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## HIGHLIGHTS from *Healthy DEvelopments*

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

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[Health sector demonstrates the incredible power of the "system"](#)

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## ONLINE PUBLICATIONS

### Global Health

#### *Global Health Watch 4: An Alternative World Health Report*

People's Health Movement, Global Equity Gauge Alliance and Medact,  
13 November 2014; ISBN: 9781783602544, £ 65.00, US\$ 95.00

Download chapter by chapter (432 pp.) at:

<http://www.ghwatch.org/node/45484>



Global Health Watch, now in its fourth edition, is widely perceived as the definitive voice for an alternative discourse on health and healthcare. It covers a range of issues that currently impact on health, including the present political and economic architecture in a fast-changing and globalized world; a political assessment of the drive towards Universal Health Coverage; broader determinants of health, such as gender-based violence and access to water; stories of struggles, actions and change; and a scrutiny of a range of global institutions and processes.

\* \* \*

#### *Raising domestic resources for health: Can tax revenue help fund Universal Health Coverage?*

by Jane Doherty, Jane Chuma, Hyacinth Ichoku  
Resilient& Responsive Health Systems (RESYST), January 2015



4 pp. 1.6 MB:

<http://resyst.lshtm.ac.uk/sites/resyst.lshtm.ac.uk/files/docs/reseources/Tax%20brief.pdf>



Ensuring 'health for all' requires substantial increases in funding from domestic sources in a sustainable and equitable manner. One way of increasing revenue is through improved tax collection and larger total government budgets. This brief outlines how the countries increased tax revenue and identifies common factors across contexts. It then uses the South African experience to explore whether the health sector benefited from additional tax revenue. The brief concludes with recommendations for health sector officials about how to negotiate more successfully for additional resources to be spent on health.

\* \* \*

### ***No-Needle, Single-Visit Adult Male Circumcision with Unicirc: A Multi-Centre Field Trial***

by Peter S. Millard and Norman D. Goldstuck  
PLoS ONE 10(3): e0121686 - Published: March 30, 2015



11 pp. 7.0 MB:

[http://www.plosone.org/article/fetchObject.action?uri=in  
fo:doi/10.1371/journal.pone.0121686&representation=PDF](http://www.plosone.org/article/fetchObject.action?uri=in%20fo%3A%2Fdoi%2F10.1371%2Fjournal.pone.0121686&representation=PDF)



Voluntary medical male circumcision (VMMC) is a priority HIV preventive intervention. Current adult circumcision methods need improvement. Use of topical anaesthesia obviates the need for injectable anesthetic and makes the Unicirc procedure nearly painless. Unicirc is rapid, easy to learn, heals by primary intention with excellent cosmetic results, obviates the need for a return visit for device removal, and is potentially cheaper and safer than other methods. Use of this method will greatly facilitate scale-up of mass circumcision programs.

\* \* \*

### ***How do you circumcise a nation? The Rwandan case study***

by Vincent Mutabazi, Jamie I Forrest, Nathan Ford et al.  
BMC Medicine 2014, 12:184 (6 October 2014)



4 pp. 771 kB:

<http://www.biomedcentral.com/content/pdf/s12916-014-0184-4.pdf>

Voluntary medical male circumcision has been conclusively demonstrated to reduce the lifetime risk of male acquisition of HIV. Rwanda has faced a number of challenges to successful scale-up. The authors discuss here how simplifications in the procedure, addressing a lack of healthcare infrastructure and mobilizing resources, and engaging communities of both men and women have permitted Rwanda to move forward with more optimism in its scale-up tactics. Examples from Rwanda are used to highlight how these barriers can and should be addressed.

\* \* \*

### ***Safe male circumcision in Botswana: Tension between traditional practices and biomedical marketing***

by Masego Katisi & Marguerite Daniel  
Global Public Health – Published online 11 April 2015



19 pp. 225 kB:

<http://www.tandfonline.com/doi/pdf/10.1080/17441692.2015.1028424>



Botswana has been running Safe Male Circumcision (SMC) since 2009 and has not yet met its target. Demand creation strategies make use of media and celebrities. The objective of this paper is to explore responses to SMC in relation to circumcision as part of traditional initiation practices. More specifically, the authors present the views of two communities in Botswana on SMC consultation processes, implementation procedures and campaign strategies. There were conflicting views on public SMC demand creation campaigns in relation to the traditional secrecy of circumcision. In conclusion, initial co-

operation of local chiefs and elders turned into resistance.

\* \* \*

### ***Feasibility and effectiveness of two community-based HIV testing models in rural Swaziland***



by Lucy Anne Parker, Kiran Jobanputra, Lorraine Rusike et al.  
Tropical Medicine & International Health - Article first published online: 2 April 2015



10 pp. 213 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12501/pdf>

The authors evaluated the feasibility (population reached, costs) and effectiveness (positivity rates, linkage to care) of two strategies of community-based HIV testing and counselling (HTC) in rural Swaziland. They conclude that in this high HIV prevalence setting, a community-based testing programme achieved high uptake of testing and appears to be an effective and affordable way to encourage large numbers of people to learn their HIV status (particularly underserved populations such as men and young people). However, for community HTC to impact mortality and incidence, strategies need to be implemented to ensure people testing HIV-positive in the community are linked to HIV care.

\* \* \*

### ***Immunological failure of first-line and switch to second-line antiretroviral therapy among HIV-infected persons in Tanzania: analysis of routinely collected national data***

by Fiona M. Vanobberghen, Bonita Kilama, Alison Wringe et al.  
Tropical Medicine & International Health - Article first published online: 2 April 2015



13 pp. 229 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12507/pdf>



Rates of first-line treatment failure and switches to second-line therapy are key indicators for national HIV programmes. The authors assessed immunological treatment failure defined by WHO criteria in the Tanzanian national HIV programme. They conclude that immunological treatment failure rates and unmet need for second-line therapy are high in Tanzania; virological monitoring, at least for persons with immunological treatment failure, is required to minimise unnecessary switches to second-line therapy. Lower level government health facilities need more support to reduce treatment failure rates and improve second-line therapy uptake to sustain the benefits of increased coverage.

\* \* \*

### ***AVAC Report 2014/15: Prevention on the Line***

by Emily Bass, Jared Baeten, Stephen Becker et al.  
Global Advocacy for HIV Prevention (AVAC), February 2015



38 pp. 3.9 MB:

[http://www.avac.org/sites/default/files/u3/AVAC\\_Report2014\\_2015.pdf](http://www.avac.org/sites/default/files/u3/AVAC_Report2014_2015.pdf)



The first part of the report provides in-depth information on the current state of global

targets in HIV prevention, including an in-depth discussion on global targets and a call for advocates to work together to ensure that strategic targets are in place across the spectrum of prevention options. The second part explores resources and actions required to meet these targets.

