

giz Health, Education, Social Protection News & Notes 09/2015

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Germany's commitment to health and social protection

Towards better maternal and newborn care in rural Vietnam
Has the danger passed? Lessons learned from the Ebola crisis

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

ONLINE PUBLICATIONS

Global Health

World Health Statistics 2015

World Health Organization, May 2015



164 pp. 1.9 MB:

http://apps.who.int/iris/bitstream/10665/170250/1/9789240694439_eng.pdf?ua=1&ua=1



The World Health Statistics series is WHO's annual compilation of health-related data for its 194 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets. WHO presents World Health Statistics 2015 as an integral part of its ongoing efforts to provide enhanced access to comparable high-quality statistics on core measures of population health and national health systems.

* * *

Health Care in Danger: January 2012 to December 2014

Violent Incidents Affecting the Delivery of Health Care

by Marica Tamanini

International Committee of the Red Cross (ICRC), April 2015



25 pp. 434 kB:

<http://reliefweb.int/sites/reliefweb.int/files/resources/icrc-002-4237.pdf>



With its devastating direct consequences for the victims as well as a long-term impact on access to and delivery of health care for many, violence against health care is a critical humanitarian issue that must be addressed. The aim of this report is to provide data that can inform operational strategies and encourage decision-makers to take action to prevent violence against health care. The ICRC also uses contextual data about violent incidents against health care to develop field strategies at its delegations and to tackle issues of concern.

* * *

How WHO revised its self-criticism over Ebola handling

by Sarah Boseley

The Guardian, Monday 20 April 2015



Read online at:

http://www.theguardian.com/society/sarah-boseley-global-health/2015/apr/20/how-who-revised-its-self-criticism-over-ebola-handling?CMP=share_btn_tw

The WHO issued a statement acknowledging failings in the handling of the Ebola crisis - and then corrected it just an hour later with the release of a version that had been substantially toned-down. Here are the changes that were made.

* * *

Highway to health

Nature Editorial, Vol. 520, 23 April 2015



1 pp. 69 kB:

http://www.nature.com/polopoly_fs/1.17362!/menu/main/topColumns/topLeftColumn/pdf/520407a.pdf

In light of the ongoing Ebola epidemic in West Africa, it is entirely sensible that the African Union intends to set up a pan-continental organization to guard against the ravages of infectious disease. The African Centres for Disease Control and Prevention (ACDC), as the agency is called, will be modelled not on the massive US CDC, but on the smaller European Centre for Disease Prevention and Control (ECDC). Although the goal is excellent and the effort should be cautiously welcomed, the plans for the African agency are woefully inadequate. In terms of funds and staff - at least initially - it will be in no position to achieve its lofty ambitions.

HIV - AIDS - STI

Community-Based Antiretroviral Therapy Delivery



Joint United Nations Programme on HIV/AIDS (UNAIDS) and Médecins Sans Frontières, 2015



20 pp. 5.4 MB:

http://www.msf.org/sites/msf.org/files/community_models_msf_unaids_joined_report_eng.pdf

This document presents experiences of how community-based antiretroviral therapy (ART) delivery can improve both the level of access to treatment and the quality of health outcomes for people living with HIV. These experiences illustrate that community-based ART delivery is efficient, effective and high quality.

* * *

Guidelines for antiretroviral therapy in HIV-1 infected adults and adolescents 2014, Thailand

by Weerawat Manosuthi, Sumet Ongwandee, Sorakij Bhakeecheep et al.
AIDS Research and Therapy 2015, 12:12 (24 April 2015)



9 pp. 413 kB:

<http://www.aidsrestherapy.com/content/pdf/s12981-015-0053-z.pdf>

New evidence has emerged regarding when to commence antiretroviral therapy (ART),

optimal treatment regimens, management of HIV co-infection with opportunistic infections, and management of ART failure. One of the major changes in the guidelines included recommending to initiating ART irrespective of CD4 cell count. The preferred initial ART regimen in treatment naïve patients is efavirenz combined with tenofovir and emtricitabine or lamivudine. Ritonavir-boosted lopinavir or atazanavir in combination with optimized two nucleoside-analogue reverse transcriptase inhibitors is recommended after initial ART regimen failure. Long-term ART-related safety monitoring has also been included in the guidelines.

* * *

Dried Blood Spots for Viral Load Monitoring in Malawi: Feasible and Effective

by Sarah E. Rutstein, Mina C. Hosseinipour, Deborah Kamwendo et al.



PLoS ONE 10(4): e0124748 (21 April 2015)



17 pp. 275 kB:

<http://www.plosone.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pone.0124748&representation=PDF>

The authors evaluated the feasibility and effectiveness of dried blood spots (DBS) use for viral load (VL) monitoring, describing patient outcomes and programmatic challenges that are relevant for DBS implementation in sub-Saharan Africa. They conclude that DBS for VL monitoring is feasible and effective in real-world clinical settings. Centralized DBS testing may increase access to VL monitoring in remote settings. Programmatic outcomes are encouraging, especially proportion of eligible participants switched to second-line therapy.

Sexual & Reproductive Health

Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study

by Rhouné Ochako Mwendé Mbondo, Stephen Aloo et al.
BMC Public Health (2015) 15:118 (10 February 2015)



9 pp. 385 kB:

<http://www.biomedcentral.com/content/pdf/s12889-015-1483-1.pdf>

Young women in Kenya experience a higher risk of mistimed and unwanted pregnancy compared to older women. However, contraceptive use among youth remains low. Known barriers to uptake include side effects, access to commodities and partner approval. Findings from this research confirm that awareness and knowledge of contraception do not necessarily translate to use. The main barriers to modern contraceptive uptake among young women are myths and misconceptions. As an outcome from this study, Population Services Kenya developed a mass media campaign to address key myths and misconceptions among youth.

* * *

Infertility Knowledge, Attitudes, and Beliefs of College Students in Grenada

by Brittany Rouchou and Martin S. Forde
Science Journal of Public Health, Vol. 3, No. 3, 2015, pp. 353-360, May 2015



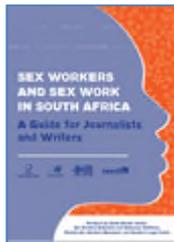
8 pp. 218 kB:

<http://article.sciencepublishinggroup.com/pdf/10.11648.j.sjph.20150303.18.pdf>

The knowledge, attitudes and beliefs of college students in Grenada about infertility were assessed using a paper-based survey. Overall, while there was a moderate level of knowledge among both males and females with regards to the risk factors that may cause infertility, over 73% of the students believed that infertility may be caused by God's will and approximately 58% believed in the power of prayer to treat infertility. Further, this survey found that there are greater stigmas attached to male infertility than to female infertility. Education programs and community support groups are recommended to increase knowledge about the causes of infertility as well as decrease the stigma associated with this condition.

