EDITORIAL

Dear colleagues,

With the global push for Universal Health Coverage (UHC), countries around the world are introducing social health protection schemes. To support these endeavours Germany and Switzerland are facilitating the creation of an open source health insurance management information system – openHIMIS.

Members of the newly established G20 Health Working Group met in Berlin from 28th February to 2nd March 2017. On the agenda were antimicrobial resistance, epidemic preparedness and, as an important part of this, health systems strengthening.

In Vietnam, two thirds of all infants’ deaths occur within the first 28 days after birth. To lower this rate, five Continuous Medical Education centers now provide tailor-made training courses, including in neonatal resuscitation, for doctors, nurses and hospital technicians.

These and other articles are waiting for you in this week’s News Briefing. Browse, discover and enjoy!

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

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# TABLE OF CONTENTS

## ONLINE RESOURCES

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Developments – Germany’s commitment to health and social protection</td>
<td>5</td>
</tr>
<tr>
<td>Open source software for social health insurance</td>
<td>5</td>
</tr>
<tr>
<td>Thinking outside the box to strengthen health systems</td>
<td>5</td>
</tr>
<tr>
<td>Critical days after birth: neonatal resuscitation saves hundreds of babies in Vietnam</td>
<td>5</td>
</tr>
<tr>
<td>Building Capacity to Conduct Vulnerability and Adaption Assessments</td>
<td>6</td>
</tr>
<tr>
<td>Reproductive, maternal, neonatal, child and adolescent health &amp; Right to health</td>
<td>6</td>
</tr>
<tr>
<td>US reproductive health and rights: beyond the global gag rule</td>
<td>6</td>
</tr>
<tr>
<td>If Trump Wants to End Legal Abortion, He’s Going to Have to Go Through Holland First</td>
<td>6</td>
</tr>
<tr>
<td>Measuring male fertility rates in developing countries with Demographic and Health Surveys: An assessment of three methods</td>
<td>7</td>
</tr>
<tr>
<td>Clinical Updates in Reproductive Health</td>
<td>7</td>
</tr>
<tr>
<td>Research capacity strengthening for sexual and reproductive health: a case study from Latin America</td>
<td>7</td>
</tr>
<tr>
<td>Hormonal contraceptive eligibility for women at high risk of HIV</td>
<td>8</td>
</tr>
<tr>
<td>Youth Contraceptive Use: Effective Interventions</td>
<td>8</td>
</tr>
<tr>
<td>Sulfadoxine-Pyrimethamine Exhibits Dose-Response Protection Against Adverse Birth Outcomes Related to Sexually Transmitted and Reproductive Tract Infections</td>
<td>9</td>
</tr>
<tr>
<td>A Guide to Identifying and Documenting Best Practices in Family Planning Programmes</td>
<td>9</td>
</tr>
<tr>
<td>Is Every Child Counted? Status of data for children in the SDGs</td>
<td>9</td>
</tr>
<tr>
<td>Protecting children affected by the refugee crisis from sexual exploitation and sexual abuse</td>
<td>10</td>
</tr>
<tr>
<td>Don’t pollute my future! The impact of the environment on children’s health</td>
<td>10</td>
</tr>
<tr>
<td>HIV, Tuberculosis &amp; Malaria</td>
<td>11</td>
</tr>
<tr>
<td>What went wrong with the selection process for a new Global Fund Executive Director?</td>
<td>11</td>
</tr>
<tr>
<td>When Women Lead Change Happens: Women advancing the end of AIDS</td>
<td>11</td>
</tr>
<tr>
<td>Women speak out: Understanding women who inject drugs in Indonesia</td>
<td>11</td>
</tr>
<tr>
<td>Health care provider communication training in rural Tanzania empowers HIV-infected patients on antiretroviral therapy to discuss adherence problems</td>
<td>12</td>
</tr>
<tr>
<td>Viral Load (VL) testing as an HIV treatment monitoring strategy based on the latest WHO guidelines</td>
<td>12</td>
</tr>
<tr>
<td>Bending the Curve: Ending TB</td>
<td>12</td>
</tr>
<tr>
<td>An Investment Case to Prevent the Reintroduction of Malaria in Sri Lanka</td>
<td>13</td>
</tr>
<tr>
<td>Should chemoprophylaxis be a main strategy for preventing re-introduction of malaria in highly receptive areas? Sri Lanka a case in point</td>
<td>14</td>
</tr>
<tr>
<td>A Framework for Malaria Elimination</td>
<td>14</td>
</tr>
<tr>
<td>Neglected Tropical Diseases, Other Infectious diseases &amp; Pandemic Preparedness</td>
<td>15</td>
</tr>
<tr>
<td>Social Mobilization Lessons Learned: The Ebola Response in Liberia</td>
<td>15</td>
</tr>
<tr>
<td>Yellow Fever - Once Again on the Radar Screen in the Americas</td>
<td>15</td>
</tr>
<tr>
<td>Towards interruption of schistosomiasis transmission in sub-Saharan Africa: developing an appropriate environmental surveillance framework to guide and to support ‘end game’ interventions</td>
<td>15</td>
</tr>
<tr>
<td>Increasing prevalence of genitourinary schistosomiasis in Europe in the Migrant Era: Neglected no more?</td>
<td>16</td>
</tr>
<tr>
<td>Investment Success in Public Health: An Analysis of the Cost-Effectiveness and Cost-Benefit of the Global Programme to Eliminate Lymphatic Filariasis</td>
<td>16</td>
</tr>
<tr>
<td>Nutrition, Non-Communicable Diseases &amp; Environmental Health (incl. WASH &amp; Climate Change) ...</td>
<td>17</td>
</tr>
<tr>
<td>Regional Overview of Food Insecurity: Europe and Central Asia</td>
<td>17</td>
</tr>
<tr>
<td>Legal priorities for prevention of non-communicable diseases: innovations from WHO’s Eastern Mediterranean region</td>
<td>17</td>
</tr>
<tr>
<td>Population Dynamics &amp; Social Determinants of Health (including Gender &amp; Education)</td>
<td>18</td>
</tr>
<tr>
<td>Women’s rights: never truly acquired?</td>
<td>18</td>
</tr>
<tr>
<td>Social protection: towards gender equality</td>
<td>18</td>
</tr>
<tr>
<td>Health System Governance, Health Workforce and Health Information Systems</td>
<td>18</td>
</tr>
</tbody>
</table>

