

giz Health, Education, Social Protection News & Notes 06/2015

*A bi-weekly newsletter supported by GIZ
(Deutsche Gesellschaft für Internationale Zusammenarbeit)*

22 March 2015



You can download back issues (2010 - 2015) of this newsletter at:
http://www.health.bmz.de/en/services/newsletters/HESP_News_Notes/index.jsp



Table of Contents:

ONLINE PUBLICATIONS	4
Global Health	4
Germany, the G7, and global health	4
Representation and Participation of Key Populations on Country Coordinating Mechanisms (CCMs) in Six Countries in Southern Africa	4
African participation and partnership in performance-based financing: A case study in global health policy	4
Within Our Means: Why Countries can afford Universal Health Coverage	5
The Next Epidemic - Lessons from Ebola	5
Socio-Economic Impact of Ebola Virus Disease in West African Countries	5
Recovering from the Ebola Crisis: A summary report	6
HIV - AIDS - STI	6
Supplement Issue: Scaling-Up HIV Responses with Key Populations in West Africa	6
HIV and adolescents: focus on young key populations	7
Trends in CD4 Count at Presentation to Care and Treatment Initiation in Sub-Saharan Africa, 2002-2013: A Meta-analysis	7
Assessment of the Potential Impact and Cost-effectiveness of Self-Testing for HIV in Low-Income Countries	7
Increasing incidences of STIs in Pakistani youth; Role of Family Physicians in prevention, treatment and control of STIs	8
Sexual & Reproductive Health	8
Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support	8
UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change	8
Maternal & Child Health	9
Saving Lives - Protecting Futures: Progress Report on the Global Strategy for Women's and Children's Health 2010-2015	9
Maternal Health Task Force (MHTF)-PLOS Collection on Maternal Health	9
Unnecessary Burden: Gender Discrimination and Uterine Prolapse in Nepal	9
Cervical cancer screening and HPV vaccine acceptability among rural and urban women in Kilimanjaro Region, Tanzania	10
Second-trimester postabortion care for ruptured membranes, fetal demise, and incomplete abortion	10
Malaria	10
The impact of providing rapid diagnostic malaria tests on fever management in the private retail sector in Ghana: a cluster randomized trial	10
Malaria and immunity during pregnancy and postpartum: a tale of two species	11
A randomized trial to compare the safety, tolerability and effectiveness of three antimalarial regimens for the prevention of malaria in Nigerian patients with sickle-cell disease	11
Best Management Practices (BMP) for Indoor Residual Spraying (IRS) in Vector Control Interventions	11
Tuberculosis	12

<i>Rapid Improvement in Passive TB Case Detection and TB Treatment Outcomes Following Implementation of a Bundled Laboratory Diagnostic and On-Site Training Intervention Targeting Mid-Level Providers</i>	12
<i>Costs of Novel Tuberculosis Diagnostics - Will Countries Be Able to Afford It?</i>	12
<i>Untreatable tuberculosis: is surgery the answer?</i>	13
<i>Tuberculosis vaccines: Time for a global strategy</i>	13
<i>Supplement Articles - Tuberculosis Diagnostics in 2015: Landscape, Priorities, Needs, and Prospects</i>	13
<i>Tuberculosis surveillance and monitoring in Europe 2015</i>	14
<i>Tuberculosis in Saudi Arabia: the journey across time</i>	14
<i>Towards tuberculosis elimination: an action framework for low-incidence countries</i>	14
<i>Ebola / Other Infectious Diseases</i>	15
<i>Ebola: Getting to zero - for communities, for children, for the future</i>	15
<i>Dengue: Global Status 2015</i>	15
<i>Hepatitis C</i>	15
<i>A Public Health Approach to Hepatitis C Control in Low- and Middle-Income Countries</i>	16
<i>Guidelines for the Prevention, Care and Treatment of Persons with Chronic Hepatitis B Infection</i>	16
<i>Mother-to-child transmission of hepatitis B virus in Africa: is elimination feasible?</i>	16
<i>Typhoid fever</i>	17
<i>Unprogrammed Deworming in the Kibera Slum, Nairobi: Implications for Control of Soil-Transmitted Helminthiases</i>	17
<i>Non-communicable Diseases</i>	17
<i>Benefits and Costs of the Non-Communicable Disease Targets for the Post-2015 Development Agenda</i>	17
<i>Food & Nutrition</i>	18
<i>2014-2015 Global Food Policy Report</i>	18
<i>Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil</i>	18
<i>Perceptions of usage and unintended consequences of provision of ready-to-use therapeutic food for management of severe acute child malnutrition. A qualitative study in Southern Ethiopia</i>	18
<i>Factsheet: Salt</i>	19
<i>Risk factors for overweight and overfatness in rural South African children and adolescents</i>	19
<i>Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation</i>	19
<i>Essential Medicines</i>	20
<i>Medicines in Health Systems Working toward Universal Health Coverage</i>	20
<i>Tough decisions on essential medicines in 2015</i>	20
<i>Use of Incentives in Health Supply Chains: A Review of Results-Based Financing in Mozambique's Central Medical Store</i>	20
<i>Interventions to combat or prevent drug counterfeiting: a systematic review</i>	21
<i>Social Protection</i>	21
<i>Cash, vouchers or in-kind?</i>	21
<i>Social Protection: Topic Guide</i>	21
<i>Social protection programmes supporting women survivors of domestic violence</i>	22
<i>Ghana's National Health insurance scheme and maternal and child health: a mixed methods study</i>	22
<i>Water, Sanitation & Hygiene</i>	23
<i>Water, sanitation and hygiene in health care facilities: Status in low- and middle-income countries and way forward</i>	23
<i>Water for a Sustainable World</i>	23
<i>Impact of Water and Sanitation Interventions on Childhood Diarrhea: Evidence from Bangladesh</i>	23
<i>Human Resources</i>	24
<i>The role of 'hidden' community volunteers in community-based health service delivery platforms: examples from sub-Saharan Africa</i>	24
<i>How decentralisation influences the retention of primary health care workers in rural Nigeria</i>	24
<i>Health Systems & Research</i>	24
<i>Patient Flow Analysis in Resource-Limited Settings: A Practical Tutorial and Case Study</i> ..	24

<i>Mapping of Health Care Financing Schemes in Rwanda</i>	25
<i>Drivers of routine immunization coverage improvement in Africa: findings from district-level case studies</i>	25
<i>Building primary care in a changing Europe</i>	26
Information & Communication Technology	26
<i>Wikipedia and Medicine: Quantifying Readership, Editors, and the Significance of Natural Language</i>	26
<i>Wikipedia – challenges and new horizons in enhancing medical education</i>	26
<i>Using mobile technology to improve maternal health and fight Ebola: A case study of mobile innovation in Nigeria</i>	27
Education	27
<i>Pricing the right to education: The cost of reaching new targets by 2030</i>	27
Harm Reduction & Drug Use	27
<i>The cost-effectiveness of harm reduction</i>	27
<i>WHO Global Report on Trends in Prevalence of Tobacco Smoking</i>	28
<i>Monitoring tobacco control among youth in countries of the South-East Asia Region: 2014</i>	28
<i>A tobacco-free world: a call to action to phase out the sale of tobacco products by 2040</i>	28
<i>Electronic cigarette use and harm reversal: emerging evidence in the lung</i>	29
Sustainable Development Goals	29
<i>Leaving no one behind: How the SDGs can bring real change</i>	29
Development Assistance	29
<i>Global Humanitarian Overview 2015</i>	29
Others	30
<i>Finance for reducing disaster risk: 10 things to know</i>	30
<i>The Human Cost of Natural Disasters 2015: A global perspective</i>	30
<i>Ghana, the rising star: progress in political voice, health and education</i>	30
<i>Doctors in the Crosshairs: Four Years of Attacks on Health Care in Syria</i>	31
<i>A Handbook of Inclusive Affordable Housing Solutions for Persons with Disabilities and Older Persons</i>	31
<i>Effectiveness of intensive healthcare waste management training model among health professionals at teaching hospitals of Pakistan: a quasi-experimental study</i>	31
<i>Why Public-Private Partnerships Don't Work: The Many Advantages of the Public Alternative</i>	32
TRAINING OPPORTUNITIES	32
<i>European Drugs Summer School 2015</i>	32
CARTOON	33
TIPS & TRICKS	33
<i>Inserting Date and Time into a WORD document</i>	33
<i>The Free Office Suite for Windows, Mac & Linux</i>	33

Fair Use:

This Newsletter is produced under the principles of 'fair use'. We source relevant news articles, resources and research documents and strive to attribute sources by providing reference and/or direct links to authors and websites.

Disclaimer:

The views expressed in this newsletter, do not necessarily represent those of GIZ or the editor of HESP-News & Notes. While we make every effort to ensure that all facts and figures quoted by authors are accurate, GIZ and the editor of the Newsletter cannot be held responsible for any inaccuracies contained in any articles. Please contact dneuvians@gmx.de if you believe that errors are contained in any article and we will investigate and provide feedback.

To subscribe for free to the newsletter send an e-mail to:

Majordomo@mailserv.giz.de

leave the 'Subject' line empty with the following commands in the body of the message:

subscribe hpn-news-notes
end

ONLINE PUBLICATIONS

Global Health

Germany, the G7, and global health

Health systems, new tools, and delivery science should top the agenda

by Gavin Yamey, Sabine Campe, Sara Fewer
BMJ 2015;350:h1210 (Published 5 March 2015)



2 pp. 520 kB:

<http://www.bmj.com/content/bmj/350/bmj.h1210.full.pdf>

There is always plenty of fanfare - and scepticism - surrounding G7 summits, and the same will surely be the case for Germany's summit on 7-8 June 2015. Sceptics question whether the summit declarations have any impact and whether the G7 remains relevant, given its exclusion of powerful actors such as Brazil, China, and (last year) Russia. The G7 should send a strong signal that investing in health is the cornerstone of sustainable development by placing health prominently on its agenda. It must make specific, measurable commitments to tackling cross-cutting bottlenecks: inadequate research and development, too little implementation science, and weak delivery systems.

