EDITORIAL

Dear colleagues,

the 14th International Dialogue on Population and Sustainable Development in Berlin focused on using review mechanisms to hold governments accountable for their realization of SDGs related to sexual and reproductive health and rights.

This month’s In focus’ article “My needs are the same as yours” looks at the same topic from the perspective of persons with disabilities, highlighting the main findings of research undertaken on this topic in Cambodia.

The results of a study of German-supported demand-side financing of maternal and newborn health in Tanzania have just been published and make for interesting reading.

And everyone interested in the pros and cons of Payment by Results, and their empirical basis, should not miss this synthesis paper and the ‘four PbR ironies’ with which it closes.

Enjoy the reading!

Your editorial team
Dieter Neuvians, Karolina Luczak Santana, Anna von Roenne

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**Global Health Governance, Sustainable Development Goals & Development Cooperation**

The next WHO Director-General’s highest priority: a Global Treaty on the Human Right to Health

Global monitoring of action on the social determinants of health: a proposed framework and basket of core indicators

Sustainable Development Goals Indicator 3.8.2 refinement agreed


Health at a Glance Asia Pacific 2016: Measuring Progress towards Universal Health Coverage

Health at a Glance: Europe 2016

From MDGs to Sustainable Development For All: Lessons from 15 Years of Practice


Transforming the system of humanitarian response

The effects of insecurity on humanitarian coverage

Transitioning from the MDGs to the SDGs

Communication for Development: A Practical Guide

Planning and Managing Scientific Research: A guide for the beginning researcher

Access to healthcare for people facing multiple vulnerabilities in health in 31 cities in 12 countries

Collecting and Reporting of Sex- and Age-Disaggregated Data on Adolescents at the Sub-National Level

Landmine Monitor 2016

**Videos**

Safe love. Reproductive health options for people with disabilities

**Miscellaneous**


Health at a Glance Asia Pacific 2016: Measuring Progress towards Universal Health Coverage

Health at a Glance: Europe 2016

From MDGs to Sustainable Development For All: Lessons from 15 Years of Practice


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Collecting and Reporting of Sex- and Age-Disaggregated Data on Adolescents at the Sub-National Level

Landmine Monitor 2016

**CONFERENCES & TRAINING**

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Fight Malware: Download and Install MALWAREBYTES

**IMPRINT**
ONLINE RESOURCES

Healthy Developments – Germany’s commitment to health and social protection

ESTHER University and Hospital Partnerships in Africa


As a consequence of the Ebola crisis in West Africa, ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Reseau) Germany is expanding its partnership network, aiming to strengthen epidemic preparedness and patient safety on the African continent. It is calling German and African health institutions to submit expressions of interest for partnerships to improve patient safety.

“My needs are the same as yours”

Findings from research on persons with disabilities’ sexual and reproductive health in Cambodia

http://www.health.bmz.de/events/In_focus/my_needs_are_the_same/index.html?pk_campaign=24_2016

Men and women with disabilities care for and support others as husbands and wives, mothers and fathers, sons and daughters. Research shows that they can realize their sexual and reproductive health rights and aspirations if health workers are willing to engage with them and know how to provide some practical support.

International Dialogue: Accountability to advance Sexual and Reproductive Health and Rights (SRHR) commitments


How can the use of follow-up and review mechanisms help secure the implementation of Sexual and Reproductive Health and Rights-related Sustainable Development Goals? At the 14th International Dialogue on Population and Sustainable Development, which took place in Berlin on 10/11 November 2016, delegates called for the harmonization of follow-up and review mechanisms as a key element in achieving the SRHR-related goals of the 2030 Agenda on Sustainable Development.
Reproductive, maternal, neonatal, child and adolescent health & Right to health

International Human Rights and the Mistreatment of Women during Childbirth

by Rajat Khosla, Christina Zampas, Joshua P. Vogel et al.
Health and Human Rights Journal, November 14, 2016
Read online at:

Identifying human rights norms and standards related to the full range of documented mistreatment is a first step towards addressing violations of human rights during facility-based childbirth, ensuring respectful and humane treatment, and developing a program of work to improve the overall quality of maternal care. This article reviews international human rights standards related to the mistreatment of women during childbirth in facility settings under regional and international human rights law and lays out an agenda for further research and action.

Implementation and acceptability of strategies instituted for engaging men in family planning services in Kibaha district, Tanzania

by Judith Msavela and Anna Tengia-Kessy
9 pp. 403 kB

Men as the main decision makers in most of African families have an important role to play towards acceptance of family planning methods. This study sought to identify strategies used to engage men in family planning services and determine the extent to which men in Kibaha district in Tanzania accept these interventions. The authors conclude that existing strategies such as invitations to clinics and community sensitization have shown to encourage men to engage in family planning services. However, these interventions reach few men and hence there is a need to rolling them up to improve uptake of family planning services.

The effects of MCH insurance cards on improving equity in access and use of maternal and child health care services in Tanzania: a mixed methods analysis

by August Kuwawenaruwa, Gemini Mtei, Jitihada Baraka et al.
10 pp. 556 kB

In 2010, Tanzania introduced free health insurance cards to pregnant women and their families to influence access, use, and provision of health services. However, little is known about whether the use of the maternal and child health cards improved equity in access and use of maternal and child health care services. The authors conclude that to improve equity in access to facility-based delivery care using strategies such as maternal and child health insurance cards it is necessary to ensure beneficiaries and other stakeholders are well informed of the programme, as giving women insurance cards only does not guarantee facility-based delivery.

**Understanding abortion-related stigma and incidence of unsafe abortion: experiences from community members in Machakos and Trans Nzoia counties Kenya**

by Erick Kiprotich Yegon, Peter Mwaniki Kabanya, Elizabeth Echoka et al.  
The Pan African Medical Journal, 2016; 24:258 - Published: 20/07/2016  
9 pp. 371 kB  
http://www.panafrican-med-journal.com/content/article/24/258/pdf/258.pdf

The rate of unsafe abortions in Kenya has increased from 32 per 1000 women of reproductive age in 2002 to 48 per 1000 women in 2012. This is one of the highest in Sub-Saharan Africa. In 2010, Kenya changed its Constitution to include a more enabling provision regarding the provision of abortion services. Abortion-related stigma has been identified as a key driver in silencing women's ability to reproductive choice leading to seeking to unsafe abortion. The authors sought to explore abortion-related stigma at the community level as a barrier to women realizing their rights to a safe, legal abortion and compare manifestations of abortion stigma at two communities from regions with high and low incidence of unsafe abortion.

**Financial Times - Special Report on Maternal & Child Health**

November 17, 2016
Read online at:  
https://www.ft.com/reports/maternal-child-health

The problem of how to reduce the number of maternal and child deaths around the world remains a confounding one. Despite the existence of simple innovations that have been proven to save lives, governments and development workers have struggled to implement change. The report contains 16 articles & opinion pieces on maternal and child health in countries all around the world.
One is Too Many: Ending Child Deaths from Pneumonia and Diarrhoea

Pneumonia and diarrhoea together kill 1.4 million children each year, the overwhelming majority of whom live in lower and middle-income countries. These childhood deaths occur despite the fact that both illnesses are largely preventable through straightforward and cost effective solutions like exclusive breastfeeding, vaccination, quality primary healthcare and reducing household air pollution. World leaders gathered at COP22 have opportunity to make commitments that will help save the lives of 12.7 million children by 2030.

More than Just a Game: Sport as a Communication Platform in Sexuality Education for Adolescent Girls

In a region where youth-friendly sexual and reproductive health (SRH) services are incredibly hard to come by, Grassroot Soccer champions an innovative approach to interactive learning through the use of play and games, the language of sport, and sport routines. The organisation uses the power of soccer to connect young people with the mentors, information, and health services they need to thrive, and empowers adolescents to make educated choices about pressing health challenges such as HIV, sexual health and gender-based violence (GBV).

Adolescent Boys and Young Men: Engaging them as Supporters of Gender Equality and Health and Understanding their Vulnerabilities

This report highlights the importance of engaging adolescent boys and young men in sexual and reproductive health and rights and in gender equality. It reviews current research on boys’ and young men’s specific risks and realities - and the implications for women and girls - in relation to their general health status, violence, sexuality and sexual and reproductive health, media violence, sexual exploitation, and other vulnerabilities. The report reviews concrete ways to work
with adolescent boys and young men on sexual and reproductive health services, comprehensive
sexuality education, fatherhood and caregiving, and the elimination of violence against women and
girls.