hesp-news-briefing Issue 06/2017
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health System Learning Sites: Understanding health systems through</td>
<td>18</td>
</tr>
<tr>
<td>technical collaboration and engagement</td>
<td></td>
</tr>
<tr>
<td>Global strategy on human resources for health: Workforce 2030</td>
<td>19</td>
</tr>
<tr>
<td>Technical Brief: Strategic Support for Human Resources for Health</td>
<td>19</td>
</tr>
<tr>
<td>Midwives’ Voices - Midwives’ Realities</td>
<td>20</td>
</tr>
<tr>
<td>Community Health Worker Programmes in the WHO African Region:</td>
<td>20</td>
</tr>
<tr>
<td>evidence and options - policy brief</td>
<td></td>
</tr>
<tr>
<td>The value of the community health worker in the South African health</td>
<td>20</td>
</tr>
<tr>
<td>care system</td>
<td></td>
</tr>
<tr>
<td>Learning from CHWs: What did we hear at the Symposium on Community</td>
<td>21</td>
</tr>
<tr>
<td>Health Workers</td>
<td></td>
</tr>
<tr>
<td>WHO guidelines on health policy and system support to optimize</td>
<td>21</td>
</tr>
<tr>
<td>community health worker programmes</td>
<td></td>
</tr>
<tr>
<td>Community Health Workers as Social Marketers of Injectable</td>
<td>22</td>
</tr>
<tr>
<td>Contraceptives: A Case Study from Ethiopia</td>
<td></td>
</tr>
<tr>
<td>Limits and opportunities to community health worker empowerment:</td>
<td>22</td>
</tr>
<tr>
<td>A multi-country comparative study</td>
<td></td>
</tr>
<tr>
<td>The Mass Production of Redundant, Misleading, and Conflicted</td>
<td>22</td>
</tr>
<tr>
<td>Systematic Reviews and Meta-analyses</td>
<td></td>
</tr>
<tr>
<td>Access to Medical Products, Vaccines and Technologies</td>
<td>23</td>
</tr>
<tr>
<td>Essential drugs: Practical guidelines intended for physicians,</td>
<td>23</td>
</tr>
<tr>
<td>pharmacists, nurses and medical auxiliaries</td>
<td></td>
</tr>
<tr>
<td>Ivermectin - Old Drug, New Tricks?</td>
<td>24</td>
</tr>
<tr>
<td>Counterfeit drugs are putting the whole world at risk - Even if you</td>
<td>24</td>
</tr>
<tr>
<td>don’t buy the fake pharmaceuticals yourself</td>
<td></td>
</tr>
<tr>
<td>Promoting the Quality of Medicines (PQM) Program - 2016 Annual</td>
<td>24</td>
</tr>
<tr>
<td>Performance Report</td>
<td></td>
</tr>
<tr>
<td>Access to Vaccines Index 2017</td>
<td>25</td>
</tr>
<tr>
<td>Management and Quality of Health Services and Facilities</td>
<td>25</td>
</tr>
<tr>
<td>Caring for Quality in Health: Lessons learnt from 15 Reviews of Health</td>
<td>25</td>
</tr>
<tr>
<td>Care Quality</td>
<td></td>
</tr>
<tr>
<td>The Link between Provider Payment and Quality of Maternal Health</td>
<td>26</td>
</tr>
<tr>
<td>Services: A Framework &amp; Literature Review</td>
<td></td>
</tr>
<tr>
<td>The Lancet Global Health Commission on High Quality Health Systems in</td>
<td>26</td>
</tr>
<tr>
<td>the SDG Era</td>
<td></td>
</tr>
<tr>
<td>Quality of Care in Performance-Based Financing: How it is incorporated</td>
<td>26</td>
</tr>
<tr>
<td>in 32 Programs Across 28 Countries</td>
<td></td>
</tr>
<tr>
<td>Qualitative assessment of women’s satisfaction with maternal health</td>
<td>27</td>
</tr>
<tr>
<td>care in referral hospitals in Nigeria</td>
<td></td>
</tr>
<tr>
<td>Universal Health Coverage, Health Financing and Social Health</td>
<td>27</td>
</tr>
<tr>
<td>Protection</td>
<td></td>
</tr>
<tr>
<td>Aligning Public Financial Management and Health Financing Analytics:</td>
<td>27</td>
</tr>
<tr>
<td>Sustaining Progress Toward Universal Health Coverage</td>
<td></td>
</tr>
<tr>
<td>Developing a National Health Financing Strategy: A Reference Guide</td>
<td>28</td>
</tr>
<tr>
<td>Insurance Management Information System (IMIS)</td>
<td>28</td>
</tr>
<tr>
<td>Social Transfers</td>
<td>29</td>
</tr>
<tr>
<td>What happens when aid is given as direct cash transfers?</td>
<td>29</td>
</tr>
<tr>
<td>A masterclass on cash transfers and how to use High Level Panels to</td>
<td>29</td>
</tr>
<tr>
<td>influence policy</td>
<td></td>
</tr>
<tr>
<td>The impact of cash transfers on women and girls: A summary of the</td>
<td>29</td>
</tr>
<tr>
<td>evidence</td>
<td></td>
</tr>
<tr>
<td>Conditional and Unconditional Cash Transfers to Improve Use of</td>
<td>30</td>
</tr>
<tr>
<td>Contraception in Low and Middle Income Countries: A Systematic Review</td>
<td></td>
</tr>
<tr>
<td>Inclusion of People with Disabilities</td>
<td>30</td>
</tr>
<tr>
<td>Strengthening the Role of Women with Disabilities in Humanitarian</td>
<td>30</td>
</tr>
<tr>
<td>Action: A Facilitator’s Guide</td>
<td></td>
</tr>
<tr>
<td>Guinea National Disability Study (ENDIS 2016)</td>
<td>31</td>
</tr>
<tr>
<td>Global Health Governance, Sustainable Development Goals &amp; Development</td>
<td>31</td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
</tr>
<tr>
<td>WHO Director General Candidates Showcase Campaigns to the World</td>
<td>31</td>
</tr>
<tr>
<td>Global health governance: we need innovation not renovation</td>
<td>32</td>
</tr>
<tr>
<td>If not now, when? Time for the European Union to define a global</td>
<td>32</td>
</tr>
<tr>
<td>health strategy</td>
<td></td>
</tr>
<tr>
<td>Frameworks to assess health systems governance: a systematic review</td>
<td>32</td>
</tr>
<tr>
<td>interim leader appointed as Global Fund election restarts</td>
<td>33</td>
</tr>
<tr>
<td>Health - Civil20: Civil Society Recommendations to the G20</td>
<td>33</td>
</tr>
<tr>
<td>Moving away from aid? The case of Indonesia</td>
<td>34</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>34</td>
</tr>
<tr>
<td>My global health journal list</td>
<td>34</td>
</tr>
<tr>
<td>Africa Health March, 2017, Vol. 39 Nr. 3 - now available</td>
<td>35</td>
</tr>
<tr>
<td>Social and Behavior Change Communication for Emergency Preparedness</td>
<td>35</td>
</tr>
<tr>
<td>Implementation Kit</td>
<td></td>
</tr>
<tr>
<td>CONFERENCES &amp; TRAINING</td>
<td>35</td>
</tr>
<tr>
<td>eLearning Africa 2017: Learning in Context</td>
<td>35</td>
</tr>
</tbody>
</table>
Advanced Residential Course on Poverty-Related and Neglected Tropical Diseases .................................................................36
Short Courses in International Health.............................................................................................................................................36
4th Annual Summer Institute for systematic reviews in nutrition for global policy-making .................................................37

CARTOON ................................................................................................................................................................................37
Postfacts .....................................................................................................................................................................................37

TIPS & TRICKS .............................................................................................................................................................................38
Common Internet Acronyms You Should Know ......................................................................................................................38
Selecting Files ..............................................................................................................................................................................38

IMPRINT ..................................................................................................................................................................................3
ONLINE RESOURCES

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

Open source software for social health insurance

http://www.health.bmz.de/events/In_focus/Open_source_software_for_social_health_insurance/index.html

Many countries have turned to open source software as a flexible, reliable and low-cost approach to managing their health information systems. Germany and Switzerland have now joined forces to facilitate the creation of an open source solution for social health insurance and to foster the global community needed to support it: the open source health insurance management information system – openHIMIS

Thinking outside the box to strengthen health systems


Members of the newly established G20 Health Working Group met in Berlin from 28th February to 2nd March 2017 to prepare for the first ever G20 Health Ministers’ Meeting in May 2017. On the agenda were antimicrobial resistance, epidemic preparedness and, as an important part of this, health systems strengthening. The G20 health experts agreed that better management of global health crises must go hand-in-hand with health systems strengthening, and that one cannot be achieved without the other. “There is a window of opportunity to invest in preparedness, strengthen health systems and secure the right to health”, says BMZ’s Heiko Warnken. “We need to think outside the box.”

Critical days after birth: neonatal resuscitation saves hundreds of babies in Vietnam


In Vietnam, two thirds of all infants’ deaths occur within the first 28 days after birth. To lower this rate, the Ministry of Health and German Development Cooperation partnered to establish five Continuous Medical Education centers that now provide tailor-made training courses, including in neonatal resuscitation, for doctors, nurses and hospital technicians.
Building Capacity to Conduct Vulnerability and Adaption Assessments

Countries across Africa are particularly vulnerable to the negative health impacts of climate variability and change. Germany has supported the World Health Organization to provide technical assistance to eight African countries to develop Vulnerability and Adaptation Assessments as a first step in health-related adaption planning.

Reproductive, maternal, neonatal, child and adolescent health & Right to health

US reproductive health and rights: beyond the global gag rule

As one of his first actions as president, Donald Trump imposed and expanded the global gag rule, a sweeping policy that will cripple highly successful US family planning programmes in developing countries and seriously damage broader US global health efforts. This callous policy - ostensibly meant to counter abortion - might shock observers abroad, but is only the opening salvo in what is expected to be a broad-based assault on sexual and reproductive health and rights. President Trump has vowed to “put America first”; however, his policies would put the health of women last, around the world and most certainly in the USA.

If Trump Wants to End Legal Abortion, He’s Going to Have to Go Through Holland First

Lilianne Ploumen didn’t intend to be the face of the European resistance to Donald Trump. But the headlines she triggered by her efforts to counter one of Trump’s first decisions in the White House have thrust her into that role. On social media, in meetings, on the street, and in local and international media, the Dutch minister of foreign trade and development cooperation has been showered with thanks from supporters heartened by her work to counteract the effects of Trump’s reinstatement of the Mexico City rule, which bans funding for any international NGO that performs or provides information about abortion as part of family planning.
Measuring male fertility rates in developing countries with Demographic and Health Surveys: An assessment of three methods

by Bruno Schoumaker

50 pp. 2.0 MB

Levels and patterns of male fertility are poorly documented in developing countries. Demographic accounts of male fertility focus primarily on developed countries, and where such accounts do exist for developing countries they are mainly available at the local or regional level. This study shows that Demographic and Health Surveys constitute a valuable and untapped source of data that can be used to document male fertility in a large number of countries. Male fertility rates are markedly different from female fertility rates in developing countries, and documenting both male and female fertility provides a more complete picture of fertility.

Clinical Updates in Reproductive Health

Clinical Updates in Reproductive Health (CURHs) are designed to provide Ipas staff, trainers, partners and other health-care providers with access to up-to-date, evidence-based recommendations. Ipas promotes evidence-based clinical practice and the right to high-quality health care for all people - and uses the Clinical Updates to further these priorities. The Clinical Updates include a broad spectrum of topics related to comprehensive abortion care, such as post-abortion contraception, pain management, medical abortion regimens, and the safety of abortion for adolescent and young women. For abortion providers and trainers, the publication provides concise, easy-to-read answers to common clinical questions.

Research capacity strengthening for sexual and reproductive health: a case study from Latin America

Research capacity strengthening for sexual and reproductive health: a case study from Latin America

by Rita Kabra, Marco Castillo, Mercedes Melián et al.

Reproductive Health, 2017 14:35 - Published: 7 March 2017
5 pp. 341 kB
This paper presents the case study of WHO Research, Development and Research Training in Human Reproduction (HRP's) efforts to build research capacity in Latin America by studying and analyzing the 5-year history of institutional development support to the Paraguayan Center for Population Studies (CEPEP) in Paraguay. The authors explain the strengths in the approaches used by HRP, the challenges and outcomes of the process and present recommendations for future efforts to strengthen research capacity to improve sexual and reproductive health. Greater support and collaborative efforts of developmental partners and governments is required to strengthen research capacity in low and middle-income countries to improve sexual and reproductive health.