* * *

Representation and Participation of Key Populations on Country Coordinating Mechanisms (CCMs) in Six Countries in Southern Africa

Angela Kageni, Lucas Mwangi, Cleopatra Mugenyi et al.
Aidspan, January 2015



20 pp. 277 kB:

http://www.aidspan.org/sites/default/files/publications/Aidspan_CCM_KAP_0.pdf

This survey is intended to help Country Coordinating Mechanisms (CCMs), those interested in their composition and outputs, and other stakeholders understand the status, opportunities and challenges that remain for key populations and their representatives on the CCMs. Traditionally, key population representatives work from within networks of persons living with/affected by the diseases. These individuals are rarely made office bearers and have often in the past been seen as somewhat token CCM members. Their participation and influence in the CCM processes remains unclear.

* * *

African participation and partnership in performance-based financing: A case study in global health policy

by Amy Barnes, Garrett W Brown, Sophie Harman et al.
Regional Network for Equity in Health in east and southern Africa, June 2014



56 pp. 1.1 MB:

<http://www.equinetafrica.org/bibl/docs/GHD%20Gov%20Diss%20Paper%20102.pdf>

The paper focuses on one particular thematic case study within global health: performance-based funding (PBF). More specifically, how global health actors (local, national, regional and global) in South Africa, Tanzania and Zambia participate in decision-making processes related to the PBF mechanisms associated with the Global Fund and World Bank. By using PBF as a lens to examine how actors participate in global health policy and by focusing on specific country contexts, it is possible to better isolate the role of African actors within global health decision-making processes.

* * *

Within Our Means: Why Countries can afford Universal Health Coverage



by Lara Brearley, Luisa Hanna, Dimitri Gugushvili et al.
Save the Children Fund, 2015



42 pp. 835 kB:

<http://www.savethechildren.org.uk/sites/default/files/images/Within Our Means.pdf>

There is growing agreement that essential health services should be made available to the whole of society, especially its poorest members, through systems of universal health coverage (UHC). This publication makes the case that all developing countries can afford to increase their spending on health by making different policy decisions about how they raise and spend public money. In this paper the authors calculate how some of the poorest countries with the highest burden of maternal, newborn and child mortality might meet the level of spending needed to end preventable deaths.

* * *

The Next Epidemic - Lessons from Ebola

by Bill Gates
N Engl J Med. March 18, 2015



4 pp. 438 kB:

<http://www.nejm.org/doi/pdf/10.1056/NEJMp1502918>

Supplement to this article from the Bill and Melinda Gates Foundation:



14 pp. 181 kB:

http://www.nejm.org/doi/suppl/10.1056/NEJMp1502918/suppl_file/nejmp1502918_appendix.pdf

Perhaps the only good news from the tragic Ebola epidemic in Guinea, Sierra Leone, and Liberia is that it may serve as a wake-up call: we must prepare for future epidemics of diseases that may spread more effectively than Ebola. As the Ebola epidemic fades from the world's attention, we risk missing the opportunity to learn from it. The author details the need to reinforce basic public health systems, lay the groundwork for better recruitment and training of staff, and improve funding mechanisms to develop treatments and vaccines for use against various pathogens.

* * *

Socio-Economic Impact of Ebola Virus Disease in West African Countries

A call for national and regional containment, recovery and prevention

by Ayodele Odusola, Gaston Gohou, Souleymane Sadio Diallo et al.

United Nations Development Group -Western and Central Africa, February 2015



112 pp. 4.5 MB:

<http://reliefweb.int/sites/reliefweb.int/files/resources/ebola-west-africa.pdf>



West African nations that experienced low or zero incidence of Ebola have already been affected by the Ebola crisis because of their deep connections with the three most affected countries. Stigma and risk aversion have caused considerable amounts of damage, shutting down borders and indirectly affecting the economies of a large number of countries in the sub-region. West Africa as a whole may lose an average of at least US\$ 3.6 billion per year between 2014 and 2017, due to a decrease in trade, closing of borders, flight cancellations and reduced Foreign Direct Investment and tourism activity, fuelled by stigma.

* * *

Recovering from the Ebola Crisis: A summary report

Submitted by United Nations, The World Bank, European Union and African Development Bank as a contribution to the Formulation of National Ebola Recovery Strategies in Guinea, Liberia and Sierra Leone, 2015



44 pp. 1.8 MB:

http://www.undp.org/content/dam/undp/library/crisis%20prevention/UNDP_CPR_EbolaRecovery_2015.pdf



The outbreak of Ebola virus disease (EVD) in parts of West Africa is now the largest, longest, most severe and most complex in the nearly four-decade history of this disease. The purpose of the multi-partner mission was to assess the impact of the EVD crisis on the three most-affected countries, and to recommend ways in which post-Ebola support recovery programmes can also promote resilience in the development of the countries and the sub-region by addressing the underlying systemic issues and shortcomings that would deepen fragility if left unattended.

HIV - AIDS - STI

Supplement Issue: Scaling-Up HIV Responses with Key Populations in West Africa

JAIDS - Journal of Acquired Immune Deficiency Syndromes: March 1, 2015, Volume 68 - Supplement 2; pp: S69-S252

<http://journals.lww.com/jaids/toc/2015/03011>

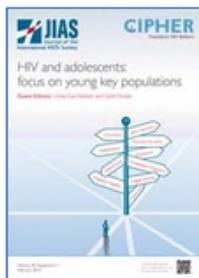


Despite decades of HIV responses in pockets of West and Central Africa (WCA), the HIV response with key populations remains an understudied area. Recently, there has been a proliferation of studies highlighting epidemiologic and behavioural data that challenge attitudes of complacency among donors and country governments uncomfortable in addressing key populations. The free articles in this series highlight new studies that provide a better understanding of the epidemiologic and structural burden facing key populations in the WCA region and how to improve responses through more effective targeting.

* * *

HIV and adolescents: focus on young key populations

Journal of the International AIDS Society, Vol. 18, No. 2 (2015) Supplement 1



Download all articles for free at:

<http://www.jiasociety.org/index.php/jias/issue/view/1472>

Using an interwoven prevention and treatment cascade approach, the starting point for all interventions must be HIV counselling and testing. Subsequent interventions for both HIV-negative and HIV-positive youth must be “adolescent-centred”, occur within the socio-ecological context of young people and take advantage of the innovations and technologies that youth have easily incorporated into their daily lives. In order to achieve the global goals of zero infections, zero discrimination and zero deaths, a sustained focus on HIV research, policy and advocacy for young key populations (YKPs) must occur.

* * *

Trends in CD4 Count at Presentation to Care and Treatment Initiation in Sub-Saharan Africa, 2002-2013: A Meta-analysis

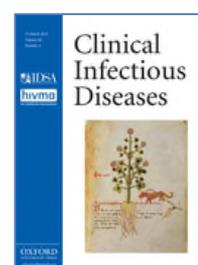
by Mark J. Siedner, Courtney K. Ng, Ingrid V. Bassett et al.

Clin Infect Dis. (2015) 60 (7): 1120-1127 - First published online: December 16, 2014



8 pp. 333 kB:

<http://cid.oxfordjournals.org/content/60/7/1120.full.pdf+html>



Both population- and individual-level benefits of antiretroviral therapy (ART) for human immunodeficiency virus (HIV) are contingent on early diagnosis and initiation of therapy. The authors estimated trends in disease status at presentation to care and at ART initiation in sub-Saharan Africa. They conclude that CD4 counts at presentation to care and at ART initiation have not increased over the past decade. Barriers to presentation, diagnosis, and linkage to HIV care remain major challenges that require attention to optimize population-level benefits of ART.

* * *

Assessment of the Potential Impact and Cost-effectiveness of Self-Testing for HIV in Low-Income Countries

by Valentina Cambiano, Deborah Ford, Trevor Mabuğu et al.

J Infect Dis. (2015) - First published online: March 12, 2015



8 pp. 350 kB:

<http://jid.oxfordjournals.org/content/early/2015/03/10/infdis.jiv040.full.pdf+html>



Studies have demonstrated that self-testing for human immunodeficiency virus (HIV) is highly acceptable among individuals and could allow cost savings, compared with provider-delivered HIV testing and counselling (PHTC), although the longer-term population-level effects are uncertain. The authors evaluated the cost-effectiveness of introducing self-testing in 2015 over a 20-year time frame in a country such as Zimbabwe. They conclude that introducing self-testing offers some health benefits and may well save costs.

* * *

Increasing incidences of STIs in Pakistani youth; Role of Family Physicians in prevention, treatment and control of STIs

by Manzoor Ahmed Butt

Middle East Journal of Family Medicine, January 2015, Vol. 13, Issue 1



3 pp. 2.1 MB:

<http://www.mejfm.com/Jan2015/MEJFM%20January%202015.pdf>



There is a rapid rise in sexually transmitted infections (STIs) in Pakistan. The rise in Injection Drug Users (IUDs) also poses a continued threat to youth. The sufferers prefer family physicians for advice and treatment because they are easily accessible in their own local communities. There is intense need to train family physicians in the prevention, control and treatment of STIs. There should be counselling facilities at all family clinics. There is an urgent need for record keeping of patients suffering from STIs and partner notification. The best way to avoid STIs is restriction to one partner, use of condoms and reduction in number of IUDs.

