Dear colleagues,

access to medicines of good quality is an important aspect of Universal Health Coverage. On Healthy DEvelopments three recent publications address this issue, each one focusing on a different angle:

In South Africa, a German-South African development partnership has been introducing automated Pharmacy Dispensing Units (PDUs) located in shopping centres and other community settings to help ensure that the 10 million chronically ill South Africans receive the medication they need in time.

In the East African Community, health economists have been studying the linkages between local production of pharmaceuticals and health system strengthening, and their preliminary insights are already online.

In Cameroon, Regional Funds for Health Promotion ensure that essential medicines are available to those who need them, even in remote regions of the country.

Enjoy the reading!

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

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

Game changer: Automated pharmacy dispensing in South Africa

http://health.bmz.de/events/In_focus/game_changer-automated_pharmacy_dispensing_south_africa/index.html

A German company, Mach4, has received the first-ever German Global Health Award for its role as technology provider to Pharmacy of the Future, a development partnership which is improving pharmacy dispensing and access to medicines for the 22 million South Africans who require chronic medication. Mach4 was awarded the prize for its role as the technology provider in the Pharmacy of the Future project, a German-South African initiative to improve drug distribution through the use of automated Pharmacy Dispensing Units (PDUs) located in shopping centres and other public places. PDUs allow patients to collect prescription medications at a time and place of their choosing, without having to wait in lengthy queues at health facilities.

Ensuring a better distribution of medicines in Cameroon

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

Across Africa, a lack of access to even the most basic of medicines results in loss of lives on a daily basis. In Cameroon, regional funds for health present a viable solution - not only by tackling corruption and promoting community empowerment, but also by helping to fight against the continent’s biggest killers.

Local production of pharmaceuticals and health system strengthening in Africa

Summary of an Evidence Brief in preparation
Download the preliminary summary (2 pp. 720 kB) at:
http://www.health.bmz.de/events/News/localproduction_healthsystems/Evidence_Brief_3a.pdf

Pharmaceutical manufacturing in Sub-Saharan Africa (SSA) is – contrary to external perceptions – long established. African governments and other actors including the African Union Commission, NEPAD and the East African Community are actively promoting industrial development in pharmaceuticals, supported by UN and other international partners including BMZ. At the same time, low income SSA populations suffer inadequate health care undermined by poor access to medicines. In
the context of SDG3 and international commitments to universal health coverage (UHC), international intervention finances large scale international procurement of medicines and supports health system strengthening.

Quality Improvement Structures in Nepal: Options for Reform

http://www.health.bmz.de/events/News/quality_improvement_structures_nepal/index.html

Improving the quality of health services has emerged as a top priority for the Government of Nepal. With German support, the Ministry of Health has recently assessed the existing framework conditions for quality improvement approaches and identified options for a system-wide approach to performance measurement.

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 centres that now provide tailor-made training courses, including in neonatal resuscitation, for doctors, nurses and hospital technicians.

Connecting the 2030 Agenda for Sustainable Development & Paris Climate Agreement

A short report from the Interconnection Conference May 12-13, 2017

http://health.bmz.de/events/Events_2017/connecting_2030_agenda_sustainable_development/index.html

“We need to make health systems everybody’s business” says Heiko Warnken, Head of the Division for Health, Social Security and Population Policy, BMZ, in a break-out session on forging linkages between health and climate agendas at the Interconnection Conference hosted by the German Development Institute (DIE) in Bonn. The aim of the conference was to explore the role of state, non-state and subnational actors in the creation of linkages between the Agenda 2030 and the Paris Climate Agreement.
Mainstreaming Youth-friendly Sexual & Reproductive Health Services in the Public Sector in Mozambique & Tanzania

by Estrella Alcalde, Katia Amado, Claire Cole et al.
Pathfinder International, Technical Brief, May 2017
12 pp. 1.6 MB

Adolescents and youth (those between the ages of 10 and 24) often face social, cultural, economic, and structural barriers to accessing sexual and reproductive health information and services at a time when they need these services the most, making them vulnerable to poor health outcomes. Emerging global guidance suggests that, to reach youth in a sustainable and scalable way, youth-friendly services must be mainstreamed in the community and health systems. However, there is little evidence from project implementation about how to integrate youth-friendly services on a large scale. This technical brief explores how youth-friendly services were mainstreamed within public sector facilities and communities, examines project findings - including a significant shift in method mix towards long-acting reversible contraceptive (LARC) uptake - and offers recommendations for future youth-friendly services programming.

Virginity testing: a systematic review

by Rose McKeon Olson and Claudia García-Moreno
Reproductive Health, 2017 14:61 - Published: 18 May 2017
10 pp. 678 kB

So-called virginity testing, also referred to as hymen, two-finger, or per vaginal examination, is the inspection of the female genitalia to assess if the examinee has had or has been habituated to sexual intercourse. This paper is the first systematic review of available evidence on the medical utility of virginity testing by hymen examination and its potential impacts on the examinee. Included studies found that hymen examination does not accurately or reliably predict virginity status. In addition, included studies reported that virginity testing could cause physical, psychological, and social harms to the examinee. Countries should review their policies and move towards a banning of virginity testing.

Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland

by Abigail R A Aiken, Irena Digol, James Trussell et al.
Self-sourced medical abortion using online telemedicine can be highly effective, and outcomes compare favourably with in clinic protocols. Reported rates of adverse events are low. Women are able to self-identify the symptoms of potentially serious complications, and most report seeking medical attention when advised. Results have important implications for women worldwide living in areas where access to abortion is restricted.