**Hormonal contraceptive eligibility for women at high risk of HIV**

Guidance Statement  
World Health Organization, Department of Reproductive Health and Research, 2017  
20 pp. 2.5 MB  
http://apps.who.int/iris/bitstream/10665/254662/1/WHO-RHR-17.04-eng.pdf?ua=1

The World Health Organization (WHO) convened a technical consultation during 1–2 December 2016 to review new evidence on the risk of HIV acquisition with the use of hormonal contraception. The issue was recognized as a critical one, particularly for sub-Saharan Africa, where women have a high lifetime risk of acquiring HIV, hormonal contraceptives constitute a significant component of the contraceptive method mix and unintended pregnancy is a common threat to the well-being and lives of women and girls. Through consensus, the Guideline Development Group (GDG) arrived at new recommendations for progestogen-only injectables and that women at high risk of acquiring HIV can use all methods of contraception.

**Youth Contraceptive Use: Effective Interventions**

A Reference Guide  
Population Reference Bureau, February 2017  
8 pp. 353 kB  

Sexual and reproductive health (SRH) programming for married and unmarried youth ages 15 to 24 is critical to improve the health, social, and economic outcomes of future generations. However, youth face many more barriers to accessing and using contraception than older people, including provider refusal, restrictive laws or policies, limited contraceptive options, stigma, and sociocultural pressures to have children early. Despite growing commitment to the rights of youth to access contraceptive services, governments and their partners lack clear guidance on supporting interventions that ensure their commitments are realized. The purpose of this reference guide is to inform governments and their partners about interventions that are most likely to expand youth’s access to and use of contraception, based on a review of existing evidence.
Sulfadoxine-Pyrimethamine Exhibits Dose-Response Protection Against Adverse Birth Outcomes Related to Sexually Transmitted and Reproductive Tract Infections

by R. Matthew Chico, Enesia Banda Chaponda, Cono Ariti et al.
Clin Infect Dis. - Published: 02 March 2017
9 pp. 176 kB

The authors conducted a prospective cohort study in Zambia among pregnant women who received intermittent preventive treatment using sulfadoxine-pyrimethamine (IPTp-SP). They analyzed data from these women, relating the incidence of malaria infection and curable sexually transmitted and reproductive tract infections (STIs/RTIs), maternal exposure to IPTp-SP during the antenatal period (0–1 doses vs ≥2 doses and, separately, 2 doses vs ≥3 doses), and the resulting incidence of the following 4 adverse birth outcomes: stillbirth, low birth weight (LBW), preterm delivery, and intrauterine growth retardation (IUGR). They conclude that IPTp-SP appears to protect against malaria, STIs/RTIs, and other unspecified causes of adverse birth outcome.

A Guide to Identifying and Documenting Best Practices in Family Planning Programmes

by Asa Cuzin-Kihl, Mario Festin, Leopold Ouedraogo et al.
World Health Organization, Regional Office for Africa, 2017
40 pp. 354 kB
http://apps.who.int/iris/bitstream/10665/254748/1/9789290233534-eng.pdf

One of the significant barriers to knowledge-sharing and reapplication of experience is the limited culture of information and knowledge documentation and sharing. Although relevant knowledge may exist in people’s minds, it cannot always be tapped or it may exist in formats that limit people’s ability to know about it or find it. This underscores the need for decision-makers, health professionals, communities and WHO staff to be able to find, use and share knowledge on experiences of what works and lessons learned.

Is Every Child Counted? Status of data for children in the SDGs

by Rada Noeva, Nassim Benali, Emily Garin et al.
UNICEF, March 2017
106 pp. 10.7 MB

“Is every child counted” provides a status report on the data availability of child related Sustainable Development Goal (SDG) indicators showing that sufficient data is available only for half of those. Many indicators, such as those on poverty and violence cannot be compared, and are either too limited or of poor quality, leaving governments without the information
they need to accurately address challenges facing millions of children, or to track progress towards achieving the Goals. The report also identifies priorities for enhancing the collection, analysis and use of data for children.

**Protecting children affected by the refugee crisis from sexual exploitation and sexual abuse**

Secretariat of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention), 3 March 2017
55 pp. 999 kB
http://reliefweb.int/sites/reliefweb.int/files/resources/Lanzarote%20Committee.pdf

This is a new report focusing on the protection of children affected by the refugee crisis from sexual exploitation and abuse. Non-comprehensive data collection, inadequate reception conditions, problems with age verification and with identification of victims are among the key challenges identified. The increased number of children affected by the refugee crisis puts pressure on reception/accommodation facilities; children are often housed in sports halls, former military barracks or other temporary shelters. Insufficient lighting and the need to share sanitary and sleeping facilities with adults make children particularly exposed to sexual crimes and harassment. Besides, lengthy asylum procedures give an opportunity to offenders to target and groom children.

**Don’t pollute my future! The impact of the environment on children’s health**

by Marie-Noël Bruné Drisse, Annette Prüss-Ustün Fiona Goldizen et al.
World Health Organization, 2017
36 pp. 828 kB
http://apps.who.int/iris/bitstream/10665/254678/1/WHO-FWC-IHE-17.01-eng.pdf?ua=1

In 2015, 5.9 million children under age five died. The major causes of child deaths globally are pneumonia, prematurity, intrapartum-related complications, neonatal sepsis, congenital anomalies, diarrhoea, injuries and malaria. Most of these diseases and conditions are at least partially caused by the environment. It was estimated in 2012 that 26% of childhood deaths and 25% of the total disease burden in children under five could be prevented through the reduction of environmental risks such as air pollution, unsafe water, sanitation and inadequate hygiene or chemicals.
What went wrong with the selection process for a new Global Fund Executive Director?

by David Garmaise
Global Fund Observer, 13 March 2017
Read online at: http://www.aidspan.org/node/4123

Everyone agrees that the process was too rushed. Not surprisingly, opinions concerning what went wrong with the Global Fund’s executive director selection process vary, depending on who you ask. Many of the people we spoke to in preparation for this article – including Board delegations – were reluctant to comment at all, let alone publicly. Therefore, this article reflects our own observations, those of stakeholders that either spoke publicly or submitted comments to the Board, and those of journalists and other commentators.

When Women Lead Change Happens: Women advancing the end of AIDS

Joint United Nations Programme on HIV/AIDS (UNAIDS), 8 March 2017
36 pp. 1.2 MB

On International Women’s Day (8 March) UNAIDS has released a new report which shows that there is an urgent need to scale up HIV prevention and treatment services for women and girls. The report shows that globally in 2015, there were 18.6 million women and girls living with HIV, 1 million women and girls became newly infected with HIV and 470 000 women and girls died of AIDS-related illnesses. “Women are leading change in increasing demand for and access to HIV and health services. This movement needs to grow to allow families to thrive, societies to flourish and economies to progress,” said Michel Sidibé, Executive Director of UNAIDS. “Women’s rights are human rights - no exceptions.”

Women speak out: Understanding women who inject drugs in Indonesia

by Claudia Stoicescu
Indonesian Drug Users Network, December 2016
28 pp. 1.3 MB

The study explored sexual and injecting behaviours, health indicators, gender-based violence, contact with law enforcement, and uptake of health and support services
among women who inject drugs in Indonesia. The broad objective of the study was to better understand the experiences of women who inject drugs and to inform evidence-based responses that can mitigate the impacts of drug use and HIV and AIDS on this vulnerable population in Indonesia.

Health care provider communication training in rural Tanzania empowers HIV-infected patients on antiretroviral therapy to discuss adherence problems

by S Erb, E Letang, TR Glass et al. and for the Kilombero Ulanga Antiretroviral Cohort (KIU-LARCO) study group
HIV Medicine (2017) - First published: 13 March 2017
12 pp. 330 kB

Self-reported adherence assessment in HIV-infected patients on antiretroviral therapy (ART) is challenging and may overestimate adherence. The aim of this study was to improve the ability of health care providers to elicit patients' reports of nonadherence using a "patient-centred" approach in a rural sub-Saharan African setting. The authors conclude that patient-centred communication can successfully be implemented with a simple intervention in rural Africa. It increases the likelihood of HIV-infected patients reporting problems with adherence to ART; however, sustainability remains a challenge.

Viral Load (VL) testing as an HIV treatment monitoring strategy based on the latest WHO guidelines

by Tienie Stander
The quarterly update on epidemiology from the South African Centre for Epidemiological Modelling and Analysis (SACEMA), March 2017
3 pp. 274 kB

This study attempted to evaluate several HIV treatment monitoring strategies based on the 2013 and 2016 WHO Guidelines by developing a mathematical model that mimics the natural history of people on ART in South Africa. The results indicate that, from both a public health and an economic perspective, the replacement of HIV monitoring from the current CD4 count testing to only viral load (VL) testing, is not supported. The best economic results were achieved in the hybrid strategies combining CD4 and VL tests. More cost modelling studies are required to evaluate the cost-benefit of the 2016 WHO Guidelines.
Bending the Curve: Ending TB

Annual Report 2017
World Health Organization, Regional Office for South-East Asia, 2017
76 pp. 3.0 MB
http://apps.who.int/iris/bitstream/10665/254762/1/978929022584-eng.pdf

TB is the largest killer among communicable diseases in the 15 to 49 age group, when humans are most productive. TB accounts for the highest DALYs or workdays lost each year among the communicable diseases. TB is the leading cause of death among people with HIV. A well ventilated room that allows sunlight reduces risk of TB transmission. Treating a drug-resistant TB case can cost as much as US$ 5000. A dollar invested in TB gives a return of US$ 43. Can we “bend the curve”? Yes, we can. We have to do much more, and do it fast. All this will be possible only if there is a strong commitment from the political leadership of each country to address multiple challenges, including high levels of multidrug-resistant TB, low financial allocations, and weak health systems.

