

giz Health, Education, Social Protection News & Notes 04/2015

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22 February 2015



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Table of Contents:

HIGHLIGHTS from *Healthy DEvelopments* 5

Germany's commitment to health and social protection 5

BOOKS 5

Safety Nets in Africa: Effective Mechanisms to Reach the Poor and Most Vulnerable 5

The 50 most critical scientific & technological breakthroughs required for sustainable global development 5

Bridging the worlds of research and policy in European health systems 6

ONLINE PUBLICATIONS 6

Global Health 6

Delivering Universal Health Coverage: A Guide for Policymakers 6

IDEA to IMPACT: A Guide to Introduction and Scale 6

Putting palliative care on the global health agenda 7

Investing to overcome the global impact of neglected tropical diseases 7

HIV - AIDS - STI 7

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents 7

HIV Epidemics in the European Region: Vulnerability and Response 8

Paediatric European Network for Treatment of AIDS (PENTA) guidelines for treatment of paediatric HIV-1 infection 2015: optimizing health in preparation for adult life 8

Sexual & Reproductive Health 8

Sexual and Reproductive Health and Rights Are Key to Global Development: The Case for Ramping Up Investment 8

Reproductive Health: R&D for the Developing World 9

Sexual and Reproductive Health Rights and Information and Communications Technologies: A Policy Review and Case Study from South Africa 9

The health system cost of post-abortion care in Rwanda 10

Assessment of countries' readiness to provide Minimum Initial Service Package (MISP) for SRH during a Humanitarian Crisis in the Eastern Europe and Central Asia Region 10

Coping with Unintended Pregnancies: Narratives from Adolescents in Nairobi's Slums 10

Yemen: Mapping the Procurement Process for Family Planning and Reproductive Health Commodities 11

Improving estimates of the prevalence of Female Genital Mutilation/Cutting among migrants in Western countries 11

Maternal & Child Health 12

Triple return on investment: the cost and impact of 13 interventions that could prevent stillbirths and save the lives of mothers and babies in South Africa 12

Strategic framework for the Comprehensive Control of Cancer Cervix in South-East Asia Region 12

Symptomatic presentation with cervical cancer in Uganda: a qualitative study assessing the pathways to diagnosis in a low-income country 12

<i>The African Report on Violence Against Children</i>	13
<i>The African report on children with disabilities: promising starts and persisting challenges</i>	13
<i>The community case management of pneumonia in Africa: a review of the evidence</i>	13
<i>Can mass media interventions reduce child mortality?</i>	14
<i>Children Living and Working on the Streets in Lebanon: Profile and Magnitude</i>	14
Malaria	15
<i>Towards a Malaria-Free World: A Global Case for Investment and Action 2016-2030</i>	15
<i>Malaria Diagnostics Landscape Update 2015</i>	15
<i>Spread of artemisinin-resistant Plasmodium falciparum in Myanmar: a cross-sectional survey of the K13 molecular marker</i>	15
<i>Delaying Artemisinin Resistance in India</i>	16
<i>Motivation and challenges for use of malaria rapid diagnostic tests among informal providers in Myanmar: a qualitative study</i>	16
<i>Social determinants of malaria and health care seeking patterns among rice farming and pastoral communities in Kilosa District in central Tanzania</i>	16
Tuberculosis	17
<i>New data shows test can help physicians remove patients with suspected TB from isolation earlier</i>	17
<i>Catching the Missing Million: Experiences in Enhancing TB & DR-TB Detection by Providing Upfront Xpert MTB/RIF Testing for People Living with HIV in India</i>	17
<i>Impact of decentralized care and the Xpert MTB/RIF test on rifampicin-resistant tuberculosis treatment initiation in Khayelitsha, South Africa</i>	18
<i>Prisons as Reservoir for Community Transmission of Tuberculosis, Brazil</i>	18
Ebola / Other Infectious Diseases	18
<i>Manual for the care and management of patients in Ebola Care Units / Community Care Centres</i>	18
<i>Rapid Response to Ebola Outbreaks in Remote Areas - Liberia, July-November 2014</i>	19
<i>Perspectives on Ebola</i>	19
<i>WHO Ebola Situation Report - 18 February 2015</i>	19
<i>Report of a WHO Meeting - Ebola Virus Disease Preparedness: Taking Stock and Moving Forward</i>	20
<i>Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of Liberia: Results of a Qualitative Study</i>	20
<i>Meningitis Outbreak Response in Sub-Saharan Africa</i>	20
<i>Mass Treatment with Single-Dose Azithromycin for Yaws</i>	21
Non-communicable Diseases	21
<i>Awareness, Treatment, and Control of Diabetes in Bangladesh: A Nationwide Population-Based Study</i>	21
Food & Nutrition	21
<i>Investing in the Future: Reforming Public Policy to End Undernutrition in India</i>	21
<i>Knowledge and practices of pre-school teachers on growth monitoring program - South Africa</i>	22
<i>Dietary Reference Intake Calculator for Healthcare Professionals</i>	22
Essential Medicines	23
<i>Injectable Antibiotics for Treatment of Newborn Sepsis</i>	23
<i>Hepatitis C Medicines Technology and Market Landscape 2015</i>	23
<i>Minimum Target Prices for Production of Direct-Acting Antivirals and Associated Diagnostics to Combat Hepatitis C Virus</i>	23
Social Protection	24
<i>Historical account of the national health insurance formulation in Kenya: experiences from the past decade</i>	24
<i>Yemen National Social Protection Monitoring Survey (NSPMS): 2012-2013</i>	24
<i>Are Public Works Programmes Effective in Reinforcing Social Protection Systems?</i>	24
Human Resources	25
<i>Scaling Up Health Workforce Education and Training: Guide for Applying the Bottlenecks and Best Buys Approach</i>	25
<i>Utilization of community health workers for malaria treatment: results from a three-year panel study in the districts of Kaya and Zorgho, Burkina Faso</i>	25
<i>Empowering Women and Strengthening Health Systems and Services through Investing in Nursing and Midwifery Enterprise: Lessons from Lower-Income Countries</i>	26
Health Systems & Research	26

What do we know about the strengths and weakness of different policy mechanisms to influence health behaviour in the population?.....	26
Barriers to research use in the public health sector.....	26
Results Based Financing: Engaging Communities to Strengthen Systems in Fragile Contexts	27
Assessing chronic disease management in European health systems: concepts and approaches.....	27
Information & Communication Technology	27
Asian Development Bank Adopts Open Access for its Development Research	27
Delivering on the Data Revolution in Sub-Saharan Africa: Final Report of the Data for Africa Development Working Group.....	28
Mobiles for Human Development: 2014 Trends and Gaps.....	28
Measuring Core Health Indicators in the South-East Asia Region 2014	29
Big data in global health: improving health in low- and middle-income countries.....	29
Education	29
Background Paper on Attacks Against Girls Seeking to Access Education	29
The Role of the Education Sector in Providing Care & Support for Orphans & Vulnerable Children in Lesotho & Swaziland	30
The World Health Organization's Health Promoting Schools Framework: a Cochrane systematic review and meta-analysis.....	30
Harm Reduction & Drug Use	30
Global State of Harm Reduction 2014	30
Sustainable Development Goals.....	31
Sustainable Development Goals: All You Need To Know	31
Nutrition and the Post-2015 Sustainable Development Goals.....	31
Review of Targets for the Sustainable Development Goals: The Science Perspective	31
Achieving the Millennium Development Goals (MDGS) in Africa	32
Development Assistance	32
Making Development Cooperation Fit for the Future: A Survey of Partner Countries.....	32
Principles into Practice: Transparency.....	33
Others	33
Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000-11.....	33
Older people's health in sub-Saharan Africa.....	33
A Call to Action: The Global Response to Dementia through Policy Innovation.....	34
Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study.....	34
ELECTRONIC RESOURCES	34
Healthcare Online Resources 2015	34
Journal of Infection in Developing Countries – Vol. 9, No. 02: February 2015.....	35
INTERESTING WEB SITES	35
#EndAdolescentAIDS.....	35
Reproductive Health Market Intelligence (RHMI+).....	35
TRAINING OPPORTUNITIES.....	35
Free online course on the Social Determinants of Health.....	35
Planning, Monitoring, Evaluation & Learning Course	36
Observatory Venice Summer School 2015.....	36
CARTOON	37
TIPS & TRICKS	37
Use of the 'Windows' key	37
What is MIME?.....	37

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HIGHLIGHTS from *Healthy DEvelopments*

Germany's commitment to health and social protection

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BOOKS

Safety Nets in Africa: Effective Mechanisms to Reach the Poor and Most Vulnerable

Editors: Carlo del Ninno and Bradford Mills
Agence Française de Développement and the World Bank, 2015



302 pp. 10.3 MB:

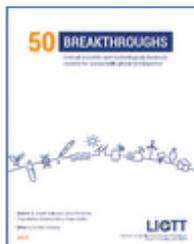
<http://reliefweb.int/sites/reliefweb.int/files/resources/9781464804359.pdf>



The need for safety nets in Sub-Saharan Africa is vast. Given that most African countries face difficult decisions about how to allocate limited resources among a number of social programs, evidence is important. Do Safety Net programs actually benefit the poorest people? This book demonstrates with empirical evidence that it is possible to reach the poorest and most vulnerable people with safety net programs, and provides lessons for the effective use of targeting methods to achieve this outcome in the region.

* * *

The 50 most critical scientific & technological breakthroughs required for sustainable global development



by Kumar Bekbolotov, Rachel Boots, Aurelien Chu et al.
Institute for Globally Transformative Technologies, Lawrence Berkeley National Lab., 2014



648 pp. 33.6 MB(!):

<https://ligtt.org/sites/all/files/page/50BTs-Consolidated.pdf>

Through the history of international development, a small number of breakthrough technologies have had transformative impact: the polio vaccine; the new seed varieties which launched the Asian Green Revolution; anti-retroviral drugs which appear to have rendered HIV/AIDS a chronic and manageable disease; and more recently, the M-PESA mobile payments platform. The main purpose of the 50 Breakthroughs study is to identify where game-changing technologies are most required. The study's main objectives are to:

- Foster a thought-provoking conversation about the role of technology in solving the world's most pressing problems, and focus effort on the breakthroughs that really matter.
- Provide contextual background for technologists, so that they can determine how their work can address these critical challenges.
- Provide decision-makers a guide to asking the hard - but important - questions.

