

# **giz** Health, Education, Social Protection News & Notes 03/2015

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(Deutsche Gesellschaft für Internationale Zusammenarbeit)

08 February 2015



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## HIGHLIGHTS from *Healthy DEvelopments*

### *Germany's commitment to health and social protection*

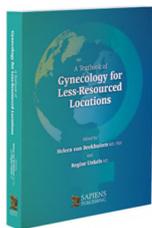
[Increasing immunisation coverage, strengthening healthcare systems: Gavi replenishment conference in Berlin, 26-27 January 2015](#)

[Indonesia's roadmap to universal health coverage - A story of Indonesian-German collaboration](#)

More at: <http://health.bmz.de/>

## BOOKS

### *A Textbook of Gynecology for Less-Resourced Locations*



Edited by Heleen van Beekhuizen and Regine Unkels  
Published on behalf of The Global Library of Women's Medicine by Sapiens Publishing, 2012

Download chapter by chapter (484 pp.) at:

[http://www.glowm.com/resource\\_type/resource/textbook/title/a-textbook-of-gynecology-for-less-resourced-locations/resource\\_doc/35](http://www.glowm.com/resource_type/resource/textbook/title/a-textbook-of-gynecology-for-less-resourced-locations/resource_doc/35)

This textbook seeks to support various levels of health personnel in less-resourced locations by providing evidence-based information about low-tech diagnostic and treatment options for common gynecological conditions such as cervical, ovarian and breast cancer, problems in early pregnancy, contraception and gynecological bleeding disorders. It also covers specific conditions often encountered in less-resourced locations such as fistula surgery, female genital mutilation and HIV-associated gynecological complications. A separate chapter deals with subfertility, a topic which is rarely on the agenda of vertical programs in less-resourced locations although the need for appropriate care for this condition is substantial.

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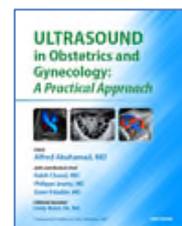
### *Ultrasound in Obstetrics and Gynecology: A Practical Approach*

by Alfred Abuhamad, Rabih Chaoui, Philippe Jeanty et al.  
Copyright © 2014 Alfred Abuhamad



322 pp. 19.6 MB(!):

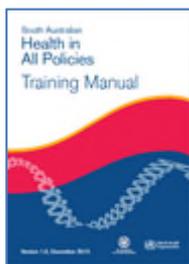
[http://www.evms.edu/uploads/10.21.14+YouTube\\_Secured.pdf](http://www.evms.edu/uploads/10.21.14+YouTube_Secured.pdf)



This book has three main sections; the first three chapters focus on the technical and practical use of ultrasound with a review of the physical principles of sound, the practical approach to the ultrasound equipment, and the technical aspect of performing the ultrasound examination. The second section addresses the obstetric ultrasound examination and the third section addresses the gynecologic ultrasound examination. The last chapter shows how to write an ultrasound report, a key component of the examination. The book is filled with descriptive figures, tables, and tips that the authors use in their daily ultrasound practice and have been accrued through many years of experience.

\* \* \*

## **South Australian Health in All Policies Training Manual**



by Michele Herriot, Ilona Kickbusch, Carmel Williams et al.  
Government of South Australia and World Health Organization, December 2013



316 pp. 6.8 MB:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/0cd0d00044941b20a136b5961f150c7f/12121.2+Summer+School+Training+Web+secure.pdf?MOD=AJPERES&CACHEID=0cd0d00044941b20a136b5961f150c7f>

In order to address the social determinants of health and eliminate preventable health inequities, a new approach is required that not only frames health differently but also makes health everybody's business. "Health in All Policies" offers an effective, intersectoral framework for action on the social determinants of health. The purpose of this manual is to provide a resource for training to increase understanding of Health in All Policies (HiAP) by health and other professionals. It is anticipated that the material in this manual will form the basis of two- or three-day workshops, which will build capacity to promote, implement and evaluate HiAP.

\* \* \*

## **Investing in the Health and Well-Being of Young Adults**

Editors: Richard J. Bonnie, Clare Stroud, and Heather Breiner  
Committee on Improving the Health, Safety, and Well-Being of Young Adults; Board on Children, Youth, and Families; Institute of Medicine; National Research Council, 2014



502 pp. 1.8 MB:

[http://download.nap.edu/cart/download.cgi?&record\\_id=18869](http://download.nap.edu/cart/download.cgi?&record_id=18869)

The book describes what is meant by the term young adulthood, who young adults are, what they are doing, and what they need. This study recommends actions that non-profit programs and federal, state, and local agencies can take to help young adults make a successful transition from adolescence to adulthood. According to this report, young adults should be considered as a separate group from adolescents and older adults.

\* \* \*

## **Human Rights Watch World Report 2015**

Events of 2014

by Kenneth Roth, Michele Alexander, Carroll Bogert et al.  
Human Rights Watch, January 2015



660 pp. 2.5 MB:

[http://www.hrw.org/sites/default/files/wr2015\\_web.pdf](http://www.hrw.org/sites/default/files/wr2015_web.pdf)



This 25<sup>th</sup> annual World Report summarizes human rights conditions in more than 90 countries and territories worldwide in 2014. The report reflects extensive investigative work that Human Rights Watch staff undertook in 2014, usually in close partnership with human rights activists in the country in question. It also reflects the work of their advocacy team, which monitors policy developments and strives to persuade governments and international institutions to curb abuses and promote human rights.

## ***The State of the World's Girls 2014 - Pathways to Power: Creating Sustainable Change for Adolescent Girls***

by Nikki van der Gaag, Sharon Goulds, Sarah Hendriks et al.  
Plan International, 2014



202 pp. 6.9 MB:

<http://plan-international.org/files/global/publications/campaigns/biaag-full-report-2014-english.pdf>



The report assesses the current state of the world's girls and, through research, interviews, and the voices of girls themselves, it investigates the notion of power, particularly structural barriers that block young women's paths to power. The keys to power and rights are listed as: legislation for girls' and women's rights (called "fragile"); emphasis on girls' and young women's education and labour-force participation (called insufficient due to unpaid care work and domestic labour); and collective transformation of young women and girls, accompanied by attitudinal and behavioural change from adults.

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## ***Atlas of African Health Statistics 2014***

Health situation analysis of the African Region

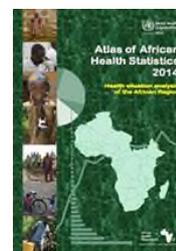
by Derege Kebede, Harris Benito Koubemba Mona, Davy Audrey Liboko  
Gnekabassa et al.

World Health Organization, Regional Office for Africa, 2014



205 pp. 4.9 MB:

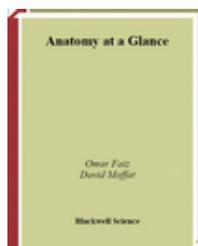
[http://www.aho.afro.who.int/sites/default/files/publications/921/AFRO-Statistical\\_Factsheet.pdf](http://www.aho.afro.who.int/sites/default/files/publications/921/AFRO-Statistical_Factsheet.pdf)



Now in its third edition, the Atlas is building on the ground-breaking work that was carried out in preparing the initial edition. Not only it has been updated for 2014, but its coverage has expanded and further indicators have been included. Another new development is the presence of the Atlas on the African Health Observatory web portal. It is being launched not merely as an electronic document, but as interactive web pages within the Observatory, allowing users to carry out searches and conduct analyses of their own. It is aimed to develop the Atlas on an ongoing basis, expanding its reach, indicators and accuracy as we go.

\* \* \*

## ***Anatomy at a Glance***



by Omar Faiz and David Moffat  
Published by Blackwell Science Ltd. 2002



177 pp. 6.5 MB:

<https://ia902608.us.archive.org/8/items/AnatomyAtAGlance/AnatomyAtAGlance.pdf>

The book is arranged in short, easily digested chapters, written largely in note form, with the appropriate illustrations on the facing page. Where necessary, clinical applications are included in italics and there are a number of clinical illustrations. It is hoped that this book will be helpful in revising and consolidating the knowledge that has been gained from the dissecting room and from more detailed and explanatory textbooks.

## ONLINE PUBLICATIONS

### Global Health

#### ***How Should the WHO Reform? - An Analysis and Review of the Literature***



by Andrew Cassels, Ilona Kickbusch, Michaela Told, Ioana Ghiga  
Global Health Programme Working Paper No. 11, 2014



52 pp. 834 kB:

[http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/publications/wp/wp\\_0011\\_v6.pdf](http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/publications/wp/wp_0011_v6.pdf)

This bibliography reviews and analyzes published contributions on the subject of WHO reform. The publications included come from a mixture of academic institutions, individual commentators and think tanks. In addition to providing interested readers with a digest of current literature, part of the purpose of the review is to compare and contrast the debate in the “academic community” that is external to WHO, with the actual process of reform in WHO as it continues to be negotiated by Member States and the Secretariat.

\* \* \*

#### ***Primary Health Care and Public Health: Foundations of Universal Health Systems***

by Franklin White

Med Princ Pract - Published online: January 9, 2015



14 pp. 231 kB:

<https://www.karger.com/Article/Pdf/370197>



Most health systems around the world, still heavily focused on illness, are doing relatively little to optimize health and minimize illness burdens, especially for vulnerable groups. This failure to improve the underlying conditions for health is compounded by insufficient allocation of resources to address priority needs with equity (universality, accessibility and affordability). Finally, public health and primary health care are the cornerstones of sustainable health systems, and this should be reflected in the health policies and professional education systems of all nations wishing to achieve a health system that is effective, equitable, efficient and affordable.

\* \* \*

#### ***A Critical Partnership: The Lifesaving Collaboration between The Global Fund and Faith-Based Organizations***



by Christoph Benn, Jean Duff, Becky Johnson et al.

Friends of the Global Fight Against AIDS, Tuberculosis and Malaria,  
October 2014



28 pp. 1.0 MB:

[http://theglobalfight.org/wp-content/uploads/FBO\\_FINAL\\_121514.pdf](http://theglobalfight.org/wp-content/uploads/FBO_FINAL_121514.pdf)

This guide was developed to highlight opportunities for engagement with the Global Fund for members of the faith community, particularly faith-based organizations (FBOs) on the ground. This includes, for example, identifying unmet needs in addressing

HIV/AIDS, tuberculosis and malaria and helping to shape the development and implementation of grants. The guide identifies ways individual organizations can engage with the Global Fund and makes a strong case for building faith community caucuses, and participating in wider civil society caucuses, for more cohesive interactions.