An Investment Case to Prevent the Reintroduction of Malaria in Sri Lanka

by Rima Shretta, Ranju Baral, Anton L. V. Avanceña et al.
14 pp. 1.9 MB
http://www.ajtmh.org/deliver/fulltext/14761645/96/3/602.pdf?itemId=/content/journals/10.4269/ajtmh.16-0209&mimeType=pdf&containerItemId=content/journals/14761645

Sri Lanka has made remarkable gains in reducing the burden of malaria, recording no locally transmitted malaria cases since November 2012 and zero deaths since 2007. The country was recently certified as malaria free by World Health Organization in September 2016. Sri Lanka, however, continues to face a risk of resurgence due to persistent receptivity and vulnerability to malaria transmission. Maintaining the gains will require continued financing to the malaria program to maintain the activities aimed at preventing reintroduction. This article presents an investment case for malaria in Sri Lanka by estimating the costs and benefits of sustaining investments to prevent the reintroduction of the disease.


by Adam Bennett, Donal Bisanzio, Joshua O Yukich et al.
The Lancet Global Health, Vol. 5, No. 4, e418–e427, April 2017
10 pp. 822 kB
Artemisinin-based combination therapies (ACTs) are the most effective treatment for uncomplicated Plasmodium falciparum malaria infection. Using data from national health surveys, the authors estimated how many children who had certain signs of malaria received ACT. Despite progress during the 2003-15 malaria programme, ACT treatment for children with malaria remains unacceptably low. More work is needed at the country level to understand how health-care access, service delivery, and ACT supply might be improved to ensure appropriate treatment for all children with malaria.

Should chemoprophylaxis be a main strategy for preventing re-introduction of malaria in highly receptive areas? Sri Lanka a case in point

Imported malaria cases continue to be reported in Sri Lanka, which was declared ‘malaria-free’ by the World Health Organization in September 2016. Chemoprophylaxis, a recommended strategy for malaria prevention for visitors travelling to malaria-endemic countries from Sri Lanka is available free of charge. The strategy of providing chemoprophylaxis to visitors to a neighbouring malaria-endemic country within the perspective of a country that has successfully eliminated malaria but is highly receptive was assessed, taking Sri Lanka as a case in point. The authors conclude that based on the low risk of acquiring malaria among Sri Lankan travellers returning from India and the high receptivity in previously malarious areas of the country, chemoprophylaxis should not be considered a major strategy in the prevention of re-introduction. In areas with high receptivity, universal access to quality-assured diagnosis and treatment cannot be compromised at whatever cost.

A Framework for Malaria Elimination

This document builds on the WHO document Malaria elimination - A field manual for low and moderate endemic countries, published in 2007. Many of the principles outlined in the original document remain relevant. The requirements for achieving and maintaining elimination are described. Greater emphasis is given to health systems requirements and programmatic aspects essential for achieving malaria elimination.
Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

**Social Mobilization Lessons Learned: The Ebola Response in Liberia**

by Kathleen Fox, Anna Helland, Katie Frank et al.
Johns Hopkins Center for Communication Programs, Health Communication Capacity Collaborative (HC3), February 2017
114 pp. 13.4 MB


While no single factor can be credited for controlling the Ebola outbreak, transparency, communication and community engagement contributed substantially to changing the course of the outbreak in West Africa. Community engagement and social mobilization more broadly, contributed to significant behaviour change – from eliminating physical contact with others and reducing in-country movement to increasing handwashing and care-seeking practices – by engaging and motivating individuals and communities to create change in their lives and environment.

**Yellow Fever - Once Again on the Radar Screen in the Americas**

by Catharine I. Paules and Anthony S. Fauci
The New England Journal of Medicine - March 8, 2017
3 pp. 763 kB


Yellow fever is the most severe arbovirus ever to circulate in the Americas, and although vaccination campaigns and vector-control efforts have eliminated it from many areas, sylvatic transmission cycles (since the typical transmission cycle occurs between forest mosquitoes and forest-dwelling nonhuman primates, with humans serving only as incidental hosts) continue to occur in endemic tropical regions. The most recent outbreak in Brazil highlights this phenomenon. If the current outbreak leads to urban spread through A. aegypti mosquitoes, clinicians should adopt a high index of suspicion for yellow fever, particularly in travellers returning from affected regions. As with all potentially re-emerging infectious diseases, public health awareness and preparedness are essential to prevent a resurgence of this historical threat.

**Towards interruption of schistosomiasis transmission in sub-Saharan Africa: developing an appropriate environmental surveillance framework to guide and to support ‘end game’ interventions**

by J. Russell Stothard, Suzy J. Campbell, Mike Y. Osei-Atweneboana et al.
Infectious Diseases of Poverty, 2017 6:10 – Published: 14 January 2017
11 pp. 1.3 MB
Schistosomiasis is a waterborne parasitic disease in sub-Saharan Africa, particularly common in rural populations living in impoverished conditions. With the scale-up of preventive chemotherapy, national campaigns will transition from morbidity- to transmission-focused interventions thus formal investigation of actual or expected declines in environmental transmission is needed as 'end game' scenarios arise. Surprisingly, there are no international or national guidelines to do so in sub-Saharan Africa. The article therefore provides an introduction to key practicalities and pitfalls in the development of an appropriate environmental surveillance framework.

**Increasing prevalence of genitourinary schistosomiasis in Europe in the Migrant Era: Neglected no more?**

by Niccolò Riccardi, Francesca Nosenzo, Francesca Peraldo et al.

PLoS Negl Trop Dis 11(3): e0005237 - Published: March 16, 2016 pp. 1.0 MB

http://journals.plos.org/plosntds/article/file?id=10.1371/journal.pntd.0005237&type=printable

The recent rise in the northbound migratory flux from Africa through the Mediterranean basin is steadily contributing to an expansion of the areas where schistosomiasis may be diagnosed. Indeed, within the current migratory flux to Italy and other Mediterranean countries, the most representative nations of origin (The Gambia, Mali, Nigeria, and Sudan) are countries with high endemicity of urogenital schistosomiasis. This expansion of urogenital schistosomiasis may lead to a lack of recognition of the symptoms of the disease in countries with a high inflow of migrants and where schistosomiasis is only rarely encountered.

**Investment Success in Public Health: An Analysis of the Cost-Effectiveness and Cost-Benefit of the Global Programme to Eliminate Lymphatic Filariasis**

by Hugo C. Turner, Alison A. Bettis, Brian K. Chu et al.

Clin Infect Dis (2017) 64 (6): 728-735 - Published: 10 December 2016 8 pp. 1.6 MB


The authors found that both the preventive chemotherapy and hydrocele surgery provided under the Global Programme to Eliminate Lymphatic Filariasis (GPELF) are cost-effective and offer a very good investment in public health. These results clearly demonstrate the value and importance of continued investment in the GPELF and show that continued funding is justified and highly cost-effective.
Regional Overview of Food Insecurity: Europe and Central Asia

by David Sedik, Carlo Cafiero, Erdgin Mane et al.
Food and Agriculture Organization of the United Nations, 2017
56 pp. 2.1 MB
http://www.fao.org/3/a-i6877e.pdf

Economic growth and rising per capita incomes have all but wiped out hunger in Europe and Central Asia. But as countries become more affluent, changing consumption patterns are giving rise to other health threats. This "food insecurity transition" is documented in this new report. It points to a pattern whereby countries progress from dealing predominantly with undernutrition and micronutrient deficiencies, to coping with degenerative diseases associated with increased dietary fat, sugar, meat and dairy, and processed foods. This transition is often accompanied by a more sedentary lifestyle.

Legal priorities for prevention of non-communicable diseases: innovations from WHO's Eastern Mediterranean region

by L.O. Gostin, H. Abou-Taleb, S.A. Roache et al.
Public Health 144 (2017) 4e12
9 pp. 1.2 MB

Non-communicable diseases (NCDs) are the leading cause of death globally and in the World Health Organization's (WHO) Eastern Mediterranean region (EMR). This paper reports on a research collaboration between the WHO's Eastern Mediterranean Office (EMRO) and the O'Neill Institute for National and Global Health Law at Georgetown University that aims to identify (1) regionally relevant, cost-effective and affordable legal interventions to prevent NCDs, and (2) methods to strengthen implementation and enforcement. The authors conclude that in the EMR, and globally, law can be a cost-effective and affordable means of curbing underlying drivers of the NCD pandemic, such as rampant junk food marketing. Building upon this research, EMRO has identified 10 priority interventions in the areas of tobacco control, unhealthy diets and NCD governance. The EMRO/O'Neill Institute partnership will develop guidance tools and capacity building initiatives to support Member States to harness the power of law to achieve population health improvements.
Women’s rights: never truly acquired?

One is not born, but rather becomes, woman.” So wrote Simone de Beauvoir in her landmark 1949 book, The Second Sex. De Beauvoir’s statement still remains an important principle for women and health. March 8 marks International Women’s Day - a day that celebrates the social, economic, cultural, and political achievements of women worldwide. But International Women’s Day also signals a moment to reflect not only on what has been achieved, but also what remains to be done. And there is, indeed, much more to be done if the goal of gender equity, Sustainable Development Goal 5, is to be won.