\* \* \*

### ***Prevention is a Tough Sell***



HIV Specialist, April 2015, Volume 7, No. 1

American Academy of HIV Medicine - Patient Care, Practice Management & Professional Development Information for HIV Care Providers



44 pp. 4.7 MB:

[https://www.aahivm.org/HIV\\_Specialist/upload/FINAL%204.3.pdf](https://www.aahivm.org/HIV_Specialist/upload/FINAL%204.3.pdf)

While the number of new HIV infections has remained relatively constant in the U.S., the makeup of that population is younger, poorer and less educated - a much more difficult group to reach. This issue of HIV Specialist is focused on the prevention of HIV transmission, with an emphasis on PrEP.

\* \* \*

### ***Needle-stick injuries and splash exposures among health-care workers at a tertiary care hospital in north-western Tanzania***

by Phillip L. Chalya, Jeremiah Seni, Martha F. Mushi et al.  
Tanzania Journal of Health Research, Vol. 17, Nr. 2, April 2015



15 pp. 200 kB:

<http://www.ajol.info/index.php/thrb/article/download/103150/105142>

Needle-stick injuries (NSIs) and splash exposures carry a risk of occupational acquisition of HIV and other blood borne pathogens to healthcare workers (HCWs) involved in clinical care. The authors concluded that NSIs and splash exposures are common among HCWs at their centre and are under-reported. Postexposure management is generally poor. All HCWs should be trained on issues related to infection prevention and occupational risk reduction. The hospital should establish surveillance system for registering, reporting and management of occupational injuries and exposures.

## Sexual & Reproductive Health

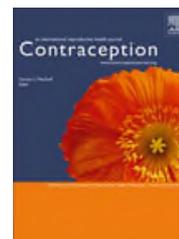
### ***Missed Opportunities for Family Planning: An Analysis of Pregnancy Risk and Contraceptive Method Use among Postpartum Women in 21 Low- and Middle-Income Countries***

by Zhuzhi Moore, Anne Pfitzer, Rehana Gubin et al.  
Contraception, 5 March 2015



31 pp. 1.2 MB:

[http://www.contraceptionjournal.org/article/S0010-7824\(15\)00101-8/pdf](http://www.contraceptionjournal.org/article/S0010-7824(15)00101-8/pdf)



The authors analyzed data from recent Demographic and Health Surveys (DHS) conducted in 21 low- and middle-income countries (LMICs) to examine patterns of inter-

pregnancy intervals, unmet need, pregnancy risk, and family planning method use and method mix among women 0–23 months postpartum. They conclude that their approach of estimating pregnancy risk by postpartum timing confirms a high probability for pregnancies to be less than optimally spaced within two years of a prior birth and suggests that special consideration is needed to effectively reach this population with the right messages and services.

\* \* \*

### ***Accessing Sexual and Reproductive Health Information and Services: A Mixed Methods Study of Young Women's Needs and Experiences in Soweto, South Africa***

by Naomi Lince-Deroche, Adila Hargey, Kelsey Holt et al.  
African Journal of Reproductive Health, Vol 19, No 1 (2015)



9 pp. 271 kB:

<http://www.ajol.info/index.php/ajrh/article/download/115807/105369>

This study from South Africa emphasises that having access to health information is just 'the first step'. What is critically important is to understand the significance of this information in terms of their actions today and their future goals and achievements. Television and radio drama can show the consequences of unsafe health behaviour in ways that young people can relate to.

## Maternal & Child Health

### ***Prevalence of symptoms of vaginal fistula in 19 sub-Saharan Africa countries: a meta-analysis of national household survey data***



Mathieu Maheu-Giroux, Véronique Filippi, Sékou Samadoulougou et al.  
Lancet Glob Health 2015; 3: e271–78



8 pp. 452 kB:

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(14\)70348-1.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(14)70348-1.pdf)

Vaginal fistula is a serious medical disorder characterised by an abnormal opening between the vagina and the bladder or rectum, which results in continuous leakage of urine or stool. This study is the first to estimate the burden of vaginal fistula in 19 sub-Saharan Africa countries using nationally representative survey data. Point prevalence was slightly lower than previously estimated but these earlier estimates are within the prevalence's credible intervals. Although vaginal fistula is relatively rare, it is still too common in sub-Saharan Africa.

\* \* \*

### ***Rehabilitation experiences after obstetric fistula repair: systematic review of qualitative studies***

by Ladeisha Lombard, Jenna de St. Jorre, Rosemary Geddes et al.  
Tropical Medicine & International Health, Vol. 20, Issue 5, pp. 554–568,  
May 2015



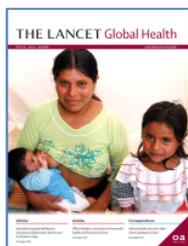
15 pp. 139 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12469/epdf>

Little qualitative evidence is available on rehabilitation after obstetric fistula repair in sub-Saharan Africa. Counselling services and community health education are priorities. Further research should emphasise women's perspectives to better inform interventions aimed at addressing the physical and social consequences of obstetric fistula. The most important rehabilitating factor for women was fulfilment of social roles. Health service perspectives were more frequent than women's perspectives. Counselling and health education were the most common recommendations from both perspectives.

\* \* \*

### ***Use of the Robson classification to assess caesarean section trends in 21 countries: a secondary analysis of two WHO multicountry surveys***



by Joshua P Vogel, Ana Pilar Betrán, Nadia Vindevoghel et al.  
Lancet Glob Health 2015 - Published Online April 10, 2015



11 pp. 433 kB:

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)70094-X.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)70094-X.pdf)

Rates of caesarean section surgery are rising worldwide, but the determinants of this increase, especially in low-income and middle-income countries, are controversial. In this study, the authors aimed to analyse the contribution of specific obstetric populations to changes in caesarean section rates, by using the Robson classification in two WHO multicountry surveys of deliveries in health-care facilities. Use of the Robson criteria allows standardised comparisons of data across countries and timepoints and identifies the subpopulations driving changes in caesarean section rates.