* * *

Bridging the worlds of research and policy in European health systems

Edited by John N Lavis, Cristina Catalo and the BRIDGE Study Team
European Observatory on Health Systems and Policies, 2013



Download chapter by chapter (246 pp.) at:

<http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/bridging-the-worlds-of-research-and-policy-in-european-health-systems>

This book results from a study on knowledge-brokering practices in Europe that was undertaken between 2009 and 2011, called BRIDGE (Scoping study of approaches to Brokering knowledge and Research Information to support the Development and Governance of health systems in Europe). It is hoped that it will give health system policymakers, stakeholders and researchers a clear understanding of knowledge brokering and its implications for the organization and management of health information systems.

ONLINE PUBLICATIONS

Global Health

Delivering Universal Health Coverage: A Guide for Policymakers



by David Nicholson, Robert Yates, Will Warburton et al.
World Innovation Summit for Health (WISH) Forum on Universal Health Coverage, 2015



56 pp. 1.7 MB:

<http://dnpnfts5nbrdps.cloudfront.net/app/media/1431>

Universal Health Coverage (UHC) is an idea whose time has come. It is a simple idea. WHO defines its goal as: “To ensure that all people obtain the health services they need without suffering financial hardship when paying for them.” This paper aims to synthesize the research evidence on UHC and present policy recommendations in an accessible way to politicians and policymakers who might not have a technical background in health. In doing so, it is hoped to make our contribution to improving the condition of people across the world who still lack access to quality healthcare services.

* * *

IDEA to IMPACT: A Guide to Introduction and Scale

Center for Accelerating Innovation and Impact (CII), 2015



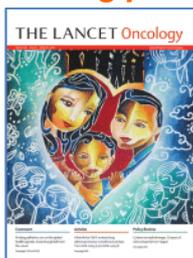
80 pp. 5.2 MB:

http://www.usaid.gov/sites/default/files/documents/1864/Idea-to-Impact_Jan-2015-508.pdf



The challenges of developing, introducing and scaling global health solutions – whether they are medical devices, drugs, diagnostics, vaccines or consumer products – are innumerable. As a result, it often takes years, sometimes decades, for these products to reach most of their intended users. By describing priority activities and their importance, supplemented with inspirational case studies and practical tools, IDEA to IMPACT is intended to help global health practitioners accelerate impact through better coordination and earlier planning.

Putting palliative care on the global health agenda



by Richard A Powell, Faith N Mwangi-Powell, Lukas Radbruch et al.
The Lancet Oncology, Vol. 16, No. 2, p131–133, February 2015



3 pp. 144 kB:

[http://www.thelancet.com/pdfs/journals/lanonc/PIIS1470-2045\(15\)70002-1.pdf](http://www.thelancet.com/pdfs/journals/lanonc/PIIS1470-2045(15)70002-1.pdf)

Palliative care - defined by WHO as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering” - has been largely absent from the global health dialogue and consequently a low priority for donor investment. However, an important window of opportunity has opened to push palliative care up the global health agenda: the publication of an initial draft of the United Nations (UN) Sustainable Development Goals (SDGs), a set of targets that will define global health priorities from 2015 to 2030. In the next year, increased global attention about the need for palliative care needs to be translated into active engagement with the SDG revisions process. By combination of evidence, advocacy and policy making, a solid base can be made for implementation of effective, equitable, and universal access to palliative care.

* * *

Investing to overcome the global impact of neglected tropical diseases



Editor: Peter Holmes

WHO/Department of Control of Neglected Tropical Diseases, February 2015



211 pp. 5.3 MB:

http://apps.who.int/iris/bitstream/10665/152781/1/9789241564861_eng.pdf?ua=1

The presence, or absence, of neglected tropical diseases (NTDs) can be seen as a proxy for poverty and for the success of interventions aimed at reducing poverty. The report presents an investment strategy for NTDs and analyses the specific investment case for prevention, control, elimination and eradication of 12 of the 17 NTDs. The report cautions, however, that it is wise investment and not investment alone that will yield success. It registers progress and challenges and signals those that lie ahead.

HIV - AIDS - STI

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

Panel on Antiretroviral Guidelines for Adults and Adolescents

Last updated November 13, 2014



282 pp. 2.2 MB:

<http://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf>



This interim revision of the Guidelines includes a revised section on Hepatitis C Virus (HCV)/HIV Co-infection, with emphasis on considerations for use of antiretroviral (ARV)

drugs in patients who also receive treatment for HCV infection. A new table provides clinicians with guidance on the concomitant use of HCV drugs and ARV drugs, with a focus on potential pharmacokinetic drug interactions. The Panel refers clinicians to <http://www.hcvguidelines.org> for guidance on the diagnosis and treatment of HCV infections.

* * *

HIV Epidemics in the European Region: Vulnerability and Response



by Lucy Platt, Emma Jolley, Vivian Hope et al.
International Bank for Reconstruction and Development / The World Bank, 2015



369 pp. 30.3 MB(!):

<https://openknowledge.worldbank.org/bitstream/handle/10986/21361/9781464803888.pdf?sequence=1>

This report provides a systematic review of the evidence on HIV vulnerability and response in all 53 countries of the WHO European Region, stretching from Iceland to the borders of China. It focuses on key populations most at risk of HIV infection: people who inject drugs, sex workers and men who have sex with men. It confirms that these populations are disproportionately affected by the growing HIV epidemic in Europe. The analysis highlights the pivotal role of social and structural factors in shaping HIV epidemics and HIV prevention responses.

* * *

Paediatric European Network for Treatment of AIDS (PENTA) guidelines for treatment of paediatric HIV-1 infection 2015: optimizing health in preparation for adult life

by Alasdair Bamford, Anna Turkova, Hermione Lyall et al.
HIV Medicine (February 2015) 42: 337



42 pp. 337 kB:

<http://onlinelibrary.wiley.com/store/10.1111/hiv.12217/asset/hiv12217.pdf?v=1&t=i5zfkf4e&s=cdd6d9e5fadccf6ace07dc6f211e4c2886fb00ec>



These 2014 PENTA guidelines provide practical recommendations on the management of HIV-1 infection in children in Europe and are an update to those published in 2009. Aims of treatment have progressed significantly over the last decade, moving far beyond limitation of short-term morbidity and mortality to optimising health status for adult life and minimising impact of chronic HIV infection on immune system development and health in general. At the same time there is a greater need for increased awareness and minimisation of long term drug toxicity.

Sexual & Reproductive Health

Sexual and Reproductive Health and Rights Are Key to Global Development: The Case for Ramping Up Investment

by Sneha Barot
Gutmacher Policy Review, Winter 2015, Vol. 18, No. 1





7 pp. 112 kB:

<http://www.guttmacher.org/pubs/gpr/18/1/gpr180101.pdf>

Policymakers and other stakeholders involved in negotiating the post-2015 development agenda should heed the overwhelming evidence that investing in sexual and reproductive health is effective and cost-effective, argues this new Guttmacher policy analysis. Contraceptive services must be a core component of such investments, since an integrated approach saves more lives at a lower cost than focusing on maternal and newborn care in isolation. Every additional dollar invested in contraceptive services saves US\$ 1.47 in pregnancy-related and newborn health care.

* * *

Reproductive Health: R&D for the Developing World

by Mary Moran, Javier Guzman, Nick Chapman et al.

Policy Cures, Australia, February 2015



38 pp. 8.9 MB:

<http://www.policycures.org/downloads/RH%20full%20report.pdf>



Funding for research into reproductive health problems in developing nations is languishing despite the severe and widespread impacts of these issues. Research and development (R&D) spending on reproductive health issues in these countries received just US\$ 88 million in 2013, according to this report. Health advocates lamented the findings, noting that hundreds of women in developing nations die each day from childbirth complications and millions more suffer from sexually transmitted infections such as chlamydia. Given the figures, some advocates suggest they need to rethink how they put their case to funding institutions.

* * *

Sexual and Reproductive Health Rights and Information and Communications Technologies: A Policy Review and Case Study from South Africa

Linda Waldman and Marion Stevens

Institute of Development Studies, February 2015



43 pp. 789 kB:

http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/5787/ER113_SexualandReproductiveHealthRightsandInformationandCommunicationsTechnologies.pdf?sequence=1



Despite impressive legal provisions addressing sexual and reproductive health and rights (SRHR), South Africa experiences very high levels of adolescent pregnancy and women and girls are often negatively affected by uneven gender relations, poor access to health services and a lack of knowledge about SRHR. At the same time, there is considerable excitement about the potential for Information and Communications Technologies (ICT) to provide solutions to health system challenges, with a receptive policy environment embracing e-health and m-health, and innovative examples of ICT-based health delivery. This policy research examines three inter-related aspects of SRH and ITC for women and girls in South Africa.

* * *

The health system cost of post-abortion care in Rwanda



by Michael Vlassoff, Sabine F Musange, Ina R Kalisa et al.
Health Policy Plan. (2015) 30 (2): 223-233. - First published online: February 17, 2014



11 pp. 154 kB:

<http://heapol.oxfordjournals.org/content/30/2/223.full.pdf+html>

Based on research conducted in 2012, the authors estimate the cost to the Rwandan health-care system of providing post-abortion care (PAC) due to unsafe abortions, a subject of policy importance not studied before at the national level. They conclude that the total cost of PAC nationally was estimated to be US\$ 1.7 million per year, 49% of which was expended on direct non-medical costs. Satisfying all demands for PAC would raise the national cost to US\$ 2.5 million per year. PAC comprises a significant share of total expenditure in reproductive health in Rwanda. Investing more resources in provision of contraceptive services to prevent unwanted or mistimed pregnancies would likely reduce health systems costs.