Social protection: towards gender equality

The new issue of “Social protection: towards gender equality” comprises 10 articles covering key topics related to gender equality and social protection. It features a wide range of contributions from women policy practitioners and scholars, presenting case studies and reflections from Brazil and various African countries. It was auspiciously released for International Women’s Day 2017.

Health System Governance, Health Workforce and Health Information Systems

Health System Learning Sites: Understanding health systems through research collaboration and engagement

Health policy and systems research is centrally concerned with people, their relation-
ships and the actions that they take towards strengthening health systems. To understand complex health systems, researchers must actively engage with system actors, ranging from health managers to service users, learning from their tacit knowledge and about their experience. Learning sites are located in specific geographical districts and entail a long-term process of engagement and collaborative research with system actors. They provide a unique opportunity for researchers to understand health systems by seeing their complexity through the eyes of those working at the front line of health care delivery. In addition, they offer opportunities to support health system strengthening.

**Global strategy on human resources for health: Workforce 2030**

World Health Organization, Health Workforce Department, 2016
64 pp. 2.4 MB

http://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1

The Global Strategy on Human Resources for Health: Workforce 2030 is primarily aimed at planners and policy-makers of WHO Member States, but its contents are of value to all relevant stakeholders in the health workforce area, including public and private sector employers, professional associations, education and training institutions, labour unions, bilateral and multilateral development partners, international organizations, and civil society. Over 200 experts from all WHO regions contributed to consolidating the evidence around a comprehensive health labour market framework for universal health coverage (UHC).

**Technical Brief: Strategic Support for Human Resources for Health**

The Global Fund, December 2016
23 pp. 555 kB

http://www.theglobalfund.org/documents/core/infonotes/Core_HumanResourcesHealth_TechnicalBrief_en/

Human resources for health (HRH) challenges have been recognized as a critical bottleneck to the scale-up and quality improvement of health services, including for HIV/AIDS, tuberculosis (TB) and malaria services. The links between the availability and accessibility of HRH and subsequent service coverage and health outcomes are well established. The Global Fund aims to make ethical and sustainable investments in HRH, which necessarily places limitations on the types of support that will be offered, especially in countries without relevant national policies and strategies to guide HRH investments. The purpose of this note is to guide countries preparing funding requests to the Global Fund. It should be used as a basis for discussion and negotiation with stakeholders when developing applications.
**Midwives' Voices - Midwives' Realities**

Findings from a global consultation on providing quality midwifery care  
by Sheena Crawford, Georgia Taylor and Fran McConville  
World Health Organization, 2016  
76 pp. 2.1 MB  
http://apps.who.int/iris/bitstream/10665/250376/1/9789241510547-eng.pdf?ua=1

This report documents the voices and experiences of 2,470 midwifery personnel who provide care to childbearing women and their newborns in 93 countries. The information was gathered through a multilingual participatory workshop combined with the largest global online survey of midwives to date. It highlights critical issues in the provision of quality midwifery care, describing the barriers experienced as well as solutions to improving care for women, newborns and their families.

**Community Health Worker Programmes in the WHO African Region: evidence and options - policy brief**

by Nana Twum Danso, Uta Lehmann, Jennifer Nyoni et al.  
World Health Organization, Regional Office for Africa, 2017  
23 pp. 1.0 MB  
http://apps.who.int/iris/bitstream/10665/254739/1/9789290233558-eng.pdf

The purpose of this policy brief is to inform discussions and decisions in the World Health Organization (WHO) African Region on policies, strategies and programmes to increase access to primary health care (PHC) services and make progress towards universal health coverage (UHC) by expanding the implementation of scaled-up Community Health Worker (CHW) programmes. This brief summarizes the existing evidence on CHW programmes with a focus on sub-Saharan Africa and offers a number of context-linked policy options for countries seeking to scale up and improve the effectiveness of their CHW programmes, particularly with regard to needs such as those of Guinea, Liberia and Sierra Leone, the three countries that were the most affected by the 2014–2015 Ebola Virus Disease outbreak.

**The value of the community health worker in the South African health care system**

by Kirsten Thomson  
SACEMA Quarterly - Published December 9, 2016  
5 pp. 154 kB  

This article reports on the role of the community health worker (CHW) and the Primary Health Care Re-engineering Model. CHWs are well placed to strengthen service delivery, build links for different government departments in the community, and be linkages for patients to access health care as well.
as other support systems. The CHW provides on-the-ground support to the patient/community member and links them to health and social service departments. The CHW is a valuable resource for the development and maintenance of the South African public health system. For linkage to care in health service delivery to be effective and sustainable, the support, guidance, and development of this cadre of worker is essential.

**Learning from CHWs: What did we hear at the Symposium on Community Health Workers**

by Kate Hawkins, Rosalind Steege, Kingsley Chikaphupha et al.
Health Systems Global, 07 March 2017
Read online at:
http://www.healthsystemsglobal.org/blog/202/Learning-from-CHWs-What-did-we-hear-at-the-Symposium-on-Community-Health-Workers.html

If researchers are serious about doing justice to the needs and dreams of Community Health Workers (CHWs), we have to listen carefully to them and share their concerns. At the 1st Symposium on Community Health Workers and their Contribution towards the Sustainable Development Goals we were able to hear directly from Village Health Team members (VHTs) in Uganda and get inputs from other workers from around the world. This is a roundup of some of the issues that came to the fore.

**WHO guidelines on health policy and system support to optimize community health worker programmes**

by Giorgio Cometto
World Health Organization, 2016
49 pp. 860 kB

http://who.int/hrh/community/CHW_gdlns_IPP_2Dec2016_c_web.pdf?ua=1

Following decades of ebbing and flowing interest, in the last few years, there has been growing attention to the potential of various types of community health workers (CHWs) in reducing inequities in access to essential health services, particularly in under-served or excluded, vulnerable populations. The emerging WHO Global Strategy on HRH: Workforce 2030 encourages countries to adopt a diverse, sustainable skills mix, harnessing the potential of community-based and mid-level health workers in inter-professional primary care teams. WHO welcomes expressions of interest from individuals and organizations with a relevant capacity and background to serve as members of the Expert Review Group for the guidelines, whose task will be to review and provide feedback on the early drafts of the document. More information on this will be posted on the WHO's Community-based health workers (CHWs) webpage in due course.
Community Health Workers as Social Marketers of Injectable Contraceptives: A Case Study from Ethiopia

by Karen Weidert, Amanuel Gessessew, Suzanne Bell et al.
Glob Health Sci Pract - March 8, 2017
13 pp. 697 kB

Volunteer community health workers (CHWs) administered injectable contraceptives to women in the community for a small fee while providing counselling and referrals for other methods. Over nearly 3 years, more than 600 CHWs provided an estimated 15,410 injections. The model has the potential to improve sustainability of community-based distribution programs by incorporating social marketing principles to partially recover commodity costs and compensate CHWs.

Limits and opportunities to community health worker empowerment: A multi-country comparative study

by Sumit Kane, Maryse Kok, Hermen Ormel et al.
Social Science & Medicine, Vol. 164, September 2016, pp. 27–34
8 pp. 274 kB

Community health workers are a key bridge between communities and the health system. For them to be able to empower communities, they must themselves be empowered. Involvement with health services empowers community health workers in many ways. However, many community health worker program aspects undermine this empowerment. Community health workers need to be better supported by the health services.

The Mass Production of Redundant, Misleading, and Conflicted Systematic Reviews and Meta-analyses

by John P.A. Ioannidis
Milbank Q. 2016 Sep;94(3):485-514
30 pp. 264 kB

Currently, most systematic reviews and meta-analyses are done retrospectively with fragmented published information. This article aims to explore the growth of published systematic reviews and meta-analyses and to estimate how often they are redundant, misleading, or serving conflicted interests. The author concludes that the production of systematic re-
views and meta-analyses has reached epidemic proportions. Possibly, the large majority of produced systematic reviews and meta-analyses are unnecessary, misleading, and/or conflicted.

Access to Medical Products, Vaccines and Technologies

**Essential drugs: Practical guidelines intended for physicians, pharmacists, nurses and medical auxiliaries**

by Sophie Pilon
Médecins Sans Frontières, 2016 edition
359 pp. 4.0 MB


Designed to give practical, concise information to physicians, pharmacists and nurses, this book is an important contribution from Médecins Sans Frontières to improve the rational use of drugs, which will be a continuing challenge in the coming years. Drugs marked with a grey diagonal line are either potentially dangerous and forbidden in certain countries, or obsolete or ineffective. These drugs are still widely used, attention is therefore drawn to the risk of their prescription.