* * *

Sex Workers and Sex Work in South Africa: A Guide for Journalists and Writers



by Nomonde Nyembe, Rachel Zacharias, Ayesha Krige et al.
Sonke Gender Justice, Sex Workers Education and Advocacy Taskforce, Sisonke Sex Workers Movement, and Women's Legal Centre, December 2014



29 pp. 4.4 MB:

http://www.health-e.org.za/wp-content/uploads/2015/04/Final-Journalist-Guide_15-Jan-2015.pdf

The guide begins by defining what sex work is and what sex workers do. It discourages readers from using terms such as "prostitute", before talking about the relative proportions of women, men and transgender people involved in sex work. The guide then outlines how sex work is criminalised in South Africa and the effects of this on sex workers. Finally, the guide also includes tips for interviewing sex workers and sensitively reporting on sex work.

Maternal & Child Health

Maternal and Child Health in South Sudan: Priorities for the Post-2015 Agenda

by Ngatho Mugo, Anthony B. Zwi, Jessica R. Botfield et al.
SAGE Open, April-June 2015: 1-14



14 pp. 588 kB:

<http://m.sgo.sagepub.com/content/5/2/2158244015581190.full.pdf>

The Republic of South Sudan continues to face considerable challenges in meeting maternal, newborn and child health (MNCH) care needs and improving health outcomes. This review of the literature offers a commentary and appraisal of the current MNCH situation in South Sudan. It explores the barriers and challenges of promoting MNCH

gains, and identifies priorities that will contribute to addressing the Millennium Development Goals and the emerging health priorities for the post-2015 development agenda.

* * *

Community-linked maternal death review (CLMDR) to measure and prevent maternal mortality: a pilot study in rural Malawi

by Olivia Bayley, Hilda Chapota, Esther Kainja et al.
BMJ Open 2015;5:e007753 (20 April 2015)



11 pp. 995 kB:

<http://bmjopen.bmj.com/content/5/4/e007753.full.pdf+html>

Existing maternal death reviews in Malawi fail to adequately review most deaths, or capture those that occur outside the health system. This pilot study in Mchinji District, central region of Malawi, shows that a community-linked maternal death review (CLMDR) process identified twice as many maternal deaths as the existing facility review process; yielded richer data; and led to more actions being taken after the review.

* * *

Measuring the incidence and prevalence of obstetric fistula: approaches, needs and recommendations

by Özge Tunçalp, Vandana Tripathi, Evelyn Landry et al.
Bulletin of the World Health Organization 2015;93:60-62 - Published online: 01 December 2014



3 pp. 446 kB:

<http://www.who.int/bulletin/volumes/93/1/14-141473.pdf>

Obstetric fistula – an abnormal connection between the vagina, rectum and/or bladder – may develop after prolonged and obstructed labour and lead to continuous urinary or faecal incontinence. Most fistulas occur in countries in sub-Saharan Africa or south Asia with poorly-resourced health systems. The burden posed by obstetric fistula – and the resources needed to address it – will only be accurately assessed when there is regular collection of relevant data of good quality at community, facility and country level.

* * *

Good clinical outcomes from a 7-year holistic programme of fistula repair in Guinea

by Alexandre Delamou, Moustapha Diallo, Abdoul Habib Beavogui et al.
Tropical Medicine & International Health - Article first published online: 6 March 2015



7 pp. 191 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12489/epdf>

Female genital fistula remains a public health concern in developing countries. From January 2007 to September 2013, the Fistula Care Project integrated fistula repair services in the maternity wards of general hospitals in Guinea. The authors conclude that routine programmatic repair for obstetric fistula in low resources settings can yield good outcomes. However, more efforts are needed to address loss to follow-up, sustain the

results and prevent the occurrence and/or recurrence of fistula.

* * *

Breakdown of simple female genital fistula repair after 7 day versus 14 day postoperative bladder catheterisation: a randomised, controlled, open-label, non-inferiority trial



by Mark A Barone, Mariana Widmer, Steven Arrowsmith et al.
The Lancet - Online first, 21 April 2015



8 pp. 220 kB:

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)62337-0.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)62337-0.pdf)

Obstetric fistula is a debilitating condition affecting approximately 2 million women and girls across Africa and Asia, as a result of prolonged, obstructed labour. Duration of bladder catheterisation after female genital fistula repair varies widely. The authors conclude that 7 day bladder catheterisation after repair of simple fistula is non-inferior to 14 day catheterisation and could be used for management of women after repair of simple fistula with no evidence of a significantly increased risk of repair breakdown, urinary retention, or residual incontinence up to 3 months after surgery.

* * *

Perinatal deaths in South Africa 2011-2013

Statistics South Africa, 2015



37 pp. 1.4 MB:

<http://www.statssa.gov.za/publications/P03094/P030942013.pdf>



This statistical release presents information on perinatal deaths in South Africa, based on data from the South African civil registration system maintained by the Department of Home Affairs. The main focus of this release is on perinatal deaths that occurred in the years 2011, 2012 and 2013. Perinatal deaths for the years 1997–2010 have also been included to provide information on trends in perinatal deaths. The report shows that more than 22,000 infants died in 2013 and that about half of these deaths occurred within the first seven days of life. The statistics also show that an increasing proportion of deaths among infants are occurring particularly within the first 23 hours of life.

* * *

Oral amoxicillin compared with injectable procaine benzylpenicillin plus gentamicin for treatment of neonates and young infants with fast breathing when referral is not possible: a randomised, open-label, equivalence trial

African Neonatal Sepsis Trial (AFRINEST) group
The Lancet Vol. 385, No. 9979, pp.1758–1766, 2 May 2015



9 pp. 367 kB:

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)62285-6.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)62285-6.pdf)



WHO recommends referral to hospital for possible serious bacterial infection in young infants aged 0-59 days. The authors aimed to assess whether oral amoxicillin treatment

for fast breathing, in the absence of other signs, is as efficacious as the combination of injectable procaine benzylpenicillin-gentamicin. They conclude that young infants with fast breathing alone can be effectively treated with oral amoxicillin on an outpatient basis when referral to a hospital is not possible.