**Costs and cost effectiveness of providing first-trimester, medical and surgical safe abortion services in KwaZulu-Natal Province, South Africa**

by Naomi Lince-Deroche, Tamara Fetters, Edina Sinanovic et al.

PLoS ONE 12(4): e0174615 - Published: April 3, 2017

http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0174615&type=printable

This analysis aimed to estimate the costs and cost-effectiveness of providing first-trimester medication abortion and manual vacuum aspiration (MVA) services to inform planning for first-trimester service provision in South Africa and similar settings. It found that the cost per complete medication abortion was lower than the cost per complete MVA. This analysis supports the scale-up of medication abortion alongside existing MVA services in South Africa. Women can be offered a choice of methods, including medication abortion with MVA as a back-up, without increasing costs.

**Accessing medical and surgical first-trimester abortion services: Women’s experiences and costs from an operations research study in KwaZulu-Natal Province, South Africa**

by Naomi Lince-Deroche, Tamara Fetters, Edina Sinanovic et al.

Contraception xx (2017) xxx–xxx


This study explored women’s experiences accessing services and estimate costs incurred for first-trimester abortion at four public hospitals in KwaZulu-Natal Province, South Africa. Despite the availability of government assistance for children through South Africa’s “child grant,” the affordability of raising a child was a major concern for women. Although theoretically available free of charge in the public sector, women experienced challenges accessing abortion services and incurred costs which may have been burdensome given average local earnings. These potential barriers could be addressed by reducing the number of required visits and improving availability of pregnancy tests and supplies in public.
Barriers to obstetric fistula treatment in low-income countries: A systematic review

by Rachel Bach, Charlotte Warren, Zoe Baker et al.
Tropical Medicine & International Health, 16 May 2017
40 pp. 545 kB

Obstetric fistula is a maternal morbidity that occurs in some low-income countries despite its near eradication elsewhere decades ago. While barriers to fistula treatment may be identified, their alleviation is difficult and requires sustainable interventions that target several barriers. There is a lack of scientific studies on fistula prevalence in different populations and a lack of studies on overcoming barriers to fistula treatment.

Severity of Pneumonia in Under 5-Year-Old Children from Developing Countries: A Multicenter, Prospective, Observational Study

by Thomas Bénet, Valentina Sanchez Picot, Shally Awasthi et al.
The American Journal of Tropical Medicine and Hygiene - Online First, Published 01 May 2017
25 pp. 6.5 MB
http://www.ajtmh.org/deliver/fulltext/10.4269/ajtmh.16-0733/160733.pdf?itemId=/content/journals/10.4269/ajtmh.16-0733&amp;mimeType=pdf&lt;containerItemid=content/astmh

Despite reduced mortality rates in recent years, pneumonia is the foremost cause of death from infectious diseases in under 5-year-old children worldwide, accounting for 15% of total deaths, mostly in developing countries. Hypoxemia, frequently associated with pneumonia and a marker of disease severity, leads to 3- to 4-fold increased risk of death in children with pneumonia. The objectives of the present study are to assess the microbiological agents linked to hypoxemia in hospitalized children with pneumonia in developing countries, to identify clinical and para-clinical predictors of hypoxemia and to pinpoint factors associated with death within 2 weeks after admission.

A child is a child: Protecting children on the move from violence, abuse and exploitation

by Jan Beise, Anna Grojec, Claus Bech Hansen et al.
United Nations Children’s Fund (UNICEF), May 2017
64 pp. 13.2 MB

Among the millions of children on the move worldwide, many – including hundreds of thousands of unaccompanied children and adolescents – undertake dangerous journeys. This report shows how the lack of safe and legal pathways for refugee and migrant children feeds a booming market for
human smuggling and puts them at risk of violence, abuse and exploitation. Building on recent UNICEF policy proposals, it sets out ways that governments can better protect these vulnerable children.

HIV, Tuberculosis & Malaria

Good Practice Guide: Adolescent HIV Programming

by Alice Armstrong, Kate Iorpenda, Georgina Caswell et al.
International HIV/AIDS Alliance, 15 May 2017
60 pp. 1.2 MB
http://www.aidsalliance.org/assets/000/003/006/alliance_gpg-hiv_and_adolescents_final_original.pdf?1494841059

A greater understanding of HIV in high prevalence countries has increased awareness of the need to prioritise adolescents in HIV prevention, treatment, care and support. At the same time, a growing recognition that adolescence is a distinct time of life has focused attention on adolescents’ different needs. Adolescents are now included as a separate target group in global and national strategies. How do we best deliver HIV services to adolescents? What’s a comprehensive package of care? How do we ensure meaningful participation by adolescents in HIV programming? What about consent? All this, and more, is covered in this practical guide for programmers.

Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs

Practical Guidance for Collaborative Interventions
Editor James Baer
United Nations Office on Drugs and Crime, 2017
175 pp. 8.4 MB

The global number of new HIV infections among people who inject drugs has increased by more than 33% compared over the past five years. There is also an alarming increase in infections with hepatitis C. Access to services to address HIV among people who inject drugs remains too low, with needle and syringe programmes, opioid substitution therapy, and anti-retroviral treatment being of particular concern. Topics covered in this document include community empowerment, human rights and law reform, addressing stigma and discrimination, comprehensive package of harm reduction interventions, service delivery approaches, community involvement, programme management.
Improving laboratory efficiencies to scale-up HIV viral load testing

by George Alemnji, Philip Onyebujoh, John N. Nkengasong
6 pp. 279 kB
http://journals.lww.com/co-hivandaids/Fulltext/2017/03000/Improving_laboratory_efficiencies_to_scale_up_HIV.10.aspx

Viral load measurement is a key indicator that determines patients’ response to treatment and risk for disease progression. Efforts are ongoing in different countries to scale-up access to viral load testing to meet the Joint United Nations Programme on HIV and AIDS target of achieving 90% viral suppression among HIV-infected patients receiving antiretroviral therapy. However, the impact of these initiatives may be challenged by increased inefficiencies along the viral load testing spectrum. This will translate to increased costs and ineffectiveness of scale-up approaches. This review describes different parameters that could be addressed across the viral load testing spectrum aimed at improving efficiencies and utilizing test results for patient management.