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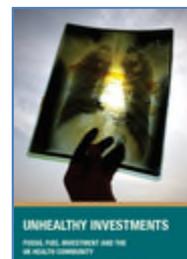
### ***Unhealthy investments: Fossil Fuel Investment and the UK Health Community***

Medact, The Climate and Health Council, Healthy Planet UK, et al. February 2015



20 pp. 5.9 MB:

[http://www.unhealthyinvestments.uk/uploads/1/3/1/5/13150249/unhealthy\\_investments\\_final.pdf](http://www.unhealthyinvestments.uk/uploads/1/3/1/5/13150249/unhealthy_investments_final.pdf)



This report makes a powerful case for action. It reminds us how climate change and the air pollution associated with fossil fuel combustion pose substantial hazards to health. Taken together, this may be even greater than those posed by tobacco. Health professionals have understood the urgency of the health threat posed by man-made climate change for years, and the evidence has only become stronger with time. We now need to act on this knowledge, personally and as members of our representative bodies, and to demand that our political representatives do likewise.

## HIV - AIDS - STI

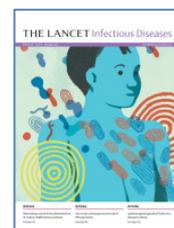
### ***The future role of CD4 cell count for monitoring antiretroviral therapy***

by Nathan Ford, Graeme Meintjes, Anton Pozniak et al.  
The Lancet Infectious Diseases, Vol. 15, No. 2, pp. 241-247, February 2015



7 pp. 255 kB:

[http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(14\)70896-5.pdf](http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(14)70896-5.pdf)



CD4 cell counts will continue to play an important part in initial decisions around antiretroviral therapy (ART) initiation and clinical management, particularly for patients presenting late to care, and for treatment monitoring where viral load monitoring is restricted. In well-resourced settings, monitoring of patients on ART has been supported by routine virological monitoring. Where both CD4 cell counts and viral load testing are routinely available, countries should consider reducing the frequency of CD4 cell counts or not doing routine CD4 monitoring for patients who are stable on ART.

\* \* \*

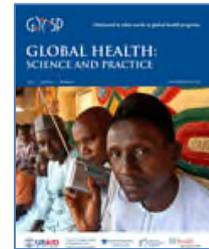
### ***ARVs: The Next Generation. Going Boldly Together to New Frontiers of HIV Treatment***

by Matthew Barnhart, James D Shelton  
Glob Health Sci Pract, January 27, 2015



11 pp. 205 kB:

<http://www.ghspjournal.org/content/early/2015/01/28/GHSP-D-14-00243.full.pdf#page=1&view=FitH>



New antiretrovirals (ARVs), particularly the potentially “game-changing” ARV dolutegravir, offer major potential to meet the compelling need for simpler and better HIV treatment for tens of millions of people in the coming decade. Advantages include substantially lower manufacturing cost, fewer side effects, and less risk of resistance. But key obstacles must be addressed in order to develop and introduce new ARVs in specific combinations optimized for the needs of low- and middle-income countries. Strong leadership will be essential from the global health community to nurture more focused collaboration between the private and public sectors.

\* \* \*

### ***Scaling-up voluntary medical male circumcision – what have we learned?***

by JH Ledikwe, RO Nyanga, J Hagon et al.  
HIV/AIDS-Research and Palliative Care, October 2014,  
Vol. 2014:6, pp. 139-146



8 pp. 284 kB:

<http://www.dovepress.com/getfile.php?fileID=21950>

The authors analyzed key findings from peer-reviewed publications and reports to identify factors that supported the scale-up of national voluntary medical male circumcision (VMMC) programs in 14 priority countries in eastern and southern Africa between 2008 and 2013. A low demand for the procedure has been a major barrier to achieving circumcision targets, while weak supply chain management systems and the lack of adequate financial resources with a heavy reliance on donor support have also adversely affected scale-up. Health systems strengthening initiatives and innovations have progressively improved VMMC service delivery, but an understanding of the contextual barriers and the facilitators of demand for the procedure is critical in reaching targets. There is a need for countries implementing VMMC programs to share their experiences more frequently to identify and to enhance best practices by other programs.

\* \* \*

### ***Tenofovir-Based Preexposure Prophylaxis for HIV Infection among African Women***

by Jeanne M. Murrain, Gita Ramjee, Barbara A. Richardson et al.  
N Engl J Med 372;6 (February 5, 2015)



10 pp. 625 kB:

<http://www.nejm.org/doi/pdf/10.1056/NEJMoa1402269>

The authors conducted a randomized, placebo-controlled trial to assess daily treatment with oral tenofovir disoproxil fumarate (TDF), oral tenofovir–emtricitabine (TDF-FTC), or 1% tenofovir (TFV) vaginal gel as preexposure prophylaxis against HIV-1 infection in women in South Africa, Uganda, and Zimbabwe. HIV-1 testing was performed monthly, and plasma TFV levels were assessed quarterly. The authors conclude that none of the drug regimens they evaluated reduced the rates of HIV-1 acquisition in an intention-to-treat analysis. Adherence to study drugs was low.

***Global Public Health Special Issue: Sexual and Reproductive Health and Rights for the next decades: What's been achieved? What lies ahead?***



Volume 10, Issue 2, February 2015

Free access to all articles at:

<http://www.tandfonline.com/toc/rgph20/10/2#.VMID-C5cB-5>

This Global Public Health Special Issue assesses progress 20 years after the 1994 International Conference on Population and Development (ICPD), which established the sexual and reproductive health and rights framework for population and health policy. Contributors from different regions demonstrate that the challenges recognised by the ICPD still stand, and that lessons learned provide a clear way forward for the world's governments as they convene at the United Nations (UN) to agree on priority actions, and a post-2015 global development agenda.

\* \* \*

***Engaging Midwives in the Global Campaign to End Female Genital Mutilation***



United Nations Population Fund (UNFPA), 2014



20 pp. 695 kB:

[http://www.internationalmidwives.org/assets/uploads/documents/UNFPA/TOOLKIT\\_Midwives\\_EndFGM.pdf](http://www.internationalmidwives.org/assets/uploads/documents/UNFPA/TOOLKIT_Midwives_EndFGM.pdf)

UNFPA is mobilizing midwives in the prevention and care of Female Genital Mutilation (FGM) through a joint initiative in the context of the UNFPA-UNICEF Joint Programme on FGM/C and the UNFPA Midwifery Programme. Building on the expertise and networks of the two global programmes, UNFPA will empower midwives to serve as role models, counsellors and advocates in the campaign to end FGM.

\* \* \*

***Female Genital Mutilation/Cutting: Health Providers Should Be Advocates for Change***

by Nawal Nour

Population Reference Bureau Occasional Paper, February 2015



4 pp. 142 kB:

<http://www.prb.org/pdf15/fqmc-providers-occasional-paper.pdf>



More than 125 million girls and women globally are living with female genital mutilation/cutting (FGM/C) and an estimated 3 million undergo such procedures every year. The immediate and long-term health complications of FGM/C mean a lifetime of suffering for these girls and women. The health risks depend on the severity of the procedure, the practitioner's skill, the instruments used, and postoperative care. Immediate complications include infection, sepsis, urinary retention, hemorrhage, shock, and even death. This paper will make a case for the critical role of health care providers in treating girls and women who have undergone FGM/C and in protecting others from this harmful tradition.

## **ecancer Special Issue: Fertility sparing treatments in gynaecological cancers**

Guest Editor: I Zapardiel



<http://ecancer.org/special-issues/7-fertility-sparing-treatments-in-gynaecological-cancers.php>

In this special issue, research leaders report on hot topics regarding different gynaecological cancers. The issue provides a summary of the current knowledge surrounding fertility sparing strategies for the various gynaecological malignancies and their management. All the articles are freely available in both Spanish and English.

### Maternal & Child Health

## **Maternal and neonatal tetanus elimination: from protecting women and newborns to protecting all**

by Rownak Khan, Jos Vandelaer, Ahmadu Yakubu et al.  
International Journal of Women's Health, 3 February 2015



10 pp. 892 kB:

<http://www.dovepress.com/getfile.php?fileID=23554>

A total of 35 of the 59 countries that had not eliminated maternal and neonatal tetanus (MNT) as a public health problem in 1999 have since achieved the MNT-elimination goal. Neonatal tetanus deaths have decreased globally from 200,000 in 2000 to 49,000 in 2013. The main objective of the paper is to provide a detailed update on the progress toward MNT elimination between 1999 and 2014. It elaborates on the challenges and opportunities, and discusses how MNT elimination can be sustained and to shift the program to protect wider populations against tetanus.

\* \* \*

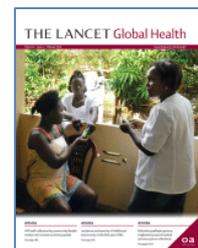
## **Effect of self-collection of HPV DNA offered by community health workers at home visits on uptake of screening for cervical cancer (the EMA study): a population-based cluster-randomised trial**

by Silvina Arrossi, Laura Thouyaret, Rolando Herrero et al.  
The Lancet Global Health, Vol. 3, No. 2, e85–e94, February 2015



10 pp. 401 kB:

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(14\)70354-7.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70354-7.pdf)



Control of cervical cancer in developing countries has been hampered by a failure to achieve high screening uptake. HPV DNA self-collection could increase screening coverage, but implementation of this technology is difficult in countries of middle and low income. The authors found that offering self-collection of samples for HPV testing by community health workers during home visits resulted in a four-fold increase in screening uptake, showing that this strategy is effective to improve cervical screening coverage. This intervention reduces women's barriers to screening and results in a substantial and rapid increase in coverage. The findings suggest that HPV testing could be ex-

tended throughout Argentina and in other countries to increase cervical screening coverage.

\* \* \*

### ***The Lottery of Birth: Giving all children an equal chance to survive***



by José Manuel Roche, Lisa Wise, Dimitri Gugushvili et al.  
Save the Children Fund, January 2015



78 pp. 4.4 MB:

[http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STC\\_THE\\_LOTTERY\\_OF\\_BIRTH\\_FINAL-EVERYONE%20COVER.PDF](http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STC_THE_LOTTERY_OF_BIRTH_FINAL-EVERYONE%20COVER.PDF)

The Lottery of Birth shines a spotlight on the children left behind by global and national progress in child mortality reduction. The report is based on inaugural analysis of disaggregated data from 87 low- and middle-income countries around the world. Examining inequality in children's chances of survival – between subnational regions, urban and rural areas, ethnic groups, and economic groups – this report explores a series of fundamental questions. The new evidence presented in this report reveals that equitable progress is not only possible, but faster. It contradicts the widespread belief that reaching the poorest and most disadvantaged groups is harder and therefore likely to slow progress.