* * *

Toolkit on Mapping Legal, Health, and Social Services Responses to Child Maltreatment

Editors: Andreas Jud, Lisa M. Jones, Christopher Mikton
World Health Organization, 2015



90 pp. 1.0 MB:

http://apps.who.int/iris/bitstream/10665/155237/1/9789241549073_eng.pdf?ua=1



The toolkit aims to provide researchers with guidance for improving the quality of studies that use administrative data to better ascertain child maltreatment incidence, response and service delivery. However, these are complex studies to conduct, and the toolkit is not meant to be comprehensive. Researchers using the toolkit should be prepared to follow up on the recommended resources contained within and to consult with other professionals, such as statisticians, to further improve the research design and execution.

* * *

Autism Occurrence by MMR Vaccine Status Among US Children With Older Siblings With and Without Autism

by Anjali Jain, Jaclyn Marshall, Ami Buikema et al.
JAMA. 2015;313(15):1534-1540 (April 21, 2015)

JAMA



7 pp. 255 kB:

<http://jama.jamanetwork.com/pdfaccess.ashx?ResourceID=10259807&PDFSource=24>

Despite research showing no link between the measles-mumps-rubella (MMR) vaccine and autism spectrum disorders (ASD), beliefs that the vaccine causes autism persist, leading to lower vaccination levels. In this large sample of privately insured children with older siblings, receipt of the MMR vaccine was not associated with increased risk of ASD, regardless of whether older siblings had ASD. These findings indicate no harmful association between MMR vaccine receipt and ASD even among children already at higher risk for ASD.

Malaria

Guidelines for the treatment of malaria

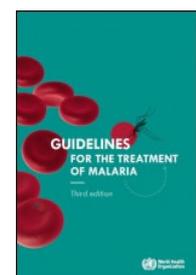
Third edition, April 2015

Global Malaria Programme, World Health Organization 2015



318 pp. 2.6 MB:

http://apps.who.int/iris/bitstream/10665/162441/1/9789241549127_eng.pdf?ua=1&ua=1



This third edition of the WHO Guidelines for the treatment of malaria contains updated recommendations based on new evidence as well as a recommendation on the use of drugs to prevent malaria in high-risk groups. The core principles underpinning this edition include: early diagnosis and prompt, effective treatment; rational use of antimalarial treatment to ensure that only confirmed malaria cases receive antimalarials; the use of combination therapy in preventing or delaying development of resistance; and appropriate weight-based dosing of antimalarials to ensure prolonged useful therapeutic life and an equal chance of being cured for all patients.

* * *

Every day is Malaria Day

In support of World Malaria Day on the 25th April, BioMed Central has launched a series featuring some of the research carried out every day around the world on malaria. Collection published: 23 April 2015



Access more than 30 free articles at:

http://www.biomedcentral.com/series/Malaria_2015?utm_campaign=BMC16600D&utm_medium=BMCemail&utm_source=Teradata

April 25th marks World Malaria Day, a day to focus on the plight caused by malaria and also the efforts made to control the disease. However, every day is malaria day for half the world, as the disease is a part of their everyday lives. Likewise, for the scientists and organisations working to control and eliminate the disease, malaria is an everyday nemesis. The Every Day is Malaria Day series features some of the research carried out every day around the world on malaria.

* * *

Re-imagining malaria - a platform for essential reflections to widen horizons in malaria control

Edited by Julian Eckl and Susanna Hausmann Muela
Malaria Journal Collection published: 24 April 2015



Read/download collection of articles online at:

http://www.malariajournal.com/series/reimagining_malaria

Current approaches to malaria control and elimination invite us to look beyond malaria as a disease, to appreciate the experiences of malaria-afflicted populations, to transcend techno-centric approaches, to investigate social conflicts around malaria, to give voice to the communities engaged in bottom-up approaches, and to revisit lessons learned in the past. The launch of the thematic series on re-imagining malaria creates a forum that has the goal to encourage trans-disciplinary thinking, to stimulate discussion, to promote constructive criticism, and to gather overlooked experiences that help to reflect on implicit assumptions. Overall it aims at widening horizons in malaria control.

* * *

Foul wind, spirits and witchcraft: illness conceptions and health-seeking behaviour for malaria in the Gambia

by Sarah O'Neill, Charlotte Gryseels, Susan Dierickx et al.
Malaria Journal 2015, 14:167 (24 April 2015)





10 pp. 414 kB:

<http://www.malariajournal.com/content/pdf/s12936-015-0687-2.pdf>

“The strength of this study lies in its in-depth understanding of how malaria symptoms can be interpreted as different disease categories and thus attributed to different causes, leading to different health-seeking itineraries, even when an individual knows that ‘malaria’ is transmitted through mosquitoes and what the biomedically prescribed treatment regime is.”

* * *

Efficacy and safety of RTS,S/AS01 malaria vaccine with or without a booster dose in infants and children in Africa: final results of a phase 3, individually randomised, controlled trial

by RTS,S Clinical Trials Partnership
The Lancet – Online first, April 23, 2015



15 pp. 849 kB:

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)60721-8.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60721-8.pdf)

The efficacy and safety of the RTS,S/AS01 candidate malaria vaccine during 18 months of follow-up have been published previously. Herein, the authors report the final results from the same trial, including the efficacy of a booster dose. They conclude that RTS,S/AS01 prevented a substantial number of cases of clinical malaria over a 3-4 year period in young infants and children when administered with or without a booster dose. Efficacy was enhanced by the administration of a booster dose in both age categories. Thus, the vaccine has the potential to make a substantial contribution to malaria control when used in combination with other effective control measures, especially in areas of high transmission.

* * *

Financial Times Health: Combating Malaria



6 pp. 5.8 MB:

<http://im.ft-static.com/content/images/0f48b070-e8b3-11e4-87fe-00144feab7de.pdf>

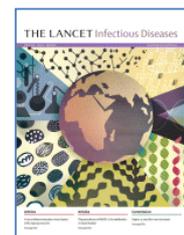


New tools and tactics are being used to counter the spread of malaria across the world. Governments and researchers are hoping drugs, promised vaccine trials and new pesticides will help alleviate malaria’s huge economic and human costs. The global efforts are a race against time as mosquitoes grow resistant to existing pesticides and drugs.