Accelerating Children’s HIV/AIDS Treatment

Promising Practices and Lessons Learned from Implementation of the ACT Initiative
by Sarah Middleton-Lee
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), April 2017
100 pp. 20.7 MB(!)

This report shares the promising practices and lessons learned from the Accelerating Children’s HIV/AIDS Treatment (ACT) Initiative. It was informed by a call for inputs, issued to more than 100 implementing partners in nine countries. The report is for local, national, regional, and global stakeholders interested in the design, implementation, funding, and sustainability of HIV care and treatment for children. It can be used in the countries involved in ACT and beyond.

Tanzania: The Sandals That Could Keep Spread of Malaria At Bay

by Syriacus Buguzi
The Citizen, 22 May 2017
Read online at:

A research scientist at the Ifakara Health Institute (IHI) has designed sandals, which are impregnated with chemical agents known as ‘transfluthrin’ that can help people keep away from mosquito bites. After studying the behaviour of mosquitoes for a while now, researchers believes that protecting
people’s feet by using the low-cost repellent-treated sandals can provide round-the-clock protection against other diseases such as Dengue, Zika, Chikungunya. Effective and low-cost tools are needed to proactively prevent outbreaks and control infections, scientists in Tanzania say.

**Ghana Malaria Indicator Survey (GMIS): Key Indicators**

Ghana Statistical Service, Accra, Ghana, February 2017
2 pp. 868 KB

The Demographic and Health Surveys has released a brief on key indicators from the Ghana Malaria Indicator Survey of 2016. While much of the malaria community is discussing the elimination framework and processes, the reality is that many high burden countries are still trying to scale up basic interventions to achieve universal coverage. The overall prevalence across the country in children aged 6-59 months at the time of the survey was 27% using Rapid Diagnostic test and 20% using microscopy. Among children reporting fever in the previous two weeks care/advice was sought for only 72%. Although only 30% received some sort of blood based diagnostic test, 61% of the febrile children were given the antimalarial artemisinin-based combination therapy drugs.

**Do anti-malarials in Africa meet quality standards? The market penetration of non quality-assured artemisinin combination therapy in eight African countries**

by ACTwatch Group, Paul N. Newton, Kara Hanson et al.
Malaria Journal, 2017 16:204 - Published: 25 May 2017
21 pp. 1.5 MB

Addressing the availability and distribution of non quality-assured artemisinin-based combination therapy (ACT) (non-QAAC1) will require effective private sector engagement and evidence-based strategies to address provider and consumer demand for these products. Given the variation in non-QAAC1 markets observed across the eight study countries, active efforts to limit registration, importation and distribution of non-QAAC1 must be tailored to the country context, and will involve addressing complex and challenging aspects of medicine registration, private sector pharmaceutical regulation, local manufacturing and drug importation. These efforts may be critical not only to patient health and safety, but also to effective malaria control and protection of artemisinin drug efficacy in the face of spreading resistance.
Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

From Panic and Neglect to Investing in Health Security: Financing Pandemic Preparedness at a National Level

by Mukesh Chawla, Franck Berthe, Eleonora Cavagnero et al.
International Working Group on Financing Preparedness, May 2017
131 pp. 4.6 MB

Deadly infectious pandemics will mark humanity's future, as they have shaped its past. Neither individual governments nor the global community can entirely prevent the emergence of infectious threats. But we can be much better prepared. This report by the International Working Group on Financing Preparedness (IWG) proposes ways in which national governments and development partners can finance investments in country and regional preparedness and response capacities for pandemics and other health emergencies. As for many other issues, money, or rather the lack of it, is at the heart of the problem, according to the report, which provides 12 recommendations to tackle the issue at the country level.

Nutrition, Non-Communicable Diseases & Environmental Health (incl. WASH & Climate Change)

Reducing child undernutrition: past drivers and priorities for the post-MDG era

by Lisa C. Smith and Lawrence Haddad
World Development, Vol. 68, April 2015, pp. 180–204
25 pp. 1.2 MB

Reducing child undernutrition is gaining high priority on the international development agenda in the post-MDG agenda, both as a maker and marker of development. In this paper, the authors use data from 1970 to 2012 for 116 countries, finding that safe water access, sanitation, women’s education, gender equality, and the quantity and quality of food available in countries have been key drivers of past reductions in stunting. Income growth and governance played essential facilitating roles. Complementary to nutrition-specific and nutrition-sensitive programs and policies, accelerating reductions in undernutrition in the future will require increased investment in these priority areas.
Treating Childhood Malnutrition in Rural Haiti: Program Outcomes and Obstacles

by C. Nicholas Cuneo, Emily Dansereau, Anand R. Habib et al.
26 pp. 599 kB

Haiti has the worst malnutrition rate in the Western hemisphere. In October 2010, a cholera epidemic erupted and spread rapidly throughout the country, straining Haiti’s already fragile health infrastructure across all levels of care. This study reviews data from an Outpatient Therapeutic feeding Program (OTP) for acute childhood malnutrition at a clinic in rural Haiti with focus on the effect of the 2010 cholera epidemic on program operations. Results from the study have been used to inform a restructuring of the clinic’s acute malnutrition program towards a more community-centered model of management, the context and implications of which are discussed in relation to the existing literature.