HIV, Tuberculosis & Malaria

Get on the Fast-Track: The life-cycle approach to HIV

Finding solutions for everyone at every stage of life
Joint United Nations Programme on HIV/AIDS (UNAIDS), November 2016
140 pp. 2.6 MB

The scope of HIV prevention and treatment options has never been wider than it is
today. The world now has the scientific knowledge and experience to reach people
with HIV options tailored to their lives in the communities in which they live. This life-cycle approach
to HIV ensures that we find the best solutions for people throughout their lifetime. In this report,
UNAIDS is announcing that 18.2 million people now have access to HIV treatment. The Fast-Track
response is working. Increasing treatment coverage is reducing AIDS-related deaths among adults
and children. But the life-cycle approach has to include more than just treatment. Tuberculosis, like
cervical cancer, hepatitis C and other major causes of illness and death among people living with HIV,
is not always detected in HIV services. It is vital that we collaborate closely with other health pro-
grammes to prevent unnecessary deaths.

Targeting HIV prevention to young women in Africa

by Tony Kirby
The Lancet - Volume 388, No. 10060, p2579, 26 November 2016
1 pp. 149 kB

Ensuring adolescent girls and young women in sub-Saharan Africa have access to a
combination of HIV prevention methods will be crucial to reducing new infections. In
HIV prevention, the evidence is now irrefutable regarding the efficacy of both treatment as prevention
and pre-exposure prophylaxis (PrEP). But while prevention has entered an exciting new era, sub-
stantial challenges remain in making sure that prevention efforts reach those who are most vulnera-
ble - a group that includes adolescent girls and young women (AGYW) in sub-Saharan Africa; an es-
timated 7000 new HIV infections are occurring every week in this group alone.
Early Diagnosis of HIV Infection in Infants - One Caribbean and Six Sub-Saharan African Countries, 2011-2015

Karidia Diallo, Andrea A. Kim, Shirley Lecher et al.

Morbidity and Mortality Weekly Report (MMWR), November 25, 2016 / 65 (46); 1285–1290
6 pp. 177 kB
http://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6546a2.pdf

During 2011–2015, in one Caribbean and six sub-Saharan countries supported by the President’s Emergency Plan for AIDS Relief, the number of tests for early infant diagnosis increased, and the HIV-positivity rate declined in all seven countries. However, the rate of HIV testing performed within 6 weeks of birth among HIV-exposed infants, as recommended by the World Health Organization, was <50% in five countries in 2015. Difficulties in specimen transport, long turnaround time and limitations in supply chain management were among the most commonly reported challenges to accessing services for early infant diagnosis.

REAct Guide

Anna Berns, Collin Sullivan, Monica Leonardo et al.

International HIV/AIDS Alliance, February 2015
40 pp. 10.9 MB

The guide provides an introduction to Rights – Evidence – ACTion (REAct), a community-based system for monitoring and responding to human rights-related barriers in accessing HIV and health services. The five REAct units in the guide provide information on the principles behind the system; the steps you need to take to set it up; who needs to be involved; what the human rights issues are; how to collect data; using the information management tool, Martus; adapting the system to your context; and how to implement REAct.

2016 Report on Tuberculosis Research Funding Trends, 2005-2015: No Time to Lose

Mike Frick

Treatment Action Group, October 2016
68 pp. 1.0 MB

Despite a critical shortage of resources, scientists have managed to make significant advances against TB over the last five years. This demonstrates that TB research provides a good return on investment, but investment remains too low to unlock the transformational innovations in prevention, diagnosis, and treatment needed by people with TB and those that care
for them. Turning this declining trend around will require increased political commitment from all
countries but especially from leaders of the BRICS countries (Brazil, Russia, India, China, and South
Africa), which bear the greatest TB burden.

The Use of Delamanid in the Treatment of Multidrug-Resistant Tuberculosis in Children
and Adolescents: Interim Policy Guidance

by Christian Lienhardt, Lice González-Angulo, Dennis Falzon et al.
World Health Organization, 2016
58 pp. 1.4 MB


The use of delamanid in the treatment of MDR-TB was recommended by the
World Health Organization (WHO) in 2014. However, due to the lack of evidence
on the use of delamanid in the paediatric populations, these interim policy recommendations
were limited to adult MDR-TB patients under very strict conditions. In view of recent data on the use of
delamanid in children diagnosed with MDR-TB, WHO convened an independent, multidisciplinary,
international expert panel to assess new data and develop an addendum to the 2014 interim guidance
on delamanid, with specific recommendations to paediatric MDR-TB patients. Based on the assessment
of this evidence and recommendations from the expert panel, the WHO now recommends that
delamanid may be added to the WHO-recommended longer regimen in children and adolescents (6 –
17 years).

Evaluation of OMNIgene®•SPUTUM-stabilised sputum for long-term transport and Xpert®
MTB/RIF testing in Nepal

by B. Maharjan, C. D. Kelly-Cirino, A. Weirich et al.
The International Journal of Tuberculosis and Lung Disease, Vol. 20, Nr. 12, 1 December
2016, pp. 1661-1667
11 pp. 255 kB


The authors evaluated whether transporting samples in OMNIgene®•SPUTUM (OM-S) reagent from a
peripheral collection site to a central laboratory in Nepal can improve tuberculosis (TB) detection and
increase the sensitivity of Xpert®-MTB/RIF testing. They conclude that sputum samples treated with
OM-S can undergo multi-day ambient-temperature transport and yield comparable smear and Xpert
results to those of standard-of-care (SOC) samples. Further investigation with larger sample sizes is
required to assess whether treating sputum samples with OM-S could increase the sensitivity of
Xpert testing in smear-negative samples.
Does antimalarial mass drug administration increase or decrease the risk of resistance?

by Nicholas J White
The Lancet Infectious Diseases - Published: 10 November 2016
6 pp. 971 kB

All antimalarial drugs developed so far have eventually succumbed to resistance. There is a general belief that the more people that are exposed to an antimalarial drug, the more likely it is that resistance will emerge. Mass drug administration (MDA) is therefore considered a potent cause of antimalarial drug resistance. In this Personal View, the author discusses the circumstances under which antimalarial MDA increases or decreases the risk of resistance. It is the total number of parasites exposed and their individual probabilities of survival and spread that determine the risk, not the number of people that contain them.

Ivermectin for malaria transmission control

Malaria Policy Advisory Committee Meeting, 14–16 September 2016
Rapporteur: Carlos Chaccour
38 pp. 1.2 MB
http://www.who.int/malaria/mpac/mpac-sept2016-ivermectin-session9.pdf?ua=1

Ivermectin is an antihelminthic drug used to control several neglected tropical diseases (NTDs). It has also been found to kill Anopheles mosquitoes that ingest it in a blood meal. As a result, the community administration of ivermectin may have the potential to reduce malaria transmission by acting as an Anopheles adulticide. This document summarizes the outcomes of a WHO technical consultation meeting on ivermectin for malaria transmission control, in which the current understanding of these issues was reviewed and a cohesive strategy for the next steps laid out.

The biter bit: A new drug dispenser may turn human beings into chemical weapons

The Economist, 19 November 2016
Read online at:

Scientists may have discovered a way to kill malaria-transmitting mosquitoes by deploying a drug typically used against riverblindness and other diseases. The drug ivermectin essentially makes human blood poisonous to mosquitoes. If it is mass-administered in malaria-prone regions, it could decimate mosquito populations. Unfortunately, the body metabolizes ivermectin quickly, but Robert Langer of MIT and Giovanni Traverso of Brigham and Women’s Hospital in Boston have devised an ingenious delivery system to extend the drug’s life. They created a star-shaped device infused with ivermectin that will dissolve in the stomach over the course of 2 weeks. Human trials begin next year.
Development and validation of a rapid assessment tool for malaria prevention

by Judith Nekesa Mangeni, Diana Menya, Andrew Obala et al.
Malaria Journal 2016 15:544, 8 November 2016
12 pp. 4.5 MB


Insecticide-treated bed nets (ITN) have been shown to be efficacious in reducing malaria morbidity and mortality in many regions. Unfortunately in some areas, malaria has persisted despite the scale up of ITNs. Recent reports indicate that human behaviour and mosquito behaviour are potential threats to the efficacy of ITNs. However, these concerns are likely highly heterogeneous even at very small scales. This study aimed at developing, testing and validating a rapid assessment tool to collect actionable information at local levels for a quick evaluation of potential barriers to malaria prevention.

The Rainy Season Strategy To Stop Malaria

by Jason Beaubien
NPR Goats and Soda, November 16, 2016
Read online at:
http://www.npr.org/sections/goatsandsoda/2016/11/16/502330917/the-rainy-season-strategy-to-stop-malaria

In Western and Central Africa a new technique to combat malaria is rapidly gaining traction across the Sahel. Health officials in 11 countries are now giving children antimalarial drugs during the rainy season in this semi-arid region and seeing a dramatic drop in the number of malaria cases. The technique is called Seasonal Malaria Chemoprevention. Over four months, health workers give four doses of anti-malaria drugs to children under age 5. And it's been incredibly successful. Studies have shown that this health intervention can reduce the number of malaria cases in some parts of Africa by as much as 75 percent.

