

EDITORIAL

Dear colleagues,

The end of the year (or the beginning of the year, depending on when you read this) is a good time for personal and professional reflection and for 'asking the hard questions'. This is the subject of the most recent article in our 'In Focus' series, for which we spoke with Bernd Appelt about his time as the head of the HIV prevention programme of German technical cooperation in South Africa.

We also bring you reports from two recent conferences: the Climate and Health Summit in Paris (where participants were **not just talking about the weather**) and the International Conference on AIDS and STIs in Africa a.k.a. ICASA in Harare (where participants learned about **illuminated lion condoms**).

Among the many other items in this News Briefing here just a couple of highlights:

- UNDP's **2015 Human Development Report**, which focuses on the changing 'world of work' including its manifold relations with health and social protection
- **M&E of transition of large-scale health programmes** from external funding
- The new **WHO Safe Childbirth Checklist & its implementation guide**
- **Germany's experience in supporting human rights-based approaches to health**

We wish you and your families and friends a joyful festive season!

Your editorial team

Dieter Neuvians, Viktor Siebert, Anna von Roenne

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ONLINE RESOURCES

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

Not just talking about the weather...

Impressions from the Climate and Health Summit in Paris, 5 December 2015



http://health.bmz.de/events/Events_2015/Not_just_talking_about_the_weather/index.html?pk_campaign=25_2015

This year's Climate and Health Summit took place in parallel to the UN Climate Change Conference (COP 21) in Paris. It rallied the support of participating health experts, scientists, government and civil society representatives to build greater momentum for the international community's health sector response to current and future effects of climate changes.

Germany's experience in supporting human rights-based approaches to health



http://health.bmz.de/what_we_do/Human-rights-and-Gender/Studies_and_articles/Germany_s_experience_in_supporting_human_rights-based_approaches_to_health/index.html?pk_campaign=25_2015

In an article in the 'Health and Human Rights Journal', Thomas Silberhorn (Parliamentary State Secretary at BMZ) explains how German Development Cooperation implements a human rights-based approaches in its health programming, drawing on examples from India, Nepal, Cambodia and Kenya.

Videos on harm reduction for drug users in Nepal



http://health.bmz.de/what_we_do/HIV-and-AIDS/studies_and_articles/Videos_on_harm_reduction_for_drug_users_in_Nepal/index.html?pk_campaign=25_2015

Injecting drug use increases the risk of contracting HIV and Hepatitis C. Nepal is introducing Opioid Substitution Therapy to reduce harm. One of the people benefitting has become an activist who raises awareness among people who inject drugs and helps improve their access to health services.

African AIDS conference: sex workers, lion condoms and HIV self-testing



http://health.bmz.de/events/Events_2015/Sex_workers__lion_condoms_and_HIV_self-testing/index.html?pk_campaign=25_2015

More than 7,000 HIV experts convened for the 2015 International AIDS Conference in Africa (ICASA) in Harare. Under the theme 'AIDS in Post 2015 Era: Linking Leadership, Science & Human Rights' many discussions focused on the role of key populations, which also caused some controversy at the conference.

Setting thematic priorities

Consultation with Global Health Leaders on the 'Healthy Systems – Healthy Lives' Initiative



http://health.bmz.de/what_we_do/hss/Publications/Setting_thematic_priorities/index.html?pk_campaign=25_2015

On 17 December 2015, some 40 representatives of governments, civil society, UN and other international health agencies met for a working breakfast in Japan. Participants discussed a preliminary roadmap paper for the 'Healthy Systems – Healthy Lives' Initiative.

Asking the hard questions - an interview with Bernd Appelt



http://health.bmz.de/events/In_focus/Asking_the_Hard_Questions/index.html?pk_campaign=25_2015

In early 2016 Bernd Appelt will be leaving Pretoria after five years at the helm of the Multi-sector HIV Prevention Programme in South Africa. What has he learned during his time as principal advisor for Germany's contribution to the largest HIV response effort in the world?

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

WHO Safe Childbirth Checklist



World Health Organization in partnership with Ariadne Labs, December 2015
4 pp. 93 kB

http://apps.who.int/iris/bitstream/10665/199179/1/WHO_HIS_SDS_2015.26_eng.pdf?ua=1

The WHO Safe Childbirth Checklist has been developed to support the delivery of essential maternal and perinatal care practices. The Checklist addresses the major causes of maternal death (haemorrhage, infection, obstructed labour and hypertensive disorders), intrapartum-related stillbirths (inadequate intrapartum care), and neonatal deaths (birth asphyxia, infection and complications related to prematurity). It was developed following a rigorous methodology and tested for usability in ten countries across Africa and Asia.

WHO Safe Childbirth Checklist Implementation Guide



Improving the quality of facility-based delivery for mothers and newborns
World Health Organization in partnership with Ariadne Labs, December 2015
62 pp 4.8 MB

http://apps.who.int/iris/bitstream/10665/199177/1/9789241549455_eng.pdf?ua=1

This implementation guide has been developed to help birth attendants and health-care leaders successfully launch and sustain use of the WHO Safe Childbirth Checklist. Development, use and implementation of the Checklist are described in this guide. It covers how to introduce and ensure continuous use of the Checklist by engaging relevant stakeholders, how to launch the Checklist formally, and provides support for the process through coaching and data-sharing.

The geography of maternal and newborn health: the state of the art



by Steeve Ebener, Maria Guerra-Arias, James Campbell et al.
International Journal of Health Geographics 14:19 (December 2015)
10 pp. 423

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4453214/pdf/12942_2015_Article_12.pdf

The advanced analytical methods and models now being embedded into Geographic Information Systems allow a more in-depth analysis of the causes behind adverse maternal and newborn health (MNH) outcomes. This paper examines the current state of the art in mapping the geography of MNH as a starting point to unleashing the potential of these under-used approaches. Using a rapid literature review and the description of the work currently in progress, this paper allows the identification of methods in use and describes a framework for methodological ap-

proaches to inform improved decision-making. The paper is aimed at health metrics and geography of health specialists, the MNH community, as well as policy-makers in developing countries and international donor agencies.