Sexual & Reproductive Health

Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support



by Donna M. Denno, Andrea J. Hoopes, Venkatraman Chandra-Mouli
Journal of Adolescent Health, January 2015, Vol. 56, Issue 1, Supplement, pp. S22-S41



20 pp. 472 kB:

[http://www.jahonline.org/article/S1054-139X\(14\)00424-8/pdf](http://www.jahonline.org/article/S1054-139X(14)00424-8/pdf)

This study is a descriptive review of the effectiveness of initiatives to improve adolescent access to and utilization of sexual and reproductive health services (SRHS) in low- and middle-income countries. Packages of interventions that train health workers, improve facility adolescent friendliness, and endeavour to generate demand through multiple channels are ready for large-scale implementation. However, further evaluation of these initiatives is needed to clarify mechanisms and impact, especially of specific program components.

* * *

UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change



Summary Report of Phase I 2008-2013
United Nations Population Fund (UNFPA), 2013



52 pp. 26.4 MB (!):

<http://www.unfpa.org/sites/default/files/pub-pdf/Joint%20Programme%20on%20FGMC%20Summary%20Report.pdf>

This report discusses achievements made by the Joint Programme on Genital Mutilation/Cutting (FGM/C), which is being implemented in 15 African countries by UNFPA and UNICEF in an effort to change how families and communities view the practice while supporting national and community efforts to end FGM/C. These achievements include public declarations of FGM/C abandonment voiced by 12,753 communities, ex-

panded political will by governments to openly condemn the practice, enhanced capacity of government authorities to respond to FGM/C, and endorsement and commitment by the global community.

Maternal & Child Health

Saving Lives - Protecting Futures: Progress Report on the Global Strategy for Women's and Children's Health 2010-2015



by Nana Taona Kuo, Megan Gemmell, Birgitte Bellsund et al.
The Executive Office of the United Nations Secretary-General on behalf of Every Woman Every Child, 2015



112 pp. 2.0 MB:

http://www.everywomaneverychild.org/images/EWEC_Progress_Report_FINAL_3.pdf

The era of the Millennium Development Goals (MDGs) has witnessed dramatic and unprecedented progress in reducing child and maternal deaths. As a result, 6.4 million fewer children died in 2013 compared to 1990, and maternal deaths have been cut by almost half. By building on these gains and mobilizing additional resources, it is clear that the world possesses the means to make preventable deaths among women and children a thing of the past, laying the foundations for a healthier, more secure and more equitable world.

* * *

Maternal Health Task Force (MHTF)-PLOS Collection on Maternal Health

Access the collection at:

<http://www.ploscollections.org/static/maternalhealth.action>



Since November 2011, the Maternal Health Task Force (MHTF), an initiative based at the Harvard School of Public Health, has collaborated with the Public Library of Science (PLOS) to create a freely available, open access collection of outstanding research and commentary on maternal health: the MHTF-PLOS Collection on Maternal Health. This 3-year partnership reflects a shared overarching goal: to ensure more people have greater access to more comprehensive maternal health data, programmatic experiences, and lessons learned, and to be informed about critical areas of debate and growing consensus.

* * *

Unnecessary Burden: Gender Discrimination and Uterine Prolapse in Nepal



Amnesty International, February 2014



98 pp. 1.9 MB:

<https://www.amnesty.org/download/Documents/8000/asa310012014en.pdf>

Many women in Nepal are carrying a severe burden, with some suffering for years before finding the means to get help. They are living with uterine prolapse, a painful, debilitating condition. All too often, women are expected to marry young, have multiple pregnancies within a short period of time because they have no control over

contraception, and have to carry heavy loads while pregnant. As this report shows, the government has failed to address the gender discrimination that underlies the causes of uterine prolapse thus failing to ensure Nepali women can exercise their sexual and reproductive rights.

* * *

Cervical cancer screening and HPV vaccine acceptability among rural and urban women in Kilimanjaro Region, Tanzania

by Melissa S Cunningham, Emily Skrastins, Ryan Fitzpatrick et al.
BMJ Open 2015;5:e005828 (10 March 2015)

BMJ Open



10 pp. 847 kB:

<http://bmjopen.bmj.com/content/5/3/e005828.full.pdf+html>

The current proportion of women screened for cervical cancer is very low in Kilimanjaro Region, and the study has identified several modifiable factors that could be addressed to increase screening rates. Although best implemented concurrently, the availability of prophylactic vaccination for girls may provide an effective means of prevention if they are unable to access screening in the future.

* * *

Second-trimester postabortion care for ruptured membranes, fetal demise, and incomplete abortion

by Alice G. Mark, Alison Edelman, Lynn Borgatta
International Journal of Gynecology & Obstetrics - Available online 19 January 2015



6 pp. 743 kB:

<http://www.sciencedirect.com/science/article/pii/S0020729215000326/pdf?md5=9482077d51334bfd636bb5e586024f78&pid=1-s2.0-S0020729215000326-main.pdf>

Guidance for postabortion care (PAC) is established for the first trimester but limited in the second trimester. The authors conclude that Misoprostol with or without mifepristone is an effective treatment for second-trimester PAC. The minimum misoprostol dose is 200 µg vaginally, sublingually, or buccally every 6–12 hours.

Malaria

The impact of providing rapid diagnostic malaria tests on fever management in the private retail sector in Ghana: a cluster randomized trial

by Evelyn K Ansah, Solomon Narh-Bana, Harriet Affran-Bonful et al.
BMJ 2015;350:h1019; (Published 4 March 2015)

thebmj



12 pp. 1.6 MB:

<http://www.bmj.com/content/bmj/350/bmj.h1019.full.pdf>

Most patients with fever in Africa present to the private sector. In this trial, providing rapid diagnostic tests for malaria in the private drug retail sector significantly reduced dispensing of antimalarials to patients without malaria, did not reduce prescribing of anti-

malaria to true malaria cases, and appeared safe. Rapid diagnostic tests should be considered for the informal private drug retail sector.

* * *

Malaria and immunity during pregnancy and postpartum: a tale of two species



by A.R.D. McLean, R. Ataide, J.A. Simpson et al.
Parasitology - Published online: 03 March 2015



17 pp. 265 kB:

<http://journals.cambridge.org/download.php?file=%2FPAR%2FS0031182015000074a.pdf&code=986b4b27e1ce7b656dc05fe2f918880a>

It is well established that pregnant women are at an increased risk of Plasmodium falciparum infection when compared to non-pregnant individuals and limited epidemiological data suggest Plasmodium vivax risk also increases with pregnancy. The authors review the literature and directly compare and contrast the epidemiology, clinical pathogenesis and immunological features of P. vivax and P. falciparum in pregnancy, with a particular focus on studies performed in areas co-endemic for both species. Furthermore, they review the intriguing epidemiology literature of both P. falciparum and P. vivax postpartum and relate observations to the growing literature pertaining to malaria immunology in the postpartum period.

* * *

A randomized trial to compare the safety, tolerability and effectiveness of three antimalarial regimens for the prevention of malaria in Nigerian patients with sickle-cell disease

by Rasaq Olaosebikan, Kolade Ernest, Kalifa Bojang et al.
J Infect Dis. (2015) - First published online: February 20, 2015



20 pp. 723 kB:

<http://jid.oxfordjournals.org/content/early/2015/02/20/infdis.jiv093.full.pdf+html>



Malaria prophylaxis is recommended for persons with sickle-cell disease (SCD) but the value of this has been questioned. The aim of this study was to find out if intermittent preventive treatment (IPT) with a fixed-dose combination of mefloquine-artesunate (MQAS) or sulfadoxine-pyrimethamine plus amodiaquine (SPAQ) was more effective than daily proguanil for malaria prevention in subjects with SCD. The authors conclude that IPT with MQAS administered when sickle-cell disease patients come for routine clinic visits was well tolerated and more effective in preventing malaria than daily prophylaxis with proguanil.

* * *

Best Management Practices (BMP) for Indoor Residual Spraying (IRS) in Vector Control Interventions

by Peter Chandonait
President's Malaria Initiative (PMI) Africa IRS (AIRS) Project Indoor Residual Spraying (IRS 2) Task Order Four, February 2015



112 pp. 3.5 MB:

<http://www.africaairs.net/wp-content/uploads/2015/03/BMP-Manual.pdf>



The Manual establishes a uniform approach for the environmental assessment of Indoor Residual Spraying (IRS) activities and is intended to ensure compliance with USAID and host country environmental regulations. Revised and updated under The PMI Africa Indoor Residual Spraying (AIRS) Project, the new BMP expands upon the 2010 edition and serves as the official guidance for all PMI IRS projects. The guidance drew largely on decades of experience in pesticide management and vector control activities by the World Health Organization, the United Nations Food and Agricultural Organization, and Crop Life.

Tuberculosis

Rapid Improvement in Passive TB Case Detection and TB Treatment Outcomes Following Implementation of a Bundled Laboratory Diagnostic and On-Site Training Intervention Targeting Mid-Level Providers

by Yukari C. Manabe, Stella Zawedde-Muyanja, Sarah Burnett et al.
Open Forum Infect Dis (2015) - First published online: March 6, 2015



24 pp. 490 kB:

<http://ofid.oxfordjournals.org/content/early/2015/03/06/ofid.ofv030.full.pdf#page=1&view=FitH>



Fluorescence microscopy, Xpert® MTB/RIF and on-site training were introduced at ten health facilities in Uganda. Using quasi-experimental methods, these ten intervention health facilities were compared to two controls and their performance the previous year. The authors conclude that optimizing the existing health workforce through a bundled diagnostics and on-site training intervention for non-physician healthcare workers will rapidly improve TB case detection and outcomes towards global targets.