A Chlorfenapyr Mixture Net Interceptor® G2 Shows High Efficacy and Wash Durability against Resistant Mosquitoes in West Africa

by Raphael N’Guessan, Abibatou Odjo, Corine Ngufor et al.
PLoS ONE 11(11): e0165925 - Published: November 16, 2016
14 pp. 1.6 MB

http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0165925&type=printable

Malaria control through use of long-lasting insecticidal nets (LN) is threatened by the selection of anopheline mosquitoes strongly resistant to pyrethroid insecticides. The efficacy of a novel mixture LN, Interceptor® G2, that combines the pyrrole chlorfenapyr and pyrethroid alpha-cypermethrin was
evaluated under controlled household conditions (experimental hut trial) and by laboratory bioassay against pyrethroid resistant *An. gambiae* in Benin before and after standardized washing. The authors conclude that Interceptor® G2 LN demonstrates the potential to control transmission and provide community protection over the normal lifespan of long lasting nets where standard pyrethroid LN show signs of failing due to resistance.

**WHO-coordinated multi-country evaluation Implications of insecticide resistance for malaria vector control**

WHO Global Malaria Programme, November 2016  
4 pp. 115 kB  

Bed nets treated with a safe chemical killer still provide significant protection from malaria-carrying mosquitoes, despite the rise in insecticide resistance. A five-year, five-country investigation, coordinated by the World Health Organization (WHO) with financial support from the Bill & Melinda Gates Foundation, is the most comprehensive evaluation ever to assess the impact of insecticide resistance on essential control tools targeted against malaria-carrying mosquitoes - primarily long-lasting insecticidal nets, or LLINs, which have played a central role in cutting malaria cases and deaths worldwide since 2000.

**Eliminating malaria in the Greater Mekong Subregion: United to end a deadly disease**

World Health Organization, 2016  
27 pp. 752 kB  
http://apps.who.int/iris/bitstream/10665/251668/1/WHO-HTM-GMP-2016.12-eng.pdf?ua=1

Recent efforts to fight malaria in the Greater Mekong Subregion (GMS) have yielded impressive results. According to the latest WHO estimates, the six GMS countries cut their malaria case incidence by an estimated 54% between 2012 and 2015. Malaria death rates fell by 84% over the same period. To succeed in eliminating Malaria, GMS countries must continue to develop and roll out effective policies that address the challenges head-on and galvanize action on the ground. This report offers a brief overview of several tried-and-tested approaches that can help countries across the subregion end transmission of this deadly disease.
Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

**Association between Zika virus infection and microcephaly in Brazil, January to May, 2016: preliminary report of a case-control study**

by Thalia Velho Barreto de Araújo, Laura Cunha Rodrigues, Ricardo Arraes de Alencar Ximenes et al.

Lancet Infect Dis 2016; 16: 1356–63 - Published Online: September 15, 2016
8 pp. 337 kB


The microcephaly epidemic, which started in Brazil in 2015, was declared a Public Health Emergency of International Concern by WHO in 2016. The authors report the preliminary results of a case-control study investigating the association between microcephaly and Zika virus infection during pregnancy. Their data suggest that the microcephaly epidemic is a result of congenital Zika virus infection. The authors await further data from this ongoing study to assess other potential risk factors and to confirm the strength of association in a larger sample size.

**Infant Pertussis Disease Burden in the Context of Maternal Immunization Strategies**

Clinical Infectious Diseases, Vol. 63, Suppl. 4, December 1, 2016

Free access to all articles of the supplement at:

http://cid.oxfordjournals.org/content/63/suppl_4.toc

It is amazing that in the 21st century, more than 100 years since Jules Bordet discovered the organism that bears his name, Bordetella pertussis, we are far from a full understanding of the organism, the disease, the correlates of protection, and the ideal vaccine. Unlike many infectious diseases, natural infection does not give lifelong immunity, and unlike our best vaccines, immunity after vaccination is more or less transient. Therefore, it is not surprising that control of pertussis is relatively poor, although generalizations are difficult because of geographical differences.

**Exposure Patterns Driving Ebola Transmission in West Africa: A Retrospective Observational Study**

by Junerlyn Agua-Agum, Archchun Ariyarajah, Bruce Aylward et al.

23 pp. 1.5 MB
Achieving elimination of Ebola is challenging, partly because of super-spreading. Safe funeral practices and fast hospitalisation contributed to the containment of this Ebola epidemic. Continued real-time data capture, reporting, and analysis are vital to track transmission patterns, inform resource deployment, and thus hasten and maintain elimination of the virus from the human population. The authors present analyses of data collected during the outbreak identifying drivers of transmission and highlighting areas where control could be improved.

Chikungunya in Mozambique: A Forgotten History

This paper revisits earlier published and unpublished work on chikungunya in Mozambique. In addition, the authors discuss the name of the disease, which may provide a clue to its presence. With the reemergence of chikungunya in 2000 after several decades of absence, new attention has been drawn to the virus. Between 2005 and 2007, large epidemics were reported in the Indian Ocean islands of the Comoros, Seychelles, Mauritius, and Reunion. The Comoros lie just across the Mozambican channel from northern Mozambique, and interchange is frequent.

WHO Guidelines for the Treatment of Genital Herpes Simplex Virus

Since the publication of the World Health Organization (WHO) Guidelines for the management of sexually transmitted infections (STIs) in 2003, changes in the epidemiology of STIs and advancements in prevention, diagnosis and treatment necessitate changes in STI management. These guidelines provide updated treatment recommendations for genital Herpes Simplex Virus (HSV) infection based on the most recent evidence; they form one of several modules of guidelines for specific STIs. It is strongly recommended that countries take updated global guidance into account as they establish standardized national protocols, adapting this guidance to the local epidemiological situation and antimicrobial susceptibility data.
Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19·1 million participants

by NCD Risk Factor Collaboration (NCD-RisC)
The Lancet - Published Online: November 15, 2016
19 pp. 24.8 MB

Raised blood pressure is an important risk factor for cardiovascular diseases and chronic kidney disease. The authors estimated worldwide trends in mean systolic and mean diastolic blood pressure, and the prevalence of, and number of people with, raised blood pressure, defined as systolic blood pressure of 140 mm Hg or higher or diastolic blood pressure of 90 mm Hg or higher. They conclude that during the past four decades, the highest worldwide blood pressure levels have shifted from high-income countries to low-income countries in south Asia and sub-Saharan Africa due to opposite trends, while blood pressure has been persistently high in central and eastern Europe.

The Global State of Harm Reduction 2016

by Katie Stone and Gen Sander
Harm Reduction International (HRI), 2016
148 pp. 11.3 MB

Services to reduce drug-related harms are failing to keep up with growing need, despite pledges to combat AIDS among people who inject drugs. The drive to scale-up needle and syringe programmes and opioid substitution therapy for people who inject drugs has stalled, according to this new report released by Harm Reduction International (HRI). Despite a UN pledge to end AIDS by 2030, no new countries have established needle and syringe programmes (NSP) since 2014. Out of 158 countries where injecting drug use is reported, 68 still do not provide NSP, while opioid substitution therapy (OST) has been initiated in just three new countries (Monaco, Senegal and Kenya), bringing the total to 80.

New psychoactive substances in Europe: Legislation and prosecution - current challenges and solutions

by Virve Toivanen-Schagen, Patricia Pinto, Brendan Hughes et al.
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Eurojust, November 2016
30 pp. 435 kB
Europe is fighting a battle against dangerous designer drugs being created so fast and frequently that authorities are struggling to control them, EU agencies say in a report. Nearly 300 such drugs hit European markets between 2013 and 2015 alone, according to the report by the two agencies, which warned of a particular problem with synthetic cannabinoid products crafted to mimic the chemical make-up of cannabis. The evolution of the European market for NPS (“new psychoactive substances”) has accelerated to a speed that the public authorities’ established response - drug control laws - has struggled to match, said the European Monitoring Centre for Drugs and Drug Addiction and judicial cooperation agency Eurojust.

**Advancing Drug Policy Reform: A new Approach to Decriminalization**

by Niamh Eastwood, Edward Fox, Khalid Tinasti et al.  
The Global Commission on Drug Policy, 2016  
44 pp. 5.2 MB  

Building on current partial decriminalization models that have helped to achieve more effective drug policies and positive outcomes, with a greater emphasis on justice, dignity and human rights, this report advocates ending all penalties – both civil and criminal – on people who use drugs. Detailing the destructive and harmful consequences of punitive drug policies and the need to reconsider them, the report calls for the implementation of alternatives to punishment for all low-level, non-violent actors in the drug trade, and to consider market regulation as the next logical step.