Ambition and Action in Nutrition 2016–2025

by Francesco Branca et al.
World Health Organization, 2017
64 pp. 7.0 MB
http://apps.who.int/iris/bitstream/10665/255485/1/9789241512435-eng.pdf

In support of the 2030 Agenda for Sustainable Development, particularly SDG2 and SDG3, and in concert with the 2016–2025 UN Decade of Action on Nutrition, WHO’s Ambition and Action in Nutrition 2016–2025 aims for “A world free of all forms of malnutrition where all people achieve health and well-being”. It defines the unique value of WHO for advancing nutrition: the provision of leadership, guidance and monitoring. Finally, following a set of guiding principles, it proposes priority actions for WHO and a clear allocation of roles across the Organization.

Using mobile phones for nutrition surveillance: a review of evidence

by Inka Barnett and Jose V. Gallegos
IDS Evidence Report No 1: Reducing Hunger and Undernutrition, March 2013
35 pp. 604 kB
https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/2602/AGER1.pdf

This report sets out to critically review the evidence base on the impact of using mobile phone technology for nutrition (and other) surveillance. By doing so, the report can offer a starting point for international donors, local practitioners and others who consider the application of mobile phones to facilitate surveillance. The evidence review also aims to identify gaps
in the current knowledge base and to highlight areas where future research and analysis are necessary.

**A mobile app to manage acute malnutrition**

by Tine Frank, Natalie Roschnik, Emily Keane et al.
Transform Nutrition Research Brief, Issue 9, March 2017
4 pp. 2.0 MB


Severe Acute Malnutrition (SAM) is responsible for between 1–2 million preventable deaths every year and affects around 17 million children under five. Community based Management of Acute Malnutrition (CMAM) is a proven approach to identify and treat SAM cases. However its effectiveness is limited if treatment protocols are not followed and data is unreliable. A mobile health (mHealth) application was developed and piloted in five countries by World Vision, Dimagi, Save the Children and International Medical Corps (IMC) to help health workers follow treatment protocol and generate accurate and timely data to respond to changes in caseloads.

**A mobile health application to manage acute malnutrition: lessons from developing and piloting the app in five countries**

by Tine Frank, Emily Keane, Natalie Roschni et al.
World Vision/Save the Children, 2017
20 pp. 1.4 MB


Community based Management of Acute Malnutrition (CMAM) is a proven high-impact and cost-effective approach in the treatment of acute malnutrition in developing countries. It enables community health workers and volunteers to identify and initiate treatment for children with acute malnutrition before they become seriously ill, using ready-to-use therapeutic foods (RUTF). However, the success of CMAM is limited if treatment protocols are not followed, record keeping and data management is poor and reliable data is not available in time for decision makers. There is strong evidence that mobile device based (mHealth) applications can improve frontline health workers’ ability to apply CMAM treatment protocols more effectively and to improve the provision of supply chain management.
Nutrition surveillance systems: their use and value

The Save the Children Fund, 2016
113 pp. 1.2 MB


The aim of this study was to review past and current nutrition surveillance systems that involve anthropometric data collection in low-income countries, in order to examine their role in nutrition surveillance. The findings are based on a review of published and unpublished literature, and interviews with key informants. It goes on to assess how those data are used for decision-making and the dissemination of findings in forms that are accessible to different audiences, and describes the problems that may arise with ownership, capacity building and the sustainability of nutrition surveillance systems.

The cost of the double burden of malnutrition: Social and economic impact - Summary of the pilot study in Chile, Ecuador and Mexico

by Andrés Fernandez and Rodrigo Martínez
UN Economic Commission for Latin America and the Caribbean, World Food Programme, 2017
72 pp. 10.4 MB


The Sustainable Development Goals, adopted in 2015, call for an end to malnutrition in all its forms and for all people by the year 2030. At the regional level, Latin America and the Caribbean have made significant progress in reducing the prevalence of undernutrition in recent years. However, there has also been a simultaneous increase in overweight and obesity in adults and children. Referred to as the double burden of malnutrition, both problems - of excess and deficit - coexist in the same communities, families and even individuals.

Obesity Update 2017

by Marion Devaux, Sahara Graf, Yevgeniy Goryakin et al.
Organisation for Economic Co-operation and Development (OECD), 2017
16 pp. 7.1 MB


Today, more than one in two adults and nearly one in six children are overweight or obese in the OECD area. The obesity epidemic has spread further in the past five years. This Obesity Update focusses on a selection of new policy strategies, specifi-
cally at communication policies aimed to tackle obesity, in particular by improving nutrient information displayed on food labels, or by regulating the marketing of food products.

**Health System Governance, Health Workforce, Health Information Systems and Digital Health**

### Open innovation in health: A guide to transforming healthcare through collaboration

by Madeleine Gabriel, Isaac Stanley, Tom Saunders  
Nesta Global Innovation Foundation, May 2017  
72 pp. 2.4 MB  
[http://www.nesta.org.uk/sites/default/files/open_innovation_in_health_0.pdf](http://www.nesta.org.uk/sites/default/files/open_innovation_in_health_0.pdf)

This publication explores how governments, researchers, companies, practitioners, patients and citizens around the world are collaborating in new ways to open up health innovation. It also analyses an emerging set of methods which involve a wide range of people, including health policy makers and leaders, with several overlapping goals. Some seek to make health innovation more efficient, or to inform it with a better understanding more responsive to population and health system needs. Others seek to make health innovation more democratic, by giving citizens a greater say in setting priorities. And some seek to do all three of these things.