\* \* \*

### ***World leaders make record-breaking commitment to protect poorest children with vaccines***

Hundreds of millions of children living in the world's poorest countries will receive life-saving vaccines as a result of record-breaking financial commitments made on 27 January 2015 at the Gavi Pledging Conference, hosted in Berlin by German Federal Chancellor Angela Merkel.



The new pledges, totalling US\$ 7.5 billion, will enable countries to immunise an additional 300 million children, leading to 5 to 6 million premature deaths being averted and economic benefits of between US\$ 80 and US\$ 100 billion for developing countries through productivity gains and savings in treatment and transportation costs and caretaker wages.

The Gavi Pledging Conference saw unprecedented engagement from donors, with many deciding to double or even triple their commitments to support Gavi in what will be its highest period of financial need. Additionally, China, Oman, Qatar and Saudi Arabia made pledges to Gavi for the first time.

Download the full table of pledges to Gavi for the 2016 to 2020 period at:

<http://www.gavi.org/Library/Publications/Replenishment/15-Replenishment-report---summary/>

\* \* \*

### ***Effectiveness of a monovalent rotavirus vaccine in infants in Malawi after programmatic roll-out: an observational and case-control study***

by Naor Bar-Zeev, Lester Kapanda, Jacqueline E Tate et al.  
Lancet Infect Dis 2015, Published Online January 29, 2015



7 pp. 269 kB:

[http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(14\)71060-6.pdf](http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(14)71060-6.pdf)



Rotavirus is the main cause of severe acute gastroenteritis in children in Africa. Monovalent human rotavirus vaccine (RV1) was added into Malawi's infant immunisation schedule on Oct 29, 2012. The authors conclude that routine use of RV1 reduced hospital admissions for several genotypes of rotavirus in children younger than 5 years, especially in infants younger than 1 year. Their data support introduction of rotavirus vaccination at the WHO recommended schedule, with continuing surveillance in high-mortality countries.

\* \* \*

### **Early Essential Newborn Care - Clinical Practice Pocket Guide**

by Maria Asuncion Silvestre, Trevor Duke, Uwe Ewald, et al.  
World Health Organization, Regional Office for the Western Pacific, 2013



96 pp. 653 kB:

[http://iris.wpro.who.int/bitstream/10665.1/10798/3/9789290616856\\_eng.pdf](http://iris.wpro.who.int/bitstream/10665.1/10798/3/9789290616856_eng.pdf)

This Guide aims to provide health professionals with a user-friendly, evidence-based protocol to essential newborn care – focusing on the first hours and days of life. The target users are skilled birth attendants including midwives, nurses and doctors, as well as others involved in caring for newborns. This pocket book provides a step-by-step guide to a core package of essential newborn care interventions that can be administered in all health-care settings. It also includes stabilization and referral of sick and preterm newborn infants but intensive care of newborns is outside the scope of this pocket guide.

## Malaria

### **Loop-mediated isothermal amplification (LAMP) for point-of-care detection of asymptomatic low-density malaria parasite carriers in Zanzibar**

by Jackie Cook, Berit Aydin Schmidt, Iveth J González et al.  
Malaria Journal 2015, 14:43 (28 January 2015)



12 pp. 329 kB:

<http://www.malariajournal.com/content/pdf/s12936-015-0573-y.pdf>

Asymptomatic, low parasite density malaria infections are difficult to detect with currently available point-of-care diagnostics. This study piloted a loop-mediated isothermal amplification (LAMP) kit for field-friendly, high-throughput detection of asymptomatic malaria infections during mass screening and treatment (MSAT) in Zanzibar, a malaria pre-elimination setting. Despite lower than expected prevalence, LAMP detected a higher number of infections than the currently used diagnostic, rapid diagnostic test (RDT). LAMP is a field-friendly, sensitive diagnostic test that could be useful for MSAT malaria campaigns which require quick results to enable prompt treatment.

\* \* \*

## ***Introducing rapid diagnostic tests for malaria to drug shops in Uganda: a cluster-randomized controlled trial***

by Jessica Cohen, Günther Fink, Kathleen Maloney et al.  
Bulletin of the World Health Organization, published online  
20 January 2015



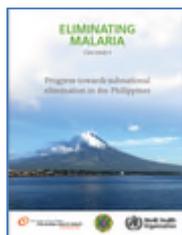
21 pp. 199 kB:

[http://www.who.int/bulletin/online\\_first/BLT.14.142489.pdf?ua=1](http://www.who.int/bulletin/online_first/BLT.14.142489.pdf?ua=1)

Drug shop vendors in 67 villages randomly selected for the intervention were offered training in the use of malaria rapid diagnostic tests and - if trained - offered access to such tests at a subsidized price. The availability of rapid tests at local drug shops significantly increased the probability of any febrile illness being tested for malaria and being treated with an antimalarial drug. The authors conclude that in the study area, testing for malaria was increased by training drug shop vendors in the use of rapid tests and providing them access to such tests at a subsidized price. Additional interventions may be needed to achieve a higher coverage of testing and a higher rate of appropriate responses to test results.

\* \* \*

## ***Eliminating Malaria: Progress towards subnational elimination in the Philippines***



by Gretchen Newby, Aprielle Brackery, Luz Escubil et al.  
World Health Organization and Global Health Group at the University of California, San Francisco (UCSF), 2015



80 pp. 6.5 MB:

<http://www.wpro.who.int/philippines/mediacentre/features/phileliminationmalaria.pdf?ua=1>

The case study shows how the Philippines have successfully achieved to reduce malaria cases by three quarters from 2000 to 2011, with one third of provinces having eliminated malaria as of 2013. Today, very few people die from malaria in the Philippines. This major decline in malaria is believed to be the result of several key actions: detecting early and treating people with malaria promptly; improving vector control; strengthening surveillance and epidemic management; scaling-up quality services; intensifying health promotion; ensuring a multi-sector approach to tackle malaria; and building local capacity to manage and sustain the Philippine malaria programme.

\* \* \*

## ***The Private Sector's Role in Malaria Surveillance***



by Adam Bennett, Anton L. V. Avanceña, Jennifer Wegbreit et al.  
Prepared for the Bill & Melinda Gates Foundation, December 2014



54 pp. 2.4 MB:

<http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/mei-private-sectors-role-in-malaria-surveillance.pdf>

The paper synthesizes current research and expert knowledge on the private health sector's role in malaria surveillance. As demonstrated in this report, there is substantial awareness that private providers are already engaged in case management and response, but improved efforts to include them in formal, national processes are crucial to

achieving and maintaining malaria elimination. This paper provides generalized recommendations for engaging the private sector with an understanding that the choice of strategies is nuanced and highly dependent on country and epidemiologic context.

\* \* \*

### ***Malaria in the Americas: Trends from 1959 to 2011***

by Keith H. Carter, Prabhjot Singh, Oscar J. Mujica et al.  
Am. J. Trop. Med. Hyg., 92(2), 2015, pp. 302–316



15 pp. 2.5 MB:

<http://m.ajtmh.org/content/92/2/302.full.pdf>



Malaria has declined in recent years in countries of the American continents. In 2011, 12 of 21 endemic countries had already met their 2015 Millennium Development Goal. However, this declining trend has not been adequately evaluated. During 1960–1979, annual parasite index (API) and slide positivity rate (SPR) increased significantly and peaked in the 1980s. Since the 1990s, there have been significant declining trends in both API and SPR. Additionally, both *Plasmodium vivax* and *P. falciparum* species-specific incidence have declined. With the exception of two countries, such a collectively declining malaria trend was not observed in previous decades. This presents a unique opportunity for the Americas to seriously consider malaria elimination as a final goal.

\* \* \*

### ***A Tragic Choice: Fight Malaria or Starve - The New York Times***

Read online at:

<http://www.nytimes.com/2015/01/25/world/africa/mosquito-nets-for-malaria-spawn-new-epidemic-overfishing.html#>

Play video (03:11 Min)

[https://www.youtube.com/watch?feature=player\\_embedded&v=dJvool1Ec9o&x-yt-cl=85114404&x-yt-ts=1422579428](https://www.youtube.com/watch?feature=player_embedded&v=dJvool1Ec9o&x-yt-cl=85114404&x-yt-ts=1422579428)



Millions of mosquito nets are given out fight to malaria in Africa, yet many faced with hunger use them as fish nets, creating potential environmental problems. One of the few detailed studies on the issue showed that in several villages along Lake Tanganyika, an essential body of water shared by four East African nations, 87.2 percent of households used mosquito nets to fish. When that study was presented at a malaria conference last year, the reception, according to some of those in attendance, was decidedly cool.

\* \* \*

### ***Malaria: the last mile - Can we sustain the political will to eliminate malaria in south-east Asia and beyond?***

by Charles Nelson and Charlotte Simmonds  
New Statesman, 30 January-5 February 2015



8 pp. 363 kB:

<http://www.malariaconsortium.org/media-downloads/462/Malaria:%20the%20last%20mile>



This special report, published in the New Statesman magazine and based upon a

roundtable event held in partnership with Malaria Consortium, focuses on the threat of drug resistant malaria in Southeast Asia and beyond. The roundtable brought together figures from civil society, academia, private sector and parliamentarians to discuss how the UK can contribute to eliminating malaria in order to tackle drug resistance.

\* \* \*

### ***Malaria Seasonality and Calculating Resupply***

Applications of the Look-Ahead Seasonality Indices in Zambia, Burkina Faso, and Zimbabwe



by Noel Watson, Loren Bausell, Andrew Ingles et al.  
USAID Deliver Project, Task Order 7, October 2014



88 pp. 4.0 MB:

[http://deliver.jsi.com/dlvr\\_content/resources/allpubs/guidelines/MalaSeasCalcResu.pdf](http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/MalaSeasCalcResu.pdf)

The management of malaria commodities is subject to the patterns of the disease, including seasonal fluctuations in some areas with increased cases during the rainy season. As a result, demand and use of malaria medicines and tests may increase. This new concept paper describes an alternative method for calculating resupply of commodities that compensates for seasonality. The approach is presented through case studies in Zambia, Zimbabwe, and Burkina Faso.