* * *

Malaria morbidity and mortality in Ebola-affected countries caused by decreased health-care capacity, and the potential effect of mitigation strategies: a modelling analysis

by Patrick G T Walker, Michael T White, Jamie T Griffin et al.
The Lancet Infectious Diseases - Published Online: 23 April 2015



8 pp. 4.0 MB:

[http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(15\)70124-6.pdf](http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(15)70124-6.pdf)

The ongoing Ebola epidemic in parts of West Africa largely overwhelmed health-care systems in 2014, making adequate care for malaria impossible and threatening the gains in malaria control achieved over the past decade. The study suggests that untreated malaria cases as a result of reduced health-care capacity probably contributed substantially to the morbidity caused by the Ebola crisis. Mass drug administration can be an effective means to mitigate this burden and reduce the number of non-Ebola fever cases within health systems.

* * *

Does Iron Increase the Risk of Malaria in Pregnancy?

by Violeta Moya-Alvarez, Gilles Cottrell, Smaila Ouédraogo et al.
Open Forum Infectious Diseases, Vol. 2, Issue 2, Spring 2015



9 pp. 247 kB:

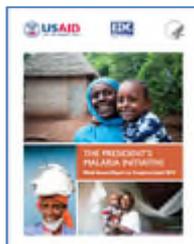
<http://m.ofid.oxfordjournals.org/content/2/2/ofv038.full.pdf>



Pregnancy-associated malaria (PAM) remains a significant health concern in sub-Saharan Africa. Cross-sectional studies report that iron might be associated with increased malaria morbidity, raising fears that current iron supplementation policies will cause harm in the present context of increasing resistance against intermittent preventive treatment in pregnancy (IPTp). Therefore, it is necessary to assess the relation of iron levels with malaria risk during the entire pregnancy. The authors found that iron levels were positively associated with increased PAM during pregnancy in the context of IPTp. Supplementary interventional studies are needed to determine the benefits and risks of differently dosed iron and folate supplements in malaria-endemic regions.

* * *

The President's Malaria Initiative: Ninth Annual Report to Congress



U.S. Agency for International Development, April 2015



64 pp. 6.5 MB:

<http://www.pmi.gov/docs/default-source/default-document-library/pmi-reports/pmi-ninth-annual-report-congress.pdf>

In spite of the progress achieved, malaria remains a major cause of mortality among young children. Malaria places an economic burden on countries and has wide-ranging effects, such as reducing school attendance and lowering worker productivity, in addition to the significant out-of-pocket spending on malaria treatment by households. Fighting malaria not only saves lives, but also directly supports the achievement of broader development goals.

* * *

Indoor Residual Spraying

An Operational Manual for Indoor Residual Spraying (IRS) for Malaria Transmission Control and Elimination

by Birkinshew Ameneshewa, Chang Moh Seng, John Chimumbwa et al.
World Health Organization, 2013



116 pp. 1.6 MB:

http://apps.who.int/iris/bitstream/10665/80126/1/9789241505123_eng.pdf



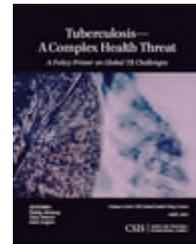
This manual aims to fill the gap that currently exists in the availability of technical and practical information related to the current scaling up of Indoor Residual Spraying (IRS) for malaria control and elimination. Though comprehensive, this manual is not intended to replace field expertise in IRS. It has been created to enhance existing knowledge and skills, and to assist malaria programme managers, entomologists and vector control and public health officers to design, implement and sustain high quality IRS programmes.

Tuberculosis

Tuberculosis - A Complex Health Threat

A Policy Primer on Global TB Challenges

by Phillip Nieburg, Talia Dubovi, Sahil Angelo
Center for Strategic and International Studies (CSIS) Global Health Policy Center, April 2015



60 pp. 2.5 MB:

http://csis.org/files/publication/150409_Nieburg_TBComplexHealthThreat_Web.pdf

The pervasiveness of global tuberculosis (TB) poses a particular set of challenges to policymakers. In order to make the necessary strategic decisions, it is essential to understand how the disease works and its impact on individuals, families, communities, and broader global health goals. This primer is intended to lay out the basics for a non-technical audience to give policymakers the information they need to make informed and accurate decisions about the future of U.S. TB control efforts. The Executive Summary highlights the key points and main takeaways; the subsequent primer addresses these issues in more detail.

* * *

Implementing Tuberculosis Diagnostics

Policy framework

by Christopher Gilpin and Alexei Korobitsyn
World Health Organization, 2015



47 pp. 3.7 MB:

http://apps.who.int/iris/bitstream/10665/162712/1/9789241508612_eng.pdf?ua=1

This document aims to provide a structured framework for introducing WHO's recommended diagnostic techniques for TB. It is expected that countries will adapt this generic policy framework within the contexts of their own epidemiological situation and resources. The document aims at providing a generic framework or template for implementing TB diagnostics; it encompasses the managerial, technical and operational processes required for developing and implementing a national strategy for TB laboratories to ensure the early diagnosis of TB and universal access to drug-susceptibility testing, as well as to ensure there is systematic screening of contacts of people with TB and high-risk groups

Ebola / Other Infectious Diseases

Ebola Interim Assessment Panel - First Report of the Panel

Sixty-Eighth World Health Assembly, 8 May 2015



12 pp. 300 kB:

http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_25-en.pdf

Ebola continues to kill people in Sierra Leone and Guinea - and it appears that many of the deaths in the region could have been avoided if the World Health Organization had responded to the outbreak more rapidly. That is the initial conclusion of a harsh new report released by a group known as the Ebola Interim Assessment Panel, which was commissioned by the WHO in March 2015. It is still unclear to the panel why early warnings, approximately from May through to July 2014, did not result in an effective and adequate response. Although WHO drew attention to the 'unprecedented outbreak' at a press conference in April 2014, this was not followed by international mobilization and a consistent communication strategy. The countries most affected, other WHO Member States, the WHO Secretariat, and the wider global community were all 'behind the curve' of the rapid spread of the Ebola virus.