\* \* \*

### ***Can Reproductive Health Voucher Programs Improve Quality of Postnatal Care? A Quasi-Experimental Evaluation of Kenya's Safe Motherhood Voucher Scheme***

by Claire Watt, Timothy Abuya, Charlotte E. Warren et al.  
PLoS ONE 10(4): e0122828 (2 April 2015)



20 pp. 749 kB:

<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.0122828&representation=PDF>

This study tests the group-level causal relationship between the expansion of Kenya's Safe Motherhood voucher program and changes in quality of postnatal care (PNC) provided at voucher-contracted facilities. Despite improvements in maternal aspects of PNC, the authors find a high proportion of mothers who seek PNC are not being checked by any provider after delivery. Additional strategies will be necessary to standardize provision of packaged postnatal interventions to both mother and newborn. This study addresses an important gap in the existing Reproductive Health (RH) literature by using a strong evaluation design to assess RH voucher program effectiveness on quality improvement.

\* \* \*

### ***Routine vitamin A supplementation for the prevention of blindness due to measles infection in children***

Segun Bello, Martin M Meremikwu, Regina I Ejemot-Nwadiaro et al.





27 pp. 308 kB:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007719.pub3/pdf>

Reduced vitamin A concentration increases the risk of blindness in children infected with the measles virus. Promoting vitamin A supplementation in children with measles contributes to the control of blindness in children, which is a high priority within the World Health Organization (WHO) VISION 2020 The Right to Sight Program. The authors did not find any trials assessing whether or not vitamin A supplementation in children with measles prevents blindness, as neither study reported blindness or other ocular morbidities as end points. However, vitamin A use in children should be encouraged for its proven clinical benefits.

\* \* \*

### ***Using the Key Informant Method to identify children with disabilities: A working guide***

by Allen Foster, Hannah Kuper, Chris Lavy et al.  
International Centre for Evidence in Disability (ICED), April 2015



78 pp. 3.3 MB:

<http://blogs.lshtm.ac.uk/disabilitycentre/files/2015/03/KIM-Working-Guide.pdf>

The Key Informant Method (KIM) is an approach to identifying children with disabilities in the community through trained community volunteers, known as Key Informants (KIs). KIM is an evolving method that has been used by ICED in a number of projects. As well as the guide itself, you can also find links on [this page](#) to a range of resources developed by ICED including training materials and programmes, data collection tools and templates.

## Malaria

### ***Mass drug administration for malaria***

by Eugenie Poirot, Jacek Skarbinski, David Sinclair et al.  
Cochrane Infectious Diseases Group - Published Online: 9 December, 2013



164 pp. 1.7 MB:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008846.pub2/pdf>

Mass drug administration (MDA), defined as the empiric administration of a therapeutic antimalarial regimen to an entire population at the same time, has been a historic component of many malaria control and elimination programmes, but is not currently recommended. The authors conclude that MDA appears to reduce substantially the initial risk of malaria parasitaemia. However, few studies showed sustained impact beyond six months post-MDA, and those that did were conducted on small islands or in highland settings.

\* \* \*

## ***Mefloquine at the crossroads? Implications for malaria chemoprophylaxis in Europe***

by Patricia Schlagenhauf, Christoph Hatz, Ron Behrens et al.  
Travel Medicine and Infectious Disease, Vol. 13, Issue 2, pp. 192-196,  
March-April 2015



5 pp. 1.5 MB:

<http://www.malari nexus.com/ common/updateable/files/articles/635641799102867443.pdf>

This commentary looks at the current position of mefloquine prescribing and the rationale of the new European Medicines Agency (EMA) recommendations and restrictions. It also describes the new recommendations for malaria prophylaxis that have been adapted by Switzerland, Germany, Austria and Italy where chemoprophylaxis use is restricted to high-risk malaria-endemic areas.

\* \* \*

## ***Subsidizing the Distribution Channel: Donor Funding to Improve the Availability of Malaria Drugs***

by Terry A. Taylor and Wenqiang Xiao  
Forthcoming in Management Science



32 pp. 294 kB:

[http://haas.berkeley.edu/faculty/papers/taylor\\_subsidizing2.pdf](http://haas.berkeley.edu/faculty/papers/taylor_subsidizing2.pdf)

In countries that bear the heaviest burden of malaria, most patients seek medicine for the disease in the private sector. Because the availability and affordability of recommended malaria drugs provided by the private-sector distribution channel is poor, donors (e.g., the Global Fund) are devoting substantial resources to fund subsidies that encourage the channel to improve access to these drugs. A key question for a donor is whether it should subsidize the purchases and/or the sales of the private-sector distribution channel. The authors show that the donor should only subsidize purchases and should not subsidize sales.

\* \* \*

## ***Towards subsidized malaria rapid diagnostic tests. Lessons learned from the global subsidy of artemisinin-based combination therapies: a review***



by Cristina Lussiana

Health Policy Plan. (2015) - First published online: April 9, 2015



12 pp. 1.1 MB:

<http://heapol.oxfordjournals.org/content/early/2015/04/09/heapol.czv028.full.pdf+html>

Among the interventions recently proposed to combat malaria, a subsidy of rapid diagnostic tests (RDTs) in the private sector has been recommended by governments and international donors to cope with over-treatment with artemisinin-based combination therapies (ACTs) and to delay the emergence of resistance to artemisinin. In order to improve the cost-effectiveness of co-paid RDTs, we should build on the lessons we learned from almost 10 years of the global subsidy of ACTs in malaria-endemic countries.

\* \* \*

## **Effectiveness of Insecticide-treated and Untreated Nets to Prevent Malaria in India**

by Hans Van Remoortel, Emmy De Buck, Maneesh Singha et al.  
Tropical Medicine & International Health – Published online:  
doi:10.1111/tmi.12522



20 pp. 335 kB:

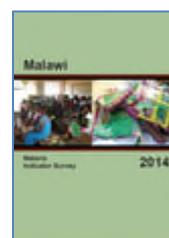
<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12522/pdf>

The authors searched MEDLINE, Embase and Central to systematically review Indian studies on the effectiveness of treated or untreated versus no nets. Parasite prevalence and annual parasite incidence served as malaria outcomes. They conclude that both treated and untreated nets have a clear protective effect against malaria in the Indian context. This effect is more pronounced there than in other countries.

\* \* \*

## **Malawi: Malaria Indicator Survey**

Ministry of Health, National Malaria Control Programme, Lilongwe, Malawi and The DHS Program, ICF International, February 2015



124 pp. 1.3 MB:

<http://dhsprogram.com/pubs/pdf/MIS18/MIS18.pdf>

This report presents the results of the 2014 Malawi Malaria Indicator Survey (MMIS), the third comprehensive, nationally representative household survey designed to measure progress towards achieving the goals and targets set forth in the National Malaria Strategic Plan 2011–2016. The 2014 MIS was designed to produce most of the key malaria indicators for the country as a whole, for urban and rural areas separately, and for each of the three regions in Malawi: Northern, Central, and Southern.