Associations Between Abortion Services and Acceptance of Postabortion Contraception in Six Indian States



by Sushanta K. Banerjee, Sumit Gulati, Kathryn L. Andersen et al.
Studies in Family Planning 2015; 46[4]: 387–403
17 pp. 114 kB

<http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4465.2015.00039.x/epdf>

Women receiving induced abortions or postabortion care are at high risk of subsequent unintended pregnancy, and intervals of less than six months between abortion and subsequent pregnancy may be associated with adverse outcomes. This study highlights the prevalence and attributes of postabortion contraceptive acceptance from 2,456 health facilities in six major Indian states, among 292,508 women who received abortion care services from July 2011 through June 2014.

EPHA report on Access to Childhood Vaccination



by Sascha Marschang
European Public Health Alliance (EPHA), October 2015
10 pp. 107 kB

http://epha.org/IMG/pdf/Report_Access_to_Childhood_Vaccination_final_Nov15.pdf

The report discusses the barriers to parents being fully informed and able to ensure their children are protected from contagious diseases, some of which have increased in prevalence in recent years. In the interest of public health, respect for basic human rights and social inclusion, there is a need for unconditional access to essential childhood vaccinations. Without increasing the uptake of vaccination and other measures to achieve universal access to healthcare, the Sustainable Development Goal for health (SDG3) cannot be realised.

Ending Child Poverty Now



by Helen Blank, Elizabeth Lower-Basch, Hannah Mathews et al.
The Children's Defense Fund (CDF), 2015
52 pp. 3.9 MB

<http://www.childrensdefense.org/newsroom/mediaresources/ending-child-poverty-now.pdf>

This report calls for an end to child poverty in the USA, the richest nation on earth with a 60 percent reduction immediately. For the first time the report shows how, by expanding in-

vestments in existing policies and programs that work, we can shrink overall child poverty 60 percent, Black child poverty 72 percent, and improve economic circumstances for 97 percent of poor children at a cost of US\$ 77.2 billion a year. These policies could be pursued immediately, improving the lives and futures of millions of children and eventually saving taxpayers hundreds of billions of dollars annually.

HIV, Tuberculosis & Malaria

Collaboration and Conflict: Looking Back at the 30-Year History of the AIDS Clinical Trials Group

JAMA

by Rita Rubin

JAMA, December 22/29, 2015, Vol. 314, Nr. 24

3 pp. 133 kB

<http://jama.jamanetwork.com/pdfaccess.ashx?ResourceID=12175856&PDFSource=24>

Fauci's hair is whiter now than it was 30 years ago, when, as the newly appointed director of the National Institute of Allergy and Infectious Diseases, he invited 2 colleagues, John LaMontagne, and Maureen Myers, to sit on the couch and discuss the need for a concerted national effort to test AIDS therapies. They worked into the night, laying the foundation for the AIDS Clinical Trials Group (ACTG), which supported groundbreaking research that transformed a death-sentence disease into a chronic illness that could be managed for decades with medication. The news wasn't greeted with universal enthusiasm, however...

Global Fund Observer - Independent Newsletter about the Global Fund



Issue 277: 17 December 2015

30 pp. 513 kB

http://www.aidspace.org/sites/all/modules/custom/apw_zstatistic/publication_download.php?file=sites/default/files/gfo/277/English/GFO-Issue-277.pdf

Aidspace (<http://www.aidspace.org>) is a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, aiming to benefit all countries wishing to obtain and make effective use of Global Fund resources.

Children and the Global Fund: What is the HIV programming response to the needs of children, adolescents, and the youth?



by Ann Ithibu and Cleopatra Mugenyi
Aidspace, December 2015
43 pp. 682 kB

http://www.aidspace.org/sites/all/modules/custom/apw_zstatistic/publication_download.php?file=sites/default/files/publications/Children_and_the_Global_Fund_December_2015.pdf

According to this new report, children may still not be prioritized under the new Global Fund's funding model. The report highlights the results of an analysis of 22 concept notes submitted to the Global Fund and grant agreements signed between the Global Fund and 16 principal recipients. The study examined the inclusion of 47 key child- and adolescent-related interventions within concept notes. As the Global Fund comes up with their new strategy 2017-2022, there is need for more focus on children HIV programming.

National Action Plan for Combating Multidrug-Resistant Tuberculosis



The White House, Washington, December 2015
38 pp. 774 kB

https://www.whitehouse.gov/sites/default/files/microsites/ostp/national_action_plan_for_tuberculosis_20151204_final.pdf

The Obama administration has unveiled a plan to help combat multidrug-resistant tuberculosis (MDR-TB) in the United States and globally. While about 100 cases of MDR-TB are diagnosed annually in the U.S., the disease affects nearly half a million people around the world every year. The plan is the first from the White House to address the global threat of MDR-TB, the deadliest strain of tuberculosis. The National Action Plan is built on three goals: strengthening domestic capacity to combat MDR-TB; improving work with other countries to better address the disease; and accelerating basic and applied research and development.

The Paradigm Shift: Global Plan to End TB 2016-2020



by Draurio Barreira, Amy Bloom, Paula Fujiwara et al.
Stop TB Partnership, UNOPS, 2015
124 pp. 7.0 MB

http://www.stoptb.org/assets/documents/global/plan/GlobalPlanToEndTB_TheParadigmShift_2016-2020_StopTBPartnership.pdf

The Global Plan to End TB 2016-2020 is a costed plan to implement the first five years of the world's "End TB Strategy", which is a 20-year-plan to eradicate death, disease and suffering due to tuberculosis (TB) by 2035. A fully funded Global Plan to End TB 2016-2020 will create a paradigm shift in the global response to TB, develop new tools to end TB, ensure that 29 million

people are treated for TB, prevent 45 million people from getting ill with TB, save 10 million lives, and offer the assurance that the world is on track to meet the TB targets under the SDGs and End TB Strategy.