* * *

Costs of Novel Tuberculosis Diagnostics - Will Countries Be Able to Afford It?

by Andrea Pantoja, Sandra V. Kik and Claudia M. Denking
J Infect Dis. (2015) 211 (suppl 2): S67-S77



11 pp. 389 kB:

http://jid.oxfordjournals.org/content/211/suppl_2/S67.full.pdf+html



The authors assessed the cost of new tuberculosis diagnostic tests in suitable strategies and of the conventional diagnosis of tuberculosis as per World Health Organization guidelines, in 36 high tuberculosis and multidrug-resistant (MDR) burden countries. Costs were then compared to the available funding for tuberculosis at country level. They conclude that introducing a triage test (TT) or a biomarker test with optimal characteristics would be affordable from a cost and affordability perspective at the current available funding for tuberculosis. Additional domestic or donor funding would be needed in most countries to achieve affordability for other new diagnostic tests.

* * *

Untreatable tuberculosis: is surgery the answer?

by Masoud Dara, Giovanni Sotgiu, Richard Zaleskis et al.
ERJ, March 1, 2015 Vol. 45, No. 3, 577-582



6 pp. 409 kB:

<http://erj.ersjournals.com/content/45/3/577.full.pdf+html>



From a public health perspective, multidrug-resistant (MDR)-TB / extensively drug-resistant (XDR)-TB prevention starts with treating and curing all newly diagnosed cases who are drug-susceptible, and as many existing drug-resistant cases as possible with all possible means, including surgery, so that they stop transmitting TB infection within the community. When few therapeutic options remain, and more and more patients are moved back to the pre-antibiotic era, old interventions (widely used in the first three decades of the last century) need to be re-evaluated based on evidence: first among them, surgery.

* * *

Tuberculosis vaccines: Time for a global strategy

by Stefan H. E. Kaufmann, Thomas G. Evans, Willem A. Hanekom
Sci Transl Med 25 February 2015: Vol. 7, Issue 276, p. 276fs8



3 pp. 471 kB:

<http://stm.sciencemag.org/content/7/276/276fs8.full.pdf>



The post-2015 strategy of the Stop Tuberculosis (TB) Partnership, which was approved by the World Health Assembly in 2014, aims for a 95% reduction in TB mortality and a 90% reduction in TB incidence by 2035. But the only realistic chance of meeting this goal requires the introduction of new and more efficacious interventions, such as vaccines. At this time, we have to acknowledge that current efforts at turning the TB tide remain insufficient. After a hiatus of more than 80 years, the 21st century has witnessed important advances in TB vaccine development. More than a dozen new preventive vaccine candidates are now progressing through the vaccine-development pipeline. Yet, the first and only new candidate evaluated in a clinical end point trial recently failed.

* * *

Supplement Articles - Tuberculosis Diagnostics in 2015: Landscape, Priorities, Needs, and Prospects

The Journal of Infectious Diseases, Vol. 211, Suppl. 2, April 1, 2015

http://jid.oxfordjournals.org/content/211/suppl_2.toc



In 2015, tuberculosis remains a major global health problem, and drug-resistant tuberculosis is a growing threat. Although tuberculosis diagnosis in many countries is still reliant on older tools, new diagnostics are changing the landscape. Stimulated, in part, by the success and roll out of Xpert MTB/RIF, there is now considerable interest in new technologies. The landscape looks promising, with a robust pipeline of new tools, particularly molecular diagnostics, and well over 50 companies actively engaged in product development. Several initiatives, described in this supplement, have been launched to further stimulate product development and policy.

* * *

Tuberculosis surveillance and monitoring in Europe 2015



by Vahur Hollo, Andrei Dadu, Colleen Acosta et al.
WHO Regional Office for Europe and European Centre for Disease Prevention and Control (ECDC), 2015



192 pp. 37 MB(!):

<http://ecdc.europa.eu/en/publications/Publications/tuberculosis-surveillance-monitoring-Europe-2015.pdf>

Despite notable progress in the past decade, tuberculosis (TB) is still a public health concern in most of the countries within the WHO European Region. In most low-incidence countries, rates are stable or going down only very slowly and the majority of patients are of foreign-origin. Countries with high incidence overall face higher rates of re-infection and relapses and report many more multidrug-resistant (MDR TB) cases. Only 4% of TB cases tested for drug-resistance are MDR TB. However, treatment success rates for these cases are very low and have remained unchanged over the past 10 years.

* * *

Tuberculosis in Saudi Arabia: the journey across time

by Sahal Al-Hajoj and Bright Varghese
J Infect Dev Ctries 2015; 9(3):222-231



10 pp. 325 kB:

<http://www.jidc.org/index.php/journal/article/download/25771458/1259>

Saudi Arabia is the third-largest Arab country with a moderate annual burden of tuberculosis. However, tuberculosis (TB) is among several infectious diseases that have not been brought under control, despite the government's considerable efforts. The country needs more population-based research studies, centralized and easily accessible clinical data registries, and centralized research and diagnostic facilities. This review focused on the trends of mycobacterial infections and on future proposals to improve TB control measures in Saudi Arabia.

* * *

Towards tuberculosis elimination: an action framework for low-incidence countries

by Knut Lönnroth, Giovanni Battista Migliori, Ibrahim Abubakar et al.
European Respiratory Journal (ERJ) Express - Published on March 18, 2015



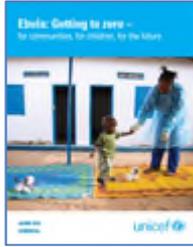
25 pp. 1.5 MB:

<http://erj.ersjournals.com/content/early/2015/03/18/09031936.00214014.full.pdf+html>



This paper describes an action framework for countries with low tuberculosis (TB) incidence (<100 TB cases per million population) that are striving for TB elimination. The framework sets out priority interventions required for these countries to progress first towards "pre-elimination" (<10 cases per million) and eventually the elimination of TB as a public health problem (less than one case per million). The overall approach needs to be multisectorial, focusing on equitable access to high-quality diagnosis and care, and on addressing the social determinants of TB.

Ebola: Getting to zero - for communities, for children, for the future



UNICEF Regional Office for West and Central Africa, Dakar, Senegal, March 2015



19 pp. 10.6 MB:

<http://www.unicef.org/emergencies/ebola/files/EbolaReport.pdf>

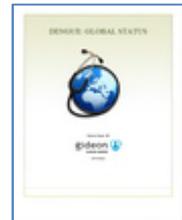
As slight hints of recovery begin to surface in West Africa, UNICEF is looking at the impact of Ebola on children and the response and work of the affected communities in this report. The document traces some of the outbreak's history along with the stories of survivors, health care workers and those working to make things better on the ground. The report also helps map out the actions that urgently must continue to help build resiliency and resuscitate basic services and systems decimated by Ebola.

* * *

Dengue: Global Status 2015

by Stephen Berger

Published by GIDEON Informatics, Inc, Los Angeles, California, USA, 2015



The International Society for Neglected Tropical Diseases (ISNTD) in collaboration with Gideon Informatics has arranged access for a free copy of the eBook "Dengue: Global Status 2015" (237 pages, 261 graphs, 4,268 references)

Click [here](#) to access your free copy of "Dengue: Global Status 2015":

* * *

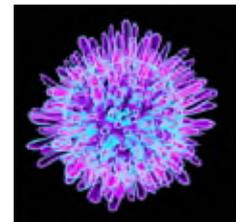
Hepatitis C

by Daniel P Webster, Paul Klenerman, Geoffrey M Dusheiko
The Lancet Vol. 385, No. 9973, pp. 1124-1135, 21 March 2015



12 pp. 318 kB:

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)62401-6.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)62401-6.pdf)



Hepatitis C virus (HCV) infection is a major health problem worldwide. The effects of chronic infection include cirrhosis, end-stage liver disease, and hepatocellular carcinoma. As a result of shared routes of transmission, co-infection with HIV is a substantial problem, and individuals infected with both viruses have poorer outcomes than do peers infected with one virus. In the past 10 years, advances in HCV cell culture have enabled an improved understanding of HCV virology, which has led to development of many new direct-acting antiviral drugs that target key components of virus replication. These direct-acting drugs allow for simplified and shortened treatments for HCV that can be given as oral regimens with increased tolerability and efficacy. Remaining obstacles include access to appropriate care and treatment, and development of a vaccine.

* * *

A Public Health Approach to Hepatitis C Control in Low- and Middle-Income Countries

by Amitabh B. Suthar and Anthony D. Harries
PLoS Med 12(3): e1001795 - Published: March 10, 2015



12 pp. 239 kB:

<http://www.plosmedicine.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pmed.1001795&representation=PDF>

New oral short-duration regimens using direct-acting antiviral medicines for hepatitis C virus (HCV) have the potential to facilitate treatment and improve outcomes. Translating scientific advances into reduced disease burden requires well-designed programmes encompassing prevention, screening, treatment, and strategic information. Countries could integrate HCV prevention, screening, treatment, and strategic information into HIV/AIDS programmes for financial, infrastructural, and health workforce efficiencies.