* * *

Will Africa's future epidemic ride on forgotten lessons from the Ebola epidemic?

by Oyewale Tomori
BMC Medicine 2015, 13:116 (14 May 2015)



4 pp. 971 kB:

<http://www.biomedcentral.com/content/pdf/s12916-015-0359-7.pdf>

The Ebola virus disease (EVD), which has caused more than 10,000 deaths from over 25,000 cases, has thrived on a failed disease control system, national denial, and a poor and fragile healthcare delivery system. The slow and initially uncoordinated national and global response turned the outbreak into an unprecedented humanitarian disaster. Prevention and control of future outbreaks depend on improving and upgrading disease surveillance into a responsive component of a reliable and efficient health care delivery system. Appropriate capacity building with a conducive operating environment, which has been lacking in the past few decades, will be key to the health system strengthening.

* * *

New Communication Strategies for Preventing Misinformation



TELL ME - Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence, January 2015



72 pp. 749 kB:

<http://www.tellmeproject.eu/sites/default/files/ST3.2.4-Document-Spreads.pdf>

The main purpose of this document is to offer recommendations to prevent the emergence and spread of misinformation in the course of a major infectious disease outbreak, and how misinformation can be corrected. Additionally, the document seeks to provide a background context in relation to the origins and persistent effect of misinformation and rumours in time. Finally, the document discusses key components of outbreak communication, such as presentation of scientific uncertainties and information gaps, and their role in the emergence of misinformation.

* * *

Historical Perspective: Snail Control to Prevent Schistosomiasis

by Charles H. King and David Bertsch
PLoS Negl Trop Dis 9(4): e0003657 (April 23, 2015)



6 pp. 532 kB:

<http://www.plosntds.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pntd.0003657&representation=PDF>

This scoping historical review highlights some of the perceived strengths and weakness of transmission-interruption methods of Schistosomiasis based on snail control, re-examining the results of programs of the 1950-1980s that aimed at control of *Bulinus* and *Biomphalaria* host snail species. In particular, the authors focus on the required inputs for effective control using the chemical molluscicide niclosamide, which is sold as Bayluscide, Mollutox, and other names.

* * *

World Health Organization Best Practices for the Naming of New Human Infectious Diseases

World Health Organization, May 2015



3 pp. 116 kB:

http://www.hst.org.za/sites/default/files/WHO_HSE_FOS_15.1_eng.pdf



WHO, in consultation and collaboration with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO), has identified best practices for the naming of new human diseases, with the aim to minimize unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups.

Essential Medicines

19th WHO Model List of Essential Medicines (April 2015)



53 pp. 426 kB:

http://www.who.int/medicines/publications/essentialmedicines/EML2015_8-May-15.pdf

5th WHO Model List of Essential Medicines for Children (April 2015)



37 pp. 360 kB:

http://www.who.int/medicines/publications/essentialmedicines/EMLc2015_8-May-15.pdf

The World Health Organization (WHO) published the new editions of its Model List of Essential Medicines which includes ground-breaking new treatments for hepatitis C, a variety of cancers (including breast cancer and leukaemia) and multi-drug resistant tuberculosis (TB), among others. The move opens the way to improve access to innovative medicines that show clear clinical benefits and could have enormous public health impact globally.

* * *

European Medicines Agency Annual Report 2014

European Medicines Agency (EMA), 2015



36 pp. 2.7 MB:

http://www.ema.europa.eu/docs/en_GB/document_library/Annual_report/2015/04/WC500186306.pdf



The mission of the European Medicines Agency is to foster scientific excellence in the evaluation and supervision of medicines, for the benefit of public and animal health. The annual report focuses on the Agency's key priorities, including the evaluation of medicines and the support to research and development of new and innovative medicines. In 2014, the Agency recommended 102 new medicines for marketing authorisation, both for human (82) and animal (20) use. Developers of medicines are making more and better use of EMA's tools aimed at helping patients to get access to effective and safe medicines more quickly.

* * *

Prices and mark-ups on antimalarials: evidence from nationally representative studies in six malaria-endemic countries

by Benjamin Palafox, Edith Patouillard, Sarah Tougher et al.
Health Policy Plan. (2015) - First published online: May 5, 2015



13 pp. 297 kB:

<http://heapol.oxfordjournals.org/content/early/2015/05/05/heapol.czv031.full.pdf+html>



The private for-profit sector is an important source of treatment for malaria. However, private patients face high prices for the recommended treatment for uncomplicated malaria, artemisinin combination therapies (ACTs), which makes them more likely to receive cheaper, less effective non-artemisinin therapies (nATs). The findings indicate that mark-ups on antimalarials are reasonable. Therefore, improving ACT affordability would be most readily achieved by interventions that reduce commodity prices for retailers, such as ACT subsidies, pooled purchasing mechanisms and cost-effective strategies to increase the distribution coverage area of wholesalers.

* * *

Medicines in Health Systems Working toward Universal Health Coverage

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



JOURNAL OF PHARMACEUTICAL
POLICY AND PRACTICE

This thematic series - recently published by the Journal of Pharmaceutical Policy and Practice - 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.

* * *

Special Issue of the American Journal of Tropical Medicine and Hygiene: "The Global Pandemic of Falsified Medicines: Laboratory and Field Innovations and Policy Perspectives"

<http://www.ajtmh.org/content/early/recent>

The American Journal of Tropical Medicine and Hygiene released a special supplement

on 20 April 2015 that includes 17 open access articles on falsified and substandard medicines. This special issue covers a range of findings on the state of substandard medicines around the world.



Most of the articles address the issue of poor quality malaria drugs and were the focus of a discussion held at The University of North Carolina at Chapel Hill's Gillings School of Global Public Health. The supplement and the event come a few days before World Malaria Day, which is marked each year on April 25.

Social Protection

Social Protection in Development Cooperation of the European Union

by Francine Mestrum, Maike Lukow, Luise Steinwachs
Bread for the World – Protestant Development Service, April 2015



24 pp. 335 kB:

http://www.brot-fuer-die-welt.de/fileadmin/mediapool/2_Downloads/Fachinformationen/Analyse/Analysis46_Social_Protection.pdf



Lately social protection has made quite a spectacular comeback to the international co-operation agenda. In particular the role of social protection plays in alleviating and preventing poverty as well as creating social and economic development has now been largely recognised by international agencies, donors, governments and civil society organisations. The European Union (EU) and its Member States are the largest donors of Official Development Assistance (ODA). Social protection instruments belong to the most important measures in the struggle to end poverty in all its dimensions around the world. This is the context in which this paper was produced. It is intended as an illustration of “development thinking” during recent years in the EU, presenting important programmes and instruments.