Assessing the impact of next-generation rapid diagnostic tests on *Plasmodium falciparum* malaria elimination strategies



by Hannah C. Slater, Amanda Ross, André Lin Ouédraogo et al.
 Nature 528, S94–S101 (03 December 2015)
 8 pp. 902 kB

http://www.nature.com/nature/journal/v528/n7580_supp_custom/pdf/nature16040.pdf

The findings of this study illustrate that the available diagnostics do not detect all malaria infections that are present in populations and that onward malaria transmission is possible (although with a low probability) from apparently parasite-negative individuals. Importantly, these sensitive molecular techniques are currently unfeasible for large-scale malaria interventions. Diagnostics in development need to strike a balance between being sensitive enough to detect a sufficient proportion of the asymptomatic reservoir, and remaining cheap, useable and having a quick turnaround of results.

Plasmodium vivax Transmission in Africa



by Rosalind E. Howes, Robert C. Reiner Jr., Katherine E. Battle et al.
 PLoS Negl Trop Dis 9(11): e0004222 (20 November 2015)
 27 pp. 13.2 MB (!)

<http://journals.plos.org/plosntds/article/asset?id=10.1371%2Fjournal.pntd.0004222.PDF>

While *Plasmodium vivax* (Pv) is evidently not a major malaria parasite across most of sub-Saharan Africa, the evidence presented here highlights its widespread low-level endemicity. An increased awareness of Pv as a potential malaria parasite, coupled with policy shifts towards species-specific diagnostics and reporting, will allow a robust assessment of the public health significance of Pv, as well as the other neglected non-Pf parasites, which are currently invisible to most public health authorities in Africa, but which can cause severe clinical illness and require specific control interventions.

Intermittent screening and treatment in pregnancy and the safety of ACTs in the first trimester



Global Malaria Programme Recommendations, November 2015
2 pp. 85 kB

<http://www.who.int/malaria/publications/atoz/istp-and-act-in-pregnancy.pdf?ua=1>

In areas of moderate to high malaria transmission of sub-Saharan Africa, WHO recommends intermittent preventive treatment in pregnancy (IPTp) with sulphadoxine-pyrimethamine (SP). In recent years an alternative strategy, consisting of intermittent screening and treatment in pregnancy (ISTp) using rapid diagnostic tests (RDTs) and treatment with artemisinin-based combination therapies (ACTs) during antenatal care (ANC) visits, has been evaluated in several countries. Moreover, multiple studies have assessed the safety of using ACTs in the first trimester of pregnancy.

Malaria Elimination: An Entry Point for Strengthening Health Systems and Regional Health Security, and a Public Health Best-buy



by Susann Roth, Jane Parry, Barbara Lochmann et al.
Asian Development Bank (ADB), 2015
27 pp. 550 kB

<http://www.adb.org/sites/default/files/publication/178203/malaria-elimination.pdf>

The Regional Malaria and Other Communicable Disease Threats Trust Fund supports developing member countries in developing multi-country, cross-border, and multisector responses to urgent malaria and other communicable disease issues. The Trust Fund works on the premise that the "business-as-usual" response to malaria and other communicable disease threats is bound to fail, and progress demands innovative approaches. It also takes malaria elimination as an entry point to health systems strengthening and regional health security. This publication lays out ADB's plan of action for the Trust Fund, and describes the many projects already under way.

[Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness](#)

Nature Supplement - Infectious disease control and elimination: Modelling the impact of improved diagnostics



Nature 528, (03 December 2015)
Access all articles for free at:

<http://www.nature.com/nature/supplements/collections/npgpublications/diagnostics-modelling/>

Diagnostic technologies play a pivotal part in understanding and addressing the burden of infectious diseases. The Diagnostics Modelling Consortium was established in 2013 to facilitate the integration of diagnostic data into models of disease transmission dynamics. In this supplement, the Consortium and its partners report on the latest research outcomes across several major diseases. The outputs demonstrate that improved, well-considered diagnostics could support the elimination of multiple diseases in the field.

Inside an Ebola Treatment Unit: A Nurse's Report

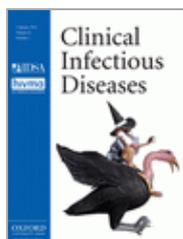


by Deborah Wilson
 AJN, American Journal of Nursing: December 2015, Vol. 115, Issue 12, pp. 28–38
 11 pp. 4.3 MB

http://journals.lww.com/ajnonline/Fulltext/2015/12000/CE__Inside_an_Ebola_Treatment_Unit__A_Nurse_s.23.aspx

In December 2013, the first cases of the most recent outbreak of Ebola virus disease emerged in the West African nation of Guinea. Within months the disease had spread to the neighboring countries of Liberia and Sierra Leone. The international humanitarian aid organization Médecins Sans Frontières (MSF) soon responded by sending staff to set up treatment centers and outreach triage teams in all three countries. In September 2014, the author was sent by MSF to work as a nurse in an Ebola treatment unit in Liberia for five weeks. This article describes her experiences there. It provides some background, outlines the practices and teams involved, and aims to convey a sense of what it's like to work during an Ebola outbreak and to put a human face on this devastating epidemic.