### Population healthcare: designing population-based systems

by Muir Gray  
5 pp. 217 kB  

When health services get into difficulty, a common response is to change their structure, method of financing or both. However, these together comprise only one aspect of a service. A service consists of people and an organisation, and the organisation, in turn, has three different elements. The right structure is useful for simple tasks, but most health and healthcare issues are complex, where complexity is defined as ‘the dynamic state between order and chaos’. This means there is no linear relationship between input and output, but that their relationship is unpredictable; the carefully planned input may not lead to the desired output, and unintended consequences abound.
"Working for Health": Draft Five-year Action plan tabled for discussion at the 70th World Health Assembly

15 May 2017
20 pp. 639 kB

The five-year action plan is a joint inter-sectoral programme of work across ILO, OECD and WHO that is critical to support Member States in the effective implementation of the recommendations of the High Level Commission on Health Employment and Economic Growth in line with the Global Strategy on Human Resources for Health. The Action plan - “Working for health” is now online at the above URL and will be discussed later at the 70th World Health Assembly.

Understanding National Health Workforce Accounts

Health Workforce Department, World Health Organization, 2017
20 pp. 2.6 MB
http://who.int/hrh/documents/brochure_nat_health_workforce_acct.pdf?ua=1

The purpose of the National Health Workforce Accounts (NHWA) is to facilitate the standardization of a health workforce information system in order to improve data quality, as well as to support tracking Human Resources for Health (HRH) policy performance towards Universal Health Coverage (UHC). The NHWA is built up of core indicators and data characteristics that can be progressively measured in order to:

- generate reliable HRH information and evidence;
- enable the planning, implementation and monitoring of workforce policies towards UHC;
- improve the comparability of the health workforce nationally and globally; and
- enable research to be performed about future trends regarding health workforce, systems and resilience planning.

Solving a Global Digital Identity Crisis

by Seth Berkley
MIT Technology Review, April 28, 2017
Read online at:

In developing countries, one in three children under age five has no record of their existence. Technology can help by enabling them to access vital and often life-saving services for the very first time. This makes the technology highly attractive for solving a range of problems, not least achieving what the United Nations calls Sustainable Development Goal 16. It requires all 193 member countries to ensure that everyone has a legal form of identity by 2030. The aim is to safeguard the rights of mil-
lions of marginalized or disenfranchised people, giving them access to things we often take for granted - education, health services, or the ability to vote.

**Why isn’t tech for accountability working in Africa?**

by Indra De Lanerolle

South African Institute of International Affairs (SAIIA) Policy Briefing, May 2017
4 pp. 78 kB


Expanding mobile networks and falling costs could transform communication between African citizens and governments. So far, however, attempts to harness new technologies to improve transparency and accountability in Africa and elsewhere have had disappointing results. What is going wrong? Research suggests that an important reason for this failure is a poor understanding of technologies and limited skills in developing and using them. It seems that civil society organisations (CSOs) and governments often ‘re-invent the flat tyre’: experimenting with new tools without finding out what has been tried (often unsuccessfully) before.

**Humanitarian Futures for Messaging Apps**

Understanding the Opportunities and Risks for Humanitarian Action
by Jacobo Quintanilla, Philippe Stoll, Tom Walker et al.
International Committee of the Red Cross (ICRC), March 2017
98 pp. 3.3 MB

https://shop.icrc.org/icrc/pdf/view/id/2458

Messaging apps have great potential to make a positive impact in situations of crisis. They can also introduce risks relating to security, data protection and privacy. Humanitarian organizations need to better understand the opportunities and risks in order to develop responsible, effective and safe ways to use messaging apps to meet the needs of people affected by armed conflicts, internally displaced people, refugees or migrants.

**Trends in Digital Health in Africa: Lessons from the African Strategies for Health Project**

African Strategies for Health (ASH), September 2016
8 pp. 813 kB
Substantial growth in digital technology solutions for health and their implementation in Africa have occurred in recent years. Opportunities to support scale up of digital health in the region remain. The continued growth in digital solutions for health will happen through a combination of government, donor, and private-sector initiatives. National-level leadership in creating an enabling environment which allows for open communication across stakeholders – for health as well as technology solutions in other sectors – is growing and needs continued support.

Global diffusion of eHealth: Making universal health coverage achievable

This third global survey of the WHO Global Observatory for eHealth (GOe) investigated how eHealth can support universal health coverage (UHC) in Member States. A total of 125 countries participated in the survey - a clear reflection of the growing interest in this area. The report considers eHealth foundations built through policy development, funding approaches and capacity building in eHealth through the training of students and professionals. It then observes specific eHealth applications such as mHealth, telehealth, electronic health records systems and eLearning and how these contribute to the goals of UHC.

Access to Medical Products, Vaccines and Technologies

On Essentaility and the World Health Organization’s Model List of Essential Medicines

In 1977, the World Health Organization (WHO) created its first Model List of Essential Medicines - a list designed to aid countries in determining which medicines to prioritize on their National Essential Medicines Lists. In classifying drugs as “essential,” the WHO has historically stressed drugs’ ability to meet priority health needs of populations and cost. The application of these criteria has, however, fluctuated dramatically over the years. In this paper the authors trace those fluctuations and argue the need for a more standardized and transparent set of procedures for choosing “essential” medicines.
Comparison of medicines management strategies in insurance schemes in middle-income countries: four case studies

Journal of Pharmaceutical Policy and Practice, 2017 10:17 - Published: 16 May 2017
9 pp. 442 kB

Many middle-income countries are scaling up health insurance schemes to provide financial protection and access to affordable medicines to poor and uninsured populations. Although there is a wealth of evidence on how high income countries with mature insurance schemes manage cost-effective use of medicines, there is limited evidence on the strategies used in middle-income countries. This paper compares the medicines management strategies that four insurance schemes in middle-income countries use to improve access and cost-effective use of medicines among beneficiaries.