## Tuberculosis

### **Tuberculosis Prevention in South Africa**

by Gwenan M. Knight, Peter J. Dodd, Alison D. Grant et al.  
PLoS ONE 10(4): e0122514 (7 April 2015)



11 pp. 552 kB:

<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.0122514&representation=PDF>

South Africa has one of the highest per capita rates of tuberculosis (TB) incidence in the world. In 2012, the South African government produced a National Strategic Plan (NSP) to control the spread of TB with the ambitious aim of zero new TB infections and deaths by 2032, and a halving of the 2012 rates by 2016. Use of existing control strategies has the potential to have a large impact on TB disease burden in South Africa. However, our results suggest that the South African TB targets are unlikely to be reached without new technologies. Despite this, TB incidence could be dramatically reduced by finding and starting more TB cases on treatment.

\* \* \*

## **Decentralized diagnosis and treatment of drug-resistant tuberculosis in Khayelitsha, South Africa**

Outcomes and successes of the decentralized model of care

Médecins Sans Frontières (Doctors Without Borders) - Khayelitsha, March 2015



24 pp. 1.4 MB:

[https://www.msf.org.za/sites/msf.org.za/files/drtb\\_report\\_final.pdf](https://www.msf.org.za/sites/msf.org.za/files/drtb_report_final.pdf)



In late 2007, Médecins Sans Frontières (MSF), in collaboration with local department of health authorities, began piloting a decentralized model of care in Khayelitsha to enable clinically stable patients with drug-resistant tuberculosis (DR-TB) to be diagnosed and managed by clinicians in facilities at a primary health care (PHC) level. The aim of this report is to provide updated outcomes of the decentralized programme; to share new successes regarding DR-TB patient care and support; and to provide insight into further improvements in the model of decentralized DR-TB care.

\* \* \*

## **Public-private mix for tuberculosis care and control: a systematic review**



by Xun Lei, Qin Liu, Erin Escobar et al.

International Journal of Infectious Diseases 34 (2015) e20-e32



13 pp. 1.2 MB:

[http://www.ijidonline.com/article/S1201-9712\(15\)00052-1/pdf](http://www.ijidonline.com/article/S1201-9712(15)00052-1/pdf)

Public-private mix (PPM) is a promising strategy to strengthen global tuberculosis (TB) care and control, but is affected by contextual characteristics in different areas. The scaling-up of PPM should contain essential commonalities, particularly substantial financial support and continuous material input. Additionally, it is important to improve program governance and training for the health providers involved, through integrated collaborative mechanisms.

\* \* \*

## **The Bedaquiline Donation Program Begins**

[http://www.stoptb.org/news/stories/2015/ns15\\_015.asp](http://www.stoptb.org/news/stories/2015/ns15_015.asp)



1, April 2015 - Geneva / Washington D.C. - Starting today countries will be able to request for bedaquiline, a new drug to treat multi-drug resistant TB, under a unique donation program following an agreement signed between The United States Agency for International Development (USAID) and the Johnson & Johnson affiliate, Janssen Therapeutics, to provide the drug free to 30,000 MDR-TB patients in over 100 low- and middle-income countries over a four year period.

Bedaquiline can be requested by eligible countries through Stop TB Partnership's Global Drug Facility, in accordance with WHO's interim recommendations on the use of the drug.

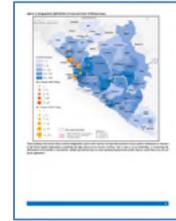
Ebola / Other Infectious Diseases

## **WHO Ebola Situation Report - 15 April 2015**



16 pp. 2.0 MB:

[http://apps.who.int/iris/bitstream/10665/161976/1/roadmapsitre\\_15Apr2015\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/161976/1/roadmapsitre_15Apr2015_eng.pdf?ua=1)



A total of 37 confirmed cases of Ebola virus disease (EVD) was reported in the week to 12 April, compared with 30 the previous week. Case incidence in Guinea increased to 28, compared with 21 confirmed cases the previous week. Sierra Leone reported 9 confirmed cases, the same total as in the previous week. Liberia reported no confirmed cases.

\* \* \*

### ***Socio-Economic Impacts of Ebola on Africa***



by Abbi Kedir, Aboubacry Lom, Amadou Diouf et al.  
United Nations Economic Commission for Africa, January 2015



101 pp. 2.4 MB:

[http://www.uneca.org/sites/default/files/publications/ebola\\_report\\_rev\\_jan2015\\_en.pdf](http://www.uneca.org/sites/default/files/publications/ebola_report_rev_jan2015_en.pdf)

The overall objective is to assess the socio-economic impacts of Ebola Virus Disease (EVD) not only on the countries with widespread and intense transmission, but West Africa more widely and the continent as a whole - both the real costs as well as growth and development prospects. The study looks at the outbreak's impacts - qualitative and quantitative - endeavouring to grasp the interrelations among them by investigating mechanisms and channels of transmission, while trying to capture their size. Analysing these findings, the study offers recommendations to mitigate the disease's impacts, including building more systematic coping and response mechanisms.

\* \* \*

### ***Assessment of the usefulness of integrated disease surveillance and response on suspected Ebola cases in the Brong Ahafo Region, Ghana***

by Kofi Issah, Kennedy Nartey, Richard Amoah et al.  
Infectious Diseases of Poverty 2015, 4:17 (10 April 2015)



8 pp. 741 kB:

<http://www.idpjournals.com/content/pdf/s40249-015-0051-3.pdf>

This study assessed the quality, core and support functions of the integrated disease surveillance and response (IDSR) system relating to 18 suspected cases of Ebola virus disease (EVD) in the Brong Ahafo Region, Ghana. Ghana has been one of the pioneers in the implementation of IDSR in Africa. Despite this, gaps have been identified in the implementation of IDSR relating to EVD. To address these gaps, the community-based surveillance (CBS) system has to actively partner with health facility surveillance to achieve effective IDSR in the region.

\* \* \*

### ***The Politics of Delivering One Health***

by Naomi Marks  
Dynamic Drivers of Disease in Africa Consortium, 2015



6 pp. 1.0 MB:

<http://steps-centre.org/wp-content/uploads/The-Politics-of-Delivering-One-Health.pdf>



Diseases that affect people and have their origins in animals (zoonoses) have the potential to cause social, political and economic upheaval, often with little warning. Witness 2014's Ebola outbreak in West Africa, as well as recent avian (H5N1) and swine (H1N1) flu pandemics. Other zoonoses less dramatically, but with wider impact, quietly devastate lives and livelihoods, an added burden in the lives of poor people in poor countries. Growing attention is being paid to integrated, One Health approaches to zoonoses, which involve animal and human health professionals, as well as wildlife, environmental and other specialists.