* * *

Assessment of countries' readiness to provide Minimum Initial Service Package (MISP) for SRH during a Humanitarian Crisis in the Eastern Europe and Central Asia Region



by Sophie Pécourt
International Planned Parenthood Federation (IPPF) and United Nations Population Fund (UNFPA), October 2014



41 pp. 1.7 MB:

<http://reliefweb.int/sites/reliefweb.int/files/resources/EECA-IAWG-MISP-Readiness-Report.pdf>

The MISP (Minimal Initial Service Package for Reproductive Health) is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. It forms the starting point for reproductive health programming and should be sustained and built upon with comprehensive reproductive health services throughout protracted crises and recovery. Main results show that there is a good enabling environment in most countries to provide SRH services; the integration of MISP services into the national health emergency response plan and the compliance with international standards are fair on average.

* * *

Coping with Unintended Pregnancies: Narratives from Adolescents in Nairobi's Slums



by Joyce Mumah, Caroline W. Kabiru, Chimaraoke Izugbara et al.
African Population and Health Research Center (APHRC) and Strengthening Evidence for Programming on Unintended Pregnancy (STEP UP) Research Report, April 2014



28 pp. 1.2 MB:

<http://aphrc.org/wp-content/uploads/2014/06/APHRC-Step-Up-Formative-Report-26.06.2014-Hi-Resolution.pdf>

In Kenya, an estimated 43% of births among women aged 15-49 years are unintended.

The high level of unintended pregnancy in Kenya is associated with low contraceptive use among women and girls. Among sexually active 15-19 year olds, the contraceptive prevalence rate (CPR) is 16%. Slum-based adolescents engage in sexual activity earlier and are more likely to report transactional sex, unprotected sex, and multiple sexual partnerships compared with adolescents living in non-slum areas. The goal of the study is to understand how young people make decisions and deal with the consequences of an unintended pregnancy. Findings are expected to inform the design and delivery of Sexual and Reproductive Health (SRH) intervention programs to meet the unique needs of adolescents living in resource poor urban settings.

* * *

Yemen: Mapping the Procurement Process for Family Planning and Reproductive Health Commodities

by Cary Spisak
USAID Deliver Project, Task Order 4, January 2015



34 pp. 877 kB:

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



In mid-2012, the family planning program in Yemen was in a state of crisis: intrauterine devices (IUD) and injectables were out of stock at the central level, funds were not obligated, procurement actions were not underway, and deliveries were not scheduled. The problem has since been alleviated, but commodity security remains vulnerable. This report reviews the end-to-end procurement process, maps the key activities, identifies critical decision points, and identifies the procurement documentation requirements of key stakeholders. The report also identifies common or recurrent bottlenecks in the procurement process, followed by recommendations for improvement.

* * *

Improving estimates of the prevalence of Female Genital Mutilation/Cutting among migrants in Western countries

by Livia Elisa Ortensi, Patrizia Farina, Alessio Menonna
Demographic Research, Vol. 32, Article 18, pp. 543-562, 20 February 2015



22 pp. 499 kB:

<http://www.demographic-research.org/volumes/vol32/18/32-18.pdf>



Female Genital Mutilation/Cutting (FGM/C) is an emerging topic in immigrant countries as a consequence of the increasing proportion of African women in overseas communities. While the prevalence of FGM/C is routinely measured in practicing countries, the prevalence of the phenomenon in western countries is substantially unknown, as no standardized methods exist yet for immigrant countries. The aim of this paper is to present an improved method of indirect estimation of the prevalence of FGM/C among first generation migrants based on a migrant selection hypothesis. A criterion to assess reliability of indirect estimates is also provided.

* * *

Triple return on investment: the cost and impact of 13 interventions that could prevent stillbirths and save the lives of mothers and babies in South Africa

by Julia Michalow, Lumbwe Chola, Shelley McGee et al.
BMC Pregnancy and Childbirth 2015, 15:39 (18 February 2015)



24 pp. 548 kB:

<http://www.biomedcentral.com/content/pdf/s12884-015-0456-9.pdf>

The time of labor, birth and the first days of life are the most vulnerable period for mothers and children. Despite significant global advocacy, there is insufficient understanding of the investment required to save additional lives. This is the first analysis in South Africa to assess the impact of scaling up interventions to avert stillbirths. Improved coverage of 13 interventions that are already recommended could significantly impact the rates of stillbirth and maternal and neonatal mortality. Family planning should also be prioritized to reduce mortality and overall costs.

* * *

Strategic framework for the Comprehensive Control of Cancer Cervix in South-East Asia Region

World Health Organization, Regional Office for South-East Asia, February 2015



78 pp. 1.5 MB:

<http://apps.who.int/iris/bitstream/10665/152098/1/9789290224723-MRH.pdf?ua=1>



With the objective of supporting Member-States to develop or strengthen their national cervical cancer control programmes - through the judicious use of primary prevention (human papillomavirus [HPV] vaccination) and secondary prevention (cervical cancer screening) strategies, as well as strengthening treatment and palliative services - the WHO Regional Office for South-East Asia has facilitated the development of this Strategic framework for the comprehensive control of cervical cancer in South-East Asia to reduce the burden of the disease in the Region. The framework is based on a situational analysis of Member-States in the South-East Asia Region regarding their preparedness and capacity to introduce new cervical cancer control measures.

* * *

Symptomatic presentation with cervical cancer in Uganda: a qualitative study assessing the pathways to diagnosis in a low-income country

by Amos Deogratius Mwaka, Eliailia Sarikiaeli Okello, Henry Wabinga et al.
BMC Women's Health 2015, 15:15 (18 February 2015)



22 pp. 419 kB:

<http://www.biomedcentral.com/content/pdf/s12905-015-0167-4.pdf>

Symptomatic cervical cancer patients in low- and middle-income countries usually present with late stage disease and have poor survival. The authors conclude that Ugan-

dan patients with symptomatic cervical cancer often misattribute their gynaecological symptoms, and experience long appraisal and help-seeking intervals. These findings can inform targeted interventions including community awareness campaigns about cervical cancer symptoms, and promote prompt help-seeking in Uganda and other low- and middle-income countries with high incidence and mortality from cervical cancer.

* * *

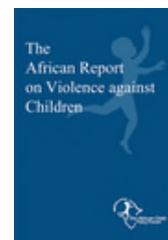
The African Report on Violence Against Children

Editors: Maggie Black, Annalies Borrel, Kevin Byre et al.
The African Child Policy Forum (ACPF), 2014



134 pp. 6.0 MB:

<https://app.box.com/s/iclv9c70sigmceyl30ym>



The report makes an in-depth exposition of the magnitude as well as the causes and consequences of violence against children and analyses the various vulnerability factors that underlie or aggravate violence such as, gender, social practices, homelessness and disability. It seeks to find answers for why the problem of violence still persists despite the proliferation of child protection programmes and services by critically examining both the achievements and the gaps cutting across the legislative and programmatic realms.

* * *

The African report on children with disabilities: promising starts and persisting challenges



by Mark Nunn, Annalies Borrel, Allison deFranco et al.
The African Child Policy Forum (ACPF), December 2014



157 pp. 1.2 MB:

<https://app.box.com/s/21wsqdeaiocyctxsffnv>

This pan-African report describes and analyses the cultural, social, physical and other societal barriers preventing children with disabilities in Africa from realising their full human potential. It also describes the opportunities, initiatives and good practices that exist, that indicate the progress, albeit insufficient, that has been made towards realising the rights for children with disabilities in Africa. Recommendations and priorities for action are presented which promote inclusive and accessible laws, policies, and programmes for children with disabilities throughout Africa.

* * *

The community case management of pneumonia in Africa: a review of the evidence

by Thomas Druetz, Kendra Siekmans, Sylvie Goossens et al.
Health Policy Plan. (March 2015) 30 (2): 253-266



14 pp. 472 kB:

<http://heapol.oxfordjournals.org/content/30/2/253.full.pdf+html>



Pneumonia causes around 750,000 child deaths per year in sub-Saharan African (SSA) countries. The lack of accessibility to prompt and effective treatment is an important contributor to this burden. Community case management of pneumonia (CCMp) uses

trained community health workers (CHWs) to administer antibiotics to suspected child pneumonia cases in villages. This strategy has been gaining momentum in low- and middle-income countries. The authors conclude that the current lack of evidence concerning its efficacy, effectiveness and the factors leading to successful implementation, coupled with CHWs' poor adherence, demand a thorough examination of the legitimacy of implementing CCMp in SSA countries.

* * *

Can mass media interventions reduce child mortality?



by Roy Head, Joanna Murray, Sophie Sarrasat, Will Snell
The Lancet - Published Online February 13, 2015



4 pp. 69 kB:

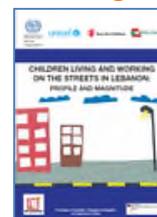
[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)61649-4.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)61649-4.pdf)

Many people recognise that mass media is important in promoting public health but there have been few attempts to measure how important. An ongoing trial in Burkina Faso is an attempt to bring together the very different worlds of mass media and epidemiology: to measure rigorously, using a cluster-randomised design, how many lives mass media can save in a low-income country, and at what cost. Application of the Lives Saved Tool predicts that saturation-based media campaigns could reduce child mortality by 10–20%, at a cost per disability-adjusted life-year that is as low as any existing health intervention. In this Viewpoint the authors explain the scientific reasoning behind the trial, while stressing the importance of the media methodology used.