Anti-malarial medicine quality field studies and surveys: a systematic review of screening technologies used and reporting of findings

by Mirza Lalani, Freddy Eric Kitutu, Siân E. Clarke et al.
Malaria Journal, 2017 16:197 - Published: 15 May 2017
14 pp. 2.1 MB
https://malariajournal.biomedcentral.com/track/pdf/10.1186/s12936-017-1852-6?site=malariajournal.biomedcentral.com

Assessing the quality of medicines in low-middle income countries (LMICs) relies primarily on human inspection and screening technologies, where available. Field studies and surveys have frequently utilized screening tests to analyse medicines sampled at the point of care, such as health care facilities and medicine outlets, to provide a snapshot of medicine quality in a specific geographical area. This review presents an overview of the screening tests typically employed in surveys to assess anti-malarial medicine quality, summarizes the analytical methods used, how findings have been reported and proposes a reporting template for future studies.

The Best Intervention: Gavi CEO Seth Berkley’s Q&A, Part I+II

Interview by Brian W. Simpson, Editor-in-chief, Global Health Now, May 12, 2017
Read Part I online at: https://www.globalhealthnow.org/2017-05/best-intervention-gavi-ceo-seth-berkleyss-qa-part-i
Part II:  
https://www.globalhealthnow.org/2017-05/big-ideas-gavi-ceo-seth-berkleys-qa-part-ii

Vaccines - the exemplar of a cost-effective public health intervention - reach only a fraction of those who need them. Perhaps just 10% of the world’s children receive all 11 vaccines recommended by the WHO, says Seth Berkley, CEO of Gavi, the Vaccine Alliance. Reversing that imbalance is the public-private partnership’s mission. Founded in 2000, Gavi has helped developing countries immunize more than 600 million children and prevent more than 8 million deaths.

Launch of Medicines Law and Policy website

http://www.medicineslawandpolicy.org/

Medicines Law & Policy brings together legal and policy experts in the field of access to medicines, international law, and public health. The Medicines Law & Policy site provides policy and legal analysis and best practice models that can be used by governments, non-governmental organisations, product development initiatives, funding agencies, UN agencies and others working to ensure the availability of effective, safe and affordable medicines for all.

Management and Quality of Health Services and Facilities

Innovation and health care reform in the former Yugoslav Republic of Macedonia

by Neda Milevska Kostova, Snezana Chichevalieva, Ninez A. Ponce et al.  
The European Observatory on Health Systems and Policies, 2017  
187 pp. 2.7 MB  
http://www.euro.who.int/__data/assets/pdf_file/0006/338955/Macedonia-HiT-web.pdf?ua=1

The new Health Systems in Transition (HiT) health system review on the former Yugoslav Republic of Macedonia highlights the recent commitments and achievements in restructuring its health care system, the organization of care, service delivery and provider payment. The country’s new National Health 2020 Strategy is focused on closing the remaining health-status gap with EU countries, reducing inequalities in access to services and improving quality of care. In terms of innovation, valuable experience was gained from a pioneering health information system that achieved considerable efficiency gains and helped to reduce waiting times and improve coordination of care.

by GBD 2015 Healthcare Access and Quality Collaborators
The Lancet - Online First - Published: 18 May 2017
36 pp. 28.7 MB(!)

This novel extension of the Global Burden of Diseases, Injuries, and Risk Factors (GBD) Study shows the untapped potential for personal health-care access and quality improvement across the development spectrum. Amid substantive advances in personal health care at the national level, heterogeneous patterns for individual causes in given countries or territories suggest that few places have consistently achieved optimal health-care access and quality across health-system functions and therapeutic areas. This is especially evident in middle-SDI countries, many of which have recently undergone or are currently experiencing epidemiological transitions.

Global Accelerated Action for the Health of Adolescents (AA-HA!)

Guidance to Support Country Implementation
by Mary Louisa Plummer, Valentina Baltag, Kathleen Strong et al.
World Health Organization, 2017
176 pp. 5.1 MB
http://apps.who.int/iris/bitstream/10665/255415/1/9789241512343-eng.pdf

The meaningful involvement of young people in all aspects of their own, and their communities’ development brings multiple benefits. From an operational perspective, adolescent participation contributes to better decisions and policies. It allows decision-makers to tap into adolescents’ unique perspectives, knowledge and experiences, which brings a better understanding of their needs and problems and leads to better solutions. Furthermore, respecting adolescents’ views regarding their health care ensures that more adolescents will seek services and remain engaged in accessing them. Countries should ensure that adolescents’ expectations and perspectives are included in national programming processes.

Understanding and measuring quality of care: dealing with complexity

by Johanna Hanefeld, Timothy Powell-Jackson & Dina Balabanova
7 pp. 420 kB
Existing definitions and measurement approaches of quality of health care often fail to address the complexities involved in understanding quality of care. It is perceptions of quality, rather than clinical indicators of quality, that drive service utilization and are essential to increasing demand. Here the authors reflect on the nature of quality, how perceptions of quality influence health systems and what such perceptions indicate about measurement of quality within health systems.

An Assessment of the Application of Quality Improvement Concepts by Health Care Workers Trained Under the AIDSFree Project in Zimbabwe

by Mutede Blessing, Chivanga Roy, Mponda Juliet et al.
AIDSFree Zimbabwe, May 2017
74 pp. 957 kB

The goal of the AIDSFree Zimbabwe quality management/quality improvement (QM/QI) technical assistance activity was to use QI strategies to improve the survival and quality of life of HIV-positive persons through early identification, initiation, and retention on antiretroviral therapy (ART). Although the scope of work for the project was much broader, this assessment focuses on two key activities: creation of an enabling environment for QI; and building health care workers’ (HCWs') skills in QM/QI implementation.