The Use of Ebola Convalescent Plasma to Treat Ebola Virus Disease in Resource-Constrained Settings: A Perspective From the Field



by Johan van Griensven, Anja De Weigheleire, Alexandre Delamou et al.
 Clin Infect Dis. (2016) 62 (1): 69-74; January 1, 2016
 6 pp. 172 kB

<http://cid.oxfordjournals.org/content/62/1/69.full.pdf+html>

The clinical evaluation of convalescent plasma (CP) for the treatment of Ebola virus disease (EVD) in the current outbreak, predominantly affecting Guinea, Sierra Leone, and Liberia, was prioritized by the World Health Organization in September 2014. Although no efficacy data are available yet, current field experience supports the safety, acceptability, and feasibility of CP as EVD treatment. Longer-term follow-up as well as data from nontrial settings and evidence on the scalability of the intervention are required. CP sourced from within the outbreak is the most readily available source of anti-EVD antibodies. Until the advent of effective antivirals or monoclonal antibodies, CP merits further evaluation.

Assessment of the MSF triage system, separating patients into different wards pending Ebola virus laboratory confirmation, Kailahun, Sierra Leone, July to September 2014



by F Vogt, G Fitzpatrick, G Patten et al.
Eurosurveillance, Vol. 20, Issue 50, 17 December 2015
Read online at:

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=21340>

Prevention of nosocomial Ebola virus (EBOV) infection among patients admitted to an Ebola management centre (EMC) is paramount. Current Médecins Sans Frontières (MSF) guidelines recommend classifying admitted patients at triage into suspect and highly-suspect categories pending laboratory confirmation. The authors investigated the performance of the MSF triage system to separate patients with subsequent EBOV-positive laboratory test (true-positive admissions) from patients who were initially admitted on clinical grounds but subsequently tested EBOV-negative (false-positive admissions). Results for accurate patient classification were unconvincing. What is ultimately needed is a point-of-care EBOV diagnostic test that is reliable, accurate, robust, mobile, affordable, easy to use outside strict biosafety protocols, providing results with quick turnaround time.

Mass Drug Administration for Scabies Control in a Population with Endemic Disease



by Lucia Romani, Margot J. Whitfeld, Josefa Koroivueta et al.
N Engl J Med 2015; 373:2305-2313; December 10, 2015
9 pp. 1.3 MB

<http://www.nejm.org/doi/pdf/10.1056/NEJMoa1500987>

Scabies is an under-recognized cause of illness in many developing countries. It is associated with impetigo, which can lead to serious systemic complications. The authors conducted a trial of mass drug administration for scabies control in Fiji. They conclude that mass drug administration, particularly the administration of ivermectin, was efficacious for the control of scabies and impetigo.

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

Effect of fortified complementary food supplementation on child growth in rural Bangladesh: a cluster-randomized trial



by Parul Christian, Saijuddin Shaikh, Abu Ahmed Shamim et al.
Int. J. Epidemiol. (2015) 44 (6): 1862-1876.
15 pp. 566 kB

<http://ije.oxfordjournals.org/content/44/6/1862.full.pdf+html>

Growth faltering in the first 2 years of life is high in South Asia where prevalence of stunting is estimated at 40–50%. Although nutrition counselling has shown modest benefits, few

intervention trials of food supplementation exist showing improvements in growth and prevention of stunting. The authors conclude that in rural Bangladesh, small amounts of daily fortified complementary foods, provided for a year in addition to nutrition counselling, modestly increased linear growth and reduced stunting at 18 months of age.

Oxfam's Initial Analysis of the Paris Agreement: What will the Paris Agreement be remembered for?



Oxfam, 13 December 2015
8 pp. 259 kB

https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/oxfam_post_cop21_analysis_15.12.15_revision_1.pdf

Paris has served to remind leaders, and the public alike, that there is a strong, diverse and growing movement of people bringing solutions and the fight for climate change to life. People from Australia to Zimbabwe have marched on the streets or taken action demanding governments urgently do more. Paris has been a landmark agreement, but it won't be the last. The political world is waking up to what a transition away from fossil fuels looks like. But it has only started to understand the scale of the challenge to adapt to the impact of climate change on our food system, our humanitarian system, our economies and ultimately the livelihoods of hundreds of millions around the world. For the world's poorest and most vulnerable, the struggle for climate justice continues.

[Health System Governance, Health Workforce and Health Information Systems](#)

The privatization of medical education in Brazil: trends and challenges



by Mário C. Scheffer and Mario R. Dal Poz
Human Resources for Health 2015, 13:96 (17 December 2015)
10 pp. 3.8 MB

<http://www.human-resources-health.com/content/pdf/s12960-015-0095-2.pdf>

The Brazil government has expanded the medical schools at the country's federal universities, while providing incentives for the creation of new undergraduate courses at private establishments. This article examines the trends and challenges of the privatization of medical education in Brazil. It concludes that the privatization of the teaching of medicine at undergraduate level in Brazil represents a great challenge: how to expand the number of places while assuring quality and democratic access to this form of education. Upon seeking to understand the configuration and trends in medical education in Brazil, it is hoped that this analysis may contribute to a broader research agenda in the future.

App: Primary Health Care Clinical Guide



Produced by South Africa's The Open Medicine Project, the Department of Health app gives health care workers easy access to the country's Primary Health Care Standard Treatment Guidelines and Essential Medicines List.

Aimed at a broad range of health care workers, the app includes features, like:

- A cardiovascular risk assessment tool, which efficiently calculates a patient's percentage risk of having a cardiovascular event such as a stroke or a heart attack in the next 10 years;
- A paediatric drug dosage calculator, which accurately calculates weight or age-based dosage for children; and
- A medicine stock out tool, which allows healthcare professionals to report medication shortage and stock-outs directly to the Department of Health.

To download the app, search "PHC Clinical Guide" in the IOS App Store or on Google Play

Provision of a Medicines Information Service to Consumers on Facebook: An Australian Case Study



by Arcelio Benetoli, Timothy F Chen, Sarah Spagnardi et al.
J Med Internet Res 2015;17(11):e265
Read online at:

<http://www.jmir.org/2015/11/e265/>

Social networking sites (SNSs) have changed the way people communicate. They may also change the way people seek health advice. This study describes the provision of a medicines information service on Facebook to individual consumers. It aimed to discuss the pros and cons, and inform health and pharmacy stakeholders and researchers about the opportunities and challenges of providing such a service.