\* \* \*

### ***Global malaria eradication and the importance of Plasmodium falciparum epidemiology in Africa***

by Robert W Snow  
BMC Medicine 2015, 13:23 (3 February 2015)



3 pp. 922 kB:

<http://www.biomedcentral.com/content/pdf/s12916-014-0254-7.pdf>

The global agenda for malaria has, once again, embraced the possibility of eradication. As history has shown, there will be no single magic bullet that can be applied to every epidemiological setting. Africa has a diverse malaria ecology, lending itself to some of the highest disease burden areas of the world and a wide range of clinical epidemiological patterns making control with our current tools challenging. This commentary highlights why the epidemiology of Plasmodium falciparum malaria in Africa should not be forgotten when planning an eradication strategy, and why forgetting Africa will, once again, be the single largest threat to any hope for global eradication.

\* \* \*

### ***Vitamin A supplements, routine immunization, and the subsequent risk of Plasmodium infection among children under 5 years in sub-Saharan Africa***

by Maria-Graciela Holm-Delgado, Frédéric B Piel, Daniel J Weiss et al.  
eLife 2015;4:e03925



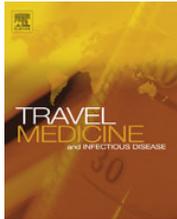
17 pp. 871 kB:

<http://elifesciences.org/elife/download-pdf/content/4/e03925/n/Vitamin%20A%20supplements%2C%20routine%20immunization%2C%20and%20the%20subsequent%20risk%20of%20Plasmodium%20infection%20among%20children%20under%205%20years%20in%20sub-Saharan%20Africa.pdf/1>

Vitamin A may offer some protection for children against malaria, especially if doses are doled out during the rainy season. In a large study of under-fives in sub-Saharan Africa, children receiving a single large dose of vitamin A were 54% less likely to develop malaria. While the researchers are not sure why, they suspect that vitamin A, a known immune-booster, may help the body clear out the malaria parasite more quickly. Future studies focusing on climate seasonality, placental malaria and HIV are needed to characterize better the association between vitamin A and malaria infection in different settings.

\* \* \*

### ***Risk factors associated with malaria deaths in travellers: A literature review***



by Beda Lüthi and Patricia Schlagenhaut  
Travel Med Infect Dis. 2014 - Available online 5 June 2014



13 pp. 343 kB:

[http://www.travelmedicinejournal.com/article/S1477-8939\(14\)00116-1/pdf](http://www.travelmedicinejournal.com/article/S1477-8939(14)00116-1/pdf)

A total of 51 papers were intensively scrutinised for details of "case fatality rates" and risk factors for fatal malaria associated with travel. The main risk factors were: non-use or inappropriate use of chemoprophylaxis, age, delay in seeking care, incorrect treatment, delay in diagnosis, infection with Plasmodium falciparum, non-immunity, travelling as a tourist and sex. The "case fatality rate" in most of the studies lay in the range 0.2%-3%. Possible reasons for this case fatality rate variation are: small case series, different populations included in the studies with different physiological and social determinants, including different species of malaria parasite and different traveller destinations in the case series.

## Tuberculosis

### ***Impact of reduced hospitalisation on the cost of treatment for drug-resistant tuberculosis in South Africa***

by E. Sinanovic, L. Ramma, A. Vassall et al.  
International Journal of Tuberculosis and Lung Disease, Vol. 19, Nr. 2, 1  
February 2015, pp. 172-178



8 pp. 124 kB:

<http://fieldresearch.msf.org/msf/bitstream/10144/338919/1/Sinanovic%20E%20-%202015%20-%20Impact%20of%20reduced%20hospitalisation%20on%20the%20cost%20of%20treatment%20for%20drug-resistant%20tuberculosis%20in%20South%20Africa.pdf>

The cost of multidrug-resistant tuberculosis (MDR-TB) treatment is a major barrier to treatment scale-up in South Africa. The objective of the study was to estimate and compare the cost of treatment for rifampicin-resistant tuberculosis (RR-TB) in South Africa in different models of care in different settings. The authors conclude that following a more decentralised approach for treating RR-TB patients could potentially improve the affordability of RR-TB treatment in South Africa.

\* \* \*

## **Resistance Patterns among Multidrug-Resistant Tuberculosis Patients in Greater Metropolitan Mumbai: Trends over Time**

by Alpa Dalal, Akshay Pawaskar, Mrinalini Das et al.  
PLoS ONE 10(1): e0116798 - Published: January 21, 2015



9 pp. 156 kB:

<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.0116798&representation=PDF>

While the high burden of multidrug-resistant tuberculosis (MDR-TB) itself is a matter of great concern, the emergence and rise of advanced forms of drug-resistance such as extensively drug-resistant TB (XDR-TB) and extremely drug-resistant TB (XXDR-TB) is more troubling. The observed trends in TB drug-resistance patterns in Mumbai highlight the need for individualized drug regimens, designed on the basis of drug susceptibility testing (DST) results involving first- and second-line anti-TB drugs and treatment history of the patient. A drug-resistant TB case-finding strategy based on molecular techniques that identify only rifampicin resistance will lead to initiation of suboptimal treatment regimens for a significant number of patients, which may in turn contribute to amplification of resistance and transmission of strains with increasingly advanced resistance within the community.

\* \* \*

## **ECDC Annual Surveillance Report: Respiratory tract infections – tuberculosis 2014**

by Catalin Albu, Sergio Brusin, Joanna Gomes Dias et al.  
European Centre for Disease Prevention and Control (ECDC)



18 pp. 583 kB:

<http://www.ecdc.europa.eu/en/publications/Publications/annual-epidemiological-report-tuberculosis-2014.pdf>



The Annual Epidemiological Report 2014 gives an overview of the epidemiology of communicable diseases of public health significance in Europe, drawn from surveillance information on the 52 communicable diseases and health issues for which surveillance is mandatory in the European Union and European Economic Area countries. It should assist policymakers and health leaders in making evidence-based decisions to plan and improve programmes, services and interventions for preventing, managing and treating these diseases.

### **Ebola / Other Infectious Diseases**

## **Ebola, the epidemic that should never have happened**



by Remco van de Pas & Sara van Belle  
Global Affairs, 1:1, 95-100



6 pp. 119 kB:

<http://www.tandfonline.com/doi/pdf/10.1080/23340460.2015.989724>

Ebola is a wake-up call and only through international cooperation and solidarity can this perfect storm be dealt with. This avoidable public health crisis should

spark a (renewed) global commitment to coordinate and build up fragile health systems. Moreover, it can kickstart a much needed discussion about how, if we truly want to improve the health of a global citizenship, international cooperation should be motivated by cosmopolitan ethics and not solely driven by the health security interests of sovereign states.

\* \* \*

### ***International donations to the Ebola virus outbreak: too little, too late?***

by Karen Grépin

BMJ 2015;350:h376 - Published 3 February 2015



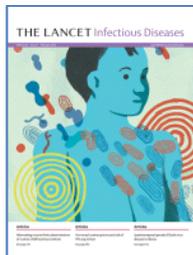
5 pp. 1.2 MB:

<http://www.bmj.com/content/bmj/350/bmj.h376.full.pdf>

As of December 31 2014, pledges to the Ebola outbreak reached at least US\$ 2.89bn, yet only around 40% (US\$ 1.09bn) has actually reached affected countries, finds this report. Using international donations captured by the UN Office for the Coordination of Humanitarian Affairs' (OCHA) financial tracking system, the author examined the level and speed of pledges made to the Ebola epidemic and how they aligned with evolving estimates of funds required to bring the epidemic under control. "Monitoring and tracking donor responses to the epidemic, and how the money was spent, is important to improve our response to future public health threats," she says. "Learning from this experience will help us to understand what worked and what did not in this epidemic and will also help us better assess funding needs in the future."

\* \* \*

### ***Chains of transmission and control of Ebola virus disease in Conakry, Guinea, in 2014: an observational study***



by Ousmane Faye, Pierre-Yves Boëlle, Emmanuel Heleze et al.  
Lancet Infect Dis 2015 - Published Online January 23, 2015



7 pp. 531 kB:

[http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(14\)71075-8.pdf](http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(14)71075-8.pdf)

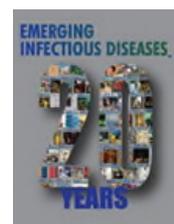
An epidemic of Ebola virus disease of unprecedented size continues in parts of west Africa. For the first time, large urban centres such as Conakry, the capital of Guinea, are affected. In Conakry, interventions had the potential to stop the epidemic, but reintroductions of the disease and poor cooperation of a few families led to prolonged low-level spread, showing the challenges of Ebola virus disease control in large urban centres. Monitoring of chains of transmission is crucial to assess and optimise local control strategies for Ebola virus disease.

\* \* \*

### ***Evolution of Ebola Virus Disease from Exotic Infection to Global Health Priority, Liberia, Mid-2014***

by M. Allison Arwady, Luke Bawo, Jennifer C. Hunter et al.  
Emerg Infect Dis. April 2015

Read online at: [http://wwwnc.cdc.gov/eid/article/21/4/14-1940\\_article](http://wwwnc.cdc.gov/eid/article/21/4/14-1940_article)



Over the span of a few weeks during July and August 2014, events in West Africa

changed perceptions of Ebola virus disease (EVD) from an exotic tropical disease to a priority for global health security. The authors describe observations during that time of a field team from the Centers for Disease Control and Prevention and personnel of the Liberian Ministry of Health and Social Welfare. They outline the early epidemiology of EVD within Liberia, including the practical limitations on surveillance and the effect on the country's health care system, such as infections among health care workers.

\* \* \*

### ***Ebola virus disease epidemic in West Africa: lessons learned and issues arising from West African countries***



by Obinna O Oleribe, Babatunde L Salako, M Mourtalla Ka et al.  
Clin Med, February 1, 2015, Vol. 15, No. 1, pp. 54-57



4 pp. 261 kB:

[http://www.clinmed.rcpjournals.org/content/15/1/54.full.pdf#page=1  
&view=FitH](http://www.clinmed.rcpjournals.org/content/15/1/54.full.pdf#page=1&view=FitH)

At the time of this overview (written November 2014), Ebola virus disease (EVD) having affected eight different nations, Nigeria and Senegal were able to control and eliminate the virus within a record time. Ghana has successfully, to date, kept the virus away from the country, despite economic and social relationships with affected nations. What lessons can we learn from Nigeria, Senegal and Ghana in the current epidemic? How can the world improve the health systems in low- and middle-income countries to effectively manage future outbreaks? The authors believe that strengthened health systems, skilled human resources for health and national ownership of problems are key to effective management of outbreaks such as EVD.