* * *

Children Living and Working on the Streets in Lebanon: Profile and Magnitude

by Kamal Hamdan, Redha Hamdan, Alexander Ammar et al.
International Labour Organization (ILO), the United Nations Children's Fund (UNICEF) and Save the Children International (SCI), February 2015



115 pp. 1.3 MB:

<http://reliefweb.int/sites/reliefweb.int/files/resources/Final-Study-SBC-En.pdf>

The study sheds light on the plight of working street-based children in Lebanon. It is the first of its kind in Lebanon to assess the scope and characteristics of the increasingly visible phenomenon of one of the worst forms of child labour. The research identifies four main driving factors that cause children to live or work on the streets of Lebanon: social exclusion, vulnerability of households, the influx of Syrian refugees into Lebanon, and organized crime and exploitation of children. While the numbers are on a manageable scale, the issue is a highly complex one due to links with trafficking and other illicit activities, as well as the socio-economic and legal status of affected children.

* * *

Towards a Malaria-Free World: A Global Case for Investment and Action 2016-2030

Public Review Draft, 17th February 2015



65 pp. 2.9 MB:

http://u.jimdo.com/www64/o/sa59253ac67ee7cf7/download/m1993002597ad537b/1424172967/Public+Review+Draft_MASTER_17+02+2015.docx

A draft of the English version of the document is now available for interested partners and individuals to review and comment. The review opens on Tuesday 17 February, and runs until Wednesday 18 March. The review of the French and Spanish versions of the draft will run from 2-31 March.

This new document positions malaria in the post 2015 agenda, and calls on the wider health sector and non-health sectors to strengthen their engagement in the fight against malaria. It makes the case for investing in malaria, and in so doing provides malaria advocates with a valuable advocacy tool. The document also provides direction for future action in critical areas, using examples and case studies.

Click here to access the electronic feedback form:

http://fluidsurveys.com/s/gmap2_document_public_review/

* * *

Malaria Diagnostics Landscape Update 2015

by Jennifer Daily

UNITAID Secretariat, World Health Organization, February 2015



38 pp. 954 kB:

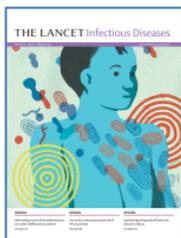
http://www.untaid.eu/images/themarketshare/Malaria_Diagnostics_Landscape_Update_Fe_2015.pdf



This report updates and highlights changes in the malaria diagnostics market since UNITAID's 2014 Malaria diagnostics technology and market landscape. In 2014, WHO issued new guidance on molecular diagnostics, noting that rapid diagnostic tests (RDTs) and microscopy should be used for clinical malaria in all transmission settings, and recommending that, once diagnostic scale-up is complete, low transmission areas consider more sensitive diagnostics for epidemiological research and surveys.

* * *

Spread of artemisinin-resistant Plasmodium falciparum in Myanmar: a cross-sectional survey of the K13 molecular marker



by Kyaw M Tun, Mallika Imwong, Khin M Lwin et al.

Lancet Infect Dis - Published Online February 20, 2015



7 pp. 2.5 MB:

[http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(15\)70032-0.pdf](http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(15)70032-0.pdf)

Emergence of artemisinin resistance in southeast Asia poses a serious threat to the global control of *Plasmodium falciparum* malaria. Discovery of the K13 marker has transformed approaches to the monitoring of artemisinin resistance, allowing introduction of molecular surveillance in remote areas through analysis of DNA. The authors conclude that artemisinin resistance extends across much of Myanmar. They recorded *P. falciparum* parasites carrying K13-propeller mutations at high prevalence next to the northwestern border with India. Appropriate therapeutic regimens should be tested urgently and implemented comprehensively if spread of artemisinin resistance to other regions is to be avoided.

* * *

Delaying Artemisinin Resistance in India



Report of a consultation convened by the National Institute of Malaria Research and the Public Health Foundation of India, 24-25 March 2014



50 pp. 3.0 MB:

http://www.ipekpp.com/admin/upload_files/Report_2_20_Delaying_2859560667.pdf

Artemisinin resistance has been called the greatest threat to malaria control, and could lead to loss of the hard-won gains of the last decade. That success has been dramatic: since 2000, malaria deaths have been halved, due in no small part to the widespread use of artemisinins in artemisinin combination therapies (ACTs). India, thus far, has detected no cases of artemisinin resistance within its borders, but occupies a strategic position in its potential spread when arrives or arises. Global and regional scientists and malaria control representatives met in New Delhi in March 2014 to take stock of the regional artemisinin resistance situation and to make course corrections to the Indian response, as needed.

* * *

Motivation and challenges for use of malaria rapid diagnostic tests among informal providers in Myanmar: a qualitative study

by May Sudhinaraset, Christina Briegleb, Moe Aung et al.
Malaria Journal 2015, 14:61 (6 February 2015)



20 pp. 306 kB:

<http://www.malariajournal.com/content/pdf/s12936-015-0585-7.pdf>

BackgroundRapid diagnostic tests (RDTs) for malaria enable proper diagnosis and have been shown to reduce overuse of artemisinin combination therapy. Few studies have evaluated the feasibility and use of RDTs in the private sector in Myanmar. This study found informal providers in Myanmar found the introduction of RDTs to be highly acceptable. Providers discussed improvement in service quality including provider empowerment and patient-provider relationships. The study also highlighted a number of challenges that informal providers face which may be used for future development of interventions.

* * *

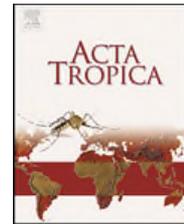
Social determinants of malaria and health care seeking patterns among rice farming and pastoral communities in Kilosa District in central Tanzania

by Elizabeth H. Shayoa, Susan F. Rumishaa, Malongo R.S. Mlozib et al.
Acta Tropica 144 (2015) 41-49



9 pp. 1.3 MB:

<http://www.malariexus.com/common/updateable/files/articles/635593351368190376.pdf>



This study was carried out to understand the role social determinants and health seeking behaviour among rice farming and pastoral communities in Kilosa District in central Tanzania. The authors conclude that education, sex, availability of health care facility and livelihood practices were the major social determinants that influence malaria acquisition and care seeking pattern in central Tanzania. Appropriate public health promotion should be designed to address the links of livelihoods and malaria transmission among rural farming communities in an eco-health approach.

Tuberculosis

New data shows test can help physicians remove patients with suspected TB from isolation earlier

U.S. Food and Drug Administration, February 12, 2015



Read online at:

http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm434226.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

The Food and Drug Administration (FDA) cleared the Cepheid Xpert MTB/RIF Assay to help physicians determine if patients with suspected tuberculosis (TB) can be removed from airborne infection isolation. This expanded use allows healthcare providers to use one or two negative Xpert MTB/RIF Assay test results to help them determine whether a patient showing signs and symptoms of pulmonary TB should continue to be kept in a hospital airborne isolation room. The MTB/RIF test is a nucleic acid amplification test, different from a smear in that it can test specifically for the DNA of the mycobacteria that cause TB. This test can detect TB better than the smear test, and can detect TB even when the smear test may be negative.

* * *

Catching the Missing Million: Experiences in Enhancing TB & DR-TB Detection by Providing Upfront Xpert MTB/RIF Testing for People Living with HIV in India

by Neeraj Raizada, Kuldeep Singh Sachdeva, Achuthan Sreenivas et al.

PLoS ONE 10(2): e0116721 (February 6, 2015)



15 pp. 1.4 MB:

<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.0116721&representation=PDF>

The study results strongly demonstrate limitations of using smear microscopy for tuberculosis (TB) diagnosis in people living with HIV (PLHIV), leading to low TB and drug-resistant tuberculosis (DR-TB) detection which can potentially lead to either delayed or sub-optimal TB treatment. Xpert MTB/RIF, a high sensitive and specific tool with a quick turn-around time, offers a promising solution to address these challenges in the diagno-

sis of TB in HIV-infected patients. The findings demonstrate the usefulness and feasibility of addressing this diagnostic gap with upfront of Xpert MTB/RIF testing, leading to overall strengthening of care and support package for PLHIV.

* * *

Impact of decentralized care and the Xpert MTB/RIF test on rifampicin-resistant tuberculosis treatment initiation in Khayelitsha, South Africa



by Helen S. Cox, Johnny F. Daniels, Odelia Muller et al.
Open Forum Infectious Diseases - Advance Access published February 4, 2015

23 pp. 522 kB:

<http://ofid.oxfordjournals.org/content/early/2015/02/04/ofid.ofv014.full.pdf#page=1&view=FitH>

Globally, case detection and treatment access are poor for rifampicin-resistant tuberculosis (RR-TB). Xpert MTB/Rif has the potential to increase detection and reduce time to treatment (TTT). However, these benefits are dependent on health system capacity to provide treatment. In this setting, decentralization was associated with high treatment initiation and reduced TTT. Xpert implementation significantly enhanced the reduction in TTT and has the potential to reduce transmission.

* * *

Prisons as Reservoir for Community Transmission of Tuberculosis, Brazil



by Flávia P.C. Sacchi, Renata M. Praça, Mariana B. Tatará et al.
Emerging Infectious Diseases, Vol. 21, No. 3, March 2015



4 pp. 407 kB:

<http://wwwnc.cdc.gov/eid/article/21/3/pdfs/14-0896.pdf>

The authors conducted a population-based study of tuberculosis (TB) cases in Dourados, Brazil, to assess the relationship between incarceration and TB in the general population. Incarceration was associated with TB in an urban population; 54% of Mycobacterium tuberculosis strains were related to strains from persons in prisons. TB control in prisons is critical for reducing disease prevalence.

Ebola / Other Infectious Diseases

Manual for the care and management of patients in Ebola Care Units / Community Care Centres

Interim emergency guidance, January 2015



by Patrick Charles, Elizabeth Mathai, Nahoko Shindo et al.
World Health Organization, 2015



60 pp. 2.7 MB:

http://reliefweb.int/sites/reliefweb.int/files/resources/WHO_EVD_Manual_ECU%202015_eng.pdf

This manual provides guidance on best practices to be followed in Ebola Care Units

(ECUs)/Community Care Centres (CCCs). It is intended for health aid workers (including junior nurses and community health-care workers) and others providing care for patients in ECUs/CCCs. While the focus is on the care and management of patients with Ebola Virus Disease (EVD), the care of patients with other causes of fever is also described.