* * *

Guidelines for the Prevention, Care and Treatment of Persons with Chronic Hepatitis B Infection

by Olufunmilayo Lesi, Brian McMahon, Nandi Siegfried et al.
World Health Organization, March 2015



166 pp. 3.2 MB:

http://apps.who.int/iris/bitstream/10665/154590/1/9789241549059_eng.pdf?ua=1&ua=1



These are the first World Health Organization (WHO) guidelines for the prevention, care and treatment of persons living with Chronic Hepatitis B (CHB) infection. They are intended for country programme managers to help plan the development and scale up of hepatitis B prevention, care and treatment and also for healthcare providers who care for persons infected with hepatitis B virus (HBV). The special needs of specific populations, such as people co-infected with HIV, children and adolescents, and pregnant women are also considered.

* * *

Mother-to-child transmission of hepatitis B virus in Africa: is elimination feasible?

by Monique Andersson
SACEMA Quarterly, March 2015



5 pp. 386 kB:

http://sacemaquarterly.com/wp-content/uploads/2015/03/Andersson_Mother-to-child_article-1.pdf



Africa and Asia have the highest prevalence of Hepatitis B virus (HBV) worldwide. Mother-to-child transmission (MTCT) is the most common route of transmission in high prevalence areas. There are three different prevention strategies available to prevent HBV MTCT: Vaccine, Hepatitis B Immunoglobulin and Antiviral therapy during pregnancy. Strategic investment now could see the eradication of HBV MTCT in Africa and ultimately potentially the elimination of this major public health problem.

* * *

Typhoid fever

by John Wain, Rene S Hendriksen, Matthew L Mikoleit et al.
The Lancet Vol. 385, No. 9973, pp. 1136-1145, 21 March 2015



10 pp. 652 kB:

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)62708-7.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62708-7.pdf)



Control of typhoid fever relies on clinical information, diagnosis, and an understanding for the epidemiology of the disease. Despite the breadth of work done so far, much is not known about the biology of this human-adapted bacterial pathogen and the complexity of the disease in endemic areas, especially those in Africa. New conjugate vaccines are imminent and new treatments have been promised, but the engagement of local medical and public health institutions in endemic areas is needed to allow surveillance and to implement control measures.

* * *

Unprogrammed Deworming in the Kibera Slum, Nairobi: Implications for Control of Soil-Transmitted Helminthiases



by Julie R. Harris, Caitlin M. Worrell, Stephanie M. Davis et al.
PLoS Negl Trop Dis 9(3): e0003590 (12 March 2015)



11 pp. 197 kB:

<http://www.plosntds.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pntd.0003590&representation=PDF>

The authors investigated sources of deworming medications received by children in a Kenyan slum, finding that more than half of school-aged and preschool-aged children received deworming medications outside of a national school-based deworming program. These drugs were received from multiple sources, including chemists, healthcare centers, and at schools, via the efforts of non-governmental organizations. These data strongly indicate a need to collect data on all sources of deworming medications when evaluating the effectiveness of national school-based deworming programs.

Non-communicable Diseases

Benefits and Costs of the Non-Communicable Disease Targets for the Post-2015 Development Agenda

Post-2015 Consensus

by Rachel Nugent
Copenhagen Consensus Center, 6 February, 2015



30 pp. 1.3 MB:

http://www.copenhagenconsensus.com/sites/default/files/health_perspective_ncd_-_nugent.pdf



The post-2015 target of reducing premature deaths from non-communicable diseases (NCDs) by one-third by 2030 is ambitious, but can come close to being reached with increased coverage – especially in low-and middle-income countries (LMICs) - of a handful of cost-effective interventions. To achieve an estimated 28.5% reduction in prema-

ture deaths from NCDs – approaching the one-third target – the authors consider five actions that are listed in this paper together with the benefit-cost ratios of achieving them.

Food & Nutrition

2014-2015 Global Food Policy Report

by Shenggen Fan, Sivan Yosef, Andrew Marble et al.
International Food Policy Research Institute (IFPRI), March 2015



139 pp. 13.3 MB:

<http://www.ifpri.org/sites/default/files/publications/gfpr20142015.pdf>



The 2014–2015 Global Food Policy Report presents data for several key food policy indicators, including country-level data on hunger, agricultural research spending, and capacity for food policy research. In addition to illustrative figures, tables, and a timeline of food policy events during the past year, the report also presents the results of a global opinion poll on the current state of food policy.

* * *

Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil

by Cesar G Victora, Bernardo Lessa Horta, Christian Loret de Mola et al.
The Lancet Global Health, Vol. 3, No. 4, e199–e205, April 2015



7 pp. 270 kB:

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)70002-1.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)70002-1.pdf)



Launched in 1982 in Pelotas, Brazil, the researchers recorded breastfeeding information in early childhood for about 3,500 participants and then followed up with them 30 years later. Participants who were breastfed at least a year scored higher on IQ tests and earned higher monthly incomes than those who were breastfed for less than 1 month.

* * *

Perceptions of usage and unintended consequences of provision of ready-to-use therapeutic food for management of severe acute child malnutrition. A qualitative study in Southern Ethiopia

by Elazar Tadesse, Yemane Berhane, Anders Hjern et al.
Health Policy Plan. (2015) - First published online: March 8, 2015



8 pp. 162 kB:

<http://heapol.oxfordjournals.org/content/early/2015/03/07/heapol.czv003.full.pdf+html>



Severe acute child malnutrition (SAM) is associated with high risk of mortality. To increase programme effectiveness in management of SAM, community-based management of acute malnutrition (CMAM) programme that treats SAM using ready-to-use-

therapeutic foods (RUTF) has been scaled-up and integrated into existing government health systems. The study aimed to examine caregivers' and health workers perceptions of usages of RUTF in a chronically food insecure area in South Ethiopia.

* * *

Factsheet: Salt

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



2 pp. 235 kB:

<http://apps.who.int/iris/bitstream/10665/155294/1/salt-factsheet-web.pdf?ua=1>



High blood pressure (also called hypertension) is a leading cause of disease, death and disability, both globally and in the South-East Asia Region. Excess salt or sodium consumption increases the risk of developing hypertension, heart disease and stroke. Reducing salt intake lowers blood pressure and reduces the risk of heart disease and stroke. Reduction in salt intake is a proven cost-effective intervention to improve population health.

* * *

Risk factors for overweight and overfatness in rural South African children and adolescents

by E. Craig, J.J. Reilly and R. Bland

J Public Health (2015) - First published online: March 4, 2015



10 pp. 142 kB:

<http://jpubhealth.oxfordjournals.org/content/early/2015/03/04/pubmed.fdv016.full.pdf+html>



Childhood obesity is one of the most serious public health challenges currently facing individuals, communities and governments throughout the world and has reached epidemic proportions. Often considered an issue primarily affecting high-income, developed countries, the childhood obesity epidemic is now a global problem, and its impact is increasingly evident in low- and middle-income countries (LMIC), particularly in urban settings. This cross-sectional study aimed to determine risk factors of overweight and obesity in a rural, African area. The study suggests that pre-adolescent/adolescent females may be the most appropriate targets of future interventions aimed at preventing obesity in rural South Africa.

* * *

Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation

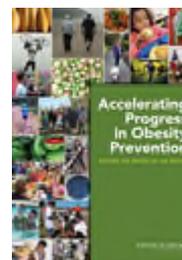
by Dan Glickman, Lynn Parker, Leslie J. Sim et al.

Committee on Accelerating Progress in Obesity, Prevention; Food and Nutrition Board; Institute of Medicine, 2015



479 pp. 4.1 MB:

http://download.nap.edu/cart/download.cgi?&record_id=13275



One-third of adults in the US are now obese, and children's obesity rates have climbed from 5 to 17 percent in the past 30 years. The causes of the nation's obesity epidemic are multi-factorial, having much more to do with the absence of sidewalks and the lim-

ited availability of healthy and affordable foods than a lack of personal responsibility. The broad societal changes that are needed to prevent obesity will inevitably affect activity and eating environments for all ages.

Essential Medicines

Medicines in Health Systems Working toward Universal Health Coverage

Journal of Pharmaceutical Policy and Practice 2015, 8:8
Collection published: 23 February 2015



JOURNAL OF PHARMACEUTICAL
POLICY AND PRACTICE

<http://www.joppp.org/series/uhc>

This thematic series contains a set of papers on country experiences and overarching issues related to medicines in health systems in Asian countries on the path to universal health coverage.

Medicines are central to achieving the health care access, equity, quality, and risk protection goals of universal health coverage (UHC). Wise medicines management and sound policies are also crucial for the financial sustainability of UHC schemes. Countries and schemes pursuing UHC are at different stages of developing and implementing targeted medicines management and policy approaches. Stakeholders can benefit from and are interested in sharing strategies, tools, and experiences.

* * *

Tough decisions on essential medicines in 2015

by Nicola Magrini, Jane Robertson, Gilles Forte et al.
Bulletin of the World Health Organization - Published online: 12 March 2015



4 pp. 43 kB:

http://www.who.int/bulletin/online_first/BLT.15.154385.pdf?ua=1

In 1977, the World Health Organization published its first Model List of Essential Medicines. This year, the Expert Committee for the Selection and Use of Medicines will consider requests to include high-cost medicines for cancer, hepatitis C, multidrug-resistant tuberculosis and new oral anticoagulants on the Model List. These applications challenge perceptions of essential medicines and raise questions about how to address issues of cost and affordability for countries when making decisions at the global level.