\* \* \*

### ***Cessation of Mass Drug Administration for Lymphatic Filariasis in Zanzibar in 2006: Was Transmission Interrupted?***

by Maria P. Rebollo, Khalfan A. Mohammed, Brent Thomas et al.  
PLoS Negl Trop Dis 9(3): e0003669 (27 March 2015)



10 pp. 722 kB:

<http://www.plosntds.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pntd.0003669&representation=PDF>

Lymphatic filariasis (LF) is targeted for elimination through annual mass drug administration (MDA) for 4–6 years. In 2006, Zanzibar stopped MDA against LF after five rounds of MDA revealed no microfilaraemic individuals during surveys at selected sentinel sites. The authors' findings indicated ongoing transmission of LF on Pemba island in 2012. Moreover, they presented evidence from previous studies that LF transmission was also active on Unguja island shortly after stopping MDA in 2006. Based on these observations the government of Zanzibar decided to resume MDA against LF on both islands in 2013.

## Non-communicable Diseases

### ***Rising to the Challenge: Preventing and Managing Type 2 Diabetes***

by Stephen Colagiuri, James Kent, Tommi Kainu et al.  
Report of the WISH Diabetes Forum 2015



60 pp. 3.5 MB:

<http://dnpfts5nbrdps.cloudfront.net/app/media/download/1428>

Diabetes is one of the great health challenges of our time, and impacts on every country. It is a metabolic disorder in which the body cannot produce enough insulin, or cannot use insulin effectively, which now contributes to millions of deaths annually. It is chronic, incurable and costly – and it is also eminently preventable. The authors describe three policy goals that together will reduce incidence of diabetes through behaviour change, curb complications with better disease management and support those at risk through screening and interventions.

***The Mexican Popular Health Insurance: Myths and Realities***

by Asa Cristina Laurell  
International Journal of Health Services, Vol. 45,  
Nr. 1, pp. 105-125, 2015

INTERNATIONAL JOURNAL OF  
HEALTH SERVICES



21 pp. 112 kB:

<http://joh.sagepub.com/content/45/1/105.full.pdf>

The Mexican Popular Health Insurance (PHI) is widely presented as a universal health coverage (UHC) success case to be followed. This article reviews critically its achievements after a decade of implementation. It shows that universal coverage has not been reached and about 30 million Mexicans are uninsured. Access to needed services is quite limited for PHI affiliates given the restrictions of the service package, which excludes common high-cost diseases, and the lack of health facilities.

Water, Sanitation & Hygiene

***The United Nations World Water Development Report 2015: Water for a Sustainable World***



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



140 pp. 9.5 MB:

[http://www.unescap.org/sites/default/files/\\_WWDR-2015.pdf](http://www.unescap.org/sites/default/files/_WWDR-2015.pdf)

The report sets an aspirational yet achievable vision for the future of water towards 2050 by describing how water supports healthy and prosperous human communities, maintains well-functioning ecosystems and ecological services, and provides a cornerstone for short and long-term economic development. It provides an overview of the challenges, issues and trends in terms of water resources, their use and water-related services like water supply and sanitation. The report also offers, in a rigorous yet accessible manner, guidance about how to address these challenges and to seize the opportunities that sound water management provides in order to achieve and maintain economic, social and environmental sustainability.

Human Resources

***Optimizing the delivery of contraceptives in low- and middle-income countries through task shifting: a systematic review of effectiveness and safety***

by Stephanie Polus, Simon Lewin, Claire Glenton et al.  
Reproductive Health 2015, 12:27 (1 April 2015)



13 pp. 1.1 MB:

<http://www.reproductive-health-journal.com/content/pdf/s12978-015-0002-2.pdf>

The authors identified six randomized controlled trials published between 1977 and

1995 that assessed the safety and effectiveness of task shifting for the delivery of long-term contraceptives. Two studies assessed IUD insertion by nurses compared to doctors, two assessed IUD insertion by auxiliary nurse-midwives compared to doctors, one assessed tubal ligation by midwives compared to doctors, and one assessed the delivery of vasectomy by medical students compared to doctors. In general, little or no difference was found in contraceptive outcomes between cadres. Study design limitations and the low number of eligible studies, however, allow only limited conclusions to be drawn.

\* \* \*

### ***Initial experiences and innovations in supervising community health workers for maternal, newborn, and child health in Morogoro region, Tanzania***

Timothy Robertson, Jennifer Applegate, Amnesty E Lefevre et al.  
Human Resources for Health 2015, 13:19 (9 April 2015)



24 pp. 2.4 MB:

<http://www.human-resources-health.com/content/pdf/s12960-015-0010-x.pdf>

The Integrated Maternal, Newborn, and Child Health (MNCH) Program in Morogoro region, Tanzania, implemented a community health worker (CHW) pilot with a cascade supervision model where facility health workers were trained in supportive supervision for volunteer CHWs, supported by regional and district staff, and with village leaders to further support CHWs. The authors conclude that supervision of CHWs could be strengthened by streamlining supervision protocols to focus less on report checking and more on problem solving and skills development. Facility health workers, while important for technical oversight, may not be the best mentors for certain tasks such as community relationship-building.

## Health Systems & Research

### ***Increasing the value of health research in the WHO African Region beyond 2015 - reflecting on the past, celebrating the present and building the future: a bibliometric analysis***

Olalekan A Uthman, Charles S Wiysonge, Martin O Ota et al.  
BMJ Open 2015;5:e006340



8 pp. 855 kB:

<http://bmjopen.bmj.com/content/5/3/e006340.full.pdf+html>

There has been a significant improvement in health research in the WHO African Region since 2000, with some individual countries already having strong research profiles. Countries of the region should implement the WHO Strategy on Research for Health: reinforcing the research culture (organisation); focusing research on key health challenges (priorities); strengthening national health research systems (capacity); encouraging good research practice (standards); and consolidating linkages between health research and action (translation).

\* \* \*

### ***Is healthcare a 'Necessity' or 'Luxury'? an empirical evidence from public and private sector analyses of South-East Asian countries?***

Jahangir AM Khan, Rashidul Alam Mahumud



9 pp. 479 kB:

<http://www.healtheconomicsreview.com/content/pdf/s13561-014-0038-y.pdf>

South-East Asian Regional (SEAR) countries range from low- to middle-income countries and have considerable differences in mix of public and private sector expenditure on health. This study intends to estimate the income-elasticities of healthcare expenditure in public and private sectors separately for investigating whether healthcare is a 'necessity' or 'luxury' for citizens of these countries. The citizens of SEAR countries consider healthcare as a necessity while provided through public sector and a luxury when delivered by private sector. By increasing the public provisions of healthcare, more redistribution of healthcare resources can be ensured, which can accelerate the journey of SEAR countries towards universal health coverage.