* * *

Rapid Response to Ebola Outbreaks in Remote Areas - Liberia, July-November 2014

by Francis Kateh, Thomas Nagbe, Abraham Kieta et al.
Morbidity and Mortality Weekly Report (MMWR) 64
(Early Release); February 20, 2015



5 pp. 723 kB:

<http://assets.mcc.gov/reports/paper-2015001163301-principles-transparency.pdf>

The Rapid Isolation and Treatment of Ebola (RITE) strategy - a rapid, coordinated response to Ebola cases in remote areas - is now being used in Sierra Leone and Guinea. "Whether it's traveling by air, jeep, canoe, or walking many miles on foot to find every case of Ebola, the RITE teams are helping Liberia get closer to zero cases than ever before," said CDC Director Tom Frieden. "It is critical that we continue to support these teams - and to expand their work into Sierra Leone and Guinea to help to get the epidemic under control there as well."

* * *

Perspectives on Ebola

Am J Trop Med Hyg, February 2015; 92 (2)

<http://www.ajtmh.org/content/current>



In this issue of the American Journal of Tropical Medicine and Hygiene (AJTMH) a series of 10 Perspectives (all free access) from individuals active in addressing the Ebola virus disease (EVD) epidemic is offered. The AJTMH focusses on the personal side of the epidemic, considering in particular the points of view of health workers as caregivers at risk, as patients, and as those working to improve our ability to manage and control this epidemic. Two Perspectives offer accounts from those who put themselves at personal risk caring for patients with EVD, and then contracted the disease themselves. It is hoped that the Perspectives in this issue of the AJTMH will help readers to appreciate the personal side of this epidemic, both as a major humanitarian disaster and as a formidable challenge for the international public health community.

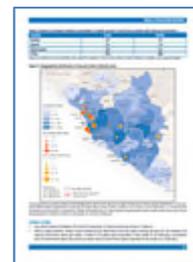
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WHO Ebola Situation Report - 18 February 2015



13 pp. 2.0 MB:

http://apps.who.int/iris/bitstream/10665/152890/1/roadmapsitrepre18Feb15_eng.pdf?ua=1



A total of 128 new confirmed cases of Ebola virus disease (EVD) were reported in the week to 15 February. Guinea reported 52 new confirmed cases - a decrease from the previous week, and the first week-to-week decline since January 25. Transmission remains widespread in Sierra Leone, with 74 new confirmed cases, and is most intense in the capital, Freetown, which reported 45 confirmed cases.

Liberia reported 2 new confirmed cases in the 4 days to 12 February.

* * *

Report of a WHO Meeting - Ebola Virus Disease Preparedness: Taking Stock and Moving Forward

Geneva, Switzerland, 14th-16th January, 2015

World Health Organization, 2015



28 pp. 878 kB:

http://apps.who.int/iris/bitstream/10665/152132/1/9789241508421_eng.pdf?ua=1

The meeting brought together more than 150 participants, including WHO country representatives from the 14 high risk priority countries and national representatives from Mali, Senegal and Côte d'Ivoire. Throughout the discussions, the key themes of country ownership and leadership were reiterated; the importance of long term health systems strengthening was highlighted; and the commitment of partners to both short term actions and investment in long term development were re-stated. Work on preparedness for Ebola Virus Disease, and other hazards, contributes to a safer world for all, and is a major motivator for continued support of preparedness activities, across the Region and beyond.

* * *

Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of Liberia: Results of a Qualitative Study



by Najmeh Modarres, Stella Babalola, Sekou W. Konneh et al.
Johns Hopkins Center for Communication Programs, January 2015



30 pp. 2.3 MB:

http://ebolacommunicationnetwork.org/wp-content/uploads/2015/02/Liberia-Ebola-KAP-study_Research-Report_FINAL_10-Feb-2015.pdf

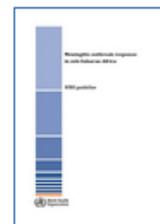
This study used qualitative methods to assess community attitudes and norms related to Ebola in three counties in Liberia. The findings highlight some of the changes that have taken place since the outbreak started and ongoing challenges and concerns. Correct knowledge of Ebola and its transmission and prevention measures has improved and the current general perception is that Ebola knows no borders, no one is immune from risk and it poses a real threat to everyone. Knowledge and the practice of prevention methods appear to be particularly high and links have been made to the role some traditional practices have in the spread of the disease.

* * *

Meningitis Outbreak Response in Sub-Saharan Africa

WHO Guideline

by Christina Brandes-Barbier, Véronique Millot, Tomas Allen et al.
World Health Organization, December 2014



58 pp. 1.4 MB:

http://apps.who.int/iris/bitstream/10665/144727/1/WHO_HSE_PED_CED_14.5_eng.pdf?ua=1&ua=1

Since 2010, countries in the meningitis belt have started to introduce a new serogroup A meningococcal conjugate vaccine conferring individual protection and herd immunity. Following the successful roll-out of this vaccine, epidemics due to *Neisseria meningitidis* serogroup A (NmA) are disappearing, but other serogroups (e.g. NmW, NmX and NmC) still cause epidemics, albeit at a lower frequency and of a smaller size. Due to these changes, WHO organized the review of the evidence to provide recommendations for epidemic control, related to operational thresholds for investigation and response to outbreaks, the use of rapid diagnostic tests, antibiotic regimens in epidemics, and prophylaxis for household contacts of cases.

* * *

Mass Treatment with Single-Dose Azithromycin for Yaws

by Oriol Mitjà, Wendy Houinei, Penias Moses et al.
N Engl J Med 2015;372:703-10



8 pp. 554 kB:

<http://www.nejm.org/doi/pdf/10.1056/NEJMoa1408586>



Mass treatment with azithromycin is a central component of the new World Health Organization (WHO) strategy to eradicate yaws. In this study in a Papua New Guinean island on which yaws was endemic the authors found that the prevalence of active and latent yaws infection fell rapidly and substantially 12 months after high-coverage mass treatment with azithromycin, with the reduction perhaps aided by subsequent activities to identify and treat new cases of yaws. Their results support the WHO strategy for the eradication of yaws.

Non-communicable Diseases

Awareness, Treatment, and Control of Diabetes in Bangladesh: A Nationwide Population-Based Study

by Shafiur Rahman, Shamima Akter, Sarah Krull Abe et al.
PLoS ONE 10(2): e0118365 (18 February 2015)



14 pp. 350 kB:

<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.01118365&representation=PDF>

The study used data from the 2011 nationally representative Bangladesh Demographic and Health Survey (BDHS). The authors conclude that diabetes has become a national health concern in Bangladesh; however, treatment and control are quite low. Improving detection, awareness, and treatment strategies is urgently needed to prevent the growing burden associated with diabetes.

Food & Nutrition

Investing in the Future: Reforming Public Policy to End Undernutrition in India

by Deepta Chopra, Lawrence Haddad, Sonalde Desai et al.



4 pp. 187 kB:

<http://opendocs.ids.ac.uk/opendocs/bitstream/123456789/5705/1/PB85.pdf>



Despite substantial economic growth, India still has one of the highest undernutrition rates in the world. Because of its large population, India is home to almost 40 per cent of the world's stunted children. To date extensive public policy initiatives such as the Integrated Child Development Services and the Public Distribution System together with the considerable improvements in their implementation have not significantly altered the situation. The National Food Security Act of 2013 holds promise, but in order to tackle the monumental challenge of reducing undernutrition in India, significant reform in public policy interventions is required.

* * *

Knowledge and practices of pre-school teachers on growth monitoring program - South Africa



by Tshifhiwa Cynthia Mandiwana, Xikombiso G. Mbhenyane, Lindelani Fhumudzani Mushaphi et al.
Health Promot. Int. (March 2015) 30 (1): 50-55.



6 pp. 70 kB:

<http://heapro.oxfordjournals.org/content/30/1/50.full.pdf+html>

The aim of this study was to determine knowledge and practices of pre-school teachers on growth monitoring. An intervention in a form of nutrition education lessons on growth monitoring was developed and implemented. The intervention also included the following training skills: procedure to take anthropometric measurements and plotting the Road to Health Chart. The results showed an improvement in skills, such as the procedure to take anthropometric measurements. Knowledge and practices of teachers on growth monitoring were improved by nutrition education 6 months after intervention.

* * *

Dietary Reference Intake Calculator for Healthcare Professionals



The Dietary Reference Intakes (DRIs) are developed and published by the Institutes of Medicine (IOM). The DRIs represent the most current scientific knowledge on nutrient needs of healthy populations. Please note that individual requirements may be higher or lower than the DRIs.

Download DRI Calculator App in the [Apple iTunes App Store](#) and [Google Play Store for Android Devices](#)

This mobile app puts DRI recommendations at the fingertips of healthcare practitioners. Using the app, help consumers interpret the DRI values and supplemental information, like nutrition education resources and pregnancy weight gain charts, to guide healthy dietary behaviours. Calculations can be saved and e-mailed using this app.

* * *

Injectable Antibiotics for Treatment of Newborn Sepsis



by Patricia Coffey, Kimberly Kelly, Abdullah Baqui et al.
Prepared for the United Nations Commission on Life-Saving Commodities for Women and Children, February 2012



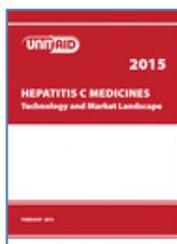
31 pp. 1.0 MB:

[http://www.everywomaneverychild.org/images/FINAL_UN Commission ReportInjectable Antibiotics February 2012.pdf](http://www.everywomaneverychild.org/images/FINAL_UN_Commission_ReportInjectable_Antibiotics_February_2012.pdf)

The World Health Organization (WHO) has listed three injectable antibiotics for the treatment of neonatal sepsis on the Essential Medicines List for Children: procaine benzylpenicillin, gentamicin, and ceftriaxone. These antibiotics are not readily available or are subject to stock-outs in weaker health systems, particularly in remote areas. Assessing the current supply and demand of these medicines is the first step toward ensuring access to affordable, high-quality injectable antibiotics that are listed on the WHO Essential Medicines List for Children for neonatal sepsis treatment in low-resource settings.