**Antimicrobial resistance: Policy insights**

by Victoria Simpkin, Laura Suhlrie, Alastair Wood et al.
Organisation for Economic Co-operation and Development (OECD), November 2016
12 pp. 7.2 MB


Antimicrobial resistance (AMR) is a complex issue of global concern. AMR is not simply a problem of medical science being beaten by nature; human action and perverse incentives play a major role in its development. The misuse of antibiotics in the medical, veterinary and agricultural sectors, which include the inappropriate prescribing of antibiotics, their overuse in the livestock sector, and insufficient hygiene practices in hospital, all contribute to the rise of AMR. OECD, with its distinctive cross-sectoral expertise and its global outreach, is placed in a unique position to help countries in tackling AMR.
Ivermectin - Old Drug, New Tricks?

by Roz Laing, Victoria Gillan, Eileen Devaney
Trends in Parasitology - Published Online: March 09, 2017
10 pp. 1.3 MB

Ivermectin is one of the most important drugs in veterinary and human medicine for the control of parasitic infection and was the joint focus of the 2015 Nobel Prize in Physiology or Medicine, some 35 years after its remarkable discovery. Although best described for its activity on glutamate-gated chloride channels in parasitic nematodes, understanding of its mode of action remains incomplete. In the field of veterinary medicine, resistance to ivermectin is now widespread, but the mechanisms underlying resistance are unresolved. Here the authors discuss the history of this versatile drug and its use in global health. Based on recent studies in a variety of systems, they question whether ivermectin could have additional modes of action on parasitic nematodes.

Counterfeit drugs are putting the whole world at risk - Even if you don't buy the fake pharmaceuticals yourself

by Kate Baggaley
Popular Science, March 2, 2017
Read online at:
http://www.popsci.com/what-can-we-do-to-stop-fake-medicines

In December 2014, the Democratic Republic of the Congo’s Ituri District saw an outbreak of what appeared to be meningitis. By August, more than 1,000 people had been admitted to clinics, and health workers knew there was something else afoot. What had at first seemed to be neck stiffness - a common symptom of meningitis - proved to be muscle spasms caused by a mislabelled medicine. Medicines that are of poor quality - or entirely fake - pose a serious public health threat. They pop up in every corner of the world, although they are much less common in industrialized nations. Fortunately, there are a few things that can be done to fight these deceptive drugs.

Promoting the Quality of Medicines (PQM) Program - 2016 Annual Performance Report

United States Agency for International Development (USAID) and U.S. Pharmacopoeial Convention, January 2017
44 pp. 2.2 MB

The PQM program provides technical assistance to build capacity of medicines regulatory authorities and quality assurance systems in countries with weak health systems. PQM also provides technical support to manufacturers of quality assured priority essential
medicines for malaria, HIV/AIDS, tuberculosis, neglected tropical diseases and maternal and child health. There is increasing recognition of the burden of poor-quality medicines and their threat to public health, especially in low- and middle-income countries. Falsified and substandard medicines can cause treatment failure and adverse reactions, can increase morbidity and mortality, and may contribute to antimicrobial resistance. These medicines represent not only a waste of scarce resources but also a substantial risk to public health.

**Access to Vaccines Index 2017**

How vaccine companies are responding to calls for greater immunisation coverage
Editorial team: Jayasree K. Iyer, Anna Massey, Catherine Gray et al.
Access to Medicine Foundation, March 2017
102 pp. 2.4 MB
https://accesstovaccinesindex.org/media/atvi/2017-Access-to-Vaccines-Index.pdf

The Access to Vaccines Index is the first publicly available tool that maps how vaccine companies are responding to global calls to increase access to vaccines. The Index assesses the largest global players in the vaccine market and companies with significant potential for improving access to vaccines. It looks at their efforts to develop, manufacture and supply preventive vaccines for 69 high-priority diseases across 107 high-need countries.

**Management and Quality of Health Services and Facilities**

**Caring for Quality in Health: Lessons Learnt from 15 Reviews of Health Care Quality**

by Caroline Berchet, Ian Forde, Rie Fujisawa et al.
Organisation for Economic Co-operation and Development (OECD), January 2017
62 pp. 11.9 MB

As health costs continue to climb, policy makers increasingly face the challenge of ensuring that substantial spending on health is delivering value for money. At the same time, concerns about patients occasionally receiving poor-quality health care have led to demands for greater transparency and accountability. The objective of this report is to summarise the main challenges and good practices so as to support improvements in health care quality and to help ensure that the substantial resources devoted to health are used effectively in supporting people to live healthier lives.
The Link between Provider Payment and Quality of Maternal Health Services: A Framework & Literature Review

by Jenna Wright
The Health Finance and Governance Project – USAID, January 2017
52 pp. 4.6 MB
https://www.hfgproject.org/?download=18094

This paper explores a growing trend among health care payers to combine a quality measurement initiative with a redesigned provider payment system. It presents a conceptual framework of how provider payment links with quality of maternal health services and analyzes real provider payment systems in low- and middle-income countries where payment is linked with quality measurement. It discusses how provider payment systems have been redesigned to improve quality, how quality is defined and measured, whether provider behaviour changed in response to the payment mechanism, and reasons for why the payment mechanism did or did not work to achieve improved quality of maternal health services at the point of care.

The Lancet Global Health Commission on High Quality Health Systems in the SDG Era

See: https://www.hqsscommission.org/

The Lancet Global Health Commission on High Quality Health Systems in the SDG Era (HQSS Commission) is a group of academics, policymakers, and health system stakeholders from around the world. The HQSS Commission will review current knowledge, produce new empirical work, and offer policy recommendations in a report to be published in late 2018 and associated publications. The focus of the HQSS Commission is health system quality in low and middle income countries. Their work is centered on people: improving their quality of care and the value they derive from the health system.

Quality of Care in Performance-Based Financing: How It Is Incorporated in 32 Programs Across 28 Countries

by Jessica Gergen, Erik Josephson, Martha Coe et al.
Global Health: Science and Practice 2017 - First published online March 15, 2017
18 pp. 1.2 MB
http://www.ghspjournal.org/content/early/2017/02/27/GHSP-D-16-00239.full.pdf+html

Performance-based financing (PBF) is a potentially appealing instrument to address shortfalls in quality of care by linking verified performance measurement with strategic incentives and could ultimately help meet policy priorities at the country and global levels, including the ambitious Sustainable Development Goals. The substantial variation and com-
plexity in how PBF programs incorporate quality of care considerations suggests a need to further examine whether differences in design are associated with differential program impacts.

**Qualitative assessment of women's satisfaction with maternal health care in referral hospitals in Nigeria**

by Friday Okonofua, Rosemary Ogu, Kingsley Agholor et al.
Reproductive Health 2017 14:44 - Published: 16 March 2017
8 pp. 595 kB

http://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-017-0305-6?
site=reproductive-health-journal.biomedcentral.com

Available evidence suggests that the low use of antenatal, delivery, and post-natal services by Nigerian women may be due to their perceptions of low quality of care in health facilities. This study investigated the perceptions of women regarding their satisfaction with the maternity services offered in secondary and tertiary hospitals in Nigeria. The authors conclude that a women-friendly approach to delivery of maternal health care based on adequate response to women's concerns and experiences of health care will be critical to curbing women's dissatisfaction with modern facility based health care, improving access to maternal health, and reducing maternal morbidity and mortality in Nigeria.

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

**Aligning Public Financial Management and Health Financing Analytics: Sustaining Progress Toward Universal Health Coverage**

by Cheryl Cashin, Danielle Bloom, Susan Sparkes et al.
WHO Health Financing Working Paper No. 4, 2017
56 pp. 1.5 MB

http://apps.who.int/iris/bitstream/10665/254680/1/9789241512039-eng.pdf

In recent years, many countries have committed to universal health coverage (UHC) as a national policy priority. Since public funds are the cornerstone of sustainable financing for UHC in most countries, the public financial management (PFM) system – the institutions, policies and processes that govern the use of public funds – plays a key role. A strong PFM system can ensure higher and more predictable budget allocations, reduced fragmentation in revenue streams and funding flows, timely budget execution, and better financial accountability and transparency. The paper considers how PFM and health financing systems can be better aligned in support of UHC. It provides a framework for examining common challenges and offers strategies for addressing those challenges.
Developing a National Health Financing Strategy: A Reference Guide

by Joseph Kutzin, Sophie Witter, Matthew Jowett et al.
World Health Organization, 2017
48 pp. 1.2 MB
http://apps.who.int/iris/bitstream/10665/254757/1/9789241512107-eng.pdf

This document is based on WHO’s experience providing support on health financing policy to its Member States over many years. As a Reference Guide, it uses an outline for a health financing strategy, but its primary aim is to highlight the different aspects of health financing policy which need to be analysed and addressed by countries. Any successful health financing strategy is rooted in an analysis of current performance problems in the health sector; conducting such an analysis is the focus of a separate document, and hence this Reference Guide should be used in conjunction with it: http://www.who.int/health_financing

Insurance Management Information System (IMIS)

by Siddharth Srivastava and Manfred Stoermer
Swiss Centre for International Health, Health Economics and Financing Group, December 2015
11 pp. 3.7 MB

The “Insurance Management Information System” (IMIS) is a comprehensive insurance management system designed for:
- Supporting business processes of new or existing insurance schemes
- Ensuring availability and preciseness of information on insured
- Increasing speed of operations
- Ensuring efficient claim management
- Reducing frauds

The system is designed specifically to cater for the needs of health insurance schemes for rural population and the informal sector, where no pay-rolls can be utilized for membership registration. The low-cost technologies of enrolling members through mobile phones provide an efficient solution for such an informal sector environment. IMIS can be easily adjusted to other schemes involving management of benefits to a membership base, e.g. voucher schemes, health equity funds, and other forms of insurance.
Social Transfers

What happens when aid is given as direct cash transfers?

by Alastair Leithead
BBC News, Africa correspondent, 1 March 2017
Read online at:

What is the best way of ensuring aid money is used effectively and efficiently? In Kenya, charities are experimenting with direct cash transfers, allowing individual recipients to spend the money on whatever they like. Some cash comes with conditions - allowing the bearer to buy only certain things for example, but there's a surge of support for unconditional direct cash transfers, because the research shows it can be incredibly effective. In the UK, there has been criticism of government aid payments - especially in relation to direct cash transfers - with suggestions people would waste it or abuse the system. "There is no evidence that recipients of cash transfers are using this cash on goods such as alcohol or tobacco," said Ms Bastagli from the Overseas Development Institute. "There's a common claim that cash transfers can make people lazy or make them work less, but there's no evidence to suggest cash transfers lead to a reduction in people working."