* * *

Health Insurance System Revision in the Czech Republic, Finland, France, Germany and the Slovak Republic

by Zuzana Horváthová and Josef Abrhám
Mediterranean Journal of Social Sciences, Vol. 6 No. 2; April 2015



6 pp. 181 kB:

<http://www.mcser.org/journal/index.php/mjss/article/download/6193/5938>



Among the European Member States are substantial differences in terms of the set-up and functioning of social, health and pension systems. The aim of this paper is to evaluate the treatment of health insurance and selected aspects of health systems in selected EU countries and on the basis of mutual comparison to draw up recommendations for the implementation of social policy instruments at the national level and also to explain examples of good practice. The solution-seeking methodology is based on literature research, analysis of legislation in different countries and analyses of empirical statistical data from the social systems.

* * *

Violence against women and cash transfers in humanitarian contexts



by Emma Bell
VAWG Helpdesk Research Report No. 68, February 2015



12 pp. 440 kB:

<http://reliefweb.int/sites/reliefweb.int/files/resources/cash-transfers-humanitarian-settings.pdf>

Most cash transfer programmes, whether implemented in developing or humanitarian contexts, do not have a specific focus on reducing violence against women (VAW) or improving women's status within the family. The evidence base is still at an early stage, with only a handful of evaluations of cash transfer programmes having examined the impact of conditional cash transfers on women's risk of partner violence in any context. Most programmes in emergencies do not report on gender at all despite the fact that cash transfers impact on intra-household dynamics.

* * *

Disability inclusion in social protection

by Brigitte Rohwerder
GSDRC Helpdesk Research Report 1069; January 2014



12 pp. 795 kB:

<http://www.gsdrc.org/docs/open/HDQ1069.pdf>



A literature review to identify examples of integration of disability issues within cash transfer and broader social protection programmes, strategies and policies, in low-income contexts mainly focusing on countries in Africa and South-East Asia. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) is increasingly considered to be the key principle behind disability-inclusive social protection policies, strategies and practices. Specific country examples are provided.

Water, Sanitation & Hygiene

Compendium of accessible WASH technologies

by Hazel Jones and Jane Wilbur
WaterAid, 2014



58 pp. 5.3 MB:

<http://www.wateraid.org/~/media/Publications/Compendium%20of%20accessible%20WASH%20technologies/Compendium-of-accessible-WASH-technologies-low-res.pdf>



This compendium of accessible WASH technologies is designed for use by staff, such as health workers and community volunteers, working directly with communities in rural areas of sub-Saharan Africa. A few examples of technologies are presented that families can adapt to suit their needs and budgets with many more options possible. Most of the ideas are geared towards disabled and older people, but are suitable for anyone who may have difficulty using standard facilities, such as pregnant women, children and people who are ill. The main focus is on household facilities, although some ideas might be useful for institutional facilities as well.

Incentives for non-physician health professionals to work in the rural and remote areas of Mozambique - a discrete choice experiment for eliciting job preferences

by Ayako Honda and Ferruccio Vio
Human Resources for Health 2015, 13:23 (26 April 2015)



22 pp. 417 kB:

<http://www.human-resources-health.com/content/pdf/s12960-015-0015-5.pdf>

The study was undertaken within an overarching project that aimed to develop incentive packages for non-physician health professionals assigned to work in remote/rural areas. Based on the 'discrete choice experiment' (DCE) results, the project team, together with the Mozambique Ministry of Health, has developed a range of health workforce retention strategies focusing on the provision of housing benefits and professional development opportunities to be utilized when assigning non-physician health professionals to rural/remote areas.

* * *

When doctors and nurses are not enough: The need for more qualified social health protection staff for developing Universal Health Coverage

by Martina Pellny, Bart Jacobs, Franziska Fürst et al
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH,
Discussion Papers on Social Protection No 24, March 2015



11 pp. 343 kB:

<http://www.giz.de/fachexpertise/downloads/giz2015-en-when-nurses-and-doctors-are-not-enough.pdf>

The topic of this paper - the need for more qualified non-clinical social health protection staff - aims to raise awareness for the issue. The authors contribute to the discussion by identifying necessary skills and competencies which are needed to successfully perform specific health systems functions (for example in areas such as economics, financing, law, epidemiology, IT, marketing and sales, actuarial science, accounting). The paper furthermore gives a snapshot into the human resource situation of countries such as Cambodia and Nepal, and finally describes the case of Germany where the profession and training of "social insurance clerk" was established under public law to guarantee the availability of qualified staff tailored to the social system.

Gaps between research and public health priorities in low income countries: evidence from a systematic literature review focused on Cambodia

by Sophie Goyet, Socheat Touch, Por Ir et al.
Implementation Science 2015, 10:32 (11 March 2015)



12 pp. 1.2 MB:

<http://www.implementationscience.com/content/pdf/s13012-015-0217-1.pdf>

Evidence-based public health requires that research provides policymakers with reliable and accessible information reflecting the disease threats. The authors described the scientific production of research in Cambodia and assessed to what extent it provides appropriate insights and implications for practice to guide health policymakers and managers and knowledge relevant for translation. They conclude that research in Cambodia is not fully aligned with health priorities, and call for abstracts of all research undertaken in Cambodia to be available in the local language.

Information & Communication Technology

Integrating Mobiles into Development Projects

by Josh Woodard, Jordan Weinstock, Nicholas Lesher
FHI 360 - Family Health International (FHI) and OpenRevolution,
August 2014



149 pp. 13.8 MB(!):

http://www.usaid.gov/sites/default/files/documents/1861/M4DHandbook_August_2014.pdf

This handbook is intended for anyone interested in integrating mobile phones into development projects more effectively. Most of the examples highlighted are from South-east Asia, although the relevance of the content is global. The resource is divided into two sections. The first section is entitled 'Understand', and is meant to be an in-depth guide on mobiles for development. Entitled 'Implement', the second section provides practical tips and information related to integrating mobiles into a project in practice.

* * *

Evidence on feasibility and effective use of mHealth strategies by frontline health workers in developing countries: systematic review

by Smisha Agarwal, Henry Perry, Lesley-Anne Long et al.
Tropical Medicine & International Health - DOI: 10.1111/tmi.12525



20 pp. 496 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12525/pdf>

Given the large scale adoption and deployment of mobile phones by health services and frontline health workers (FHW), the authors aimed to review and synthesize the evidence on the feasibility and effectiveness of mobile-based services on healthcare delivery. They conclude that the use of mHealth strategies by FHWs might offer some promising approaches to improving health care delivery; however, the evidence on the effectiveness of such strategies on healthcare outcomes is insufficient.