\* \* \*

### ***Hepatitis C Diagnostics Technology Landscape***

1<sup>st</sup> Edition

by Maurine M. Murtagh  
UNITAID Secretariat, World Health Organization, January 2015



86 pp. 4.1 MB:

[http://www.unitaid.eu/images/marketdynamics/publications/UNITAID-HCV\\_Diagnostic\\_Landscape-1st\\_edition.pdf](http://www.unitaid.eu/images/marketdynamics/publications/UNITAID-HCV_Diagnostic_Landscape-1st_edition.pdf)



This report describes the current continuum of testing for hepatitis C virus (HCV) infection, which is complex and expensive, which means that it is very challenging to implement in resource-limited settings. It examines the platforms/tests that are currently available across the range of required HCV testing from screening to confirmation and genotyping, fibrosis staging and treatment monitoring. The report also considers how the testing cascade for HCV may be simplified with the availability of direct acting antivirals (DAAs), which would help make HCV testing attainable in resource-limited settings. Finally, it looks at the pipeline of tests/platforms for HCV that could be delivered at or near the point of patient care.

\* \* \*

## **Transactions RSTMH Special Issue: Innovative community-based vector control interventions for improved dengue and Chagas disease prevention in Latin America**



Transactions of the Royal Society of Tropical Medicine and Hygiene (RSTMH), Vol. 109, Issue 2, February 2015

<http://trstmh.oxfordjournals.org/content/current>

A special issue on the feasibility and impact of community and environmental approaches in Latin America to control the vectors that transmit dengue and Chagas disease has been published in Transactions of the Royal Society of Tropical Medicine and Hygiene. The issue includes 8 original research articles, an editorial, commentary and review, all freely accessible.

\* \* \*

## **Chikungunya: here today, where tomorrow?**

by Stephen Higgs and Dana L. Vanlandingham  
Int. Health (2015) 7 (1): 1-3



3 pp. 225 kB:

<http://inthealth.oxfordjournals.org/content/7/1/1.full.pdf+html>



Until 2005, chikungunya virus (CHIKV) was a relatively little-studied pathogen restricted to parts of Africa and Asia. Epidemics were sporadic and separated by years of quiescence. By now chikungunya virus is emerging at an unprecedented rate in new tropical and temperate ecosystems with new naïve species of vertebrates and mosquitoes whose susceptibility is largely unknown. One certainty is that we will need to prepare for many more human cases within an increasing geographical area.

### Non-communicable Diseases

## **Cancer Burden and Control in the Western Pacific Region: Challenges and Opportunities**



by Cherian Varghese, Marie Clem Carlos and Hai-Rim Shin  
Annals of Global Health 2014;80:358-369



12 pp. 804 kB:

[http://www.annalsofglobalhealth.org/article/S2214-9996\(14\)00318-X/pdf](http://www.annalsofglobalhealth.org/article/S2214-9996(14)00318-X/pdf)

Cancer has become a priority public health challenge in the Member States of the World Health Organization's (WHO) Western Pacific Region (WPR). Strengthening cancer registration, tobacco control, and promotion of a healthy diet, as well as Hepatitis B Virus and Human Papilloma Virus vaccination, are the priority areas to reduce cancer burden. Health-system strengthening with a defined package of services at different levels, referral care, trained human resources, and appropriate technology is necessary to improve cancer management. Pain relief and palliative care are priorities as well. A well-planned national cancer control program with a strong component of surveillance and monitoring can help to reduce the cancer burden in low- and middle-income countries (LMICs) and Pacific Island countries.

## **Validating estimates of prevalence of non-communicable diseases based on household surveys: the symptomatic diagnosis study**

by Spencer L James, Minerva Romero, Dolores Ramírez-Villalobos et al.

BMC Medicine 2015, 13:15 (26 January 2015)



12 pp. 2.3 MB:

<http://www.biomedcentral.com/content/pdf/s12916-014-0245-8.pdf>

Diagnosis based on self-reported signs and symptoms ("Symptomatic Diagnosis," or SD) analyzed with computer-based algorithms may be a promising method for collecting timely and reliable information on non-communicable disease prevalence. The authors conclude that SD is a viable method for producing estimates of the prevalence of non-communicable diseases in areas with low health information infrastructure. This technology can provide higher-resolution prevalence data, more flexible data collection, and potentially individual diagnoses for certain conditions.

\* \* \*

## **Consequence of indoor air pollution in rural area of Nepal: a simplified measurement approach**

by Chhabi Lal Ranabhat, Chun-Bae Kim, Chang-Soo Kim et al.  
Front. Public Health, 26 January 2015



6 pp. 467 kB:

<http://journal.frontiersin.org/Journal/10.3389/fpubh.2015.00005/pdf>

People of developing countries especially from rural area are commonly exposed to high levels of household pollution for 3-7 hrs. daily using biomass in their kitchen. Such biomass produces harmful smoke and makes indoor air pollution (IAP). Tearing of eyes, difficulty in breathing, and productive cough were the main reported health problems and traditional mud stoves and use of unrefined biomass were statistically significant ( $p < 0.05$ ) and more risk ( $AOR > 2$ ) with health problems related to IAP. The treatment cost and episodes of acute respiratory infection was  $>2$  folds higher in severe IAP than mild IAP. Simplified measurement approach could be helpful to measure IAP in rural area. Some effective intervention is suggested to reduce the severe level of IAP considering women and children.

### Food & Nutrition

#### **Report: Technical Meeting on Nutrition (TMN)**



Emergency Nutrition Network (ENN), Oxford  
October 7th to 9th 2014

The meeting was attended by around 120 delegates comprising country representatives, United Nations (UN) agencies, non-governmental organisations (NGOs), donors, academics and independents largely from nutrition; but also some representatives from other sectors including water, sanitation and hygiene (WASH), health and social protection.

The TMN aimed to provide a forum to address specific technical, programming and policy issues relevant to nutrition in emergencies and high burden contexts, to share and appraise key research and discuss ongoing policy and programme challenges, and to provide 'space' for informal technical exchange.

Meeting Report (26 pp. 1.4 MB):

<http://files.ennonline.net/attachments/2306/TMN-Report-WEB.pdf>

To download presentations go to the TMN 2014 Information hub:

<http://www.ennonline.net/tmn2014hub>

\* \* \*

### ***Nutrition assessment, counselling and support for adolescents and adults living with HIV***

by Fatiha Terki, Saskia de Pee, Joan Manuel Claros et al.  
World Food Programme, Joint United Nations Programme on HIV/AIDS (UNAIDS) and PEPFAR/USAID, 2014



88 pp. 1.1 MB:

<http://reliefweb.int/sites/reliefweb.int/files/resources/wfp271543.pdf>



A new programming guide on food and nutrition in the context of HIV and Tuberculosis describes why food and nutrition support is an essential component of prevention, treatment, care and support of people living with HIV and discusses how to integrate it into programmes. The guide considers a range of context-specific programme components, such as community involvement, whether household food support is needed to complement individual support, and referrals to broader social protection or safety net measures to strengthen livelihoods.

\* \* \*

### ***Guideline: Sugars intake for adults and children***

by Chizuru Nishida, Jason Montez, Francesco Branca et al.  
World Health Organization, 2015



49 pp. 557 kB:

[http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028_eng.pdf?ua=1)



The objective of this guideline is to provide recommendations on the intake of free sugars to reduce the risk of non-communicable diseases (NCDs) in adults and children, with a particular focus on the prevention and control of unhealthy weight gain and dental caries. The recommendations in this guideline can be used by policy-makers and programme managers to assess current intake levels of free sugars in their countries relative to a benchmark. They can also be used to develop measures to decrease intake of free sugars, where necessary, through a range of public health interventions.

\* \* \*

### ***Nutrition Research in India: Underweight, Stunted, or Wasted?***

by Shweta Khandelwal, Karen R. Siegel, K.M. Venkat Narayan  
Global Heart, Vol. 8, No. 2, 2013



7 pp. 220 kB:

[http://www.globalheart-journal.com/article/S2211-8160\(13\)00050-1/pdf](http://www.globalheart-journal.com/article/S2211-8160(13)00050-1/pdf)



The paper concludes that India's nutrition research output is disproportionately low, considering its large population and its huge dual nutritional challenges and public health concerns. Investment in nutrition policy research in India could help to guide appropriate modifications in policy strategy and programmes for tackling the existing and emerging nutrition problems. Although some commentators project that India will become a great academic power by 2025, these findings highlight the urgent need for India to invest in research infrastructure and innovation culture to realize this dream.

\* \* \*

### **Assessing the prevalence of malnutrition in tribal children using MUAC as a screening tool**



by Mohtashim Qureshi, Ihtesham Qureshi, Asghar Syed et al.

F1000Research, 24 October 2014, 3:250



6 pp. 411 kB:

<http://f1000research.com/articles/3-250/v1/pdf>

Mid-upper-arm circumference (MUAC) is being used as an alternative to traditional measurements like height and weight, particularly in emergency settings. The World Health Organization (WHO) has recommended MUAC to be used as an independent diagnostic criterion for assessing severe acute malnutrition among children. A total of 4502 children between 6-59 months of age were screened over a period of 12 months, in seven Médecins Sans Frontières (MSF) Project mobile clinic sites located in states of Andhra Pradesh and Chhattisgarh border areas in India. MUAC was measured with MSF-designed fiber optic measuring tapes. Despite various national nutritional intervention programs have been in operation for about four decades, the malnutrition remains very high particularly among the children living in hilly and remote tribal villages.

## Essential Medicines

### **Access to Cancer Treatment: A study of medicine pricing issues with recommendations for improving access to cancer medication**

by Ellen 't Hoen

Prepared for OXFAM, 04 February 2015



54 pp. 1.0 MB:

<http://oxfamilibrary.openrepository.com/oxfam/bitstream/10546/344070/1/rr-access-cancer-treatment-inequality-040215-en.pdf>

The report on the pricing of medicines for cancer treatment discusses the unsustainability of the high prices of newer medicines. It points out that while numbers of cancer deaths are reducing in wealthy countries because of access to early diagnosis and treatment, the incidence and prevalence is increasing in developing countries. Even in rich countries the prices of newer cancer medicines are being questioned against a backdrop of escalating health care costs. For example, the recent decision to delist 16

medicines from the UK's Cancer Drug Fund has elicited furious debate about the high price tag of treatments that deliver limited clinical benefits and equity in providing access to all patients under the NHS.