**Why World Toilet Day Is Not a Laughing Matter**

by Kavita Desai  
Global Daily, 19 November 2016  
Read online at:  
http://globaldaily.com/why-world-toilet-day-is-not-a-laughing-matter/

World Toilet Day was proposed by Singapore, done in an effort to bring attention to the issues around sanitation and to the campaign Sanitation for All. Singapore may not be associated with sanitation challenges - but they do know about being small and having a big impact. When the UN adopted November 19th as World Toilet Day, Singapore said the following: “Small states like Singapore know that if you want to change the world today, instead of many years or decades later, you have to start small. You have to find a pivotal issue, like toilets, which by focusing all your attention and efforts on you can achieve many disproportionate and positive outcomes in terms of health, gender equality, economic prosperity and the personal dignity of millions of the poorest people. In this...
regard, we see toilets as the gateway to the broader challenge of sanitation in all its upstream and downstream aspects.”

**World Toilet Day 2016: Toilets and Jobs**

United Nations (UN), November 2016
4 pp. 420 kB


World Toilet Day, on 19 November, is about taking action to reach the 2.4 billion people living without a toilet. This year, the theme of ‘toilets and jobs’ focuses on how sanitation, or the lack of it, can impact on livelihoods.

The top line facts:
- 2.4 billion people live without improved sanitation.
- One in ten people has no choice but to defecate in the open.
- Diarrhoea caused by poor sanitation and unsafe water kills 315,000 children every year.
- Disease transmission at work, mostly caused by poor sanitation and hygiene practices, causes 17% of all workplace deaths.
- Loss of productivity due to illnesses caused by lack of sanitation and poor hygiene practices is estimated to cost many countries up to 5% of GDP.

**Overflowing cities: The State of the World’s Toilets 2016**

by Tom Burgess, Jo Lehmann, Carolynne Wheeler et al.
WaterAid, November 2016
28 pp. 7.6 MB


Last year, all UN member states committed to the new Global Goals for Sustainable Development, which included in Goal 6 the target to ensure everyone everywhere has access to basic toilets by 2030. In this year’s State of the World’s Toilets, we look at some of the world’s worst countries for urban sanitation, and some of the jobs that are created when the challenge is addressed head-on. With only 14 years to achieve the UN’s Global Goal 6 – to deliver safe water and sanitation to everyone everywhere by 2030 – there’s no time to waste.
Climate finance and poverty

by Jordan Beecher
Development Initiatives, November 2016
34 pp. 1.2 MB


Climate change is among the greatest global development challenges of the 21st century. From the global to the local scale, climate change affects and threatens economic and human development. This report explores the international public climate finance flows from developed to developing countries and provides new, detailed breakdowns of international climate investments. It offers evidence on how well the recognised links between climate change and poverty are reflected in how international public climate finance is provided and distributed.

The Lancet Countdown: tracking progress on health and climate change

by Nick Watts, W Neil Adger, Sonja Ayeb-Karlsson et al.
The Lancet - Published Online November 14, 2016
14 pp. 886 kB


The Lancet Countdown: tracking progress on health and climate change is an international, multidisciplinary research collaboration between academic institutions and practitioners across the world. It follows on from the work of the 2015 Lancet Commission, which concluded that the response to climate change could be “the greatest global health opportunity of the 21st century”. The Lancet Countdown aims to track the health impacts of climate hazards; health resilience and adaptation; health co-benefits of climate change mitigation; economics and finance; and political and broader engagement.

Heatwaves and health: Guidance on Warning System Development

Editors G.R. McGregor, P. Bessemoulin, K. Ebi et al.
World Meteorological Organization and World Health Organization, 2015
114 pp, 2.8 MB


This guidance considers who is at risk from heat, outlines approaches to assessing heat stress, presents the science and methodologies associated with the development of Heat–Health Warning Systems (HHWSs), overviews heat-intervention strategies which are a necessary part of any truly integrated HHWSs, considers the problem of communicating heat risk and how to evaluate HHWSs and draws attention to the essential elements of summer heat plans within
which HHWSs are nested. The purpose of the Guidance is to act as a catalyst for bringing together key players from climate, health, emergency-response agencies and decision-makers, as well as the general public, for initiating action concerning the overall management of heat as a hazard.

Stolen Future, Broken Present: The Human Significance of Climate Change

by David A. Collings
Open Humanities Press, University of Michigan Library, 2014
245 pp. 887 kB

http://oapen.org/download?type=document&docid=502333

This book argues that climate change has a devastating effect on how we think about the future. Once several positive feedback loops in Earth’s dynamic systems, such as the melting of the Arctic icecap or the drying of the Amazon, cross the point of no return, the biosphere is likely to undergo severe and irreversible warming. Nearly everything we do is premised on the assumption that the world we know will endure into the future and provide a sustaining context for our activities. But today the future of a viable biosphere, and thus the purpose of our present activities, is put into question.

The Global Climate in 2011–2015

World Meteorological Organization, 2016
32 pp. 5.1 MB


This report describes the evolution of the climate system during the period 2011–2015. The World Meteorological Organization (WMO) has assessed this five-year period in order to contribute to a better understanding of multiyear warming trends and extreme events that can help governments to implement the United Nations Framework Convention on Climate Change more effectively. It is believed that this report, together with those to follow, will help to strengthen the scientific foundation for implementing the 2015 Paris Climate Agreement and adjusting national policies as needed to reflect changing climate conditions.

Scientists say it could already be “game over” for climate change

Have we already blown it?
by David Nield
ScienceAlert, 11 November 2016
Read online at:
http://www.sciencealert.com/scientists-say-it-could-already-be-game-over-for-climate-change

There is no doubt our planet is getting hotter and hotter, but the long-term outlook could be even worse than we thought. Scientists are now saying it might already be too late to avoid a temperature rise of up to 7.36 degrees Celsius (13.25 degrees Fahrenheit) above pre-industrial levels by 2100. That is way above the upper limit of 4.8 degrees Celsius (8.6 degrees Fahrenheit) predicted by the Intergovernmental Panel on Climate Change (IPCC) in 2014, and to make matters worse, a new study suggests that we are underestimating just how sensitive Earth is to greenhouse gases.

Population Dynamics & Social Determinants of Health (including Gender & Education)

World Population Growth

by Esteban Ortiz-Ospina and Max Roser
Our World In Data, 2016
Read online at:
https://ourworldindata.org/world-population-growth/

The UN calculates that there are more than 7 billion living humans on Earth, yet 200 years ago we numbered less than 1 billion. Recent estimates suggest that 6.5 percent of all people ever born are alive right now. This is the most conspicuous fact about world population growth: for thousands of years, population grew only slowly, but in recent centuries it has jumped dramatically. Between 1900 and 2000 the increase in world population was three times greater than the entire previous history of humanity – an increase from 1.5 to 6.1 billion in just 100 years.

“Our World In Data” is an online publication by Max Roser which explores the development of human living conditions at a global scale.

The Global Gender Gap Report 2016

by Klaus Schwab, Richard Samans, Saadia Zahidi et al.
The World Economic Forum, 2016
391 pp. 15.4 MB


Through the Global Gender Gap Report, the World Economic Forum quantifies the magnitude of gender-based disparities and tracks their progress over time. While no single measure can capture the complete situation, the Global Gender Gap Index presented in this Report seeks to measure one important aspect of gender equality - the relative gaps between women and men across four key areas: health, education, economy and politics. More than a decade of data has revealed that progress is still too slow for realizing the full potential of one half of humanity within our lifetimes.
Health System Governance, Health Workforce and Health Information Systems

Vancouver Statement for the Fourth Global Symposium on Health Systems Research


From 14-18 November 2016, 2,062 delegates from 101 countries assembled in Vancouver, Canada, for the Fourth Global Symposium on Health Systems Research on the theme of ‘Resilient and responsive health systems for a changing world’. The Fourth Global Symposium has allowed our community to hold a light to the concept of resilient and responsive health systems, recognising their importance for achieving Universal Health Coverage (UHC) and the Sustainable Development goals (SDGs), while acknowledging the potential shortcomings. The world is changing, and resilience and responsiveness are needed now more than ever.

The global shortage of health workers - an opportunity to transform care

by Ara Darzi and Tim Evans
2 pp. 504 kB

There can be no effective health-care system that provides high-quality care without an adequate supply of trained staff to deliver it. Success in rebalancing the health workforce will require reforms in health professional education that target the next generation of health workers through an active, competitive, progressive, and fair process of recruitment, together with reforms in the scale, scope, and value for money of pre-service education. Additionally, qualified staff must have access to continuing education and career development throughout their working lives. Successful reforms require bold leadership that views health professional education as an invaluable asset to be nurtured rather than neglected, combined with innovative performance-based investments that track more closely its contributions towards UHC.

The performance of community health workers in the management of multiple childhood infectious diseases in Lira, northern Uganda - a mixed methods cross-sectional study

by Phillip Wanduru, Moses Tetu1, Doreen Tuhebwe et al.
9 pp. 347 kB
In this study, the authors assess the performance of Community Health Workers (CHWs) in managing malaria, pneumonia, and diarrhea in the rural district of Lira, in northern Uganda. They conclude that the performance of CHWs in Lira was inadequate. There is a need to consider pre-qualification testing before CHWs are appointed. Providing ongoing support and supervision, and ensuring that CHWs have at least secondary education can be helpful in improving their performance. Health system managers also need to ensure that the CHWs’ workload is moderated as work overload will reduce performance. Finally, although short training programs are beneficial to some degree, they are not sufficient and should be followed up with regular refresher training.