\* \* \*

### ***Health policy evolution in Lao People's Democratic Republic: context, processes and agency***

by Kristina Jönsson, Bounfeng Phoummalaysith, Rolf Wahlström et al.  
Health Policy Plan. (2015) 30 (4): 518-527 - First published online: April 15, 2014



10 pp. 187 kB:

<http://heapol.oxfordjournals.org/content/30/4/518.full.pdf+html>

During the last 20 years Lao People's Democratic Republic has successfully developed and adopted some 30 health policies, strategies, decrees and laws in the field of health. Still, the implementation process remains arduous. This article aims at discussing challenges of health policy development and effective implementation by contextualizing the policy evolution over time and by focusing particularly on the National Drug Policy and the Health Care Law. Special attention is given to the role of research in policymaking.

## Information & Communication Technology

### ***Bridging the gender gap: Mobile access and usage in low- and middle-income countries***

Shireen Santosham, Dominica Lindsey, Emmanuel de Dinechin et al.  
GSMA Connected Women Global Development Alliance, 2015



129 pp. 22.5 MB(!):

[http://www.gsma.com/connectedwomen/wp-content/uploads/2015/02/GSM0001\\_02252015\\_GSMAReport\\_FINAL-WEB-spreads.pdf](http://www.gsma.com/connectedwomen/wp-content/uploads/2015/02/GSM0001_02252015_GSMAReport_FINAL-WEB-spreads.pdf)



This report examines how many women in low- and middle-income countries own mobile phones, how intensively they use them, and the barriers to mobile phone adoption and use compared to men, providing actionable insights and recommendations to overcome these barriers. Primary field research was conducted in 11 countries and included surveys with 11,000 women and men (both mobile phone owners and non-owners), approximately 80 focus group discussions, and interviews with over 120 experts.

## ***mHealth Database***

African Strategies for Health (ASH)

<http://www.africanstrategies4health.org/mhealth-database.html>

Mobile health (mHealth) is the provision of health services and information via mobile and wireless technologies. It can be a powerful tool for impacting the health of Africans. More than 100 applications have been featured in ASH's mHealth Compendiums. Search using the filters to learn about the interventions, how they address specific health areas or problems, important results or evaluation findings, and contact information for their implementers and donors.

\* \* \*

## ***Data for Health: Learning What Works***

by Virginia Tech

The Robert Wood Johnson Foundation (RWJF), April 2, 2015



90 pp. 4.2 MB:

<http://www.rwjf.org/content/dam/farm/reports/reports/2015/rwjf418628>



The sheer volume and velocity of data at our fingertips today is unprecedented. As we build a Culture of Health - a nation where everyone has the opportunity to live longer, healthier lives - it will be critical to ensure communities can effectively use and manage this information in ways that help people get healthy and stay healthy. The Data for Health initiative will be a starting point for identifying what infrastructure is needed to turn this information into an effective tool for improving health nationwide.

## Education

### ***The Implications of the Convention on the Rights of Persons with Disabilities (CRPD) for Education for All***

Inclusion International, 2015



28 pp. 2.1 MB:

<http://inclusion-international.org/wp-content/uploads/2013/08/ImplicationsCRPD-dr2-X.pdf>



The Convention on the Rights of Persons with Disabilities (CRPD) can help to close the gap between the theory of inclusive education and reality. Using the CRPD as a framework for reform, the report provides a roadmap for governments and international agencies to move forward in building a new global agenda for education that includes people with disabilities.

\* \* \*

### ***Education for All 2000-2015: Achievements and Challenges***

by Andy Quan, Andrew Johnston, Sylvaine Baeyens et al.

United Nations Educational, Scientific and Cultural Organization (UNESCO), 2015



517 pp. 7.1 MB:

<http://unesdoc.unesco.org/images/0023/002322/232205e.pdf>



The 2015 Global Monitoring Report provides a complete assessment of progress since 2000 towards the target date for reaching the Dakar Framework's goals. It takes stock of whether the world achieved the Education for All (EFA) goals and stakeholders upheld their commitments. It explains possible determinants of the pace of progress. Finally, it identifies key lessons for shaping the post-2015 global education agenda.

**Sustainable Development Goals**

***Establishing a workable follow-up and review process for the Sustainable Development Goals***

by Shannon Kindornay and Sarah Twigg  
Overseas Development Institute, April 2015



40 pp. 340 kB:

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9588.pdf>

To make the Post-2015 agenda actionable, much more thought needs to be given to the process of target-setting, different actors' responsibilities, implementation and accountability. To be seen as a success, the universal sustainable development goals will require near universal endorsement and should articulate a vision for sustainable development that applies to all people, addresses global public goods and outlines where collective action is needed to achieve national level sustainable development outcomes.

\* \* \*

***Financing the future: How international public finance should fund a global social compact to eradicate poverty***

by Romilly Greenhill, Chris Hoy, Paddy Carter et al.  
Overseas Development Institute, April 2015



80 pp. 12.5 MB:

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9594.pdf>

This year the world will agree new Sustainable Development Goals (SDGs) to shape global development policy until 2030. The proposed SDGs are achievable, but adopting a business-as-usual approach will leave us far short of the target. This report sets out the case for a strengthened commitment for international public finance to support a new social compact focused on the poorest countries.

\* \* \*

***Sustaining the Stride of Health Agenda Beyond 2015 in Post MDGs Scenario: A Projected Roadmap for the Developing Countries***

by Babar Tasneem Shaikh  
J Ayub Med Coll Abbottabad 2014;26(4)



4 pp. 84 kB:

<http://www.ayubmed.edu.pk/JAMC/26-4/Shaikh.pdf>



As the world is reaching toward 2015, the echoes of MDGs are becoming louder. Results with regard to achievements of the targets set globally, show mixed results. Very understandably, the developing countries will miss most of the targets by far, and the attributed reasons are obvious. Nonetheless, international commitments are sending positive vibes and message that glass is half full. A holistic approach is the need of the time, and therefore this paper presents a strategic framework drawn from the WHO's proposed health systems building blocks, which might help the developing countries and fragile health systems to turn around the state of affairs.