Médecins Sans Frontières' Clinical Guidance mobile application: analysis of a new electronic health tool



by V. Wright, M. Dalwai, R. Vincent Smith et al.
Public Health Action, Volume 5, Number 4, 21 December 2015, pp. 205-208
4 pp. 544 kB

<http://www.ingentaconnect.com/content/iuatld/pha/2015/00000005/00000004/art00003>

Many health care workers lack access to clinical support tools in rural and resource-limited settings. To address this gap, the Médecins Sans Frontières (MSF) Clinical Guidelines manual was converted into a static mobile health reference application (app) entitled "MSF Guidance". With over 3,500

downloads and 36,000 sessions amounting to 250,000 screen views, MSF Guidance is a new mobile health platform with widely demonstrated utility, including potential use as an epidemiological tool, where clinical conditions investigated by app users were found to correlate with geographical outbreaks. These findings show that mobile apps can be used to disseminate health information effectively.

How to reach a wider audience for your research



by Juan Pablo Alperin and Alessandra Bordini
SciDev.Net, 21 December 2015
Read online at:

<http://www.scidev.net/global/communication/practical-guide/altmetrics-audience-connect-research.html>

In recent years academics have shown a growing interest in non-traditional ways of evaluating their scholarly 'impact'. These altmetrics, short for alternative metrics, allow researchers to gauge the impact and reach of their research in the social web beyond traditional citation counting. Researchers (especially those from developing countries) would do well to focus on using altmetrics to take advantage of what social media and online platforms have to offer: the opportunity to reach, analyse and engage with the social and public dimensions of scholarly work. Here the authors offer practical advice on how to make the most of the opportunities provided by altmetrics.

Access to Medical Products, Vaccines and Technologies

Wild medicinal and food plants used by communities living in Mopane woodlands of southern Angola: Results of an ethnobotanical field investigation



by Valeria Urso, Maria Adele Signorini, Matteo Tonini et al.
Journal of Ethnopharmacology, Vol. 177, 11 January 2016, pp. 126–139
14 pp. 456 kB

http://www.malariexus.com/_common/updateable/files/articles/635852840614486316.pdf

Results of this study show that people living in Mopane communities of southern Angola hold a valuable knowledge of the uses of plant resources and that some of the plants cited by the informants represent an important component of the local livelihood strategies. The authors also found some plants worthy of more in-depth investigations on their possible pharmacological activity, including: (i) those used to treat diseases which reached the highest Informant Consensus Factor (FIC), like malaria and various disorders of the gastrointestinal tract; (ii) plants with a high Fidelity Level (FL); (iii) plants not previously reported in ethnomedical literature, especially those cited by different informants; (iv) plants with possible nutraceutical or pharma-food

properties, i.e. plants with considerable contents in vitamins and/or micronutrients and plants whose food and medicinal uses are closely related.

Immunization in practice: a practical guide for health staff

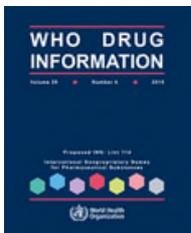


2015 update
by Jhilmil Bahl, Amulya Reddy, Marg Estcourt et al.
World Health Organization, 2015
291 pp. 4.6 MB

http://apps.who.int/iris/bitstream/10665/193412/1/9789241549097_eng.pdf

The revision of Immunization in Practice (IIP) was intended to meet the demand to improve immunization services so as to reach more infants in a sustainable way, building upon the experiences of polio eradication. The authors have thus included material adapted from polio on planning, monitoring and use of data to improve the service, which can be used at any level. Revising IIP has been a team exercise.

WHO Drug Information - Volume 29, N° 4, 2015



World Health Organization, 18 December 2015
70 pp. 782 kB

http://www.who.int/entity/medicines/publications/druginformation/issues/WHO_DI_29-4.pdf?ua=1

The latest issue of WHO Drug Information has just been published at the above URL. WHO Drug Information provides an overview of topics of current relevance relating to medicines development and regulation.

The Global Health Impact Index: Promoting Global Health



by Nicole Hassoun
PLoS ONE 10(12): e0141374 (December 11, 2015)
16 pp. 788 kB

<http://journals.plos.org/plosone/article/asset?id=10.1371%2Fjournal.pone.0141374.PDF>

The study suggests that key malaria, TB and HIV and AIDS drugs are, together, ameliorating about 37% of the global burden of these diseases and Sanofi, Novartis, and Pfizer drugs are having the largest effect on this burden. Moreover, drug impacts vary widely across countries. This index provides important information for policy makers, pharmaceutical companies, countries, and other stakeholders that can help increase access to essential medicines.

Management and Quality of Health Services and Facilities

The Tanzania Social Marketing Project: A Performance Evaluation



by Mary Lyn Field-Nguer, Kennedy Musonda, Neema Fritz Matee et al.
USAID/Tanzania, June 2015
114 pp. 2.1 MB

http://pdf.usaid.gov/pdf_docs/pa00krjf.pdf

The purpose of the evaluation was to review, analyze and evaluate the Tanzania Social Marketing Project's (TSMP's) progress in meeting its objectives and intermediate results as the project enters its final year.

1. To what extent have TSMP's interventions expanded the effects of targeted social marketing initiatives that are aligned to measurable behavioural outcomes in HIV and AIDS, family planning and reproductive health (FP/RH), child survival and malaria?
2. To what extent have TSMP's interventions strengthened local capacity (civil, public and private) to sustain social marketing activities to achieve public health outcomes?
3. What internal and/or external factors have influenced the project's ability to achieve its objectives?