Unintended Consequences of Tele Health and their Possible Solutions

by S. B. Gogia, A. Maeder, M. Mars et al.
IMIA Yearbook of Medical Informatics, 2016
6 pp. 663 kB
http://imia.schattauer.de/en/contents/archive/issue/2422/manuscript/26806/download.html

Telehealth overcomes constraints of health reach and interaction due to time, distance as well as difficult terrains. A wide array of problems in telehealth have been described. Except for technical issues, literature on this topic is scant, so this article is based more on personal experience and data collected from surveys. Much can be done to prevent such problems, such as a need for standardization with related clinical studies for devices as well as processes used for telehealth is underlined, besides evaluation of outcomes of projects undertaken.

To access all articles of the yearbook for free go to:
http://imia.schattauer.de/contents/current-issue/issue/2422/issuePage/1.html

Enhancing emergency care in low-income countries using mobile technology-based training tools

by Hilary Edgcombe, Chris Paton, Mike English2
Arch Dis Child 2016;101:1149-1152
5 pp. 374 kB
http://adc.bmj.com/content/101/12/1149.full.pdf+html

In this paper, the authors discuss the role of mobile technology in developing training tools for health workers, with particular reference to low-income countries (LICs). The global and technological context is outlined, followed by a summary of approaches to using and evaluating mobile technology for learning in healthcare. Finally, recommendations are made for those developing and using such tools, based on current literature and the authors’ involvement in the field.
How are young people in South Africa using mobile phones to bridge healthcare gaps: Emerging evidence and recommendations

by K Hampshire, G Porter, L Lake et al.
Children's Institute, University of Cape Town & Durham University
4 pp. 390kB


In this study the authors' focus is specifically on mobile phones and they cover a much wider range of phone-related issues, including changes in gendered and age patterns of phone use over time; phone use in building social networks (for instance to support job search); impacts on education, livelihoods, health status, safety and surveillance, physical mobility and possible connections to migration, youth identity, image, and questions of exploitation and empowerment associated with mobile phones.

Access to Medical Products, Vaccines and Technologies

Access to Medicine Index 2016

Editors Jayasree K. Iyer, Danny Edwards, Anna Massey et al.
Access To Medicine Foundation, November 2016
192 pp. 17.7 MB


2 billion people in the world have no access to medicine. The Access to Medicine Index gives insight into what the pharmaceutical industry is doing to improve this situation. It independently ranks pharmaceutical companies' efforts to improve access to medicine in developing countries. Funded by the Bill & Melinda Gates Foundation and the UK and Dutch governments, the Index has been published every two years since 2008.

Challenges and opportunities in improving access to medicines through efficient public procurement in the WHO European Region

by Alessandra Ferrario, Panos Kanavos, Tifenn Humbert et al.
World Health Organization, 2016
106 pp. 1.5 MB

http://www.euro.who.int/__data/assets/pdf_file/0003/323598/Challenges-opportunities-improving-access-medicines-efficient-public-procurement.pdf?ua=1

This report maps different methods used by countries to conduct more efficient procurement and to improve access to treatment, with a focus on procurement of
medicines. Efficient procurement involves more than just obtaining the lowest price – it is about creating a healthy market where high-quality products are available at the right time at affordable prices and at the right quantity.

Core Elements of Outpatient Antibiotic Stewardship

by Guillermo V. Sanchez, Katherine E. Fleming-Dutra, Rebecca M. Roberts et al.
16 pp. 396 kB
https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6506.pdf

Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic prescribing involves implementing effective strategies to modify prescribing practices to align them with evidence-based recommendations for diagnosis and management. The guidelines include: avoiding prescribing antibiotics for the common cold and explaining to patients why antibiotics are not necessary for viral illnesses. Recent joint reports by Pew Charitable Trusts and the CDC revealed that 30% of antibiotic prescriptions are unnecessary, and half the time common bacterial infections are treated with the wrong antibiotic.

Too Costly & Too Scarce: Price, availability and affordability of medicines in low- and middle-income countries

PhD thesis by Margaret Ewen
Free University, Amsterdam, 2016
163 pp.
Download chapter by chapter at:
http://dare.ubvu.vu.nl/handle/1871/54753

The aim of this thesis is twofold. Firstly, it aims to shed light on the prices governments and people pay for medicines in low- and middle-income countries (LMICs), the affordability of medicines for people on low incomes, and the availability of medicines in outlets. The second aim is to assess the impact of three factors on the price and availability of medicines: inclusion in the national essential medicine list (EML), price transparency and comparing prices paid by other government purchasers, and local medicine production.
Enforcement Policy Statement on Marketing Claims for OTC Homeopathic Drugs

5 pp. 90 kB

Homeopathy is one of the most enduring forms of snake oil available to consumers; it has been duping people since 1814. But the United States government only recently decided to clamp down on these bogus treatments, with a new policy from the Federal Trade Commission. The FTC’s policy statement explains that the agency will now ask that the makers of homeopathic drugs present reliable scientific evidence for their health claims if they want to sell them to consumers on the US market. Mustering that evidence is likely to be difficult given that homeopathy is a pseudoscience.

Management and Quality of Health Services and Facilities

BMC Special issue: Unlocking community capabilities across health systems across low and middle income countries

Edited by Asha S. George, Kerry Scott, Eric Sarriot et al.
BMC Health Services Research, Volume 16, Supplement 7, 2016
http://bmchealthservs.biomedcentral.com/articles/supplements/volume-16-supplement-7

Community members’ intimate knowledge of local needs and adaptive capacities are essential in constructively harnessing global transformations related to epidemiological and demographic transitions, urbanization, migration, technological innovation and climate change. The Future Health Systems research consortium examines how communities can be active participants in the planning, delivery, monitoring, and evaluation of their health systems, by identifying individual and collective capabilities in diverse social, political, and institutional environments to improve people’s health. This supplement builds on prior work undertaken by the consortium and introduces important concepts through a literature review of key community capability domains in health systems research.

A Practical Guide to Implementation Research on Health Systems

by Henry Lucas and Merrick Zwarenstein
Institute of Development Studies, University of Sussex, UK, November 2016
Download chapter by chapter or as a single epub document at:
http://courses.arcade-project.org/course/view.php?id=9

The book consists of twelve chapters addressing theory, methodology, analysis, and influencing policy. Each consists of both original text and links to relevant, open access, web-based journal and multi-media materials, including selected case studies. This is an open
Pay-for-performance in resource-constrained settings: Lessons learned from Thailand’s Quality and Outcomes

Many countries have introduced pay-for-performance (P4P) models to encourage health providers and institutions to provide good quality of care. In 2013, the National Health Security Office of Thailand introduced P4P, based on the UK Quality and Outcomes Framework (QOF), as a mandatory programme for primary care providers. This study aims to review the first year of the Thai QOF policy, focusing on the key features of its formulation and implementation stages.

Payment By Results In Development Aid: All That Glitters Is Not Gold

Payment by Results, where aid is disbursed conditional upon progress against a pre-agreed measure, is becoming increasingly important for various donors. There are great hopes that this innovative instrument will focus attention on ultimate outcomes, and lead to greater aid effectiveness by passing the delivery risk on to recipients. However, there is very little related empirical evidence, and previous attempts to place it on a sure conceptual footing are rare and incomplete. This article collates and synthesises relevant insights from a wide range of subfields in economics, providing a rich framework with which to analyse Payment by Results.

Validity of a Minimally Invasive Autopsy for Cause of Death Determination in Adults in Mozambique: An Observational Study
There is an urgent need to identify tools able to provide reliable information on the cause of death in low-income regions, since current methods (verbal autopsy, clinical records, and complete autopsies) are either inaccurate, not feasible, or poorly accepted. The authors aimed to compare the performance of a standardized minimally invasive autopsy (MIA) approach with that of the gold standard, the complete diagnostic autopsy (CDA), in a series of adults who died at Maputo Central Hospital in Mozambique. They conclude that a simple MIA procedure can identify the cause of death in many adult deaths in Mozambique. This tool could have a major role in improving the understanding and surveillance of causes of death in areas where infectious diseases are a common cause of mortality.

**Universal Health Coverage, Health Financing and Social Health Protection**

**Overview of the Innov8 approach**

The Innov8 approach for reviewing national health programmes to leave no one behind
by Veronica Magar, Eugenio Villar, Flavia Bustreo et al.
World Health Organization, 2016
246 pp. 6.3 MB

http://www.who.int/life-course/partners/innov8/innov8-eight-steps20161010-overview-section.pdf?ua=1

Around the world, national health programmes are striving to ensure that no one is left behind. The Innov8 approach aims to support these efforts. Innov8 is an 8-step analytic process undertaken by a multidisciplinary review team. It results in recommendations to improve programme performance through concrete action to address health inequities, support gender equality and the progressive realization of universal health coverage and the right to health, and address critical social determinants of health. The Innov8 approach consists of a series of guided activities organized in eight steps. These steps are shown in this document.