* * *

Use of Incentives in Health Supply Chains: A Review of Results-Based Financing in Mozambique's Central Medical Store

by Cary Spisak and Lindsay Morgan
USAID DELIVER PROJECT, Task Order 4 and the USAID Health Finance & Governance Project, September 2014



54 pp. 792 kB:

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



The report reviews progress made by a results-based financing (RBF) program in Mozambique intended to strengthen the supply chain, specifically the performance of the Central Medical Store. Introduced in 2013 the performance-based government-to-government grant conditions payment on results related to planning, distribution, and warehouse management. The review suggests that, with careful attention to program design and effective implementation, RBF in the public health supply chain can be a catalyst for system-wide changes and it can have great promise as a tool for policymakers and program managers to build on and leverage existing investments.

* * *

Interventions to combat or prevent drug counterfeiting: a systematic review

by Fadi El-Jardali, Elie A Akl, Racha Fadlallah et al.
BMJ Open 2015;5:e006290

BMJ Open



12 pp. 1.1 MB:

<http://m.bmjopen.bmj.com/content/5/3/e006290.full.pdf>

Drug counterfeiting has serious public health and safety implications. The objective of this study was to systematically review the evidence on the effectiveness of interventions to combat or prevent drug counterfeiting. Overall, the authors found low quality evidence suggesting positive effects of drug registration and WHO-prequalification of drugs in reducing the prevalence of counterfeit and substandard drugs. Low quality evidence suggests that licensing of drug outlets is probably ineffective. For multifaceted interventions (including a mix of regulations, training of inspectors, public-private collaborations and legal actions), low quality evidence suggest they may be effective.

Social Protection

Cash, vouchers or in-kind?

Guidance on evaluating how transfers are made in emergency programming

by Simon Levine and Sarah Bailey
Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI), February 2015



27 pp. 379 kB:

<http://www.cashlearning.org/downloads/cash-vouchers-or-inkind.pdf>

The choice of how to transfer assistance – whether through in-kind aid, cash or vouchers – to people in crises may be an important decision. In order to constantly improve practice, the humanitarian community needs evidence about the diverse impacts of different choices. In order to ensure that the best decisions are made, evidence is also needed about the decision-making processes that lead to these choices.

* * *

Social Protection: Topic Guide

by Evie Browne, Catherine Arnold, Armando Barrientos et al.
Governance and Social Development Resource Centre (GSDRC), University of Birmingham, 2015



41 pp. 1.4 MB:

<http://www.gsdrc.org/docs/open/SocialProtection.pdf>



This guide provides an overview of social protection concepts, approaches, issues, debates and the evidence. It primarily focuses on longer-term developmental social protection, rather than humanitarian responses, and on low-income countries, drawing on other contexts where appropriate. The aim is to provide an overview of issues, a selection of key references and signposting to further resources, rather than an exhaustive guide.

* * *

Social protection programmes supporting women survivors of domestic violence

by Brigitte Rohwerder

Governance and Social Development Resource Centre (GSDRC)
Helpdesk Research Report 1130, University of Birmingham UK, August 2014



11 pp. 576 kB:

<http://www.gsdrc.org/docs/open/HDQ1130.pdf>

This rapid review presents lessons learnt from social protection/cash transfer programmes which target women survivors of domestic/family violence. As a result of the impact of domestic violence, women survivors of violence often require the support of social protection programmes. Few cash transfer programmes appear to specifically target women survivors of domestic violence. As a result this paper takes a broad understanding of social protection. The most effective programmes appear to combine both prevention and response measures. Many of the programmes described are 'transformative social protection', as they aim to change lives through achieving empowerment, equality, social inclusion and the realisation of human rights.

* * *

Ghana's National Health insurance scheme and maternal and child health: a mixed methods study

by Kavita Singh, Isaac Osei-Akoto, Frank Otchere et al.
BMC Health Services Research 2015, (17 March 2015)



23 pp. 1.1 MB:

<http://www.biomedcentral.com/content/pdf/s12913-015-0762-y.pdf>

Ghana is attracting global attention for efforts to provide health insurance to all citizens through the National Health Insurance Scheme (NHIS). With the program's strong emphasis on maternal and child health, an expectation of the program is that members will have increased use of relevant services. The NHIS does appear to enable pregnant women to access services and allow caregivers to seek care early for sick children, but both the quantitative and qualitative assessments also indicated that the poor and least educated were less likely to have insurance than their wealthier and more educated counterparts.

Water, sanitation and hygiene in health care facilities: Status in low- and middle-income countries and way forward

by Maria Neira, Edward Kelley, Mickey Chopra et al.
World Health Organization and UNICEF, 2015



52 pp. 1.1 MB:

http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476_eng.pdf?ua=1



This report presents, for the first time, a global assessment of the extent to which health care facilities provide essential water, sanitation and hygiene (WASH) services. Drawing on data from 54 low- and middle-income countries, the report concludes that 38% lack access to even rudimentary levels of water, 19% lack sanitation and 35% do not have water and soap for handwashing. When a higher level of service is factored in, the situation deteriorates significantly. A number of areas require urgent action and WHO will work with UNICEF, Governments and other partners to develop a global plan to address the most pressing needs and ensure that all health care facilities have WASH services.

* * *

Water for a Sustainable World

The United Nations World Water Development Report 2015

by Michela Miletto, Richard Connor, Simone Grego et al.
United Nations Educational, Scientific and Cultural Organization (UNESCO), 2015



139 pp. 4.8 MB:

<http://unesdoc.unesco.org/images/0023/002318/231823E.pdf>



The report demonstrates how water resources and services are essential to achieving global sustainability. Taking account of economic growth, social equity and environmental sustainability, the report's forward-looking narrative describes how major challenges and change factors in the modern world will affect – and can be affected by – water resources, services and related benefits. The report provides a comprehensive overview of major and emerging trends from around the world, with examples of how some of the trend-related challenges have been addressed, their implications for policy-makers, and further actions that can be taken by stakeholders and the international community.

* * *

Impact of Water and Sanitation Interventions on Childhood Diarrhea: Evidence from Bangladesh

by Sharifa Begum, Mansur Ahmed, and Binayak Sen
Bangladesh Institute of Development Studies (BIDS), 2013



49 pp. 579 kB:

http://www.3ieimpact.org/media/filer_public/2013/10/25/impact_of_water_and_childhood_diarrhea_evidence_from_bangladesh.pdf



This paper analyses the possible relevance of water and sanitation improvements for

diarrhoea reduction in the context of Bangladesh. The sanitation intervention has some impact but as the results of the present paper suggest a combined access to improved water and sanitation has greater policy validity now than was the case before. The study noted a grave challenge for the country in maintaining the present high coverage for improved drinking water in future and such challenges may arise from widespread arsenic contamination of ground water level, environmental changes and faulty management of water and sanitation programme.

Human Resources

The role of 'hidden' community volunteers in community-based health service delivery platforms: examples from sub-Saharan Africa

by Natalie Leon, David Sanders, Wim Van Damme et al.
Global Health Action 2015 - Published: 12 March 2015



7 pp. 301 kB:

http://www.globalhealthaction.net/index.php/gha/article/download/27214/pdf_41

The authors report on the findings from their joint qualitative and quantitative investigations, highlighting the need to recognise the 'hidden' contribution of volunteers. We need to better characterize the volunteers' interaction with community-based and primary care services and to better understand ways to improve the volunteer systems with the right type of investments. This is particularly important for considering the models for scale-up of community health workers (CHWs) in sub-Saharan Africa.

* * *

How decentralisation influences the retention of primary health care workers in rural Nigeria

by Seye Abimbola, Titilope Olanipekun, Uchenna Igbokwe et al.
Global Health Action, 8:26616; 3 March 2015

Global Health
Action



11 pp. 381 kB:

http://www.globalhealthaction.net/index.php/gha/article/download/26616/pdf_6

In Nigeria and other low- and middle-income countries with decentralised health systems, intervention to increase the retention of health workers in rural communities should seek to reform and strengthen governance mechanisms, using both top-down and bottom-up strategies to improve the remuneration and support for health workers in rural communities. Community efforts to retain health workers also include providing social, financial, and accommodation support to health workers. To encourage health workers to stay, communities also take the initiative to co-finance and co-manage PHC services in order to ensure that PHC facilities are functional.

Health Systems & Research

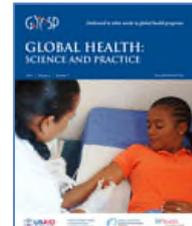
Patient Flow Analysis in Resource-Limited Settings: A Practical Tutorial and Case Study

Cinnamon A Dixon, Damien Punguyire, Melinda Mahabee-Gittens et al.
Glob Health Sci Pract 2015;3(1):126-134



9 pp. 727 kB:

<http://www.ghspjournal.org/content/3/1/126.full.pdf+html>



Patient flow analysis (PFA), a simple quality improvement tool to identify patient flow patterns, can be used in resource-limited settings to inform service delivery improvements. A PFA at a Ghanaian hospital found that personnel constraints and a mismatch between staffing and patient arrival surges led to long wait and total attendance times. The median time from arrival to first-provider contact was 4.6 hours.

* * *

Mapping of Health Care Financing Schemes in Rwanda

by Hakuzimana Alex

Thesis submitted in partial fulfilment of the requirements for the degree of Master of Science in Public Health, Health Systems Management and Policy, Antwerpen - Belgium, July 2014



56 pp. 955 kB:

https://www.dropbox.com/s/tordlu6n2rezdvcv/150201ITM_MPH_Thesis_Final_Alex.pdf?dl=0

The author investigated how health care financing schemes in Rwanda interact in terms of coherence and complementarity and hence contribute to build the cube of universal health coverage. Rwanda's health sector, like other low income countries, is highly dependent on external funding, with a large share of the Global Diseases Initiatives, and HIV spending is high when compared with other schemes. This study shows the importance of not only financing a health system to function but also of managing it. While progressively moving toward universal health coverage, countries need to make critical choices on which priority services to expand first, the people to include and how to reduce out-of-pocket payments within their respective institutional context.