* * *

mHealth and Gender: Making the Connection

Research in Gender and Ethics (RinGs): Building stronger health systems, April 2015



6 pp. 4.7 MB:

<http://resyst.lshtm.ac.uk/sites/resyst.lshtm.ac.uk/files/docs/researches/RinGs%20Policy%20Brief%20-%20mHealth%20%26%20Gender.pdf>



The use of mHealth interventions within health systems research is increasing, with few taking into account the connections between gender and mHealth. This policy brief attempts to fill this gap by exploring key connections between mHealth and gender that need to be taken into account when conducting or implementing mHealth research and interventions.

* * *

Promoting better integration of health information systems: best practices and challenges

by Kai Michelsen, Helmut Brand, Peter Achterberg et al.
WHO Regional Office for Europe, 2015 (Health Evidence Network (HEN) Synthesis Report)



44 pp. 1.2 MB:

http://www.euro.who.int/_data/assets/pdf_file/0003/270813/Promoting-better-integration-of-health-information-systems-best-practices-and-challenges.pdf

This report addresses the current trends in Member States of the European Union (EU) and European Free Trade Association (EFTA) in how to promote better integration of health information systems. To understand what better integration means from a pragmatic perspective, experts from 13 EU Member States were interviewed and the results combined with the findings from a literature search.

* * *

Technology for Effective Partnership Collaboration

Tropical Health & Education Trust (THET), 2015



30 pp. 9.8 MB:

http://www.thet.org/resource-library/technology-for-effective-partnership-collaboration/at_download/publicationFile

This guide identifies online and electronic tools that can help partnerships collaborate more effectively. It primarily focusses on tools that can help improve your partnership's effectiveness in:

- communicating with your team
- communicating and working whilst travelling
- communicating with your stakeholders
- collaborating and working as a team
- and managing information

The purpose of this guide is to identify useful software tools that are low or no cost, multi-platform (can work on different IT operating systems), and ideally can be used on and offline.

* * *

Mobile money crosses borders: New remittance models in West Africa

by Claire Scharwatt and Chris Williamson
Mobile Money for the Unbanked (MMU) Programme, March 2015



25 pp. 596 kB:

http://www.gsma.com/mobilefordevelopment/wp-content/uploads/2015/04/2015_MMU_Mobile-money-crosses-borders_New-remittance-models-in-West-Africa.pdf

A promising new model is emerging for cross-border remittances with mobile money as both the sending and the receiving channel. This paper draws commercial insights from two early examples in the West African Economic Monetary Union (WAEMU), where member states are socio-economically integrated and adoption of mobile money has been rapid in recent years. These factors make the region a natural starting point for this model:

- Orange Money International Transfer, which links up Côte d'Ivoire, Mali and Senegal.
- MTN Mobile Money in Côte d'Ivoire to Airtel Money in Burkina Faso

Development Assistance

States of Fragility 2015: Meeting Post-2015 Ambitions

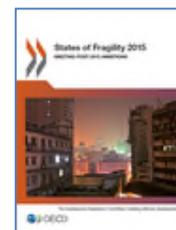
OECD Publishing

The Development Assistance Committee: Enabling effective development, March 2015



124 pp. 2.0 MB:

<http://www.oecd-ilibrary.org/docserver/download/4315011e.pdf>



This 2015 OECD report on fragility contributes to the broader debate to define post-2015 Sustainable Development Goals (SDG), and argues that addressing fragility in the new framework will be crucial if strides in reducing poverty are to be made. The report concludes that making headway on the targets will require building a new portfolio of tools and interventions, and an understanding of the role the international community should and can play in assisting this process.

* * *

Asian Development Bank: Basic Statistics 2015

Asian Development Bank Economic Research and Regional Cooperation Department, Development Economics and Indicators Division, April 2015



6 pp. 768 kB:

<http://www.adb.org/sites/default/files/publication/158591/basic-statistics-2015.pdf>



Basic Statistics 2015 covers the indicators of the Millennium Development Goals (MDGs) such as the proportion of population living below US\$ 1.25 (PPP) a day, infant mortality rate, carbon dioxide emissions. It also contains data on basic economic indicators such as the gross domestic product (GDP), inflation rate, trade balance, external debt, fiscal balance, and others.

Others

Disability-inclusive development toolkit

by Kathy Al Ju'beh

Christoffel Blindenmission (CBM), January 2015



172 pp. 6.2 MB:



<http://www.cbm.org/article/downloads/54741/CBM-DID-TOOLKIT-accessible.pdf>

This toolkit is designed as a resource that can be used in a variety of ways: to support staff induction, team meetings, refresher days and training workshops. It can also be used as a tool for personal reflection and self-study. Tips for those intending to use it as a training resource are shaded differently.

* * *

The Primary Care Innovator's Handbook: Voices from Leaders in the Field



The Center for Health Market Innovations (CHMI), Results for Development Institute, 2015



72 pp. 6.7 MB:

http://healthsystemshub.org/uploads/resource_file/attachment/406/Primary_Care_Innovators_Handbook_CHMI.pdf

This Handbook is designed to support implementers of primary care organizations in improving their services. It is unique in capturing the experiences of leaders and implementers, reflecting on their learnings in their own voices. It is hoped that the Handbook will begin new conversations and encourage a culture of open and frank dialogue, allowing those working to improve healthcare for the poor to collaborate more effectively and push the entire field forward.

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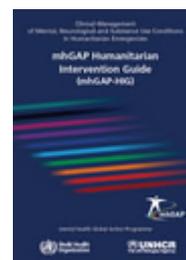
mhGAP Humanitarian Intervention Guide (mhGAP-HIG) - Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies

by Peter Ventevogel, Ka Young Park, Mark van Ommeren et al.
World Health Organization and United Nations High Commissioner for Refugees, 2015



68 pp. 1.0 MB:

http://www.hst.org.za/sites/default/files/9789241548922_eng.pdf



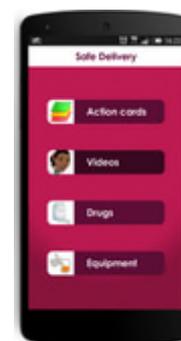
The mhGAP Humanitarian Intervention Guide contains first-line management recommendations for mental, neurological and substance use conditions for non-specialist health-care providers in humanitarian emergencies where access to specialists and treatment options is limited. It is a simple, practical tool that aims to support general health facilities in areas affected by humanitarian emergencies in assessing and managing acute stress, grief, depression, post-traumatic stress disorder, psychosis, epilepsy, intellectual disability, harmful substance use and risk of suicide.