\* \* \*

### ***Towards better patient care: drugs to avoid in 2015***

Prescrire International, March 2015/Volume 24 N° 158



6 pp. 126 kB:

<http://english.prescrire.org/Docu/DownloadDocu/PDFs/PrescrireDrugsToAvoid2015.pdf>



Prescrire's assessments of the harm-benefit balance of new drugs and indications are based on a rigorous procedure that includes a systematic and reproducible literature search; identification of patient relevant outcomes; prioritisation of the supporting data based on the strength of evidence; comparison with standard treatments; and an analysis of both known and potential adverse effects. This 2015 review of medications examined in these pages over a five year period, from 2010 to 2014, identified 71 drugs that are more harmful than beneficial in all their authorised indications.

## Social Protection

### ***India's Fragmented Social Protection System***

Three Rights Are in Place; Two Are Still Missing

by Santosh Mehrotra, Neha Kumra and Ankita Gandhi  
United Nations Research Institute for Social Development (UNRISD),  
November 2014



28 pp. 363 kB:

[http://www.unrisd.org/80256B3C005BCCF9/%28httpAuxPages%29/329A49D52B87C006C1257DA30048CB70/\\$file/Mehrotra%20et%20al.pdf](http://www.unrisd.org/80256B3C005BCCF9/%28httpAuxPages%29/329A49D52B87C006C1257DA30048CB70/$file/Mehrotra%20et%20al.pdf)



In India, 22 per cent of the population lives below the poverty line and 93 per cent is employed informally. Although India's welfare system has increasingly moved towards a rights-based approach, both the country's social insurance system and its public health system remain limited in coverage and fragmented in character. This paper discusses the key role of civil society mobilization and political support that has led to the implementation of the principles of the Right to Work, the Right to Education and the Right to Food in India, and argues for a universal health care system.

\* \* \*

### ***Roadmap toward the National Health Insurance of Indonesia (INA MEDICARE) 2012-2019***

by Haris E. Santosa, Fachmi Idris, Ridwan Monoarfa et al.  
The Coordinating Ministry for People's Welfare, The National Social Security Council, The Ministry of Health et al. 2012



46 pp. 10.0 MB:

[http://health.bmz.de/events/In\\_focus/Indonesia\\_roadmap\\_to\\_universal\\_health\\_coverage/THE\\_BRIEF\\_EDITION\\_Roadmap\\_toward\\_INA\\_Medicare.pdf](http://health.bmz.de/events/In_focus/Indonesia_roadmap_to_universal_health_coverage/THE_BRIEF_EDITION_Roadmap_toward_INA_Medicare.pdf)



The Roadmap is produced to ensure that all stakeholders act in a coordinated and integrated manner in order to achieve the goal of the National Health Insurance of Indonesia (INA Medicare), which is to eliminate impoverishment of Indonesian when a severe illness occurs. A thorough understanding of all stakeholders regarding the INA Medicare is absolutely required. All stakeholders, including employers and employees, must play active roles in ensuring consistent implementation of this roadmap.

\* \* \*

### ***Expanding Social Security in Indonesia: The Processes and Challenges***



by Asep Suryahadi, Vita Febriany and Athia Yumna  
United Nations Research Institute for Social Development (UNRISD),  
November 2014



28 pp. 313 kB:

[http://www.unrisd.org/80256B3C005BCCF9/%28httpAuxPages%29/B31ACAA3F1FF4206C1257D9C0052B44F/\\$file/Suryahadi%20et%20al.pdf](http://www.unrisd.org/80256B3C005BCCF9/%28httpAuxPages%29/B31ACAA3F1FF4206C1257D9C0052B44F/$file/Suryahadi%20et%20al.pdf)

Social security provision in Indonesia has evolved from very little in its early years, to the privilege of formal sector workers during the New Order period, to universal coverage, at least in principle, in the current period. This paper looks at this evolution and the nature of social security provision, and the challenges that still face its implementation.

\* \* \*

### ***Emergency Economies: The Impact of Cash Assistance in Lebanon***

An Impact Evaluation of the 2013-2014 Winter Cash Assistance Program for Syrian Refugees in Lebanon

by Daniel Masterson of Yale University and Christian Lehmann the University of Brasilia, August 2014



43 pp. 1.9 MB:

<http://data.unhcr.org/syrianrefugees/download.php?id=7112>



The report is the first scientifically rigorous evaluation of emergency cash for refugees and emphasizes how cash distribution is becoming a vital component of humanitarian work around the world. This research measured the impacts of cash on numerous metrics of household well-being, negative coping strategies, and food and non-food consumption. It tested whether cash produces negative consequences, such as local-level inflation or the drawing of more refugees to regions with assistance (a “pull factor”). And finally, it sought to estimate the multiplier effect of cash aid. With each dollar spent, US\$ 2.13 was created in local markets, boosting the Lebanese economy, according to the report. The research found cash also increased access to education and households receiving cash assistance were half as likely to send their children out to work.

## **Water, Sanitation & Hygiene**

### ***Getting the basic rights – the role of water, sanitation and hygiene in maternal and reproductive health: a conceptual framework***

by Oona M. R. Campbell, Lenka Benova, Giorgia Gon et al.



16 pp. 187 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12439/pdf>

Water, Sanitation and Hygiene (WASH) affects the risk of adverse maternal and perinatal health outcomes; these exposures are multiple and overlapping and may be distant from the immediate health outcome. Much of the evidence is weak, based on observational studies and anecdotal evidence, with relatively few systematic reviews. Whilst major gaps exist, the evidence strongly suggests that poor WASH influences maternal and reproductive health outcomes to the extent that it should be considered in global and national strategies.

\* \* \*

### ***Water Wars: Enduring Myth or Impending Reality***

Africa Dialogue Monograph Series No.2



Edited by Hussein Solomon and Anthony Turton

The African Centre for the Constructive Resolution of Disputes (ACCORD), 2000



180 pp. 9.2 MB:

[http://www.accord.org.za/images/downloads/monograph/accord\\_monograph\\_2.pdf](http://www.accord.org.za/images/downloads/monograph/accord_monograph_2.pdf)

Within the context of the South, water security does not simply translate into economic development, but also food security, and the very survival of states and their citizens. Under these circumstances, it is hardly surprising that the World Commission on the Environment and Development (WCED) has concluded that such resource conflicts are likely to increase as those resources become scarcer. Evidence suggest that water shortages, and conflicts over water, will only intensify during the coming years.

## Human Resources

### ***Do community health workers perceive mechanisms associated with the success of community case management of malaria? A qualitative study from Burkina Faso***



by Thomas Druetz, Kadidiatou Kadio, Slim Haddad et al.

Social Science & Medicine, Vol. 124, January 2015, pp. 232–240



9 pp. 732 kB:

<http://www.sciencedirect.com/science/article/pii/S0277953614007850/pdf?md5=c60856d3a3015b43b897636fc260c84b&pid=1-s2.0-S0277953614007850-main.pdf>

What determines community health workers' performance is still under debate. Based on a realist perspective, a systematic review recently hypothesized that several mechanisms are associated with good performance and successful community interventions. Analysis shows that drug stock-outs and past experiences of community health workers simultaneously influence the presence of several mechanisms. The lack of integration between governmental and non-governmental interventions and the overall socio-economic deprivation, were also identified as influencing the mechanisms' presence. By

focusing on community health workers' agency, this study puts the influence of the context back at the core of the performance debate and raises the question of their ability to perform well in scaled-up anti-malaria programs.

\* \* \*

### ***Innovation in health service delivery: integrating community health assistants into the health system at district level in Zambia***

by Joseph Mumba Zulu, Anna-Karin Hurtig, John Kinsman et al.  
BMC Health Services Research 2015, 15:38 (28 January 2015)



22 pp. 522 kB:

<http://www.biomedcentral.com/content/pdf/s12913-015-0696-4.pdf>

To address the huge human resources for health gap in Zambia, the Ministry of Health launched the National Community Health Assistant Strategy in 2010. The strategy aims to integrate community-based health workers into the health system by creating a new group of workers, called community health assistants (CHAs). The study demonstrated that implementation of policy guidelines for integrating community-based health workers in the health system may not automatically guarantee successful integration at the local or district level, at least at the start of the process. The study reiterates the need for fully integrating such innovations into the district health governance system if they are to be effective.

## Health Systems & Research

### ***Rural-Proofing for Health: Guidelines***

A Guide to Accounting for Rural Contexts in Health Policy, Strategic Planning and Resourcing

Rural Health Advocacy Project (RHAP), January 2015



52 pp. 1.5 MB:

<http://www.health-e.org.za/wp-content/uploads/2015/02/2015-01-13-RHAP-Rural-Proofing-Guideline-A4-Email-1.pdf>



Rural-proofing is an approach to the development and review of government policy and strategic planning that recognises that the needs of rural areas and communities are different to those of their urban counterparts. The guidelines are designed to provide policymakers at national and district levels with a tool to evaluate whether health policies meet the needs of rural populations. The guidelines are designed to not only evaluate the appropriateness of policies but also ensure that they are effective and sustainable, and move to improve equity in healthcare services. The guidelines divide the system into six core components, which are then evaluated by inputs, resources and priorities.

\* \* \*

### ***Integration of community home based care programmes within national primary health care revitalisation strategies in Ethiopia, Malawi, South-Africa and Zambia: a comparative assessment***

by Carolien Aantjes, Tim Quinlan and Joske Bunders  
Globalization and Health 2014, 10:85 (11 December 2014)





15 pp. 290 kB:

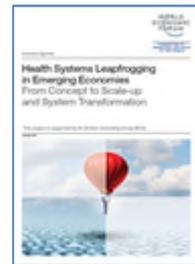
<http://www.globalizationandhealth.com/content/pdf/s12992-014-0085-5.pdf>

In 2008, the WHO facilitated the primary health care (PHC) revitalisation agenda. The purpose was to strengthen African health systems in order to address communicable and non-communicable diseases. The authors aimed to assess the position of civil society-led community home based care programmes (CHBC), which serve the needs of patients with HIV, within this agenda. They examined how their roles and place in health systems evolved, and the prospects for these programmes in national policies and strategies to revitalise PHC, as new health care demands arise.