For more Innov8 resources & publications see:
http://www.who.int/life-course/partners/innov8/innov8-resources/en/

**The Effects of Ghana’s National Health Insurance Scheme on Maternal and Infant Health Care Utilization**

by Igna Bonfrer, Lyn Breebaart, Ellen Van de Poel
PLoS ONE 11(11): e0165623 - Published: November 11, 2016
13 pp. 846 kB
The Ghanaian government implemented the National Health Insurance Scheme in 2004 and the aim of this study is to evaluate its early effects on maternal and infant healthcare use. The authors conclude that in the first years of operation, the National Health Insurance Scheme had a modest impact on the use of antenatal and delivery care. This is important for other African countries currently introducing or considering a national health insurance as a means towards universal health coverage.

**Social Innovations in the Urban Context**

Editors: Taco Brandsen, Sandro Cattacin, Adalbert Evers et al.
309 pp. 2.9 MB


This book addresses the practice of social innovation, which is currently very much in the public eye. New ideas and approaches are needed to tackle the severe and wicked problems with which contemporary societies are struggling. Especially in times of economic crisis, social innovation is regarded as one of the crucial elements needed to move forward. The questions asked in the book will be the following: 1. What is the nature of social innovations? 2. What patterns can be identified in social innovations emerging at the local level? 3. How is the emergence and spread of social innovations related to urban governance? More precisely, which conditions and arrangements facilitate and hinder social innovation?

**Old Age, Unemployment and Occupational Injuries Protection**

**Strengthening Elderly Care Capacity in Asia and the Pacific**

by Yukiko Ito and Wendy Walker
3 pp. 514 kB


As a result of both increased longevity and decreased fertility rates, rapid aging in Asia and the Pacific has put the region at the forefront of one of the most important global demographic trends. In 2012, 11% of the population in Asia was aged 60 years or above, and by 2050 this is expected to increase to 24% or roughly 1.26 billion people. This transition is happening at an unprecedented pace. At the same time, traditional family support systems are weakening, due in part to increased migration and expanded female labor market participation. There is a growing need to establish and finance alternatives to the traditional practice of family members caring for their elderly loved ones.
Towards an Age-Friendly European Union by 2020

AGE Platform Europe, December 2013
36 pp. 1.0 MB

If we continue to consider older people’s needs in terms of health, welfare or social participation as burdens to be assumed by the ‘at work’ generations, we are missing the point. Older people are an enormous economic and social resource that will grow in number and can grow in quality - but we need to provide smart, sustainable, inclusive and connected places and overall supportive environments for all of us to engage, contribute and prosper. This brochure seeks to explain what can be done to create an age-friendly European Union by fostering solidarity between generations and enabling the active participation and involvement of all age groups in society while providing them with adequate support and protection.

Issue Mapping for an Ageing Europe

by Richard Rogers, Natalia Sánchez-Querubín and Aleksandra Kil
Amsterdam University Press, 2015
171 pp. 7.6 MB
http://oapen.org/download?type=document&docid=569806

The book is a seminal guide to mapping social and political issues with digital methods. The issue at stake concerns the imminent crisis of an ageing Europe and its impact on the contemporary welfare state. The book brings together three leading approaches to issue mapping: Bruno Latour’s social cartography, Ulrich Beck’s risk cartography and Jeremy Crampton’s critical neo-cartography. These modes of inquiry are put into practice with digital methods for mapping the ageing agenda, including debates surrounding so-called ‘old age’, cultural philosophies of ageing, itinerant care workers, not to mention European anti-ageing cuisine. Issue Mapping for an Ageing Europe addresses an urgent social issue with new media research tools.

A qualitative study of the current situation of elderly care in Iran: what can we do for the future?

by Salime Goharinezhad, Mohammadreza Maleki, Hamid Reza Baradaran et al.
Glob Health Action 2016, 9: 32156
9 pp. 352 kB

With the successful improvement of global health systems and social security in societies, the world is now advancing toward aging. All countries have to face the phenomenon of population aging sooner or later depending on their degree of development; however, elderly care is predicted to soon become a major concern for developing countries such as Iran. This study was conducted to identify
the challenges of elderly care in Iran and to help policymakers develop roadmaps for the future through providing a clearer image of the current state of affairs in this area of healthcare.

**Population Aging in India: Facts, Issues, and Options**

by Arunika Agarwal, Alyssa Lubet, Elizabeth Mitgang et al.
PGDA Working Paper No. 132, August 2016
24 pp. 456 kB


India, one of the world’s two population superpowers, is undergoing unprecedented demographic changes. Increasing longevity and falling fertility have resulted in a dramatic increase in the population of adults aged 60 and up, in both absolute and relative terms. This paper first lays out the context, scope, and magnitude of India’s demographic changes. It then details the major challenges these shifts pose in the interconnected areas of health, especially the massive challenges of a growing burden of non-communicable diseases; gender, particularly the needs and vulnerabilities of an increasingly female older adult population; and income security.

**The Global Demography of Aging: Facts, Explanations, Future**

by David E. Bloom and Dara Lee Luca
PGDA Working Paper No. 130, August 2016
65 pp. 669 kB


This publication provides a broad overview of the global demography of aging. It reviews patterns, trends, and projections involving various indicators of population aging and their demographic antecedents and sequelae. The document also reviews theories economists use to explain the behavioural changes driving the most prominent demographic shifts. Finally, it discusses the changing nature of aging, the future of longevity, and associated policy implications, highlighting some key research issues that require further examination.
Bolsa Família and women’s autonomy: What do the qualitative studies tell us?

by Letícia Bartholo
The International Policy Centre for Inclusive Growth Research Brief 57, November 2016
5 pp. 113 kB
http://www.ipc-undp.org/pub/eng/PRB57_Bolsa_Familia_and_women_s_autonomy.pdf

The Progama Bolsa Família (PBF) currently serves 13.8 million Brazilian families - corresponding to the poorest 25 per cent of the population - combining cash transfers with conditionalities met by the beneficiaries. PBF households must fulfil education and health conditionalities that depend on family composition. Regarding health care, pregnant women must undergo prenatal care, nursing mothers must monitor their health status and that of their babies, and children up to 6 years old must follow the vaccination schedule. In education, individuals younger than 15 years old must attend 85 per cent of classes; those aged 16–17 must attend 75 per cent of classes. Transferring the money directly to women increases the likelihood that it will be used to benefit the entire family. Currently, women are the benefit recipients in 92 per cent of beneficiary households, regardless of family arrangement.

Conditional and Unconditional Cash Transfers to Improve Use of Contraception in Low and Middle Income Countries: A Systematic Review

by M. E. Khan, Avishek Hazra, Aastha Kant et al.
Studies in Family Planning 00(0) xxx 2016
13 pp. 123 kB

This systematic review synthesizes evidence on the impact of conditional and unconditional cash transfers (CCT and UCT) on contraception in low- and middle-income countries. Scientific and gray literature databases were searched from 1994 to 2016 and 11 papers from ten studies were included. All studies treated contraceptive use or fertility only as unintended and indirect outcomes. The available evidence on impact of CCT and UCT on contraception is inconclusive due to the limited number of studies, varying outcome measures, and lack of intervention specifically for contraception.
Inclusion of People with Disabilities

Committing to disability inclusion to end AIDS by 2030

by Jill Hanass-Hancock, Paul Chappell, Hellen Myezwa et al.
2 pp. 124 kB

Disability inclusion is finally an integral part of the political Declaration on HIV and AIDS, but people with disabilities, researchers, and representatives from the UN and funding agencies at the recent 21st International AIDS Conference in Durban warned that concrete actions are needed to ensure pledges do not become further political rhetoric. Recent prevalence analysis reveals that some sub-groups, such as women and girls with disabilities and those with intellectual disabilities or hearing impairments, might be at high risk of exposure to HIV. Some sub-groups could therefore also be disproportionally part of at-risk populations. Given this evidence, the new declaration rightly states that “the global AIDS response remains inadequately targeted and inaccessible to persons with disabilities”.