A masterclass on cash transfers and how to use High Level Panels to influence Policy

by Duncan Green
Oxfam - From Poverty to Power, March 10, 2017
Read online at:
http://oxfamblogs.org/fo2p/a-masterclass-on-cash-transfers-and-how-to-use-high-level-panels-to-influence-policy/

Cash transfers are 25-30% cheaper than in kind aid (so more food per dollar). When people are given in kind aid, they typically sell 30-50% of it to get the cash they need, at roughly 30% of the actual cost of the aid - a massive level of waste. When you ask refugees, they invariably say cash is better than stuff (e.g. 80% of Syrian refugees in Lebanon). Plus it's good politics - cash stimulates the local economy, so local people are less resentful of the influx of refugees, and is more respectful - refugees don't all want the same thing; cash respects their right to make decisions about their lives.

The impact of cash transfers on women and girls: A summary of the evidence

by Jessica Hagen-Zanker, Luca Pellerano, Francesca Bastagli et al.
Overseas Development Institute, March 2017
7 pp. 111 kB
This briefing summarises the findings on the impacts of cash transfers on women and girls. These are drawn from a rigorous review of the evidence looking at the impacts of cash transfers across six outcome areas. The review covered literature spanning 15 years (2000–2015). It is distinct from other cash transfer reviews in terms of the methods used, the breadth of the evidence synthesised, and the focus on programme design and implementation features.

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

by M. E. Khan, Aastha Kant, Moazzam Ali et al.
Studies in Family Planning 47(4) - First published: 17 November 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. Cash transfers were used for increasing school attendance or improving health and nutrition, but not directly for contraception. 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**

**Strengthening the Role of Women with Disabilities in Humanitarian Action: A Facilitator's Guide**

by Boram Lee, Emma Pearce, Dale Buscher
Women's Refugee Commission, February 2017
92 pp. 6.9 MB


Increasingly, women and girls with disabilities are understood to experience multiple and intersecting forms of discrimination, based on age, gender and disability as well as other factors, such as nationality and socioeconomic status. This discrimination is exacerbated in conflict and displacement situations, where they face a variety of human-rights violations, including violence, abuse and exploitation. Working in partnership with regional networks of women with disabilities, the Women's Refugee Commission (WRC) has developed a Facilitator's Guide for training. Designed for women leaders of organizations of persons with disabilities (DPOs), this Facili-
tator's Guide helps provide training to members, colleagues and/or partners. It is intended to enhance the capacity of women with disabilities to effectively advocate on women's and disability issues within relevant humanitarian forums at national and regional levels.

Guatemala National Disability Study (ENDIS 2016)

Survey Report
by Carlos Dionicio, Shaun Grech, Islay Mactaggart et al.
CBM, National Council on Disability (Conadi) Guatemala and UNICEF Guatemala, 2017
98 pp. 9.5 MB


The Guatemala National Disability Survey (ENDIS) was undertaken to gain disability disaggregated population data and understanding of the lived situation for people with disabilities in order to inform and motivate evidence-based advocacy, policy and service planning.

The study had three components:

- A population based survey to estimate the prevalence of disabilities.
- A case-control study to compare people with and without disabilities in terms of their socio-economic situation and their use of education, health, water and sanitation, and employment services.
- A qualitative component to explore the conceptual, cultural and social interpretation and responses to disability.

Global Health Governance, Sustainable Development Goals & Development Cooperation

WHO Director General Candidates Showcase Campaigns to the World

by Peter Kenny
Intellectual Property Watch, 7 March 2017
Read online at:

It has been a gruelling campaign for the three final candidates for the post of director general of the World Health Organization and their latest public foray was dubbed a “moderated discussion.” The event was organised on 6 March by the Global Health Centre at Geneva’s Graduate Institute, in cooperation with the Centre on Global Health Security at Chatham House, The Rockefeller Foundation and the United Nations Foundation. Each of the three remaining candidates: Tedros Adhanom Ghebreyesus (Ethiopia), Sania Nishtar (Pakistan) and David Nabarro (United Kingdom) have had to take time off their normal jobs to campaign in front of their peers and the public. Each candidate began with a three-minute outline of their political leadership vision for running the world health body.
many instances, each of the three supported the same points and it is clear that for three exceptionally qualified candidates the choice may largely come down to management style.

Global health governance: we need innovation not renovation

Historically, global health governance has rested with the WHO. Criticisms of WHO have become frustratingly familiar - weak internal coordination, cumbersome bureaucracy, political appointments and ineffective leadership. The Ebola outbreak prompted some to describe it as facing a ‘do or die’ moment. Despite the Director-General admitting that ‘WHO was overwhelmed’ by the outbreak, WHO has not ‘done’, in the sense of fundamental reform to address criticisms, but nor has it ‘died’. Although the global health community widely accepts that WHO is no longer fit-for-purpose, the design and creation of an alternative remain fraught with difficult questions requiring imagination, an agreed vision and political consensus. In their absence, the tinkering continues and, with a few exceptions, most commentators cling to renovation (‘reform’), rather than innovation.

If not now, when? Time for the European Union to define a global health strategy

These are dark times for the European Union (EU). The Brexit vote, coupled with the rise of Eurosceptic parties, was a reminder that many Europeans view the EU as an irritant, with little understanding of its positive role. The election of Donald Trump shows that this retreat into isolationism is not limited to Europe. At this time of existential crisis, it has never been so vital for the EU to demonstrate that it is indeed a union, that it is a force for good, and that this positive influence goes beyond Europe’s borders. A prominent EU global health strategy would not only benefit global health. It would also show leadership from Europe, promoting the values of which the EU is justifiably proud: respect for human dignity and human rights, freedom, democracy, equality and the rule of law.

Frameworks to assess health systems governance: a systematic review

Frameworks to assess health systems governance: a systematic review

by Thidar Pyone, Helen Smith, Nynke van den Broek
Health Policy and Planning, 2017, 1–13, Published: 03 March 2017
Governance of the health system is a relatively new concept and there are gaps in understanding what health system governance is and how it could be assessed. The authors conducted a systematic review of the literature to describe the concept of governance and the theories underpinning as applied to health systems; and to identify which frameworks are available and have been applied to assess health systems governance. There is a need to validate and apply existing frameworks and share lessons learnt regarding which frameworks work well in which settings. A comprehensive assessment of governance could enable policy makers to prioritize solutions for problems identified as well as replicate and scale-up examples of good practice.

Interim leader appointed as Global Fund election restarts

by John Zarocostas
The Lancet, Vol. 389, No. 10073, p996, 11 March 2017
1 pp. 96 kB

http://thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30692-X.pdf

The Global Fund has appointed an interim head and reopened its search for a permanent leader after initial recruitment efforts were clouded by controversy. The board of the Global Fund to Fight AIDS, Tuberculosis and Malaria last week terminated the initial search for a new Executive Director to lead the agency and reopened the race after a series of allegations, leaks, insufficient due diligence, and divergent political agendas derailed efforts. On March 3, the board announced the appointment of Marijke Wijnroks as Interim Executive Director to serve from June 1 “until a new Executive Director selected by the Board is able to begin”. Wijnroks is currently the Global Fund’s Chief of Staff and a former HIV/AIDS ambassador for the Netherlands.

Health – Civil20: Civil Society Recommendations to the G20

C20 is the G20 engagement group of the international civil society. It represents organisations and individuals from all continents, giving civil society a loud voice in the G20.
2 pp. 102 kB


The Civil20 (C20) commends the German presidency for placing global health on the agenda of the G20. They urge future presidencies to take forward this work. Today’s world sees rising alarm regarding the inability to respond to emerging pandemics and antimicrobial resistance. New tools are needed but the current commercial research and development system is failing to provide them. Health should not be predominantly described as a threat to security and is much more than crisis management. Health is as an outcome of, and a prerequisite for, sustainable development. C20 call on the
G20 to focus and deliver on antimicrobial resistance; multilateral institutional support; and Health Systems Strengthening and Universal Health Coverage.

Moving away from aid? The case of Indonesia

by Annalisa Prizzon, Andrew Rogerson and Maria Ana Jales d’Orey
Overseas Development Institute (ODI), March 2017
28 pp. 1.4 MB

Over the past 15 years, 35 low-income countries have joined the ranks of the world’s middle-income countries: a reflection of the strong and sustained economic growth achieved in most parts of the developing world. As a result of this improved income status, every aspect of the development finance landscape is likely to change for those counties, from the sources of finance and financial instruments available to them, to the volume of aid and the conditions attached to it. This report focuses on how the Government of Indonesia has managed the transition from concessional to less concessional finance. Indonesia is now only eligible for loans from the World Bank’s ‘hard’ lending window, but the country’s graduation to this status has not been smooth.