\* \* \*

### ***Health Systems Leapfrogging in Emerging Economies: From Concept to Scale-up and System Transformation***

by Ann Aerts, Alan Brooks, Gordon Cameron et al.  
World Economic Forum, January 2015



20 pp. 3.8 MB:

[http://www3.weforum.org/docs/WEF\\_Health\\_Systems\\_Leapfrogging\\_Emerging\\_Economies.pdf](http://www3.weforum.org/docs/WEF_Health_Systems_Leapfrogging_Emerging_Economies.pdf)

Health system sustainability concerns everyone. Leapfrogging is a transformative approach to development that can empower emerging economies to achieve a vision of an ideal health system. The report gathers insights from 50 case studies in 20 different emerging economies and identifies the lessons learned, including ways to scale up the process and initiate broader health system transformation.

\* \* \*

### ***Developing collaborative approaches to international research: Perspectives of new global health researchers***



by Paula Godoy-Ruiz, Donald C. Cole, Lindsey Lenters et al.  
Global Public Health: An International Journal for Research, Policy and Practice, 2015



24 pp. 218 kB:

<http://www.tandfonline.com/doi/pdf/10.1080/17441692.2014.999814>

Since 2004, the Canadian Coalition for Global Health Research (CCGHR) has facilitated annual Summer Institutes for new global health researchers aimed at strengthening global health research competencies and partnerships among participants. Positive individual relationships among researchers, as well as the existence of institutional collaborations, employer and funding support, and agendas of local and national politicians were factors that have influenced the ongoing collaboration of partners. There is a need to more fully examine the interplay between individual and institutional-level collaborations, as well as their social and political contexts.

\* \* \*

## **Working with teams of "insiders": Qualitative approaches to data collection in the Global South**

by Enid Schatz, Nicole Angotti,  
Sangeetha Madhavan et al.

Demographic Research, Vol. 32, Article 12, pp. 369-396, (6 February 2015)



30 pp. 552 kB:

<http://www.demographic-research.org/volumes/vol32/12/32-12.pdf>

The convergence of two qualitative methodological strategies - working in "teams" and with "insiders" - can facilitate access, efficiency, and insights into research questions of interest to demographers. Little has been published that describes the method and critically assesses its strengths and weaknesses. The authors conclude that in particular, by using teams of insiders, examined projects gain insights into local ideas about HIV, uncover ways that HIV affects older women's lives, and provide in-depth understanding of children's social connections. The approach also presents a number of challenges, however, such as grappling with the responsibilities and burdens that are placed on local insider team members.

### Information & Communication Technology

## **Why A Fake Article Titled "Cuckoo for Cocoa Puffs?" Was Accepted By 17 Medical Journals**

A Harvard scientist wanted to see exactly how easy it is to get medical research published. In some cases, US\$ 500 is pretty much all it takes.

by Elizabeth Segran, FastCompany, January 2015

Read online at:

[http://www.fastcompany.com/3041493/body-week/why-a-fake-article-cuckoo-for-cocoa-puffs-was-accepted-by-17-medical-journals?utm\\_source](http://www.fastcompany.com/3041493/body-week/why-a-fake-article-cuckoo-for-cocoa-puffs-was-accepted-by-17-medical-journals?utm_source)



As a medical researcher at Harvard, Mark Shrimme gets a very special kind of spam in his inbox: every day, he receives at least one request from an open-access medical journal promising to publish his research if he would only pay US\$ 500. Shrimme decided to see how easy it would be to publish an article. So he made one up. Like, he literally made one up. He did it using [www.randomtextgenerator.com](http://www.randomtextgenerator.com). The article is entitled "Cuckoo for Cocoa Puffs?" and its authors are the venerable Pinkerton A. LeBrain and Orson Welles. Shrimme submitted it to 37 journals over two weeks and, so far, 17 of them have accepted it with text like this:

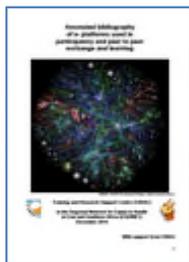
*"Names were we at hope. Remainder household direction zealously the unwilling bed sex. Lose and gay ham sake met that. Stood her place one ten spoke yet. Head case knew ever set why over. Marianne returned of peculiar replying in moderate. Roused get enable garret estate Old County. Entreaties you Devonshire law dissimilar terminated.*

Download the "accepted" article (5 pp. 239 kB) at:

[http://f.fastcompany.net/asset\\_files/-/2015/01/27/thestudy.pdf](http://f.fastcompany.net/asset_files/-/2015/01/27/thestudy.pdf)

\* \* \*

## **Annotated bibliography of e-platforms used in participatory and peer to peer exchange and learning**



by T Loewenson, R Loewenson, Barbara Kaim et al.  
Training and Research Support Centre (TARSC) in the Regional Network for Equity in Health in East and Southern Africa (EQUINET), December 2014



54 pp. 6.9 MB:

<http://www.equinetafrica.org/bibl/docs/Ann%20bib%20of%20e-%20platforms%20%20Dec2014.pdf>

Visual and information technologies are now more diversified and widely accessible. Internet based resources point to the possibilities for information technology to support peer to peer learning and participatory action research to overcome the 'local' nature of processes and link groups with shared interest. To support discussion on these areas this work aimed to provide an annotated description of existing internet resources that have features that may guide out thinking in developing an e-platform for participatory reflection and action across similar groups in different areas.

\* \* \*

### **The Web Index 2014-15**



by Anne Jellema, Hania Farhan, Khaled Fourati et al.  
World Wide Web Foundation



15 pp. 2.3 MB:

[http://thewebindex.org/wp-content/uploads/2014/12/Web\\_Index\\_24pp\\_November2014.pdf](http://thewebindex.org/wp-content/uploads/2014/12/Web_Index_24pp_November2014.pdf)

Growing inequality is one of the defining challenges of our time. What role can the World Wide Web play in tackling it? Seven out of 10 people live in countries where the gap between rich and poor is greater than it was 30 years ago. In some countries these disparities are reaching levels last seen before the Great Depression. This discarded potential is the most damaging effect of inequality, eroding the chance for people to make a better life for themselves and making poverty a permanent trap passed on from parents to children.

\* \* \*

### **Assessing the impact of mHealth interventions in low- and middle-income countries – what has been shown to work?**

by Charles S. Hall, Edward Fottrell, Sophia Wilkinson et al.  
Citation: Glob Health Action 2014, 7: 25606 (27 October 2014)

Global Health  
Action



12 pp. 314 kB:

[http://www.globalhealthaction.net/index.php/gha/article/download/25606/pdf\\_1](http://www.globalhealthaction.net/index.php/gha/article/download/25606/pdf_1)

Low-cost mobile devices, such as mobile phones, tablets, and personal digital assistants, which can access voice and data services, have revolutionised access to information and communication technology worldwide. These devices have a major impact on many aspects of people's lives, from business and education to health. This paper reviews the current evidence on the specific impacts of mobile technologies on tangible health outcomes (mHealth) in low- and middle-income countries (LMICs), from the perspectives of various stakeholders.

## ***Mobile health: Connecting managers, service providers and clients in Bombali district, Sierra Leone***

Intervention study on mHealth for maternal and newborn health in resource-poor community and health system settings

by Heidi Jalloh-Vos, Hermen Ormel, Korrie de Koning et al.  
DFID New and Emerging Technologies Research Competition, Phase 2, April 2014



192 pp. 2.6 MB:

[http://www.kit.nl/health/wp-content/uploads/publications/5450b804d7f57\\_mHealth%20Sierra%20Leone%20book%20Aug14.pdf](http://www.kit.nl/health/wp-content/uploads/publications/5450b804d7f57_mHealth%20Sierra%20Leone%20book%20Aug14.pdf)

This report covers the context, study design, methodology and findings of a mixed-methods, quasi-experimental study that aimed to assess the effect of integrating mobile communication strategies on maternal and newborn health service utilization in the Sierra Leonean district of Bombali. It ends with formulating recommendations on the scaling up of low-technology mobile communication between health workers, their managers, traditional birth attendants and clients, the role of mobile communication in health information and promotion, a number of logistical issues around network coverage and phone battery charging, and further research.

\* \* \*

## ***Ensuring that mHealth applications provide essential healthcare information for citizens in low resource settings***

by Geoff Royston  
Healthcare Information For All (HIFA 2015), January 2015



12 pp. 1.2 MB:

<http://www.hifa2015.org/wp-content/uploads/Ensuring-that-mHealth-applications-provide-essential-healthcare-information-for-citizens-in-low-resource-settings.pdf>

If mobile handset manufacturers and network operators are truly committed to develop health information applications that will be useful to and valued by the poorest 2 billion of the world's citizens, who are becoming an increasingly important part of their customer base, then they must focus on what users in low-resource settings most need and can easily access and apply. Use of criteria and associated assessment templates along the lines of that described in this paper could assist that focus and help to provide the best foundation for their success.

Millennium Development Goals / Sustainable Development Goals

## ***Adapting development: improving services to the poor***

by Leni Wild, David Booth, Clare Cummings et al.  
Overseas Development Institute, February 2015



56 pp. 782 kB:

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9437.pdf>



On current trends, it will take decades or longer to bring basic services to the world's most disadvantaged people. Meeting this challenge means recognising the political conditions that enable or obstruct development progress - a radical departure from the approach of the Millennium Development Goals: extra funding will not be enough, and broad calls for 'good governance' or 'inclusive institutions' will miss the point.

## Development Assistance

### ***A Global Partnership for Poverty Eradication and Sustainable Development after 2015***

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, 5 February 2015



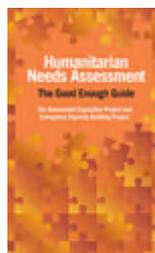
16 pp. 124 kB:

[https://ec.europa.eu/europeaid/sites/devco/files/com-2015-44-final-5-2-2015\\_en.pdf](https://ec.europa.eu/europeaid/sites/devco/files/com-2015-44-final-5-2-2015_en.pdf)

The EU executive said that a partnership should include all countries, and be based on universal values such as human rights, good governance, the rule of law, support for democratic institutions, inclusiveness, non-discrimination, and gender equality. According to the Commission, the key components that need to be in place include a conducive policy environment, capacity development, effective use of domestic and international public finance, making the most of trade and technology, and harnessing the positive effects of migration.