* * *

Hepatitis C Medicines Technology and Market Landscape 2015



by Mike Isbell, Renée Ridzon (Ahimsa) and Karin Timmermans
UNITAID Secretariat, World Health Organization, February 2015



76 pp. 1.9 MB:

[http://unitaid.org/images/marketdynamics/publications/HCV_Meds Landscape Feb2015.pdf](http://unitaid.org/images/marketdynamics/publications/HCV_Meds_Landscape_Feb2015.pdf)

Nine new direct-acting antivirals against Hepatitis C have recently been launched, though to date most are only available in a limited number of countries. This report takes stock of this rapidly changing market, where new products have the potential to become “blockbusters” almost overnight. Despite these advances, important challenges remain. The new medicines are very expensive; as a result, access is limited even in high-income countries. Access to these new medicines is virtually non-existent in the rest of the world. Unaffordable prices for new hepatitis C medicines pose a major challenge, but one that can and should be addressed. UNITAID believes it is possible to create a virtuous circle of clearer demand, larger volumes, lower prices and sufficient funding to ensure that these medicines – which cure hepatitis C infection in a relatively short time – will be available to all who need them.

* * *

Minimum Target Prices for Production of Direct-Acting Antivirals and Associated Diagnostics to Combat Hepatitis C Virus

by Nikolien van de Ven, Joe Fortunak, Bryony Simmons et al.
Hepatology - Article first published online: 9 February 2015



9 pp. 299 kB:

<http://onlinelibrary.wiley.com/doi/10.1002/hep.27641/epdf>



The study says it is feasible that global hepatitis C treatment could be achieved if the

manufacturing and monitoring costs of the new generation of drugs 'were minimised in the same way as was done with HIV', by lifting patents to allow them to be made by generic firms.' Minimum costs of treatment and diagnostics to cure hepatitis C virus infection were estimated at US\$ 171-360 per person without genotyping or US\$ 261-450 per person with genotyping. These cost estimates assume that existing large-scale treatment programs can be established.

Social Protection

Historical account of the national health insurance formulation in Kenya: experiences from the past decade

by Timothy Abuya, Thomas Maina and Jane Chuma
BMC Health Services Research 2015, 15:56 (12 February 2015)



20 pp. 383 kB:

<http://www.biomedcentral.com/content/pdf/s12913-015-0692-8.pdf>

Many Low-and-Middle-Income countries are considering reviewing their health financing systems to meet the principles of Universal Health Coverage (UHC). One financing mechanism, which has dominated UHC reforms, is the development of health insurance schemes. The authors trace the historical development of the National Health Insurance (NHI) policy, illuminate stakeholders' perceptions on the design to inform future development of health financing policies in Kenya.

* * *

Yemen National Social Protection Monitoring Survey (NSPMS): 2012-2013 Final Report

by Fábio Veras Soares, Diana Sawyer, Carolyn Heinrich et al.
International Policy Centre for Inclusive Growth, United Nations Development Programme and the United Nations Children's Fund, December 2014



352 pp. 8.7 MB:

<http://nspms-yemen.ipc-undp.org/wp-content/uploads/2015/01/Final-report.pdf>

The low levels of access by the poorest households and their children to basic social services and social protection mechanisms call for urgent action by the Government of Yemen and development partners to support a minimum package of basic social services and social transfers, targeted towards the poorest populations in both rural and urban areas. The National Social Protection Monitoring Survey (NSPMS) report encompasses a wealth of information that will facilitate substantial improvements in the lives of children, youth and women in Yemen.

* * *

Are Public Works Programmes Effective in Reinforcing Social Protection Systems?

Evidence from Northern Namibia

by Ojijo Odhiambo, Johannes Ashipala and Fabian Mubiana

International Policy Centre for Inclusive Growth (IPC-IG), United Nations Development Programme, Namibia, February 2015



30 pp. 909 kB:

http://www.ipc-undp.org/pub/eng/WP132_Are_Public_Works_Programmes_Effective_in_Reinforcing_Social_Protection_Systems.pdf

The publication uses data and information from a survey conducted in northern Namibia to analyse the effectiveness of public works programmes (PWP) in creating employment, reducing poverty and reinforcing existing social protection systems in the country. It confirms the positive effect of PWP in participants' socio-economic well-being and suggests the design of complementary policies and programmes that promote long-term investments in rural areas so that PWP can be even more effective in reinforcing the existing social protection system.

Human Resources

Scaling Up Health Workforce Education and Training: Guide for Applying the Bottlenecks and Best Buys Approach

by Rebecca J. Bailey and Kate Tulenko
IntraHealth International, January 2015



44 pp. 851 kB:

<http://www.capacityplus.org/files/scaling-up-health-workforce-education-training-bottlenecks-best-buys.pdf>



The world is currently facing a large and increasing shortage of skilled health professionals. But the number of educational institutions, and their capacity to produce more health workers, is limited. The Bottlenecks and Best Buys Approach can help schools identify obstacles to increasing the production of high-quality graduates that can be overcome through limited yet strategic investments. Based on its application in 30 African schools, the approach identifies the stakeholders who should be involved, the steps in conducting a bottlenecks assessment, and a method for using the results to identify and build consensus on the most effective and affordable actions (best buys) for overcoming bottlenecks.

* * *

Utilization of community health workers for malaria treatment: results from a three-year panel study in the districts of Kaya and Zorgho, Burkina Faso

Thomas Druetz, Valéry Ridde, Seni Kouanda et al.
Malaria Journal 2015, 14:71 (13 February 2015)



25 pp. 1.2 MB:

<http://www.malariajournal.com/content/pdf/s12936-015-0591-9.pdf>

This study shows that Community Health Workers (CHWs) are rarely used in Burkina Faso to treat malaria in children. Issues of implementation fidelity, a lack of adaptation to the local context and problems of acceptability/feasibility might have undermined the effectiveness of community case management of malaria. While some suggest extending this strategy in urban areas, total absence of CHW services uptake in these areas suggest that caution is required. Even in rural areas, treatment coverage by CHWs was considerably less than that reported by previous trials and pilot projects. This study con-

firms the necessity of evaluating public health interventions under real-world conditions of implementation.

* * *

Empowering Women and Strengthening Health Systems and Services through Investing in Nursing and Midwifery Enterprise: Lessons from Lower-Income Countries



Workshop Summary (2015)

by Patricia A. Cuff, Deepali M. Patel, and Megan M. Perez
Board on Global Health; Institute of Medicine, 2015



119 pp. 4.3 MB:

http://download.nap.edu/cart/download.cgi?&record_id=19005

In this workshop experts in women's empowerment, development, health systems' capacity building, social enterprise and finance, and nursing and midwifery explored the intersections between and among these domains. Innovative and promising models for more sustainable health care delivery that embed women's empowerment in their missions were examined. Participants also discussed uptake and scale; adaptation, translation, and replication; financing; and collaboration and partnership. The report highlights examples and explores broad frameworks for existing and potential intersections of different sectors that could lead to better health and well-being of women around the world.

Health Systems & Research

What do we know about the strengths and weakness of different policy mechanisms to influence health behaviour in the population?



by David McDaid, Adam Oliver, Sherry Merkur
European Observatory on Health Systems and Policies, 2014



48 pp. 523 kB:

http://www.euro.who.int/_data/assets/pdf_file/0003/270138/PS15-web.pdf?ua=1

With health care systems under increasing pressure the development of a well-defined and effective public health strategy has never been more important. Many health problems are potentially avoidable and governments have long had tools at their disposal to influence population health and change individual behaviours, directed both 'upstream' at some of the underlying causes of poor health, as well as at 'downstream' challenges when poor health behaviours are already manifest. But how effective are these different actions?

* * *

Barriers to research use in the public health sector

by Rose N. Oronje
African Institute for Development Policy (AFIDEP), 2015



Read online at:

<http://www.researchtoaction.org/2015/02/barriers-research-use-public-health-sector/>

A recent needs assessment of the status of research use in the health sector in Kenya

and Malawi has identified a wide range of factors that are hindering policymakers within the Ministry of Health (MoH) and parliament from using research evidence in their work. The study identified three categories of barriers, including access barriers, institutional barriers, and individual barriers; these are discussed in a bit more detail in this paper.

* * *

Results Based Financing: Engaging Communities to Strengthen Systems in Fragile Contexts

by Hetty Burgman and Piet Vroeg
Catholic Organisation for Relief and Development Aid (Cordaid), February 2015



4 pp. 564 kB:

https://www.cordaid.org/media/publications/Position_Paper_3RBF_FEB2015_LR.pdf



In 2001, Cordaid was the first organization to introduce Results Based Financing (RBF) for health in Sub-Saharan Africa. They have since played a catalytic role in the expansion of RBF in health, which is now being used in more than 20 countries on the African continent. Since 2012, Cordaid has introduced RBF in the education and security & justice sectors. At present, they are involved in RBF programs in 13 countries. Where possible, Cordaid works with and through existing structures and institutions and plays the role of facilitator. In this way, they help to build resilient and sustainable public systems, even in complex and unstable settings.

* * *

Assessing chronic disease management in European health systems: concepts and approaches

Edited by Ellen Nolte, Cécile Knai, Richard B. Saltman
European Observatory on Health Systems and Policies, 2014



97 pp. 2.0 MB:

http://www.euro.who.int/_data/assets/pdf_file/0009/270729/Assessing-chronic-disease-management-in-European-health-systems.pdf?ua=1



The rising burden of chronic illness, in particular the rapid increase in the number of people with multiple health problems, is a challenge to health systems globally. Associated premature mortality and reduced physical functioning, along with higher use of health services and related costs, are among the key concerns faced by policy-makers and practitioners. There is a clear need to redesign delivery systems in order to better meet the needs created by chronic conditions. This publication explores some of the key issues, ranging from interpreting the evidence base to assessing the policy context for, and approaches to, chronic disease management across Europe.