\* \* \*

### ***A Hundred Key Questions for the Post-2015 Development Agenda***

Johan A. Oldekop, Lorenza B. Fontana, Jean Grugel et al.  
United Nations Research Institute for Social Development  
(UNRISD) and The Sheffield Institute for International Development, March 2015



39 pp. 1.3 MB:

[http://www.unrisd.org/80256B3C005BCCF9/%28httpAuxPages%29/AC45AB8A6F43AFA2C1257E0E006A9993/\\$file/100%20questions.pdf](http://www.unrisd.org/80256B3C005BCCF9/%28httpAuxPages%29/AC45AB8A6F43AFA2C1257E0E006A9993/$file/100%20questions.pdf)

This is a critical moment for the international development agenda. A greater understanding of development needs and practices can better sustain a new agenda for change, and a key step in this process is to identify priorities based on both new and long-standing knowledge gaps, to help orient decision-making processes and funding allocation in academia and beyond. The 100 questions cover both long-standing problems that have hindered the development agenda for decades, as well as new challenges emerging from socioeconomic, political and environmental change.

## Development Assistance

### ***2014 Global Outlook on Aid***

Results of the 2014 DAC Survey on Donors' Forward Spending Plans and Prospects for Improving Aid Predictability

by Fredrik Ericsson, Suzanne Steensen, Sulin Sardoschau et al.  
Organisation for Economic Co-operation and Development (OECD),  
2015



127 pp. 1.2 MB:

<http://www.oecd.org/dac/aid-architecture/GlobalOutlookAid-web.pdf>

The Global Outlook on Aid is a key tool for the international community to better assess the prospects for meeting aid commitments, and to flag potential gaps in aid provision ahead of time. The 2014 report provides an overview of global aid allocations up to 2017 based on the 2014 DAC Survey on Donors' Forward Spending Plans. It examines aid providers' policies and procedures to provide a better understanding of the progress and obstacles in improving aid predictability.

\* \* \*

### ***The Reality of Aid (ROA) Report 2014***

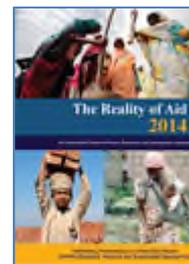
Rethinking Partnerships in a Post-2015 World: Towards Equitable, Inclusive and Sustainable Development

Editors: Brian Tomlinson, Larissa Mae Suarez, Jennifer Malonzo  
The Reality of Aid International Coordinating Committee, 2014



305 pp. 6.7 MB:

<http://www.realityofaid.org/wp-content/uploads/2014/12/FINAL-ROA-Report-2014.pdf>



The Reality of Aid Reports analyse and advocate key messages relating to the performance of aid donors from a unique perspective of civil society in both donor and recipient countries. These Reports have developed a reputation in many donor countries as an important independent comparative reference for accountability and public awareness of development cooperation issues.

\* \* \*

### ***The Suffering of Others: The human cost of the International Finance Corporation's lending through financial intermediaries***

by Kate Geary, Ricardo Zepeda, George Redman et al.  
Oxfam International Issue Briefing, April 2015



32 pp. 1.0 MB:

[https://www.oxfam.org/sites/www.oxfam.org/files/file\\_attachment\\_s/ib-suffering-of-others-international-finance-corporation-020415-en.pdf](https://www.oxfam.org/sites/www.oxfam.org/files/file_attachment_s/ib-suffering-of-others-international-finance-corporation-020415-en.pdf)



Increasingly, development money is being channelled through third parties such as banks or private equity funds. But what does this 'hands-off' form of development financing mean for people? Are the risks to communities and their livelihoods just too high given the weaker social and environmental protections entailed? This report tells the human story behind the high finance and statistics, and asks whether reforms to this model of lending have gone far enough to protect communities.

\* \* \*

### ***The Future is Inclusive - How to Make International Development Disability-Inclusive***

by Mary Keogh, Monika Brenes, Priska Gronenberg et al.  
Christoffel Blind Mission (CBM), Germany, 2014



92 pp. 11.9 MB:

[http://www.cbm.org/article/downloads/54741/did\\_series1\\_The\\_Future\\_is\\_Inclusive.pdf](http://www.cbm.org/article/downloads/54741/did_series1_The_Future_is_Inclusive.pdf)



This publication sets out in detail the rationale for including persons with disabilities in international development and humanitarian action and highlights a number of key principles to support disability-inclusive development based on the rights based approach and good practice in development.

\* \* \*

## Social Progress Index 2015



by Michael E Porter, Scott Stern, Michael Green  
Social Progress Imperative, 2015



158 pp. 3.9 MB:

[http://www.socialprogressimperative.org/system/resources/W1siZiIsIjIwMTUvMDQvMDQvMjMvMjMvNTMvNDYtLW1wMTVfU09DSUFMX1BST0dSRVNTX0IOREVYX0ZJTkFMLnBkZiJdXQ/2015%20SOCIAL%20PROGRESS%20INDEX\\_FINAL.pdf](http://www.socialprogressimperative.org/system/resources/W1siZiIsIjIwMTUvMDQvMDQvMjMvMjMvNTMvNDYtLW1wMTVfU09DSUFMX1BST0dSRVNTX0IOREVYX0ZJTkFMLnBkZiJdXQ/2015%20SOCIAL%20PROGRESS%20INDEX_FINAL.pdf)

To truly advance social progress, we must learn to measure it, comprehensively and rigorously. The Social Progress Index offers a rich framework for measuring the multiple dimensions of social progress, benchmarking success, and catalyzing greater human wellbeing. The 2015 version of the Social Progress Index has improved upon the 2014 version through generous feedback from many observers and covers an expanded number of countries with 52 indicators.

### Others

## Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery

Committee on Post-Disaster Recovery of a Community's Public Health, Medical, and Social Services; Board on Health Sciences Policy; Institute of Medicine, 2015



553 pp. 11.6 kB:

[http://download.nap.edu/cart/download.cgi?&record\\_id=18996](http://download.nap.edu/cart/download.cgi?&record_id=18996)



In the devastation that follows a major disaster, there is a need for multiple sectors to unite and devote new resources to support the rebuilding of infrastructure, the provision of health and social services, the restoration of care delivery systems, and other critical recovery needs. In some cases, billions of dollars from public, private and charitable sources are invested to help communities recover. The report is intended as both a call to action and an action guide for maximally leveraging the resources associated with disaster planning and recovery toward realizing healthier communities.

\* \* \*

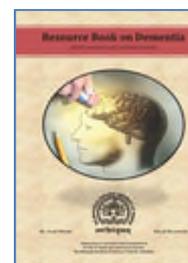
## Resource Book on Dementia

by Khyati Deesawala and Avani Maniar  
The Maharaja Sayajirao University of Baroda, Vadodara, 2015



111 pp. 4.6 MB:

[http://zunia.org/sites/default/files/media/node-files/fi/507938\\_final\\_book1.pdf](http://zunia.org/sites/default/files/media/node-files/fi/507938_final_book1.pdf)



This resource book is designed to help dementia patients and their family members and care takers to handle the patients with ease and comfort. It explains about the disease in a most simple way with relevant pictures and cartoons. The list of games, mobile apps, books and videos are also mentioned to help the affected to gather more information and understanding about the disease.

