Monetary Fund that get the most value for their money. Of the top 10 most effective programs, seven were either development banks or other financial institutions like the IMF. In contrast, individual nations fared much worse. Of the 28 countries whose aid programs were part of the study, 18 fell short of their predicted influence. U.S. aid performed almost exactly as expected.

Drugs and Illicit Practices: Assessing their impact on development and governance

by Eric Gutierrez
Christian Aid Occasional Paper, October 2015
114 pp. 2.0 MB

The paper argues that the illicit drug trade is a ‘major blind spot in development thinking’, and uses in-depth case studies from Afghanistan, Colombia, Mali and Tajikistan to explore the issues. The report argues that part of the problem is that the development sector has opted out and left it to the law enforcement people. On the basis of the case studies, it develops a 2x2 ‘typology of drug economies’, with the axes determined by how much the drugs trade strengthens/weaken the state, and how much it strengthens/weaken the livelihoods of the poor.
Miscellaneous

Bulletin of the World Health Organization - Vol. 93, Nr. 11, November 2015

Highlights from the November 2015 issue:

- The health effects of global warming in Fiji
- Interview: Figueres on climate change mitigation
- Planning tuberculosis response in China
- Bed-net campaign in Burkina Faso
- Mortality data in Shanghai
- Right to water in Mumbai slums
- Access to hepatitis C medicines
- Health risks in mass gatherings
- Preventing complications of childbirth
- Gender equity in the sustainable development goals

I am here, I belong

United Nations High Commissioner for Refugees (UNHCR), November 2015
28 pp. 2.0 MB


Stateless children across the world share similar feelings of discrimination, frustration and despair, creating problems that can endure into adulthood. The first geographically diverse survey of the views of stateless children says the common problems they face in the countries under review profoundly affect their ability to enjoy childhood, lead a healthy life, study and fulfil their ambitions. UNHCR is calling on more countries to support its #IBelong Campaign launched on November 4, 2014 to end statelessness. In the year since, regional initiatives and action by states have seen the global community rally behind the campaign.

The New Refugee Toolbox: A Service for Helpers and Migrants

http://www.medbox.org/refugee/toolboxes/listing

MEDBOX advocates for a better healthcare of migrants and refugees. The new Refugee Toolbox compiles relevant, high-quality documents and guidelines related to the health care of migrants and refugees. Health professionals, social workers and public health administration staff can find original legislative texts, guidelines and surveys, and plenty of practical handouts and brochures in various languages. Relevant topics such as mental health, vaccination, tuberculosis, reproductive health and many others are covered in the Refugee
Toolbox. At the moment there is the focus on Germany. Check out the new Refugee Toolbox at the above URL.

Alert, Early Warning and Readiness Report November 2015 - April 2016

Inter-Agency Standing Committee (IASC), October 2015
17 pp. 1.3 MB

The IASC Alert, Early Warning and Readiness report highlights serious risks that were either identified as being of particular strategic operational concern or as having a high probability and impact on humanitarian needs. In addition to collaboratively assembling the report, the report includes an analysis of the state of readiness, prepared by the Office for the Coordination of Humanitarian Affairs (OCHA), which is compared against each risk.

CONFERENCES & TRAINING

First International Social and Behavior Change Communication (SBCC) Summit

8-10 February, 2016, Addis Ababa, Ethiopia

Through this event, SBCC practitioners from around the world will meet both virtually and face-to-face to exchange SBCC knowledge and successful practices, including research. The aim of this global initiative is to bring together a community of SBCC organizations and practitioners to advance SBCC as a domain of scholarship and practice and link SBCC to positive health outcomes and impact. For more information see: http://sbccsummit.org/

Free online courses at the London School of Hygiene & Tropical Medicine

http://www.lshtm.ac.uk/study/freeonlinecourses/index.html

The London School of Hygiene & Tropical Medicine runs a number of free online courses and their course on Ebola was undertaken at the height of the crisis by 21,000 people, many in Western Africa. The school is very keen to reach a wide audience and wants to let you know about their courses in nutrition, maternal and child health, and global blindness.
Peoples-uni Open Online Courses

http://ooc.peoples-uni.org/

This site has been established by the People’s Open Access Education Initiative (Peoples-uni) to host Open Online Courses. Open Online Courses include topics in Global Health, are short and designed for self-study. They are available free and can be accessed by anyone. Most offer a certificate. Some of the courses have been developed by partner organisations - please contact Peoples-uni if you might also like them to host your course.

CARTOON

As Jennifer Farkas awoke one morning from a night of compulsive texting, she found herself transformed in her bed into a gigantic iPhone.

Source: Kubatana / Hafeez
TIPS & TRICKS

Sneaky Fake Apps Hide Adware

Security researchers are warning people to look out for fake apps that disguise themselves as popular apps like Facebook and Snapchat, but instead take over your phone/tablet device and give themselves high-level permissions.

What’s worse, they are pretty darn hard to get off your device. While adware has always been aggressive at getting onto devices, sometimes attaching itself to free downloads when you forget to check a box, this new type has been trojanized. That means it sneaks onto your device and worms itself into your system. Even doing a factory reset will not remove this adware. Now, these apps are only found in third-party app stores.

The easy solution is to keep “unknown sources” turned off and stay on Google Play or Apple Store. Avoid 3rd party app stores (especially those that provide paid apps for free – the only free cheese is in the mousetrap).

Snap Mouse Cursor to Default Button

One thing that can save time and effort in WINDOWS is the “snap to default” option for the mouse. That means that when a new box or window opens, the mouse will automatically be at the default button. It takes some time getting used to, but some people really like it:

Open the Control Panel by clicking Start | Setting | Control Panel. Click the “Mouse” icon. In the Mouse Properties window that appears, click the “Pointer Options” tab. Place a check mark (click) in the box in the “Snap To” section, next to “Automatically move pointer to the default button in a dialogue box”. Click OK to apply the change. You can always follow these instructions to change it back if you don’t like it!