Technical Series on Safer Primary Care

World Health Organization, December 2016
Download at:
http://www.who.int/patientsafety/topics/primary-care/technical_series/en/

The Technical Series on Safer Primary Care is a series of nine monographs, which explore the magnitude and nature of harm in the primary care setting from a number of different angles and provide some possible solutions and practical next steps for improving safety. Each monograph describes the scope, approach, potential solutions, practical next steps, concluding remarks, and then provides links to online toolkits and manuals to provide practical suggestions for countries and organizations that have committed to moving forward this agenda. The technical series aims to raise awareness among Member States about issues that could be targeted for improving the safety of primary care.

- Patient engagement
- Education and training
- Human factors
- Administrative errors
- Diagnostic errors
- Medication errors
- Multimorbidity
- Transitions of care
- Electronic tools

**Research4Life**

[http://www.research4life.org/about/](http://www.research4life.org/about/)

Research4Life is the collective name for the four programmes – Hinari, AGORA, OARE and ARDI – that provide developing countries with free or low cost access to academic and professional peer-reviewed content online. Research4Life is a public-private partnership of the WHO, FAO, UNEP, WIPO, Cornell and Yale Universities, the International Association of Scientific, Technical & Medical Publishers and up to 185 international scientific publishers. The goal of Research4Life is to reduce the knowledge gap between high-income countries and low- and middle-income countries by providing affordable access to critical scientific research.

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

**Global compact for progress towards universal health coverage (UHC)**

[UHC2030 International Health Partnership](https://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangements___docs/UHC_Alliance/UHC2030_Global_Compact_WEB.pdf)

Signing the Global Compact means the current and future partners - including governments, international organisations, philanthropic foundations, civil society and the private sector - commit to work together to accelerate progress towards UHC, through building equitable, resilient and sustainable health systems. UHC2030 provides a platform to encourage greater coordination and collaboration to build a movement towards meeting our goal of universal health coverage.

**Healthy systems for universal health coverage - a joint vision for healthy lives**


This paper proposes a joint vision for health systems strengthening (HSS) to achieve
universal health coverage (UHC). It is intended to be a key reference document for the International Health Partnership for UHC 2030 (UHC2030), as well as a broader resource for the global community to inform collaboration on the HSS and UHC agenda. The vision outlines health system performance dimensions and policy entry points to promote UHC through HSS, including critical action for the way forward and principles to guide action.

Going for Goals: How to innovate on health sector financing

by Malia Politzer
Devex, 15 May 2017
Read online at:
https://www.devex.com/news/going-for-goals-how-to-innovate-on-health-sector-financing-90216

Sustainable Development Goal 3, ensuring healthy lives and well-being for all, calls for significant improvements across the full spectrum of health outcomes — from better maternal and infant mortality, to eliminating malnutrition, to achieving universal access to health care. Achieving this goal — and indeed all of the SDGs by 2030 — requires the cooperation of governments, the private sector and non-profit actors across the globe. They will also need considerable resources, which is why finding innovative and sustainable financing mechanisms will be critical to their success or failure. Financing health care in developed countries is already a complex challenge: Finding sustainable solutions that have the capacity to finance the SDGs will require creative thinking to foment new partnerships.

Future and potential spending on health 2015–40: development assistance for health, and government, prepaid private, and out-of-pocket health spending in 184 countries

by Global Burden of Disease Health Financing Collaborator Network
26 pp. 6.1 MB
http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30873-5.pdf

The amount of resources, particularly prepaid resources, available for health can affect access to health care and health outcomes. Although health spending tends to increase with economic development, tremendous variation exists among health financing systems. In this study, the authors estimate future gross domestic product (GDP), all-sector government spending, and health spending disaggregated by source, and they compare expected future spending to potential future spending. They conclude that health spending is associated with economic development but past trends and relationships suggest that spending will remain variable, and low in some low-resource settings. Policy change could lead to increased health spending, although for the poorest countries external support might remain essential.
Basic income: An answer to social security problems?

by Marjukka Turunen
Organisation for Economic Co-operation and Development (OECD), May 2017
Read online at:

Finland has taken the decision to test a basic income for unemployed job seekers from the beginning of 2017. The trial will run for two years. The main goal behind the experiment is to see if the mechanism of a basic income (unconditional financial support paid regularly to customers) will increase the incentive for recipients to take up and stay in employment. The trial is also expected to offer perspectives on a wide range of issues to help improve our social security systems.

Old Age, Unemployment and Occupational Injuries Protection

Fiscal Challenges of Population Aging in Brazil

by Alfredo Cuevas, Izabela Karpowicz, Carlos Mulas Granados et al.
International Monetary Fund (IMF) Working Paper, 2017
29 pp. 1.5 MB
http://www.imf.org/~/media/Files/Publications/WP/2017/wp1799.ashx

In recent decades, population has been aging fast in Brazil while old age pensions and health related spending have increased. As the population ages, the spending trend threaten to reach unsustainable levels absent reforms. Increasing the retirement age is key, but by itself will not provide sufficient savings to close the pension system financing gap, and reforms reducing replacement rates are necessary. In the area of health, there is scope for improving expenditure efficiency by strengthening outpatient care and regional networks, and developing clinical guidelines for cost-effective treatments and drugs. Reforms are urgent, so that they can be gradual.