* * *

Drivers of routine immunization coverage improvement in Africa: findings from district-level case studies



by Anne LaFond, Natasha Kanagat, Robert Steinglass et al.

Health Policy Plan. (2015) 30 (3): 298-308; First published online: March 10, 2014



11 pp. 646 kB:

<http://heapol.oxfordjournals.org/content/30/3/298.full.pdf+html>

There is limited understanding of why routine immunization (RI) coverage improves in some settings in Africa and not in others. Using a grounded theory approach, the authors conducted in-depth case studies to understand pathways to coverage improvement by comparing immunization programme experience in 12 districts in three countries (Ethiopia, Cameroon and Ghana). They identified six common drivers of RI coverage performance improvement - four direct drivers and two enabling drivers - that were present in well-performing districts and weaker or absent in steady coverage districts, and map the pathways from driver to improved supply, demand and coverage.

* * *

Building primary care in a changing Europe

Edited by Dionne S. Kringos, Wienke G.W. Boerma, Allen Hutchinson et al.

European Observatory on Health Systems and Policies, 2015



174 pp. 4.8 MB:

http://www.euro.who.int/_data/assets/pdf_file/0018/271170/BuilingPrimaryCareChangingEurope.pdf?ua=1

This new study gives a wide-ranging overview of primary care in 31 European countries. Topics covered include governance, financing, workforce aspects and the breadth of the provision of services. As well as looking at how primary care relates to broader health-care outcomes, this volume describes the diversity of essential primary care features, such as accessibility, continuity and coordination, and suggests priority areas for review.

Information & Communication Technology

Wikipedia and Medicine: Quantifying Readership, Editors, and the Significance of Natural Language

by James M Heilman and Andrew G West

Journal of Medical Internet Research, Vol. 17, No. 3 (2015): March



Read online at: <http://www.jmir.org/2015/3/e62/>

Wikipedia is a collaboratively edited encyclopaedia. One of the most popular websites on the Internet, it is known to be a frequently used source of health care information by both professionals and the lay public. Although Wikipedia has a considerable volume of multilingual medical content that is extensively read and well-referenced, the core group of editors that contribute and maintain that content is small and shrinking in size.

* * *

Wikipedia – challenges and new horizons in enhancing medical education

by Verena G Herbert, Andreas Frings, Herwig Rehatschek et al.

BMC Medical Education 2015, 15:32 (6 March 2015)



10 pp. 442 kB:

<http://www.biomedcentral.com/content/pdf/s12909-015-0309-2.pdf>

Wikipedia gains growing attention as a provider of health information. This study aimed to investigate the use, relevance and challenges of Wikipedia among medical students. The information retrieved from Wikipedia is critically appraised. However, the authors found shortcomings in handling erroneous entries. They argue for professional responsibility among medical students in dealing with this dynamic resource. Moreover, they encourage medical schools to supplement information to Wikipedia to further benefit from the vast possibilities of this platform.

* * *

Using mobile technology to improve maternal health and fight Ebola: A case study of mobile innovation in Nigeria

by Darrell M. West
The Brookings Institution, March 2015



20 pp. 479 kB:

<http://www.brookings.edu/~media/research/files/papers/2015/03/11-mobile-technology-nigeria-west/ctinigeria.pdf>



Medical practitioners, government agencies, and private industry are beginning to learn how mobile technology can be harnessed to develop and inspire solutions to aid the health of people and nations. In this report the author examines mHealth applications in Africa. In particular, he focuses on Nigeria, Liberia, and Sierra Leone and takes a brief look at other innovations occurring in the North African country of Morocco. He examines how mobile technologies have improved maternal health care and helped deal with disease outbreaks such as Ebola.

Education

Pricing the right to education: The cost of reaching new targets by 2030



by Annababette Wils
Education for All Global Monitoring Report, March 2015



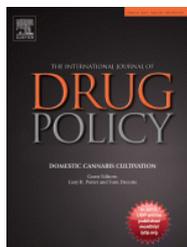
8 pp. 716 kB:

<http://unesdoc.unesco.org/images/0023/002321/232197E.pdf>

This paper shows there is an annual financing gap of US\$ 22 billion over 2015-2030 for reaching universal pre-primary, primary and lower secondary education of good quality in low and lower middle income countries. The analysis covers all low and lower middle income countries, which face the greatest challenges in education provision and are the most likely to need external assistance. It shows that, without a doubt, substantial new investment is needed if the world is to achieve the key education targets of the post-2015 sustainable development agenda.

Harm Reduction & Drug Use

The cost-effectiveness of harm reduction



by David P. Wilson, Braedon Donald, Andrew J. Shattock et al.
International Journal of Drug Policy 26 (2015) S5–S11



7 pp. 756 kB:

[http://www.ijdp.org/article/S0955-3959\(14\)00311-9/pdf](http://www.ijdp.org/article/S0955-3959(14)00311-9/pdf)

The coverage of harm reduction programs remains extremely low across the world. The total annual costs of scaling up each of the harm reduction strategies from current coverage levels, by region, to meet WHO guideline coverage targets are high with antiretroviral therapy (ART) greatest, followed by opioid substitution therapy (OST) and then needle-syringe programs (NSPs). But scale-up of all three approaches is essential. These interventions can be cost-effective by most thresholds in the short-term and cost-saving in the long-term.

WHO Global Report on Trends in Prevalence of Tobacco Smoking

World Health Organization, March 2015



367 pp. 6.0 MB:

http://apps.who.int/iris/bitstream/10665/156262/1/9789241564922_eng.pdf?ua=1

New data show a declining rate of tobacco use and an increase in numbers of non-smokers. But governments must intensify action to combat the tobacco industry and dramatically reduce consumption of tobacco products to, in turn, protect public health. This report contains country-specific estimates for four indicators: current and daily tobacco smoking and current and daily cigarette smoking, for males and females for the years 2000, 2005, 2010, 2015, 2020 and 2025. Age-specific prevalence estimates by sex for current tobacco smoking for 2000, 2010 and 2025 are presented, as well a short history of recent surveys undertaken by the country.

* * *

Monitoring tobacco control among youth in countries of the South-East Asia Region: 2014

Findings from the Global Youth Tobacco Survey, 2003-2014

by Dharendra N Sinha and Naveen Agarwal
World Health Organization (WHO), regional Office for South-East Asia, 2014



12 pp. 833 kB:

<http://apps.who.int/iris/bitstream/10665/155159/1/SEA-Tobacco-51.pdf?ua=1>

The purpose of the Global Youth Tobacco Survey (GYTS) is to enhance the capacity of countries to monitor tobacco use among youth; guide national tobacco prevention and control programmes; and facilitate comparison of tobacco-related data at the national, regional, and global levels. This brochure contains selected indicators of youth tobacco control during 2003–2014 and showing trends in selected Member States of WHO's South-East Asia Region at the national level. The target audience is multistake-holders of youth tobacco control such as NGOs, Government departments, academicians, and researchers.

* * *

A tobacco-free world: a call to action to phase out the sale of tobacco products by 2040

by Robert Beaglehole, Ruth Bonita, Derek Yach et al.
The Lancet Vol. 385, No. 9972, pp. 1011–1018, 14 March 2015



8 pp. 93 kB:

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)60133-7.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60133-7.pdf)



The time has come for the world to acknowledge the unacceptability of the damage being done by the tobacco industry and work towards a world essentially free from the sale (legal and illegal) of tobacco products. A tobacco-free world by 2040, where less than 5% of the world's adult population use tobacco, is socially desirable, technically feasible, and could become politically practical. The first and most urgent priority is the inclusion of an ambitious tobacco target in the post-2015 sustainable development health goal.

Electronic cigarette use and harm reversal: emerging evidence in the lung

by Riccardo Polosa
BMC Medicine 2015, 13:54, (18 March 2015)



4 pp. 393 kB:

<http://www.biomedcentral.com/content/pdf/s12916-015-0298-3.pdf>

Electronic cigarettes (ECs) have been rapidly gaining ground on conventional cigarettes due to their efficiency in ceasing or reducing tobacco consumption, competitive prices, and the perception of them being a much less harmful smoking alternative. Data from internet surveys and clinical trials have shown that ECs may help smokers quit or reduce their tobacco consumption and it is also feasible to detect early changes in airway function and respiratory symptoms in smokers switching to e-vapor. The emerging evidence that EC use can reverse harm from tobacco smoking should be taken into consideration by regulatory authorities seeking to adopt proportional measures for the e-vapor category.

Sustainable Development Goals

Leaving no one behind: How the SDGs can bring real change

by Claire Melamed
Overseas Development Institute, March 2015



2 pp. 95 kB:

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9534.pdf>



The commitment to 'leave no one behind' has been a key feature of all the discussions on the post-2015 agenda and the Sustainable Development Goals (SDGs). The idea that 'no goal should be met unless it is met for everyone' is well established in the rhetoric around the new goals. In theory of course, this means ensuring that every individual achieves the full package of rights and opportunities the SDGs express. However, what this means in practice is still not clear. This briefing looks at how the idea of leaving no one behind can be integrated into the SDGs.

Development Assistance

Global Humanitarian Overview 2015

A consolidated appeal to support people affected by disaster and conflict

Office for the Coordination of Humanitarian Affairs (OCHA), 2015



32 pp. 4.0 MB:

<https://docs.unocha.org/sites/dms/Documents/GHO-FINAL-web.pdf>



As needs increase, humanitarian organizations continue to look at ways to become more effective and efficient. Improved needs assessment and analysis, strategic planning and prioritization helped humanitarian organizations target their resources on the most vulnerable. Humanitarian country teams are taking a more holistic and integrated

approach to address needs, for instance by looking at the humanitarian and development resources available and aligning the two.