Information & Communication Technology

Asian Development Bank Adopts Open Access for its Development Research

12 February 2015

The Asian Development Bank (ADB) has made all its economic and development research on Asia and the Pacific available under open access, a principle that promotes unrestricted online access to scholarly research so that it can be more widely distributed and used. ADB's open access initiative combines the creation and launch of a new open access website with the adoption of more liberal terms of use for ADB copyrighted knowledge products. Open access removes the need for any form of payment or permission to gain access, read, download, use, or distribute an ADB publication.

* * *

Delivering on the Data Revolution in Sub-Saharan Africa: Final Report of the Data for Africa Development Working Group



by Amanda Glassman, Kate McQueston, Jenny Ottenhoff et al.
Center for Global Development, 2014



52 pp. 1.7 MB:

<http://aphrc.org/wp-content/uploads/2014/07/Report-Delivering-on-a-Data-Revolution-for-SSA.pdf>

Governments, international institutions, and donors need good data on basic development metrics like inflation, vaccination coverage, and school enrollment to accurately plan, budget, and evaluate their activities. Governments, citizens, and civil society at large use data as a “currency” for accountability. This report explains the four fundamental constraints that have inhibited the collection and use of data in Africa: limited independence and unstable budgets, misaligned incentives, donor priorities dominating national priorities, and limited access to and use of data. It identifies three actionable recommendations for governments and donors to drive change: fund more and fund differently; build institutions that can produce accurate, unbiased data; and prioritize the core attributes of data building blocks.

* * *

Mobiles for Human Development: 2014 Trends and Gaps

by Raúl Zambrano, Gonzalo Aramayo Careaga, Ruhiya Kristine Seward et al.
United Nations Development Programme & Motorola Solutions, 2014



44 pp. 3.2 MB:

http://www.undp.org/content/dam/undp/library/Democratic%20Governance/Access%20to%20Information%20and%20E-governance/Mobiles_for_Human_Development.pdf

The report compiled and analysed almost 2,500 cases worldwide of practitioners (government institutions, private sector or civil society organisations, and individuals) using mobile technologies to improve the delivery of basic services and information, foster transparency and accountability in both public and private sectors, and enhance human development. The research helps to pinpoint success factors such as greater localisation, specialist knowledge and better incentives to deliver engaged, sustainable mobile solutions for human development. Application developers, practitioners and private sector partners should come together to openly address the gaps highlighted in this research.

* * *

Measuring Core Health Indicators in the South-East Asia Region 2014

World Health Organization, Regional Office for South-East Asia, Health Situation and Trend Assessment Unit of Health System Department, February 2015



97 pp. 5.2 MB:

<http://apps.who.int/iris/bitstream/10665/152618/1/9789290224600-HST.pdf?ua=1>

The questions often asked by both ICT providers and users are: what data needs to be collected at service delivery level, and what minimum essential data should be forwarded for international statistical reporting. To address these issues, the WHO Regional Office for South-East Asia assists in strengthening national health information systems, and maintains and regularly updates a database on a set of core indicators of health and its determinants for all countries in the South-East Asia Region. It is important to note that data only become information once they are processed, analysed, interpreted and available for decision-making.

* * *

Big data in global health: improving health in low- and middle-income countries

Rosemary Wyber, Samuel Vaillancourt, William Perry et al.
Bulletin of the World Health Organization (early online)



12 pp. 105 kB:

http://www.who.int/bulletin/online_first/BLT.14.139022.pdf

In low- and middle-income countries the creation of an information feedback mechanism can move health-care delivery towards results-based practice and improve the effective use of scarce resources. The authors review the evolving definition of big data and the possible advantages of – and problems in – using such data to improve health-care delivery in low- and middle-income countries.

Education

Background Paper on Attacks Against Girls Seeking to Access Education

United Nations Women's Human Rights and Gender (WRG) Section,
9 February 2015
To be presented to the Committee on the Elimination of Discrimination
against Women (CEDAW)



32 pp. 752 kB:

http://www.ohchr.org/Documents/HRBodies/CEDAW/Report_attacks_on_girls_Feb2015.pdf

Schoolgirls in dozens of countries were prevented from getting an education during the past five years. Removing girls from school increases the likelihood that they will be victims of human rights abuses such as early marriage and sexual exploitation, the study warns. The authors conclude that attacks against schoolgirls cannot be prevented without addressing broader patterns of violence and discrimination against women and girls. They recommended devoting more money to helping that ensure girls can go to school without the threat of violence and promoting the benefits that universal access to educa-

tion has for society as a whole.

* * *

The Role of the Education Sector in Providing Care & Support for Orphans & Vulnerable Children in Lesotho & Swaziland

Russell Armstrong, Thabelo Khoboko, Mamello Moleli-Habi et al.
Open Society Initiative for Southern Africa (OSISA), 2012



 88 pp. 1.3 MB:

<http://www.osisa.org/sites/default/files/openlearninglesothoswaziland.pdf>

As the HIV epidemic continues to unfold across southern Africa, countries are still struggling to find effective means to address many of its negative impacts at individual, family and community levels. One of the most complicated challenges is how to support the growing number of orphans and other children made vulnerable, or made more vulnerable, by the direct and indirect effects of HIV on their households. In particular, there have been many individual and institutional efforts to assist these children through schools and other educational services and institutions. But there has been little research into the actual impact of most of these interventions.

* * *

The World Health Organization's Health Promoting Schools Framework: a Cochrane systematic review and meta-analysis

by Rebecca Langford, Christopher Bonell, Hayley Jones et al.
BMC Public Health 2015, 15:130 (12 February 2015)



 31 pp. 909 kB:

<http://www.biomedcentral.com/content/pdf/s12889-015-1360-y.pdf>

Healthy children achieve better educational outcomes which, in turn, are associated with improved health later in life. The World Health Organization's Health Promoting Schools (HPS) framework is a holistic approach to promoting health and educational attainment in school. The effectiveness of this approach has not yet been rigorously reviewed. This Cochrane review has found the WHO HPS framework is effective at improving some aspects of student health. The effects are small but potentially important at a population level.

Harm Reduction & Drug Use

Global State of Harm Reduction 2014

Edited by Katie Stone
Harm Reduction International, 2014

 130 pp. 8.9 MB:

<http://www.ihra.net/files/2015/02/16/GSHR2014.pdf>

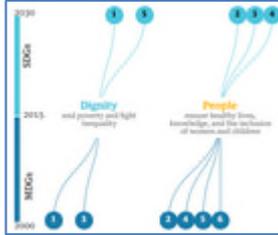


First published in 2008, the report provides an independent analysis of the state of harm reduction in the world and has become the go-to source on global harm reduction developments for researchers and advocates in this sector and beyond. It also integrates

updated information on needle and syringe programmes (NSPs) and opioid substitution therapy (OST) provision; harm reduction services in the prison setting; access to antiretroviral therapy for people who inject drugs; regional overdose responses; policy development; civil society developments; and information relating to funding for harm reduction.

Sustainable Development Goals

Sustainable Development Goals: All You Need To Know



<http://www.theguardian.com/global-development/2015/jan/19/sustainable-development-goals-United-nations>

This year, the millennium development goals – launched in 2000 to make global progress on poverty, education, health, hunger and the environment – expire. UN member states are finalising the sustainable development goals that will replace them. But what do the SDGs aim to achieve? How do they differ from the MDGs? And did the MDGs make much progress? Browse how the MDGs have morphed into the SDGs, and explore each SDG in more detail:

<http://www.theguardian.com/global-development/ng-interactive/2015/jan/19/sustainable-development-goals-changing-world-17-steps-interactive>

* * *

Nutrition and the Post-2015 Sustainable Development Goals



Patrick Webb and Marzella Wüstefeld
United Nations System Standing Committee on Nutrition (UNSCN), November 2014



8 pp. 690 kB:

http://www.unscn.org/files/Publications/Nutrition_The_New_Post_2015_Sustainable_development_Goals.pdf

Explicit attention to nutrition is needed as the world seeks to accelerate and sustain recent gains in nutrition, and to expand these to include places and people who have been left behind. Action is urgently needed, and so is a more prominent role for nutrition across the Sustainable Development Goals (SDGs). This Brief encourages dialogue on how to apply best practices at scale to resolve the world's nutrition challenges quickly, and how to ensure that all SDGs benefit from the gains made possible by good nutrition for all.

* * *

Review of Targets for the Sustainable Development Goals: The Science Perspective

Anne-Sophie Stevance, Johannes Mengel, Denise Young et al.
International Council for Science (ICSU), and International Social Science Council (ISSC), 2015



92 pp. 6.6 MB:

<http://www.icsu.org/publications/reports-and-reviews/review-of-targets-for-the-sustainable-development-goals-the-science-perspective-2015/SDG-Report.pdf>



The SDGs offer a "major improvement" over their predecessors, the Millennium Development Goals (MDGs). However, this report finds that of the 169 targets beneath the 17 draft goals, just 29% are well defined and based on the latest scientific evidence, while 54% need more work and 17% are weak or non-essential. The report finds the targets suffer from a lack of integration, some repetition and rely too much on vague, qualitative language rather than hard, measurable, time-bound, quantitative targets.