## Uses of geothermal energy in food and agriculture: Opportunities for developing countries

by Minh Van Nguyen, Sigurjón Arason, Margeir Gissurarson et al.  
Food and Agriculture Organization of the United Nations, 2015



62 pp. 2.7 MB:

<http://reliefweb.int/sites/reliefweb.int/files/resources/a-i4233e.pdf>



As Planet Earth moves towards the challenge of feeding 10 billion people, we can seek guidance from the pioneering developments in Iceland and some other parts of the world in using the heat stored inside our planet to enhance the food security of nations on every continent. Geothermal energy, the flow of heat energy radiating from the earth's core, provides unique opportunities for cost efficient, sustainable food production and processing in developing countries.

## INTERESTING WEB SITES

### Swiss Malaria Group

<http://www.swissmaliargroup.ch/en/>

Switzerland has contributed greatly to successful malaria control. Despite successes in reducing the number of deaths caused by malaria, it is vital that we continue fighting this deadly disease. The new website of the Swiss Malaria Group shows Swiss engagement.



\* \* \*

### Malaria Education Scientific Alliance (MESA) Track

<http://www.malariaeradication.org/mesa-track>



MESA Track captures research projects, which are pertinent to the malaria elimination and eradication research agenda.

MESA Track is a living database which we're continually updating, please reach out to us to become part of MESA Track. Learn more about MESA Track definitions, methodology & data protection.

## TRAINING OPPORTUNITIES

### Writing for Development

22 to 26 June 2015 - at the Community Development Resource Association (CDRA) Centre, Cape Town

A 5-day writing course for Development Practitioners: programme managers, M&E or field staff who work within the social change and development sector.



The course will enable you to write better concept notes, project proposals, reports and case studies.

The course has three major aims:

1. Building your confidence in your own writing potential and ability;
2. Providing you with observational, reflective and analytical frameworks to improve the content, structuring and flow of your writing;
3. Improving your writing style.

See the CDRA Website for more details:

<http://www.cdra.org.za/writing-for-development.html>

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### ***E-learning Resources for Global Health Researchers***

<http://www.fic.nih.gov/Global/Pages/training-resources.aspx>



Many organizations offer no- and low-cost e-learning resources to those working in the field of global health research. Resources include training courses, Massive Open Online Courses (MOOCs) and course materials (presentations, videos, reading lists, visual aids, articles), resource centres and resource networks.

## **CONFERENCES**

### ***2<sup>nd</sup> International Quality Forum: “Quality improvement mechanisms in health system strengthening: Where is the evidence?”***

2 - 3 July 2015 - Print Media Academy, Heidelberg, Germany



The 2<sup>nd</sup> International Quality Forum will specifically discuss how to best measure the impact of Quality Improvement (QI) mechanisms in order to ensure Health System Strengthening (HSS). This will be examined throughout the Forum, and in particular on the basis of the following four themes:

- 1) disease outbreaks – with a focus on Ebola;
- 2) post-conflict settings;
- 3) patient safety;
- 4) the linkages of QI mechanisms within a facility as well as between levels of health systems.

The aim of the Forum is therefore to critically analyse QI mechanisms and approaches against HSS targets and to formulate recommendations to ensure QI mechanisms have an impact on upcoming health system strengthening measures. Please find the draft programme attached.

In order to make sure you join us for high-level discussions, please register before 15 June, 2015 at [quality-forum@evaplan.org](mailto:quality-forum@evaplan.org) or online under [www.qi-forum.org](http://www.qi-forum.org) . Please note that the number of participants is limited to 90. We will operate on a first-come, first-served basis.

## CARTOON

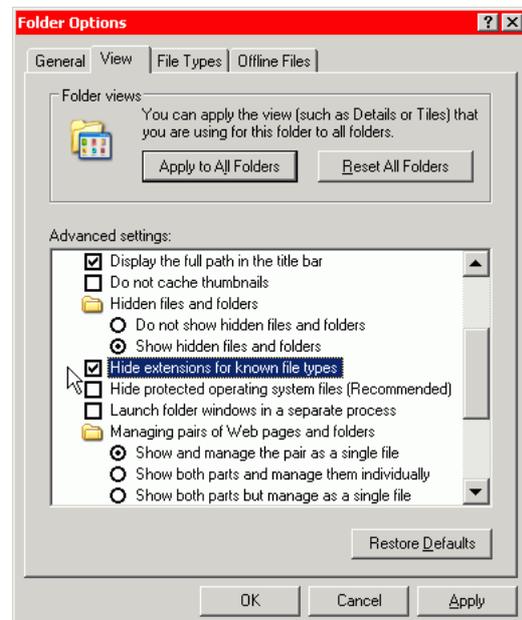


"Excuse the mess around here ma'am. It's only until they finish renovating the morgue!"

## TIPS & TRICKS

### Dangerous Views

By default Windows does not show the extension of known file types, e.g. in Windows Explorer this pdf document is shown as *hesp-08-2015* instead of *hesp-08-2015.pdf*. Hackers might use this fact to seduce unsuspecting users into opening an e-mail attachment named *hesp-08-2015.pdf* whereas in fact its full name is *hesp-08-2015.pdf.vbs* containing a malicious Visual Basic script that infects the computer with a virus. Since *.vbs* is a known file extension to Windows it is not shown. To avoid this, change the "View" option in Windows Explorer: Select Tools | Folder Options | View and de-select: **Hide extensions for known file types** Click: Apply and OK and you are done.



\* \* \*

### Installing extra fonts in Windows

Recently some colleagues quickly needed a font called "archtype" for use in Microsoft WORD (this font is part of AutoCAD's font set). We located the font - for free - at this Web site:

<http://fontzone.net/>

The site contains offers thousands of free fonts to enhance your own websites, documents, greeting cards, and more. You can browse popular fonts by themes, name or style.

### How to install the fonts

After downloading you will have to uncompress (“unzip”) the font. Use WinZip to uncompress the font to a temporary folder, e.g. c:\temp

- Go to Start > Settings > Control Panel > Fonts
  - Click on > File > Install New Font...
  - Navigate to c:\temp (or where your font is), select it, and then click OK.
- The new font will from now on appear in your font's preview window.

Best regards,

[Dieter Neuvians MD](#)