Others

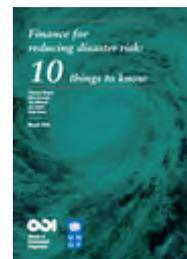
Finance for reducing disaster risk: 10 things to know

by Charlene Watson, Alice Caravani, Tom Mitchell et al.
Overseas Development Institute (ODI), March 2015



24 pp. 3.6 MB:

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9480.pdf>



The report focuses on the basics of disaster risk reduction (DRR) finance and the opportunities that the Post-2015 development finance landscape can offer. In the [Post-2015 Framework for Disaster Risk Reduction](#) – the successor to the Hyogo Framework for Action (HFA) – it is imperative that the discussion on financing is elaborated. This accompanying report to the '10 things to know about finance for reducing disaster risk' provides a clear overview of the needs and trends in DRR finance, the available channels and a nuanced narrative to capture the attention of decision-makers and stakeholders in advance of the Sendai World Conference on Disaster Risk Reduction (WCDRR).

* * *

The Human Cost of Natural Disasters 2015: A global perspective

by Pascaline Wallemacq, Claudia Heike Herden, Rowena House et al.
Centre for Research on the Epidemiology of Disasters (CRED), 2015



57 pp. 6.6 MB:

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



Between 1994 and 2013, Emergency Events Database (EM-DAT) recorded 6,873 natural disasters worldwide, which claimed 1.35 million lives or almost 68,000 lives on average each year. In addition, 218 million people were affected by natural disasters on average per annum during this 20-year period. This report helps frame the debate on disaster risk reduction in the Post-2015 Development Agenda. It also underlines that climate-related disasters have come to dominate the risk landscape to the point where they now account for more than 80% of all major internationally reported disasters.

* * *

Ghana, the rising star: progress in political voice, health and education



by Amanda Lenhardt, Alina Rocha Menocal, Jakob Engel
Overseas Development Institute, March 2015



40 pp. 2.5 MB:

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9539.pdf>

Ghana has achieved remarkable progress in human development over the past 20 years while undergoing one of the most successful transitions to multi-party democracy in sub-Saharan Africa. As such, it provides a compelling example to explore the factors

that have contributed to progress in both the provision of basic services (notably in health and education) and greater political voice for citizens.

* * *

Doctors in the Crosshairs: Four Years of Attacks on Health Care in Syria



by Elise Baker, Widney Brown, Erin Gallagher et al.
Physicians for Human Rights, March 2015



8 pp. 297 kB:

https://s3.amazonaws.com/PHR_Reports/doctors-in-the-crosshairs.pdf

The consequences of the international community's failure to protect Syrians from systematic and repeated violations of both human rights and humanitarian law have been devastating. Yet, one in particular stands out: the erosion of the long-established principle that neither militaries nor armed groups can target medical workers and the health care system for attacks. Since 2011, the Syrian government has systematically violated this principle and is using attacks on medical workers and facilities as a weapon of war.

* * *

A Handbook of Inclusive Affordable Housing Solutions for Persons with Disabilities and Older Persons



by Marja Edelman, Ana Carolina Moreira Pudenzi, Christophe Lalande et al.

United Nations Human Settlements Programme (UN-Habitat), 2014



100 pp. 3.9 MB:

<http://unhabitat.org/?wpmact=process&did=MTU0Ny5ob3RsaW5r>

This handbook aims to bridge the existing gap between the needs and rights of persons with disabilities and older persons with slum upgrading, reconstruction, large-scale affordable and social housing programmes. Through the provision of concepts, major policy approaches, practical information and technical tools, the handbook intends to build capacity regarding designing and implementing accessibility in identified contexts. Likewise, it brings into light the implication and the global importance of developing accessibility of sustainable human settlements.

* * *

Effectiveness of intensive healthcare waste management training model among health professionals at teaching hospitals of Pakistan: a quasi-experimental study

by Ramesh Kumar, Ratana Somrongsong, Babar Tasneem Shaikh
BMC Health Services Research (2015) 15:81 (28 February 2015)



7 pp. 535 kB:

<http://www.biomedcentral.com/content/pdf/s12913-015-0758-7.pdf>

Infectious waste management has always remained a neglected public health problem in the developing countries, resulting in high burden of environmental pollution affecting general masses. This interventional study was conducted to assess the effectiveness of

Intensive healthcare waste management (IHWM) training model at two tertiary care hospitals of Rawalpindi city, Pakistan. The authors conclude that IHWM training could be an effective intervention for improving knowledge, attitudes and practices among health workers regarding infectious waste management. Such training should become a regular feature of all hospitals for reducing the hazards attached with infectious wastes.

* * *

Why Public-Private Partnerships Don't Work: The Many Advantages of the Public Alternative

by David Hall

Public Services International Research Unit (PSIRU), March 2015



56 pp. 563 kB:

http://www.world-psi.org/sites/default/files/rapport_eng_56pages_a4_lr.pdf



The report assessed the impact of Public-Private Partnerships (PPPs) actually undertaken in rich and poor countries. These global case studies show that there is no evidence that PPPs are cheaper or more convenient for governments in the long-term. The report provides evidence that far from being a solution for countries under fiscal constraints, PPPs can instead “worsen fiscal problems”, as in the cases of Cyprus, Greece, Ireland, Portugal, Spain and the UK. Such arrangements can legally lock governments into agreements that they don't profit from, yet assume the majority of the risk.

TRAINING OPPORTUNITIES

European Drugs Summer School 2015

29 June-10 July 2015

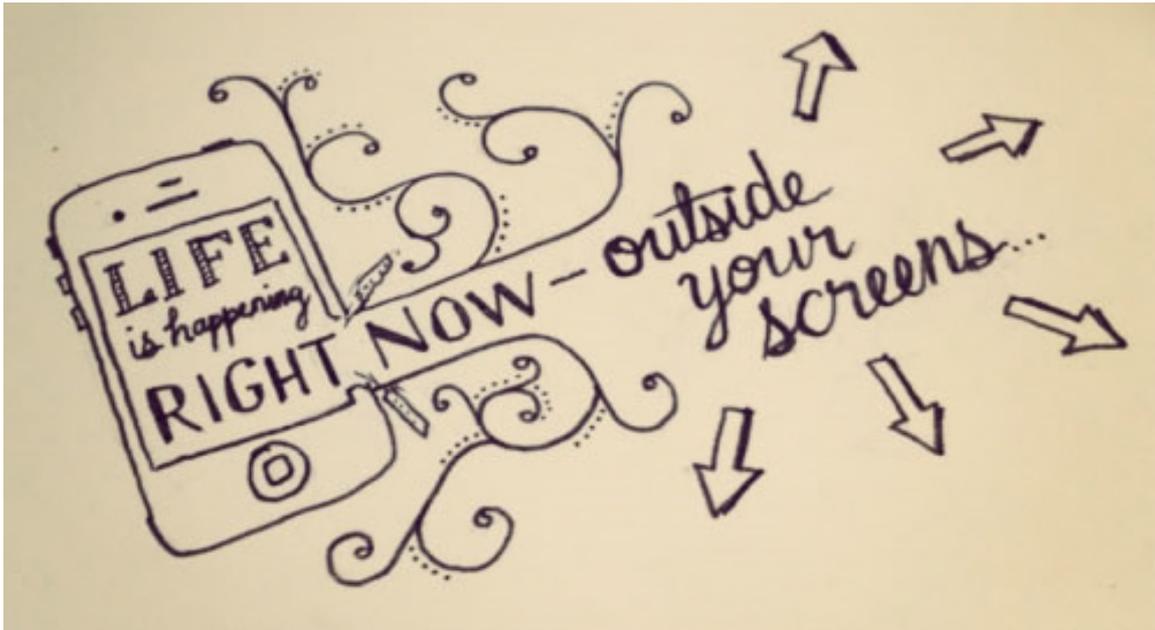
“Summer school on illicit drugs Europe”



This two-week summer school prepares professionals and students to meet the complex policy challenges that face Europe in the field of drugs. Involving scientific experts from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), but also university professors and policy-makers, it provides a multi-disciplinary and inclusive approach to the study of the drug problem in Europe and beyond.

For more information see: <http://www.drugsummerschool.cies.iscte-iul.pt/np4/home>

CARTOON



TIPS & TRICKS

Inserting Date and Time into a WORD document

To insert the actual date into a MS WORD document press ALT + SHIFT + D
To insert the actual time press ALT + SHIFT + T

* * *

The Free Office Suite for Windows, Mac & Linux



LibreOffice is a free alternative to paying for the Microsoft Office Suite. Microsoft does offer free use of its Office Online Apps at Outlook.com, but you need to be online to use the programmes and some functions are only available to paying customers. The developers of Libre Office offer a complete, permanently updated office suite that you can download and use offline and use as a portable office suite across different devices.

Microsoft Office does not provide a portable version, but LibreOffice does. Anyone can download this version from [here](#) and install it on a flash drive. This way, you will always have your documents at your fingertips, no matter where you are. Or you can choose a desktop version [here](#).

Another good thing is that LibreOffice is a cross-platform application. Microsoft Office will only run on Linux based systems through a Wine or PlayOnLinux emulator, but LibreOffice can be installed with no problems, preserving its full functionality on Windows operating systems.

Best regards,

[Dieter Neuvians MD](#)