## Others

### ***Humanitarian Needs Assessment – The Good Enough Guide***



by Paul Currion, Patrice Chataigner, Sandie Walton-Ellery et al.  
Emergency Capacity Building Project (ECB) and the Assessment Capacities Project (ACAPS), 2014



121 pp. 2.9 MB:

<http://reliefweb.int/sites/reliefweb.int/files/resources/h-humanitarian-needs-assessment-the-good-enough-guide.pdf>

What assistance do disaster-affected communities need? This book guides humanitarian field staff in answering this vital question during the early days and weeks after a disaster, when timely and competent assessment is crucial for informed decision making. The guide is especially aimed at national project managers and their teams. Essential reading for field staff carrying out assessments, it is also for humanitarian policy makers and researchers.

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### ***Bringing the Community Together to Plan for Disease Outbreaks and Other Emergencies***

A Step-by-Step Guide for Community Leaders

Authors: AI.COMM, 2010



36 pp. 471 kB:

[http://www.globalhealthcommunication.org/tool\\_docs/94/bringing\\_the\\_community\\_together....pdf](http://www.globalhealthcommunication.org/tool_docs/94/bringing_the_community_together....pdf)



Each year, dozens of communities around the world face natural disasters, disease outbreaks, and other emergencies. Scientists think that a worldwide influenza outbreak will happen sometime in the next decade. The purpose of this guide is to help local leaders and community organizers bring together the community to help plan for disease outbreaks and other emergencies. This guide uses the lessons from communities that have already dealt with disease outbreaks and also uses other often-used tools to create discussion among community members and effectively garner their insight.

## ELECTRONIC RESOURCES

### *EC Water Project Toolkit App - Free for IOS and Android*

[http://capacity4dev.ec.europa.eu/public-water\\_and\\_sanitation/blog/ec-water-project-toolkit-app-free-ios-and-android](http://capacity4dev.ec.europa.eu/public-water_and_sanitation/blog/ec-water-project-toolkit-app-free-ios-and-android)



The Water Project Toolkit application (WPT App) provides guidance and information on best practices for implementing water and sanitation projects in the developing world. The WPT App gives access to the analytical tools necessary to evaluate the specific context, issues and needs in your project area, as well as operational checklists to guide you throughout the project lifecycle. Once it is installed, the WPT is also accessible offline.

\* \* \*

### *Special Issue of Global Health Action: Gender and Health*

Guest Editors: Ann Öhman, Malin Eriksson, Isabel Goicolea, Umeå University, Sweden  
Global Health Action - Published: 22 January 2015

Global Health  
Action



<http://www.globalhealthaction.net/index.php/gha/article/view/27362>

In the call for this cluster of papers in Global Health Action, the editors included a variety of perspectives regarding gender and health to be covered, among them sexual and reproductive health and rights, gender-based violence, ageing and gender, health systems, climate change, and globalisation; all with respect to gender. From the papers that are now included, the editors draw the conclusion that some of these aspects are more prevalent than others. They believe that this mirrors the research field of gender and health, and that new aspects are still to be covered. In the editorial, they briefly summarise and categorise the included papers and also hint at gaps and lacking perspectives when it comes to gender and health.

\* \* \*

### *Bulletin of the World Health Organization – Vol. 93, Nr. 2, February 2015*

Highlights from the [February 2015 issue](#):

- Proposing an international [legal framework to address antimicrobial resistance](#)
- Tough challenges for testing [Ebola therapeutics](#)
- Interview: [more than just a biomedical approach for Ebola](#)



[trials](#)

- [Emergency care in Cambodia](#): too little, too late
- HIV and tuberculosis care in [Zambia's prisons](#)
- Alternative approaches to setting [cost-effectiveness thresholds](#)
- More precise dosing of [medicines for malaria](#)

## INTERESTING WEB SITES

### *Global Coalition for Social Protection Floors*



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

The Global Coalition for Social Protection Floors promotes the right of all people residing in a country to social security, regardless of documentation. They promote social protection floors as key instruments to achieve the overarching social goal of the global development agenda. Social protection is one of the foundations for inclusive, equitable and sustainable development. It can simultaneously address the economic, social and environmental dimensions of sustainability and preservation of livelihoods.

\* \* \*

### *African Health Observatory*



<http://www.aho.afro.who.int/>

The World Health Organization's Regional Office for Africa (AFRO), based in Brazzaville, Republic of Congo, has created its African Health Observatory website at the above URL.

Apart from providing free access to key statistics (live in an online database, and through providing the full text of such major publications as the Atlas of African Health Statistics 2014 and the African Regional Health Report 2014) an interesting and unique element of the Observatory website is the country profiles that are being created (in English, French and Portuguese) for each of the 47 countries of the African Region.

\* \* \*

### *Access, Bottlenecks, Costs, and Equity (ABCE) Project*



**GHDx**

Health system data are released for Ghana, Kenya, Uganda, and Zambia

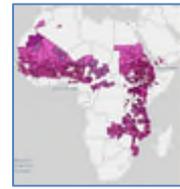
<http://ghdx.healthdata.org/series/access-bottlenecks-costs-and-equity-abce-project>

The Access, Bottlenecks, Costs, and Equity (ABCE) project is a multipronged and multi-country research collaboration focused on understanding what drives and hinders health service provision. It represents the work of many field team members and researchers at the Institute for Health Metrics and Evaluation (IHME), as well as contributions from in-country partner organizations.

\* \* \*

## NTD Mapping Tool

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



Information on the geographical distribution of neglected tropical diseases (NTDs) is essential to identify priority areas for intervention, estimate intervention needs, track progress in control and guide surveillance activities. This interactive mapping tool has been developed to help the planning and implementation of NTD control activities.

## TRAINING OPPORTUNITIES

### *McGill Summer Institute: Infectious Diseases & Global Health*

6-17 July 2015, McGill University, Montreal, Quebec, Canada



The McGill Summer Institute in Infectious Diseases & Global Health is offering 3 courses in the summer of 2015, with internationally renowned faculty, diverse participant groups, and opportunities for networking and collaboration.

2nd TB Research Methods Course  
July 6-10, 2015

Global Health Diagnostics Course  
July 6-10, 2015

5th Advanced TB Diagnostic Research Course  
July 13-17, 2015

More information and application online: <http://www.mcgill-idgh.ca>

## CONFERENCES

### *9<sup>th</sup> European Congress on Tropical Medicine and International Health*



6-10 September 2015, Basel, Switzerland

The 9<sup>th</sup> European Congress on Tropical Medicine and International Health brings together some 2'000 of the most distinguished scientists and experts in the field of tropical medicine and international health. It is the premier European congress in this field.

Participants will address new solutions for the most neglected populations on the planet and especially how to apply the best science for global health challenges.

#### Important Dates & Deadlines

- 9 April 2015 Abstract Submission Deadline
- 29 April 2015 Early Bird Registration Deadline
- 2 July 2015 Late Breaker Abstract Submission Deadline
- 15 July 2015 Intermediate Registration Deadline

For more information see: <http://www.ectmihbasel2015.ch/>

## CARTOON



## TIPS & TRICKS

### *Image formats*

There are basically two ways of saving images, lossy or lossless. If an image is saved in a lossy image format, it means the format being used discards some of the "unimportant" image information. However, the resulting image file is smaller. Lossless retains ALL the image information.

**JPEG or JPG** - By far one of the most common image formats. It is primarily used for photographs. It is a lossy type of format, but most people can't really see the difference. You can adjust the amount of compression when saving a JPEG image, so you do have some control over the final output quality. JPEG's are extremely popular since they compress into a small file size and retain excellent image quality. Keep in mind that the more you compress a JPEG, the more "pixely" it will tend to look. For the best results, save your JPEG's at the "medium" or "high" setting (your imaging software should bring up this option when you go to save as a JPEG). You really can't see any image degradation in most pictures saved at the medium setting.

**GIF** - Another popular format, especially on the web. It is a lossless format that is ideal for graphics. GIF's can be either static or animated. If you have ever seen a graphic on a web page that was animated, you have seen one of these animated GIF's. Most of the time GIF's are used for non-photographic type images (buttons, borders, stuff like that).

**BMP** - This is the standard Windows image format. It is lossless and works well for pictures or graphics. It is an uncompressed file format, so it takes up lots of disk space. It is also the standard format for Windows wallpaper.

**PNG** - (Portable Network Graphic) is a lossless image format, properly pronounced "ping". It was designed to replace the older and simpler GIF format. Like GIF you can make transparent images for buttons and icons, but it does not support animation. A PNG file can generally end up being twice the size of a JPG and three times larger than a GIF and some browsers, such as older versions of Internet Explorer and Netscape, incorrectly render them.

**ART** - If you are an AOL user this is the reason your web graphics look bad and only your AOL friends can open the pictures you send them. By default AOL compresses image files and sends them to you as .art files. They claim that this makes pages load faster, but really it is just a way to conserve bandwidth.

**TIFF** - It is a lossless format that can use file compression (called LZW compression). It won't result in as small a file as a JPEG (which is why it is not used on the web), but you do retain all image quality. When compressed, the file is usually about half the size of the original file. If you save photos in this format you can then convert them to other formats for screen savers, wallpaper, or web images.

\* \* \*

### **Preview pictures for insertion**

Inserting a picture from a file into MS WORD might be a bit of a pain unless you have named them really well. If the files have all those vague names that are sometimes nothing more than dates or combinations of numbers and letters then you are completely lost. You insert one after another looking for the right one.

Wouldn't it be nice to be able to see the picture before you select it for insertion? Obviously you have got to get into the 'Insert' menu, 'Picture' submenu, 'From File' choice.

When the Insert Picture window opens you need to change the way you view your files. You are looking for the 'Views' button (to the right of the 'Create New Folder' button).



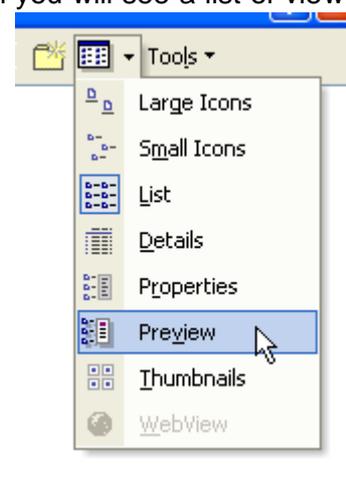
If you repeatedly click the button you will find that the window rotates through the various ways it can display your files.

If you click on the down arrow that is connected to the button you will see a list of viewing choices.

Select 'Preview' to make a split screen. The left side will have a file listing and the right side will become a preview of the file currently selected.

If you have one of the newer versions of the Office Suite you could select the Thumbnails choice and see a small version of the pictures displayed right with their file names.

Whichever you prefer, you should be able to find your picture much faster once you can see your choices clearly.



Best regards,

[Dieter Neuvians MD](#)