The intimate worlds of men and women with disabilities in Cambodia: Disability, sexual and reproductive health rights

by Alexandra Gartrell
GIZ Cambodia, November 2015
94 pp. 739 kB
http://www.health.bmz.de/events/In_focus/my_needs_are_the_same/Study_on_disability_and_SRHR_GIZ_Cambodia_2016.pdf

The sexual and reproductive health of persons with disabilities have been widely and deeply neglected in a historical pattern that includes denied information about sexual and reproductive health, denied rights to establish relationships and to decide whether, when and with who to have a family. Research on the sexual and reproductive experiences of men and women with disabilities in the Global South is sparse, and an evidence-base is urgently required to inform the implementation of disability inclusive sexual and reproductive health policy and programming. This research examines the sexual and reproductive health experiences of men and women with mobility, visual and hearing impairments in rural Cambodia, and is the first research to specifically examine disability, sexual and reproductive health in Cambodia.
A Situational Analysis of the Sexual and Reproductive Health of Women with Disabilities

by Susanna Arcella, Larissa Curado, Melissa Edwards et al.

United Nations Population Fund (UNFPA), May 2009
58 pp. 1.1 MB


Women and girls with disabilities have compounding risk factors for violence, injury or abuse, challenges in accessing health services, discrimination, maltreatment, and exploitation. Health infrastructure of most developing countries neglects the needs of persons with disabilities, thus the situation for women with disabilities is dire in this context. Access to sexual and reproductive health services (SRH) for women with disabilities is not only a human right, but it will also help the international community to meet the Sustainable Development Goals (SDGs). It is now the responsibility of the States with support of the international community and participation of women with disabilities to address the sexual and reproductive health (SRH) needs of women with disabilities.

Global Health Governance, Sustainable Development Goals & Development Cooperation

The next WHO Director-General’s highest priority: a Global Treaty on the Human Right to Health

by Lawrence O Gostin, Eric A Friedman, Paulo Buss et al.

3 pp. 46 kB


Amidst the many challenges facing the next WHO Director-General, the new WHO head should find WHO’s foremost priority in its most important constitutional pillar: the right to health. The centrepiece of this endeavour should be leadership on the Framework Convention on Global Health (FCGH), the proposed global treaty based in the right to health and aimed at national and global health equity. The treaty would reform global governance for health to enhance accountability, transparency, and civil society participation and protect the right to health in trade, investment, climate change, and other international regimes, while catalyzing governments to institutionalize the right to health at community through to national levels.
Global monitoring of action on the social determinants of health: a proposed framework and basket of core indicators

(Consultation Paper)
28 pp. 665 kB

http://www.who.int/social_determinants/consultation-paper-SDH-Action-Monitoring.pdf?ua=1

The World Health Organization (WHO) is holding a global consultation on its proposed global monitoring system for action on the social determinants of health (SDH). To support submissions on the monitoring system, this consultation paper aims:

- To introduce the monitoring of action on the SDH (pp 1-4);
- To present the proposed monitoring framework (pp 4-6);
- To present the proposed core basket of indicators (pp 6-13); and
- To present the rationale and evidence base for the measurement concepts (pp 14-18).

Member States and any other organizations or individuals are invited to comment on any aspect of the proposed framework and indicators that are presented in this consultation paper. Please email feedback to http://actionsdh@who.int by 31 December 2016

Sustainable Development Goals Indicator 3.8.2 refinement agreed

The group of experts tasked with developing the indicator framework to measure progress towards the Sustainable Development Goals (SDGs), have agreed to measure financial risk protection of universal health coverage by “proportion of the population with large household expenditures on health as a share of total household expenditure or income”. This signals a great shift in from the previous dangerous indicator that would just measure population with access to health insurance or a public health system. This final refinement proposal will be submitted to the 48th UN Statistical Commission in March 2017 for the formal approval. This decision is an outcome of hard work by development agencies, civil society organisations and researchers who have advocated strongly for this change.


Editors: Gérard Schmets, Dheepa Rajan, Sowmya Kadandale
World Health Organization, November 2016
Download chapter by chapter at:

This handbook is designed as a resource for providing up-to-date and practical guidance on national health planning and strategizing for health. It establishes a set of best practices to support strategic plans for health and represents the wealth of experience accumulated by WHO on national health policies, strategies and plans.

**Health at a Glance Asia/Pacific 2016: Measuring Progress towards Universal Health Coverage**

Organisation for Economic Co-Operation and Development (OECD)/World Health Organization (WHO), 23 November 2016
114 pp. 3.0 MB

http://www.oecd-ilibrary.org/deliver/8116191e.pdf?itemId=/content/book/health_glance_ap-2016-en&mimeType=application/pdf

The publication presents key indicators on health status, determinants of health, health care resources and utilisation, health expenditure and financing, and quality of care for 27 Asia-Pacific countries and economies. Countries in the Asia-Pacific region are diverse, and their health issues and health systems often differ. However, these indicators provide a concise overview of the progress of countries towards achieving universal health coverage for their population.

**Health at a Glance Europe 2016**

State of Health in the EU Cycle
by Gaëtan Lafortune, Marion Devaux, Eileen Rocard et al.
204 pp. 2.8 MB

http://www.oecd-ilibrary.org/docserver/download/8116231e.pdf

This fourth edition of Health at a Glance: Europe presents key indicators of health and health systems in the 28 EU countries, 5 candidate countries to the EU and 3 EFTA countries. This 2016 edition contains two main new features: two thematic chapters analyse the links between population health and labour market outcomes, and the important challenge of strengthening primary care systems in European countries; and a new chapter on the resilience, efficiency and sustainability of health systems in Europe.
From MDGs to Sustainable Development For All: Lessons from 15 Years of Practice

by Babatunde Omilola, Sarah Renner, Almudena Fernandez et al.

United Nations Development Programme (UNDP), November 2016
92 pp. 4.2 MB

http://www.pg.undp.org/content/dam/papua_new_guinea/docs/Publications/SDGs/UNDP_MDGs-to-SDGs_5.pdf?download

The quest of the last 15 years to achieve the Millennium Development Goals (MDGs) taught us that Global Goals can motivate and help sustain leaps in human progress. It also taught us that the specifics matter. In some places, the MDGs became a widely-recognized, consistent and important driver of local progress; in others, the role and impact of the MDGs was more ambiguous. A lot depended on way the MDGs were implemented: if local change agents made them meaningful locally; if local leaders drew on their legitimacy and visibility; if they were employed to solve real-life problems etc.


All articles open access at:
http://www.ajol.info/index.php/ajrh/issue/view/15023

In this special edition, the African Journal of Reproductive Health focusses on the implications of the goals for the sub-Saharan African region, especially to expatiate on how countries in the region can achieve the milestones outlined in the Sustainable Development Goals (SDGs). The objective of this special edition is to provide a forum for experts to discuss what went well and also not too well with the implementation of the Millennium Development Goals (MDGs) in African countries, and to make scientific submissions on how the SDGs can be better implemented to improve the quality of life for the African people.

Transforming the system of humanitarian response

Oxfam America Inc. October 2016
4 pp. 408 kB


Across the globe, armed conflicts are triggering crisis after crisis, with no end in sight, and climate-related emergencies are on the rise. The number of people up-rooted from their homes has reached a staggering 65 million, and international aid providers have been stretched to their limits. Now we face a choice: fall far short in our mission to save lives and prevent suffering in emergencies, or find a better way forward. Oxfam and allied organizations are
charting a new course - one that is based on the age-old humanitarian principle of neighbour helping neighbour. It is helping build a movement to shift power and resources into the hands of local humanitarian leaders.

The effects of insecurity on humanitarian coverage

by Abby Stoddard, Shoaib Jillani, John Caccavale et al.
Secure Access in Volatile Environments (SAVE), July 2016
55 pp. 2.6 MB

Many humanitarian organisations work in active conflict zones under direct threat of violence. This significantly constrains their operations, and makes it difficult to deliver the aid people need. The authors looked at two questions: how many aid agencies are able to get access to the most dangerous places? And how do access constraints affect ‘humanitarian coverage’ – the degree to which people in need are being reached by the aid system?

Transitioning from the MDGs to the SDGs

by Mahmoud Mohieldin, Magdy Martínez-Solimán, Jos Verbeek et al.
United Nations Development Programme (UNDP) and the World Bank Group (WBG), 2016
176 pp. 2.8 MB
http://www.undp.org/content/dam/undp/library/SDGs/English/Transitioning%20from%20the%20MDGs%20to%20the%20SDGs.pdf?download

The Reviews, which brought together UN and World Bank Group staff, systematically identified the country situation, the bottlenecks to Millennium Development Goals (MDGs) attainment, and potential solutions to be implemented. Since many MDGs have been absorbed into the Sustainable Development Goals (SDGs), many of the observations and solutions provided could prove useful to the implementation of the SDGs. Sixteen countries from across the world and the subregion of the Pacific Island countries took part in the Chief Executives Board for Coordination (CEB) reviews, addressing several different MDGs.

Communication for Development: A Practical Guide

by Thomas Jenatsch and Richard Bauer
Swiss Agency for Development and Cooperation (SDC), July 2016
78 pp. 5.8 MB
No development cooperation without communication: The new manual explains the basic concepts and provides practical methods for systematic planning of communication for development. Case studies from 24 SDC-countries show the wide range of applications: from behaviour change to political participation and with methods from community theatre to video documentation and much more.