Monitoring and Evaluating the Transition of Large-Scale Programs in Global Health



James Bao, Daniela C Rodriguez, Ligia Paina et al.
Glob Health Sci Pract; December 1, 2015, Vol. 3, No. 4, pp. 591-605
15 pp. 739 kB

<http://www.ghspjournal.org/content/3/4/591.full.pdf>

Donors are increasingly interested in the transition and sustainability of global health programs as priorities shift and external funding declines. Systematic and high-quality monitoring and evaluation (M&E) of such processes is rare. M&E large-scale global health program transitions can strengthen accountability, facilitate stakeholder engagement, and promote learning about the transition process and how best to manage it. The authors propose a conceptual framework with 4 main domains relevant to transitions - leadership, financing, programming, and service delivery - along with guiding questions and illustrative indicators to guide users through key aspects of monitoring and evaluating transition.

Health in Cities: Is a Systems Approach needed?



by Ana V. Diez Roux
Cad. Saúde Pública, Rio de Janeiro, 31 Sup:S9-S23, 2015
15 pp. 211 kB

<http://www.scielo.br/pdf/csp/v31s1/0102-311X-csp-31-s1-0009.pdf>

This paper reviews the potential utility of using the concepts and tools of systems to understand and act on health in cities. The basic elements of systems approaches and the links between cities as systems and population health as emerging from the functioning of a system are reviewed. The paper also discusses implications of systems thinking for urban health including the development of dynamic conceptual models, the use of new tools, the integration of data in new ways and the identification of data gaps, and the formulation of different kinds of questions and identification of new policies. The paper concludes with a review of caveats and challenges.

Health in Germany



Editors Anke-Christine Saß, Thomas Lampert, Franziska Prütz et al.
Federal Health Reporting; Joint Service by Robert Koch Institute (RKI) and Destatis, 2015
13 pp. 305 kB

http://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/HealthInGermany/Health-in-Germany_Summary.pdf?__blob=publicationFile

All in all, people in Germany are fine. About three quarters consider their health as good or very good. Life expectancy is rising, and thanks to improvements in prevention, diagnostics and therapy, less people are dying from cardiovascular diseases and cancer. However, the growing numbers of obesity and diabetes mellitus are of major concern; mental disorders also need more attention. These are some of the conclusions of this new report. It provides a profound overview of the status and development of human health in Germany.

Universal Health Coverage, Health Financing and Social Health Protection

Universal Health Coverage: Annotated Bibliography 2.0



by Iлона Kickbusch, Jeffrey Sturchio, Louis Galambos et al.
Global Health Programme, The Graduate Institute, March 2015
84 pp. 1.1 MB

http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/publications/2015/UHC_Bibliography_nr2_v7_web.pdf

This annotated bibliography is the second in a series of working papers that delves into the policy and practical issues defining the path to universal health coverage (UHC). This series aims to inform discussions of UHC and monitor the progress of the global health debate over the next few years. The case studies note many examples of promising innovations from both the public and private sectors, attesting to the fact that many involved in the health economy are already concerned with and engaged in UHC-related implementation

Options for an Accountability Framework for Universal Health Coverage

Management Sciences for Health (MSH) and Rockefeller Foundation, 2015

7 pp. 163 kB



<https://drive.google.com/file/d/0B4zlu0z-K5cZYnpCMTcwdDQyYy15U1p2bjN5TjVWLTdxbi1F/view?usp=sharing>

This paper proposes key features of an accountability framework as the basis for a consultation to strengthen multi-stakeholder accountability mechanisms for Universal Health Coverage (UHC) within the context of the health related Sustainable Development Goals (SDGs). In parallel, a process is underway to explore the potential for a multi-stakeholder UHC 2030 Alliance, with one of its objectives to advance accountability for UHC. The outcomes of this consultation will inform a proposal of priorities for the UHC 2030 Accountability Framework, to be implemented within the wider architecture of the UHC 2030 Alliance.

National Health Insurance for South Africa: Towards Universal Health Coverage



Department of Health, Republic of South Africa, 10 December 2015 - Version 40

97 pp. 967 kB

<http://www.health-e.org.za/wp-content/uploads/2015/12/National-Health-Insurance-for-South-Africa-White-Paper.pdf>

Finally the South African Department of Health has published the government's blue-print for how it plans to marry the private and public health sectors – the National Health Insurance (NHI) White Paper. In a nutshell, a central NHI Fund, financed by compulsory contributions from all citizens and permanent residents (and other rather vague means), will “buy” a basket of health services from accredited public and private health institutions, and private health practitioners. All citizens and permanent residents will be able to access these without further payment. But many areas are fuzzy, particularly how it will persuade private doctors to work in a system that is likely to mean more work and less pay.

Universal health coverage and malaria, neglected tropical diseases and child health



by Alex Hulme, Malaria Consortium Advocacy Brief, December 2015

8 pp. 345 kB

<http://www.malariaconsortium.org/media-downloads/675/Universal%20health%20coverage%20and%20malaria,%20neglected%20tropical%20diseases%20and%20child%20health>

Given the scale of incidence and geographic scope of malaria, neglected tropical diseases (NTDs) and childhood illnesses, tackling these will pose both challenges and opportunities in designing and implementing universal health coverage (UHC) in most countries. In the highest-burden countries, reducing the incidence and mortality rates associated with these diseases and ill-

nesses will be a necessary first step to achieving UHC and an effective health system. In turn, the pathway to UHC presents a significant opportunity to scale up cost-effective, quality-assured services targeting malaria, NTDs and childhood illness to populations and communities in need.