ELECTRONIC RESOURCES

The Safe Delivery App

<http://maternity.dk/en/content/mhealth>

As part of their focus on strengthening the quality of care through clinical trainings, "Maternity" has in partnership with University of Copenhagen and University of Southern Denmark developed an innovative



smart-phone app called The Safe Delivery App. The Safe Delivery App is a mHealth Tool that teaches and instructs birth attendants in hard-to-reach areas how to manage normal and complicated deliveries through simple, animated clinical instruction films.

INTERESTING WEB SITES

WHO Global Medicines Safety Database: VigiAccess

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



This database allows you to browse and view data on suspected side-effects from various medicinal products (also known as suspected adverse drug reactions (“ADRs”). All data contained herein is sourced from VigiBase®, the World Health Organization’s global database for ADRs, maintained by the Uppsala Monitoring Centre (UMC). The UMC is the WHO Collaborating Centre for International Drug Monitoring based in Uppsala, Sweden providing scientific leadership and operative support to the WHO Program for International Drug Monitoring (<http://www.who-umc.org>).

* * *

Harnessing non-state actors for better health for the poor (HANSHEP)

<http://www.healthsystemshub.org>



A platform on mixed (public and private) health systems has been created by the HANSHEP group for the global health community. The Mixed Health Systems Hub is an innovative online resource specially designed to support knowledge exchange, networking and collaboration among health practitioners, policymakers, researchers and development partners committed to creating equitable and sustainable health systems for all.

The hub can help you to:

- Quickly find answers to your questions by connecting you to quality resources, training materials and other health professionals working on your issues;
- Stay up to date with the latest news, events, reports and discussion on mixed health systems topics;
- Collaborate with others and manage your own online groups to overcome shared challenges;
- Raise awareness of your organization and share your lessons learned.

Visit <http://www.healthsystemshub.org> and become a member!

TRAINING OPPORTUNITIES

Free and Open Training Course on Ebola: Essential knowledge for health professionals

3 weeks of study; 6-8 hours/week
English language



In this course you will cover the fundamental knowledge any health professional should have with expected or confirmed cases or a general interest in the Ebola disease. You will discuss the epidemiology of the disease, its pathophysiology and transmission, the clinical presentation including differential diagnosis and confirmation of disease. You will also discuss the general therapeutic approach to the care of Ebola suspected or con-

firmed patients and discuss the novel vaccine and drug developments.

This course is developed in collaboration with colleagues at the University of Amsterdam, the University Medical Center Utrecht (Julius Center/Julius Global Health), Elevate Health, Médecins Sans Frontières and the Lion Heart Foundation.

For further details please see:

<https://www.coursera.org/learn/ebola-essentials-for-health-professionals>

* * *

Quality of Medical Products and Public Health

July 13th -17th, 2015

London School of Hygiene and Tropical Medicine, London



There is increasing interest in the neglected subject of poor quality medicines/medical products, their epidemiology, origins, detection and impact and how to intervene to reduce their frequency. Poor quality medicines especially affect vulnerable populations in financially poor countries and although access to medicines has rightly been highlighted, access to good quality medicines has not. This one week course will address the need to build capacity and consensus in quality of medical products, and stimulate more research and action in this neglected field.

For more information see: <http://www.lshtm.ac.uk/study/cpd/medicalproducts.html>

* * *

Short Course: Accidents due to venomous and poisonous animals

10 – 13 September 2015

Swiss Tropical and Public Health Institute (Swiss TPH) Basel, Switzerland



The diversity of venomous and poisonous animals and the pathophysiological effects of their complex venoms pose major challenges to clinicians and poisons information services. Since identification of the culprit is indispensable for antivenom treatment, it is essential that clinicians have the skills to carry out this task as it is often up to the clinician him/herself to handle this problem.

For a course brochure (2 pp. 893 kB) see:

http://www.swisstph.ch/fileadmin/user_upload/Pdfs/tnt/Course_Content_Accidents_due_to_venomous_and_poisonous_animals.pdf

CONFERENCES

International Health Conference at St Hugh's College Oxford 2015

25-27 June 2015, Oxford, England

This Oxford-based conference aims to bring together researchers who aim to promote health and wellbeing through improved health services in Europe and around the world. The aim of the event is to highlight the link between research and practice by gathering together a wide range of papers on health and health services research close to practice and/or policy.



For more information see: <http://www.globalhealthcongress.org/>

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Global Forum on Research and Innovation for Health 2015

“Get Involved in Shaping the Future”

24-27 August 2015, Manila, Philippines



Forum 2015 is a unique global platform to promote the role of research and innovation in creating better health, enhancing equity and stimulating development. Join other policy-makers, business and non-profit leaders, international organizations, academic and research institutions, social entrepreneurs and key stakeholders, as we work together to shape the global health research agenda locally, regionally and globally.

For more information see: <http://www.forum2015.org>

CARTOON



Actually, it's customary to say “I do” to the groom, rather than text it

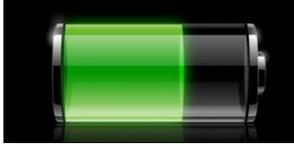
TIPS & TRICKS

Deleting a word in MS WORD

To delete single words in Word for Windows most users repeatedly use the ‘Backspace’ or ‘Delete’ key. There is a more useful key combination to reach your result: press Ctrl+Backspace to delete the word left of your cursor and Ctrl+Del to delete the word right of your cursor. Is your cursor positioned within a word the letters left of your position will be deleted up to the beginning (Ctrl+Backspace) or the letter right of your cursor up to the end of the word (Ctrl+Del) will be deleted.

* * *

Can I Charge my Phone Overnight?



You may have heard that it is a bad idea to leave your phone plugged in overnight, but truthfully it shouldn't be an issue. Your phone is smart enough to know when to stop charging once the battery is full and overnight is the one time you don't need your phone.

You do waste a minimal amount of electricity, but it is not going to bankrupt you. The total would probably be less than US \$1 per year.

Best regards,

[Dieter Neuvians MD](#)