Videos

**Safe love. Reproductive health options for people with disabilities**

(Epic Arts and GIZ Cambodia, 2016)

https://www.youtube.com/watch?v=OEMiPxj4bPo

GIZ is working with disabled people’s organizations and their members to promote health education of persons with disabilities. A local NGO “Epic Arts” has been engaged to conduct theatrical performances and produce a video on disability awareness, sexual and reproductive health knowledge. The performances aim to raise awareness for the fact that persons with disabilities are sexually capable beings just like everyone else. Their central message to persons without disabilities is simple and clear: “My needs are the same as yours.”

Miscellaneous

**Planning and Managing Scientific Research: A guide for the beginning researcher**

by Brian Kennett
The Australian National University Press, 2014
104 pp. 1.5 MB

http://oapen.org/download?type=document&docid=477381

Although there are many books on project management, few address the issues associated with scientific research. This work is based on extensive scientific research and management experiences and is designed to provide an introduction to planning and managing scientific research for the beginning researcher. The aim is to build an understanding of the nature of scientific research, and the way in which research projects can be developed, planned and managed to a successful outcome.
Access to healthcare for people facing multiple vulnerabilities in health in 31 cities in 12 countries

by N Simonnot, A Rodriguez, M Nuemberg et al.
Doctors of the World – Médecins du monde, November 2016
52 pp. 2.4 MB


Almost half of vulnerable pregnant refugees and migrants across Europe have no access to antenatal care, while similarly high numbers live in unstable temporary accommodation and limit their movements for fear of being arrested, a new report by Doctors of the World shows. The report surveyed over 30,500 patients in 2015 in 12 countries, and looks at access to healthcare across many vulnerable groups who visited clinics across Europe. Financial barriers, such as the cost of treatment or insurance coverage, were most common, cited by one in four people as the main reason for not being able to access healthcare. Over one in eight cited problems with red tape, such as not having all the documents demanded of them.

Collecting and Reporting of Sex- and Age-Disaggregated Data on Adolescents at the Sub-National Level

by Chiho Suzuki, Tyler Porth, Priscilla Idele et al.
UNICEF, Data and Analytics Section, 2016
35 pp. 437 kB


This document guides countries through the process of collecting and reporting sub-national data on adolescents to inform programme planning and implementation efforts. This guidance has been developed with the specific aim of identifying data gaps for adolescents and informing immediate programme planning needs at the sub-national level. Specifically, where national systems are being adapted to integrate adolescent sex- and age-disaggregated data into routine monitoring, this guidance informs interim measures to fill data gaps to capture and report adolescent age and sex-disaggregated data. It is neither designed nor intended to replace existing national monitoring or global reporting mechanisms.
Landmine Monitor 2016

by Richard MacCormac, Alma Taslidžan Al-Osta, Stephen Goose et al.
International Campaign to Ban Landmines, Cluster Munition Coalition, 22 November 2016
112 pp. 5.8 MB
http://reliefweb.int/sites/reliefweb.int/files/resources/Landmine-Monitor-2016-web.pdf

Landmine Monitor covers mine ban policy, use, production, trade, and stockpiling, and also includes information on contamination, clearance, casualties, victim assistance, and support for mine action. New use of antipersonnel mines by states is extremely rare due to the ongoing success of a ban treaty encompassing more than 80% of all countries. However, according to Landmine Monitor 2016, armed conflict in Afghanistan, Iraq, Libya, Syria, Ukraine, and Yemen created harsher conditions for the victims and contributed to a sharp spike in the number of people killed and injured in 2015 by mines, including improvised devices that are triggered in the same way, and other explosive remnants of war.

CONFERENCES & TRAINING

Diploma in Tropical Medicine & Hygiene

30th January to 28th April 2017, Liverpool School of Tropical Medicine, United Kingdom

This programme is particularly useful for physicians who have trained in medicine in a developed country but intend to practise in the tropics. It is also useful for physicians already practising in developing countries who require an update on infectious, parasitic and other health problems and for doctors in developed countries who need to diagnose and manage imported infections. It is recognised as fulfilling part of the requirements for the American Society of Tropical Medicine and Hygiene Certificate in Travel Medicine.

For more information see:
http://www.lstmed.ac.uk/study/courses/diploma-in-tropical-medicine-hygiene

Online Training Programme OpenWASH

http://www.open.edu/openlearnworks/OpenWASH

OpenWASH is a set of innovative learning resources launched in 2016 by The Open University in partnership with World Vision Ethiopia and UNICEF through the ONEWASH PLUS programme. OpenWASH supports the Government of Ethiopia's One WASH National Programme which aims to radically improve the provision of safe water and sanitation and bring significant benefits to millions of people. The five OpenWASH modules focus on water, sanitation and hygiene (WASH) in urban areas. They are designed primarily for students who are training to work in the sector but can also be used for in-
service training of new employees and by more experienced practitioners seeking to improve their knowledge and skills on specific topics. The modules can be used separately or in combination. They can be studied by any individual on their own but are also accompanied by a Trainers’ Handbook that provides guidance on how the modules can be used in a variety of teaching contexts."

**CARTOON**

![Cartoon Image]

"Good news. Your cholesterol has stayed the same, but the research findings have changed."

**TIPS & TRICKS**

**Ear²Memory (E²M): To really learn languages on your smartphone!**

by Bernd Sebastian Kamps

Flying Publisher, 2016

http://ear2memory.com/

Ear²Memory is a **free** Power Repeat app that will help you learn any language in the world. By efficiently managing your language audio files, E²M will enable you, within less than four months, to clearly distinguish and understand, word for word, 45 to 60 minutes of foreign speech (you’ll ‘conquer an island of total understanding’).

In the process, you will
- Learn your first 1000 to 2000 words
- Have excellent spelling skills
- Develop an intuitive comprehension of important grammar rules
- Acquire a fairly genuine accent
- Learn a robust method via which you will be able to learn even more languages in the future (because you know how good it is; that the time you need is quantifiable; that success is quickly visible, etc.)

**Fight Malware: Download and Install MALWAREBYTES**

Malware and spyware continue to be a big problem for PC users, with new iterations surfacing every day. Fortunately, programs such as Spybot Search & Destroy, ComboFix and MALWAREBYTES are constantly updating their cloud-based software to rid PC's of whatever that latest pesky iteration is. For the purposes of simplicity, this article will show PC users running Windows Vista or newer how to rid their computer of vicious malware using the Malware Bytes free online software. Let’s pretend you have got a nasty malware infection that’s causing you big problems. Here’s what to do.

Go to your start menu and click “shut down.”

Once the computer has fully shut down, power it back on manually. When the first image appears on screen (perhaps the manufacturer’s company logo), repeatedly hit the F8 key to prompt a screen with various start options. Select “safe mode with networking.” This means the computer will be running using only basic devices and drivers that are unlikely to be affected by the malware while also giving you access to the internet.

Once the computer has restarted in safe mode, open your browser of choice and go to www.malwarebytes.com. Select “free download.” (The major difference between the free version and the premium version is that the latter offers real-time monitoring.) You will be taken to another page showing the differences between the free and premium version.

Scroll to the bottom of the page and click “free download.” An executable file folder will open at the bottom of the screen. Click the executable file folder to bring up a dialogue box in the centre of the screen asking you what you want to do with the file. Click “run”. If the computer asks you to confirm that you started the program, click “continue”. Choose your desired language from the drop down box and click “OK”.

When the setup box appears, click “next” to take you to the license agreement. Select “I accept the agreement” and click “next” again. Follow the default options until a box asks you if you wish to install the software. Click “install”. The software will now begin installing the program files on your computer.
Now let’s take a look at what Malwarebytes can do to rescue your PC from malware. Once the installation process is complete a box reading “launch Malware Bytes Anti-malware” will be checked. Click “finish” to close the dialogue box and automatically launch the software.

A new dialogue box will open listing the type of license you have (in this case, free) and the database version (since you just downloaded it, it will be the latest one). Click the big blue box that says “scan now.” If you already have Malwarebytes installed on your computer, just open it up and choose “scan now.”

Malware Bytes will now start scanning your entire computer for the infected areas. The green circles show the status of the scan, while directly below shows the current file being scanned, the total number of files scanned, and the length of time the scan has been going on. This could take a couple minutes or an hour depending on the number of files you have and the size, age and speed of your computer.

Once the scan is complete, the total list of threats will appear in the dialogue box. To remove the threats, check the box next to the word “Threat” in the top left corner, which will then highlight all of the individual boxes below. Next, click the big blue box that says “remove selected.”

Another dialogue box will appear letting you know that you have to restart your computer to fully purge the malware from your system. Click “yes.”

Your computer will restart in regular mode and will now be clear of malware. Notice that your desktop should now have a Malware Bytes icon that you can simply click on to launch the application should you have further malware issues in the future.