Global Health Governance, Sustainable Development Goals & Development Cooperation

Social Inclusion, Poverty Eradication and the 2030 Agenda for Sustainable Development



by Esuna Dugarova
United Nations Research Institute for Social Development (UNRISD)
Working Paper, October 2015
23 pp. 926 kB

<http://www.unrisd.org/80256B3C005BCCF9/%28httpAuxPages%29/0E9547327B7941D6C1257EDF003E74EB/%24file/Dugarova.pdf>

This paper argues that there are three key interrelated areas that are critical for poverty eradication and inclusive development, which include (i) universal social protection; (ii) meaningful participation; and (iii) social and solidarity economy. It discusses some of the main issues related to these areas and provides examples of best practices at the national level that have been implemented during the UN Decades for the Eradication of Poverty. The paper concludes that it is unlikely that development will be sustainable unless it is inclusive.

Business and the United Nations: Working together towards the Sustainable Development Goals: A Framework for Action



by Zahid Torres-Rahman, Graham Baxter, Alyssa Rivera et al.
SDG Fund, Harvard Kennedy School CSR Initiative and Inspiris Ltd, 2015
48 pp. 1.5 MB

http://www.sdgfund.org/sites/default/files/business-and-un/SDGF_BFP_HKSCSR1_Business_and_SDGs-Web_Version.pdf

The report outlines the business and development case for increased United Nations (UN) business engagement as well as recommendations on the ways that the UN can work more effectively on this shared imperative. There is a renewed emphasis across the UN on partnering with responsible businesses to deliver sustainable development on the ground. This report offers fresh perspectives on a variety of topics including improving the climate for partnership design, co-creation, combining complementary skills, and developing solutions to harness the full potential of what business can bring to the development table.

Germany's Experience in Supporting and Implementing Human Rights-Based Approaches to Health, plus Challenges and Successes in Demonstrating Impact on Health Outcomes



by Thomas Silberhorn

Health and Human Rights, Vol. 17, Nr. 2 - Published December 10, 2015

10 pp. 552 kB

<https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2015/12/4.Silberhorn.pdf>

The right to health is a human right. Every person has the right to enjoy the highest attainable standard of health. However, for many people, enjoyment of this right is far from reality. It is important to systematically integrate a Human Rights-Based Approach (HRBA) at all levels of development cooperation in the health sector and to further develop the capacity of government and civil society actors to include a human rights focus in their planning, implementation, and evaluation of health strategies and programs. Not only will human rights be strengthened as a result, but health programs will also provide better health outcomes.

The Sustainable Development Goals: One-Health in the World's Development Agenda



by Lawrence O. Gostin and Eric A. Friedman

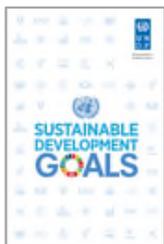
JAMA. Published online December 14, 2015

2 pp. 64 kB

<http://jama.jamanetwork.com/pdfaccess.ashx?ResourceID=12093958&PDFSource=24>

The Sustainable Development Goals could be transformative, but genuine reform is far from ensured. Achieving global public goods require collective action. The WHO, however, has negotiated only 2 narrow treaties - on tobacco control and global health security. Negotiating a broad Framework Convention on Global Health based on the right to health could fill critical gaps in the Sustainable Development Goal agenda. A framework convention would create accountability through capacity-building and compliance-enhancing incentives and sanctions and to establish a framework to finance robust health systems and right-to-health assessments to ensure health in all policies.

Sustainable Development Goals Booklet



United Nations Development Programme (UNDP), 2015

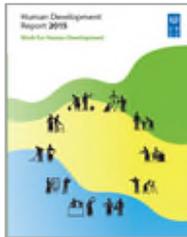
21 pp. 354 kB

http://www.undp.org/content/dam/undp/library/corporate/brochure/SDGs_Booklet_Web_En.pdf

In 2000, 189 countries of the world came together to face the future. And what they saw was daunting. Famines. Drought. Wars. Plagues. Poverty. The perennial problems of the world. They knew things didn't have to be this way. So leaders from these countries created a plan called the Millennium Development Goals (MDGs). This set of 8 goals imagined a future just 15 years off that would be rid of poverty and hunger. It was an ambitious plan. Now these countries

want to build on the many successes of the past 15 years, and go further. The new set of goals, the Sustainable Development Goals (SDGs), aims to end poverty and hunger by 2030. That future is one where everybody has enough food, and can work, and where living on less than US\$ 1.25 a day is a thing of the past.

Human Development Report 2015: Work for Human Development



by Selim Jahan, Eva Jespersen, Shantanu Mukherjee et al.
United Nations Development Programme (UNDP), December 2015
288 pp. 5.1 MB

http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf

For an interactive Web version see: <http://report.hdr.undp.org/>

The fast changing world of work, driven by globalization of work and the digital revolution, presents opportunities, but at the same time poses risks. The benefits of this evolving new world of work is not equally distributed and there are winners and losers. Addressing imbalances in paid and unpaid work will be a challenge, particularly for women, who are disadvantaged on both fronts. Creating work opportunities for both present and future generations would require moving towards sustainable work.

Miscellaneous

This Year in Medicine 2015: Review of the Year



by Farhat Yaqub
The Lancet, Vol. 386, No. 10012, pp. 2459–2460, 19 December 2015
2 pp. 557 kB

[http://www.lancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)01288-X.pdf](http://www.lancet.com/pdfs/journals/lancet/PIIS0140-6736(15)01288-X.pdf)

The year, progress was made for Ebola virus disease, genetic disorders, and the health of the planet and its population, with two new global agendas agreed.

UNHCR Mid-Year Trends 2015



United Nations High Commissioner for Refugees (UNHCR), December 2015
28 pp. 1.6 MB

<http://www.unhcr.org/56701b969.pdf>

With almost a million people having crossed the Mediterranean as refugees and migrants so far this year, and conflicts in Syria and elsewhere continuing to generate staggering levels of human suffering, 2015 is likely to exceed all previous records for global forced displacement, UNHCR warned in this new report. UNHCR's Mid-Year Trends 2015 report, covering the period from January to end June, and looking at worldwide displacement resulting from conflict and persecution, shows markers firmly in the red in each of the three major categories of displacement - Refugees, asylum-seekers, and people forced to flee inside their own countries.