Miscellaneous

My global health journal list

by David Flood
GlobalHealthHub.org, March 06, 2017
Read online at:
http://www.globalhealthhub.org/2017/03/06/global-health-journal-list/

Physician and global health practitioner David Flood has curated an eclectic and lengthy list of worthwhile journals, with an emphasis on non-communicable diseases, open access, free or reduced author fees for researchers from low- and middle-income countries (LMICs), and with a cross-cutting, multi-disciplinary focus. From must-reads like The Lancet and The BMJ to lesser-known gems like Critical Public Health and Global Health Action out of Umea University in Sweden, Flood lists each journal with helpful notes. He also comments on open access publishers including PeerJ and Biomed Central.
Africa Health March, 2017, Vol. 39 Nr. 3 - now available


This edition includes an eHealth case study looking at an integrated community health pilot in Guinea; strengthening research capacity to better understand non-communicable diseases in the developing world; and William R Brieger discusses what it takes to invest in controlling and eliminating malaria, as well as our usual mix of news, reviews, CPD Challenge, Clinical Review, Medicine Digest, and Clinical quiz.

Social and Behavior Change Communication for Emergency Preparedness Implementation Kit

by Amrita Gill-Bailey, Kathryn Bertram, Uttara Bharath et al.
Johns Hopkins University and US Agency for International Development (USAID) March 2017
226 pp. 6.0 MB


During emergencies, coordinated, clear and credible communication aids in minimizing resulting health, social and economic costs. However, the uncertainty that characterizes emergencies typically fuels fear and panic among communities, and spreads misconceptions and rumours that affect people’s ability to appropriately respond to the emergency. A well-coordinated, timely and strategic communication strategy and implementation plan can manage people’s expectations during an emergency and assist response efforts. Affected communities can be engaged and supported to make the required changes, rumours can be detected early and barriers to desired behaviours can be identified and addressed promptly.

CONFERENCES & TRAINING

eLearning Africa 2017: Learning in Context

12th International Conference on ICT for Development, Education & Training September 27-29, 2017
Swami Vivekananda International Convention Centre (SVICC), Port Louis, Republic of Mauritius

Meeting the networking needs of the pan-African eLearning and distance education sector, the annual eLearning Africa conference is the key networking venue for practitioners and professionals from Africa and all over the world. The conference programme includes plenary sessions with world-class experts, smaller presentation and special focus sessions, practical demonstrations and debates on specific topics, as well as various informal networking opportunities in which practitioners share their experiences, ideas, new information and perspectives. The conference is held in English and French. For more information see: http://www.elearning-africa.com/conference.php
Advanced Residential Course on Poverty-Related and Neglected Tropical Diseases

17 July – 4 August 2017
Location: Public Health Laboratory “Ivo de Cameri” (PHL-IIdC), on Pemba Island, Zanzibar, United Republic of Tanzania

Deadline for applications: 31 March 2017

From 17 July to 4 August 2017, the Public Health Laboratory “Ivo de Cameri” (PHL-IIdC) on Pemba Island, Zanzibar, United Republic of Tanzania, a WHO Collaborating Centre on Neglected Tropical Diseases, will host the course “Facing the Challenges of Global Health”, an Advanced Residential Course on Poverty-Related and Neglected Tropical Diseases (PR&NTD), organized by the Ivo de Cameri Foundation, Milan, Italy, and the PHL-IIdC, under the auspices of the Zanzibar Ministry of Health.

The Course is addressed to professionals active or interested in public health, with diverse cultural and scientific background and competence.

The Course is a practical opportunity to acquire a solid knowledge and a critical understanding on PR&NTD, thanks to the expertise of an high quality teaching team made of African and European lecturers with first-hand experience in the domain.

For more information, please consult the course brochure or visit the website.

Short Courses in International Health

Institute of Public Health at Heidelberg University, Germany

The short courses programme offered by the Institute of Public Health at Heidelberg University provides opportunities for postgraduate education and professional development.

All short courses are open to the institute's Master's students, students from other tropEd member institutions, and health professionals wanting to specialise or refresh their knowledge in a particular subject area.

Most short courses are tropEd accredited.

More information about the short courses programme can be found here.

For more information on the Master of Science in International Health (MScIH) programme, please consult the Institute of Public Health website.
4th Annual Summer Institute for systematic reviews in nutrition for global policy-making

24 July to 4 August 2017
Division of Nutritional Sciences, Cornell University Campus, Ithaca, NY, United States of America

This unique institute on the Cornell University campus brings together experts from the World Health Organization (WHO), Cochrane, Cornell University, and the Micronutrient Initiative to train participants in the development of systematic reviews of nutrition interventions in populations. The institute is intended for nutrition scientists and practitioners with interest in the application of scientific evidence in policy making. Candidates must have a university degree in health or social sciences with interest in nutrition interventions for public health and be willing to be registered as authors in a Cochrane Group.

For further information and specific application instructions see:
http://who-cochrane-cornell-summer-institute.nutrition.cornell.edu/

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**CARTOON**

**Postfacts**

"Diabetes has increased dramatically over the past 20 years. That proves that diabetes is caused by global warming!"

Source: Glasbergen
Common Internet Acronyms You Should Know

Have a look at the ever-growing lexicon of common Internet acronyms. Acronyms are not the same thing as abbreviations. Acronyms are comprised of the initials of two or more words (e.g. LOL for Lough Out Loud, PC for Personal Computer), whereas abbreviation is the short form of a single word (e.g. Approx for Approximately). You will come across acronyms in almost every domain of the internet: from social networking sites like Facebook, Twitter, and Instagram to any website, blogs or forums and even emails! So it is really cool if we are familiar with these.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full form</th>
<th>Acronym</th>
<th>Full form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFAIK</td>
<td>As Far As I Know</td>
<td>IMO</td>
<td>In My Opinion</td>
</tr>
<tr>
<td>AKA</td>
<td>Also Known As</td>
<td>ITH</td>
<td>In This Thread</td>
</tr>
<tr>
<td>ASAP</td>
<td>As Soon As Possible</td>
<td>LET</td>
<td>Leaving Early Today</td>
</tr>
<tr>
<td>BCC</td>
<td>Blind Carbon Copy</td>
<td>LMK</td>
<td>Let Me Know</td>
</tr>
<tr>
<td>CC</td>
<td>Carbon Copy</td>
<td>N/A</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>BTW</td>
<td>By The Way</td>
<td>NaN</td>
<td>Not a Number</td>
</tr>
<tr>
<td>DIY</td>
<td>Do It Yourself</td>
<td>NRN</td>
<td>No Need To Reply</td>
</tr>
<tr>
<td>DND</td>
<td>Do Not Disturb</td>
<td>NRR</td>
<td>No Reply Required</td>
</tr>
<tr>
<td>EOD</td>
<td>End Of Day</td>
<td>NWR</td>
<td>Not Work Related</td>
</tr>
<tr>
<td>EOF</td>
<td>End Of File</td>
<td>PFA</td>
<td>Please Find Attached</td>
</tr>
<tr>
<td>EOM</td>
<td>End Of Message</td>
<td>PRB</td>
<td>Please Reply By</td>
</tr>
<tr>
<td>FAQ</td>
<td>Frequently Asked Questions</td>
<td>PYR</td>
<td>Per Your Request</td>
</tr>
<tr>
<td>FIA</td>
<td>For Immediate Action</td>
<td>RR</td>
<td>Reply Requested</td>
</tr>
<tr>
<td>FYG</td>
<td>For Your Guidance</td>
<td>RFP</td>
<td>Request For Proposal</td>
</tr>
<tr>
<td>FYKI</td>
<td>For Your Kind Information</td>
<td>SEO</td>
<td>Search Engine Optimization</td>
</tr>
<tr>
<td>FYI / JFYI</td>
<td>(Just) For Your Information</td>
<td>TIA</td>
<td>Thanks In Advance</td>
</tr>
<tr>
<td>FYR</td>
<td>For Your Reference</td>
<td>TLTR/TL</td>
<td>Too Long To Read/ Too Long</td>
</tr>
<tr>
<td>HTH</td>
<td>Hope That Helps</td>
<td>WFH</td>
<td>Working From Home</td>
</tr>
<tr>
<td>IIRC</td>
<td>If I Recall Correctly</td>
<td>WRT</td>
<td>With Regard To</td>
</tr>
<tr>
<td>IM</td>
<td>Instant Messaging</td>
<td>Y/N</td>
<td>Yes or No</td>
</tr>
</tbody>
</table>

Note: You can safely use these in forums, online chats, texting, SMS and all informal emails. Please be careful about using these in official/formal mails; go with the full form to avoid any kind of discrepancy.

Selecting Files

When viewing files in Windows Explorer or in a ‘My Computer’ window (which are actually the same thing), there may be times when you want to select more than one file at a time to work with. For instance, if there are 20 files in a folder, and you want to delete several of them, you could click them and delete them one at a time, or you could use one of the following methods to delete several of them at once. Here are some ways to select multiple files:
- If all the files to be selected are next to each other, click the first one, then hold down the SHIFT key and click the last one. Those two files and every file in between will be selected.
- If the files to be selected are scattered throughout the folder, you can click the first one, then hold down the CTRL key while you click the others one at a time (holding down the CTRL key until they are all selected).
- To select all of the files in a folder, click the first one, then press CTRL+A on the keyboard, and they will all be selected.

Once you have selected these files, any action you take will be applied to them as a group. For instance, if you press the DEL key, they will all be deleted. If you right-click them and choose 'Copy', they will all be copied, etc.
Archive of past issues:
You can find and search past issues of the news briefing (2010-2017) at
http://health.bmz.de/services/HESP_News_Briefing/index.php

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