* * *

Achieving the Millennium Development Goals (MDGs) in Africa



Vineyard Hotel, Cape Town, South Africa

Editors: Adekeye Adebajo and Mark Paterson
Centre for Conflict Resolution (CCR), October 2013



7 pp. 317 kB:

http://www.ccr.org.za/images/pdfs/CCRPB19_mdgs_in_africa_20ct2013.pdf

Progress towards achieving the Goals has been slow, but far from uniform across Africa. Although it is unlikely that the continent will achieve all the targets by 2015, the rate of progress is improving on several indicators such as primary school enrolment; the proportion of seats held by women in national parliaments; rates of HIV-prevalence; and the proportion of women in non-agricultural wage employment. Lack of financial resources and a hostile economic environment are the most visible hurdles to progress in achieving the MDGs in Africa.

Development Assistance

Making Development Cooperation Fit for the Future: A Survey of Partner Countries

by Robin Davies and Jonathan Pickering
OECD Development Co-operation Working Papers, No. 20, January 2015



62 pp. 4.0 MB:

<http://www.oecd-ilibrary.org/docserver/download/5js6b25hzv7h.pdf?expires=1423738495&id=id&accname=guest&checksum=DAE050C1F3C27987ADC88256C515DC4E>



This paper provides insights into what partner country governments anticipate will be their main development challenges within five to ten years, and into how they expect their relationships with Development Assistance Committee (DAC) development assistance providers to evolve in order to meet these challenges. It finds that demand for development co-operation will remain strong given the economic and environmental challenges that lie ahead. However, the countries surveyed expect DAC providers to shift to a more enabling role in the coming years: providing vital finance, but in support of government-led sector programmes; delivering more and better technical and policy support; and leveraging more private finance.

* * *

Principles into Practice: Transparency



by Heather Hanson and Catherine Marschner
Millennium Challenge Corporation, January 2015



15 pp. 397 kB:

<http://assets.mcc.gov/reports/paper-2015001163301-principles-transparency.pdf>

Transparency is a critical piece of the puzzle in the fight against extreme poverty. Transparency allows activists, politicians and citizens to track where the aid money goes, enables donors to make responsible decisions on funding projects and most importantly, promotes a 'clean' culture that is devoid of corruption and is truly dedicated to empowering the developing world. Yet, the question of how transparency can be instituted in practical ways continues to be challenging.

Others

Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000-11

by Carlos Nordt, Ingeborg Warnke, Erich Seifritz et al.
Lancet Psychiatry 2015 - Published Online February 11, 2015



7 pp. 296 kB:

[http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(14\)00118-7.pdf](http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(14)00118-7.pdf)



As with previous economic downturns, there has been debate about an association between the 2008 economic crisis, rising unemployment, and suicide. Unemployment directly affects individuals' health and, unsurprisingly, studies have proposed an association between unemployment and suicide. The authors conclude that suicides associated with unemployment totalled a nine-fold higher number of deaths than excess suicides attributed to the most recent economic crisis. Prevention strategies focused on the unemployed and on employment and its conditions are necessary not only in difficult times but also in times of stable economy.

* * *

Older people's health in sub-Saharan Africa

by Isabella A G Aboderin and John R Beard
The Lancet Vol. 385, No. 9968, e9-e11, 14 February 2015



3 pp. 131 kB:

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)61602-0.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)61602-0.pdf)



Awareness is growing that the world's population is rapidly ageing. Although much of the related policy debate is about the implications for high-income countries, attention is broadening to less developed settings. Middle-income country populations, in particular, are generally ageing at a much faster rate than was the case for today's high-income countries, and the health of their older populations could be substantially worse. However, little consideration has been given to issues of old age in sub-Saharan Africa, which remains the world's poorest and youngest region.

A Call to Action: The Global Response to Dementia through Policy Innovation

by Ellis Rubinstein, Cynthia Duggan, Brett Van Landingham et al.
World Innovation Summit for Health (WISH) Forum, 2015



56 pp. 2.0 MB:

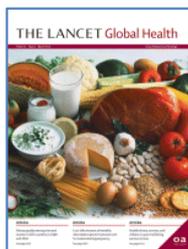
<http://dnpnfts5nbrdps.cloudfront.net/app/media/1427>



Dementia is not a normal part of aging, but rather is a major cause of disability and dependency among 44 million people worldwide, a figure likely to triple by 2050. This report outlines key issues in understanding dementia and the need to tackle the burden globally. It looks at solutions that are currently available and makes recommendations to policymakers to accelerate prevention, improve care and treatments, and potentially cure the diseases that lead to dementia.

* * *

Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study



by Ligia Kiss, Nicola S Pocock, Varaporn Naisanguansri et al.
The Lancet Global Health, Vol. 3, No. 3, e154-e161, March 2015



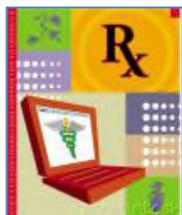
8 pp. 108 kB:

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)70016-1.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)70016-1.pdf)

Trafficking is a crime of global proportions involving extreme forms of exploitation and abuse. Yet little research has been done of the health risks and morbidity patterns for men, women, and children trafficked for various forms of forced labour. This is the first health study of a large and diverse sample of men, women, and child survivors of trafficking for various forms of exploitation. Violence and unsafe working conditions were common and psychological morbidity was associated with severity of abuse. Survivors of trafficking need access to health care, especially mental health care.

ELECTRONIC RESOURCES

Healthcare Online Resources 2015



by Marcus P. Zillman
[Updated February 1, 2015]



36 pp. 533 kB:

<http://whitepapers.virtualprivatelibrary.net/Healthcare%20Online%20Resources%202015.pdf>

Healthcare Online Resources 2015 is a comprehensive listing of healthcare resources currently available on the Internet. These include healthcare indexes, subject guides and search engines that supply the latest technology and information about healthcare and how it relates to you.

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<http://www.jidc.org/index.php/journal>



The Journal of Infection in Developing Countries has just published its latest issue at the above URL. You are invited to review the Table of Contents and then review or download articles and items of interest.

INTERESTING WEB SITES

#EndAdolescentAIDS

<http://allintoendadolescentaids.org/>



#EndAdolescentAIDS

AIDS has become the leading cause of death for adolescents in Africa and the second leading cause of death among adolescents globally. Just one in four children and adolescents under the age of 15 have access to life-saving antiretroviral treatment. Deaths are declining in all age groups, except among 10–19 year olds. UNAIDS, UNICEF and partners have launched “All In”, a new platform for action to drive better results for adolescents by encouraging strategic changes in policy and engaging more young people in the effort.

* * *

Reproductive Health Market Intelligence (RHMi+)

<http://rhmarketintelligence.org/>



The RHMi+ portal is a comprehensive web-based portal containing market and product-related information on a range of reproductive health (RH) commodities.

Product expertise and market knowledge are essential for decision-making on product selection, procurement, and distribution at the country level. RHMi+ portal, developed as part of a project related to Sexual and Reproductive Health, aims to provide product information to inform selection and introduction of RH commodities into national health systems and to assist national RH programs in the procurement and supply chain management.

TRAINING OPPORTUNITIES

Free online course on the Social Determinants of Health

Health and health inequities are influenced not only by health systems and genetic variations but also by the social, economic, political, cultural and environmental conditions in which people live, grow and work. This free online course provides knowledge on the basic concepts relating to the Social Determinants of Health (SDH). It has its foundations in social epidemiology, a perspective based on cause analysis, and was developed by the EU-funded SDH-Net project which is coordinated by GIZ on behalf of BMZ.



The course can be accessed at: <http://tie.inspvirtual.mx/portales/sdhnet/essentials.php>

* * *

Planning, Monitoring, Evaluation & Learning Course



The Community Development Resource Association (CDRA)

- Cape Town 9-13 March 2015
- Johannesburg 20-24 July 2015
- Cape Town 23-27 November 2015

The pressure that organisations face for external accountability from donors leave many of M&E specialists tasked with ticking the boxes and filling in the blanks with a sense of unease. The same questions tend to plague us. Does our M&E framework represent what our project is about? Are we bringing learning into practice adequately? Are our partners learning and growing with us?

This 5-day course is for you if you are keen to design M&E processes that foster learning. This course attracts a diverse group of practitioners in the public and NGO sector. You can be new to M&E or an old hand, willing to refresh your understanding of processes and politics around M&E.

For more information see:

<http://www.cdra.org.za/planning-monitoring-evaluation--learning.html>

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Observatory Venice Summer School 2015

“Integrated care: moving beyond the rhetoric”

26 July - 1 August 2015, Isola di San Servolo, Italy



The Observatory Venice Summer School 2015 is a one week intensive course aimed at senior and mid-level policy makers, civil servants and professionals involved in the funding, design and implementation of innovative integrated delivery models suited to the needs of an ageing population.

Better integration of services is widely heralded as core towards enhancing the performance of health systems. Yet, the idea of ‘integrated care’ has been tainted by a long debate about its meaning and interpretation, risking for it to become an end rather than a means to achieve people-centred care.

The Observatory Venice Summer School addresses a fundamental change that affects the entire health system in its widest sense and sectors beyond. It creates opportunities for you to explore state of the art knowledge with your peers and to build lasting networks across Europe.

More information will soon be available at:

<http://www.theobservatorysummerschool.org>

Early applications are encouraged as places are limited.

For any questions regarding the Summer School please

<mailto:summerschool2015@obs.euro.who.int>

* * *

CARTOON



Grandpa's iPad

TIPS & TRICKS

Use of the 'Windows' key

You might have experienced the following situation: quite a number of windows are open but you would like to access your desktop. Instead of minimizing each window separately you can do that at once

by pressing the 'Windows' key  + M.

Do you often use the Windows Explorer?

Try the 'Windows' key  + E and you are in.

* * *

What is MIME?

Short for **M**ultipurpose **I**nternet **M**ail **E**xtensions, a specification for formatting non-ASCII messages so that they can be sent over the Internet. Most e-mail clients now support MIME, which enables them to send and receive graphics, audio, and video files via the Internet mail system. In addition, MIME supports messages in character sets other than ASCII.

What to do if you receive a message looking similar to the one below?

```
-----=_NextPart_001_01C2F1E3.A5A748CD  
Content-Type: application/msword;
```