Addressing Protracted Displacement: A Framework for Development-Humanitarian Cooperation

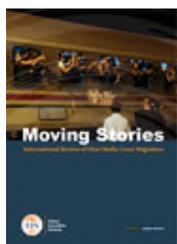


A think piece drawing on collaboration between OCHA, UNDP, UNHCR, UNICEF, WFP, and the World Bank, supported by the Center on International Cooperation, December 2015
28 pp. 1.0 MB

http://reliefweb.int/sites/reliefweb.int/files/resources/addressing_protracted_displacement_a_think_piece_dec_2015.pdf

This paper is a think piece on how approaches to protracted displacement need to change if the world is to reverse the escalating crisis seen in recent times. It is not a prescriptive paper, but is designed to spur further thinking and to inform debates on policy and programming. The think piece drew on collaboration between the Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Development Programme (UNDP), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP), and the World Bank, supported by the Center on International Cooperation (CIC) to inform their own policy and practice, but it is hoped that the analysis will also be of interest to other development and humanitarian actors.

Moving Stories: International Review of How Media Cover Migration



Edited by Aidan White
Ethical Journalism Network, December 2015
112 pp. 11.1 MB

<http://reliefweb.int/sites/reliefweb.int/files/resources/6adda26-97ef065.pdf>

The report highlights how media coverage, much of it negative and focused on numbers of migrants on the move, took a dramatic turn with the death of Alan Kurdi and the publication of pictures of his body on a beach in Turkey. From that moment journalism woke up

to the human tragedy within the migration story. The reports states: "There is a tendency, both among many politicians and in sections of the mainstream media, to lump migrants together and present them as a seemingly endless tide of people who will steal jobs, become a burden on the state and ultimately threaten the native way of life. Such reporting is not only wrong; it is also dishonest. Migrants often bring enormous benefits to their adopted countries."

Beyond bias: exploring the cultural contexts of health and well-being measurement



First meeting of the expert group; Copenhagen, Denmark, 15–16 January 2015
WHO Regional Office for Europe, 2015
38 pp. 817 kB

http://www.euro.who.int/__data/assets/pdf_file/0008/284903/Cultural-contexts-health.pdf?ua=1

The WHO Regional Office for Europe convened the first expert group on the cultural contexts of health and well-being in January 2015. When adopting Health 2020, the European policy for health and well-being, WHO Member States agreed to a framework for measuring and reporting on objective and subjective well-being. This work still faces practical challenges, particularly with respect to the influence of cultural factors on well-being and well-being measurement. The Regional Office asked the expert group to advise on how to consider the impact of culture on health and well-being, and how to communicate findings from data on well-being across such a culturally diverse region as Europe. This report outlines the expert group's detailed recommendations on each of these objectives.

CONFERENCES & TRAINING

McGill Summer Institute in Infectious Diseases and Global Health 2016



Registration now open
13-24 June 2016, Montreal, Canada
Deadline to apply: 7 February 2016

2016 courses:

Week 1 (13-17 June 2016)

- TB Research Methods
- Global Health Diagnostics

Week 2 (20-24 June 2016)

- Advanced TB Diagnostic Methods
- Molecular and Genetic Epidemiology (NEW in 2016)
- Tropical and Parasitic Diseases (NEW in 2016)

The Institute's website <http://mcgill-idgh.ca/> gives you all the details for each course in addition to information about McGill University and traveling to Montreal.

Global Mapping of Health Policy and Systems Research (HPSR) Training



by Tara Tancred, Meike Schleiff, David H. Peters et al.
The Teaching and Learning Health Policy and Systems Research Thematic Working Group,
Health Systems Global, February 2015
71 pp. 1.9 MB

<http://healthsystemsglobal.org/courses/images/Report%20-%20Global%20HPSR%20mapping.pdf>

The [HPSR database](#) has been developed as a result of a study undertaken by the Teaching and Learning Health Policy and Systems Research Thematic Working Group. Commissioned by the Alliance for Health Policy and Systems Research, the study did a global mapping of current teaching and training programmes focused on HPSR relevant to low- and middle-income countries. It intended to assess their reach and diversity in terms of content and modalities, identifying major gaps and opportunities to expand HPSR teaching capacity.

CARTOON

Merry X-mas



Source SPON

TIPS & TRICKS

How Do I Get Windows 10?

If you are currently running Windows 7 or 8.1, you should see a little Windows symbol at the bottom right of your task bar. Click on it and you will find information on how to upgrade.

If you don't see that icon, make sure the updates on your PC are current. If that doesn't help, you



may want to check with the manufacturer of your PC to see if it is ready yet to be upgraded to Windows 10. You can also install Windows 10 from an ISO. Click this link to begin the upgrade process. Windows will walk you through it with step-by-step instructions.

If you currently are not running Windows 7, 8 or 8.1, you will need to pay around US\$ 100 to install Windows 10. You can purchase the download directly from Microsoft or from other retailers.

Adding Cents and Euros in MS WORD

How do you insert the ¢ symbol into WORD?

The short way is CTRL + / then c

The long way is Insert | Symbol then choose from the long list of characters. While the Symbol dialog is slower, it does show you the shortcut key (if any) for the character you select so you can do it the quick way next time.

What about the Euro?

Just hit CTRL + ALT + E together: €

Selecting the whole table in MS WORD

When working with tables you should know the following useful shortcuts to select the whole table:

- From the keyboard: Press ALT + Num5 (the number 5 on the number key pad) to select the whole table where the cursor is in.
- With the mouse: Press and keep ALT and double click the mouse inside the table.

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