Social Transfers

Does one size fit all? The Conditions for Conditionality in Cash Transfers

by Luca Pellerano and Valentina Barca
Oxford Policy Management, January 2014
23 pp. 364 kB
http://www.opml.co.uk/sites/default/files/Does%20one%20size%20fit%20all%20-%20Working%20Paper_0.pdf

Created in the early 1990s in Latin America, Conditional Cash Transfer programmes (CCTs) are now at the forefront of the international policy debate as one of the
most effective social interventions for tackling poverty in developing countries. However, if CCTs have been successful in achieving some of their desired objectives, have the conditionalities themselves played the central role in this achievement? This paper argues that cash transfers can condition behaviour through at least four different channels: conditioning on access, implicit conditioning, indirect conditioning and ‘explicit’ conditionality.

Impact evaluation of different cash-based intervention modalities on child and maternal nutritional status in Sindh Province, Pakistan, at 6 mo and at 1 y: A cluster randomised controlled trial

by Bridget Fenn, Tim Colbourn, Carmel Dolan et al.
24 pp. 2.2 MB

http://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1002305&type=printable

Cash-based interventions (CBIs), offer an interesting opportunity to prevent increases in wasting in humanitarian aid settings. However, questions remain as to the impact of CBIs on nutritional status and, therefore, how to incorporate them into emergency programmes to maximise their success in terms of improved nutritional outcomes. This study evaluated the effects of three different CBI modalities on nutritional outcomes in children under 5 y of age at 6 mo and at 1 y. In this setting, the amount of cash given was important. The larger cash transfer had the greatest effect on wasting, but only at 6 mo.

Inclusion of People with Disabilities

Self-Advocacy for Inclusion: A Global Report

Inclusion International, October 2016
60 pp. 1.2 MB


Over the last 2 years Inclusion International has been building a picture of what self-advocacy looks like around the world. Across their network, many individuals and organisations have taken part in workshops, surveys and interviews to tell us: what self-advocacy means to them; what good support is; how organisations can be more inclusive, and the vital role that families play in empowering self-advocacy.
Article 19: Living independently and being included in the community

Committee on the Rights of Persons with Disabilities
Draft General Comment No. 5 (2017)
20 pp. 146 kB


Throughout history, persons with disabilities have been denied choice and control across all areas of their lives. Until today, they have often been presumed to be unable to live independently among others. This has led to abandonment, dependence on family members, institutionalization, isolation and segregation of persons with disabilities. As an answer to human rights violations against persons with disabilities, article 19 of the Convention on the Rights of Persons with Disabilities recognises the equal right of all persons with disabilities to live independently and be included in the community, with choices equal to others. The Committee on the Rights of Persons with Disabilities has noted significant advancements in the past decade concerning the implementation of article 19. However, the Committee continues to observe a clear gap between the goals and spirit of article 19 and the scope of its implementation.

Global Health Governance, Sustainable Development Goals & Development Cooperation

Editorial - WHO: Director-General campaign closes amid anxiety and hope

The current race to replace Margaret Chan, outgoing Director-General of WHO, has been a different kind of contest. The unprecedented level of transparency and accountability in the election campaign is to be welcomed—voting by member states and not only by the agency’s executive board, publication and scrutiny of candidate manifestos, and public debates. But will the final decision making, to take place next week at the World Health Assembly in Geneva, also be different? The vote remains a secret ballot, member states can pledge their support to one candidate but vote for another, and, in the end, the choice of WHO’s next leader, still the world’s top international health post, will be as political as ever.

Statement on the Election of Dr. Tedros Adhanom Ghebreyesus as the New Director-General of the World Health Organization

by Roll Back Malaria Partnership
Read online at:
May 23, 2017 (GENEVA) – The Roll Back Malaria Partnership congratulates H.E. Dr. Tedros Adhanom Ghebreyesus on his appointment as Director-General of the World Health Organization (WHO). Dr Tedros is a proven reformer, who brings decades of experience, a fresh perspective and unparalleled diplomatic skills. With experience at national level as Federal Minister of Health and subsequently Foreign Minister, and at international level as Chair of the Global Fund Board, Dr Tedros has the technical expertise and the breadth of perspective to lead WHO in the SDG era. We are confident that he will ensure that health, and health determinants, remain at the top of the multi-sectoral development agenda.

The People’s Health Movement (PHM), Medicus Mundi International (MMI), Third World Network (TWN) and Geneva Global Health Hub have been collaborating to produce daily bulletins of the World Health Assembly. You can read them here: [http://g2h2.org/posts/wha-today/](http://g2h2.org/posts/wha-today/)

**World Health Statistics 2017: Monitoring health for the SDGs**

World Health Organization, 2017  
116 pp. 2.8 MB  
[http://apps.who.int/iris/bitstream/10665/255336/1/9789241565486-eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/255336/1/9789241565486-eng.pdf?ua=1)

The World Health Statistics series is WHO’s annual compilation of health statistics for its 194 Member States. World Health Statistics 2017 compiles data on 21 health-related Sustainable Development Goals (SDG) targets, with 35 indicators, as well as data on life expectancy. This edition also includes, for the first time, success stories from several countries that are making progress towards the health-related SDG targets.


World Health Organization, 2017  
72 pp. 8.2 MB  
[http://apps.who.int/iris/bitstream/10665/255351/1/9789241512367-eng.pdf](http://apps.who.int/iris/bitstream/10665/255351/1/9789241512367-eng.pdf)

This report describes and analyses key aspects of global health over the last decade. It considers trends and policies that are relevant to the role and potential influence of the World Health Organization (WHO). It deals with themes and areas of the world’s health, where progress would have been expected, was explicitly pledged, or was urgently needed. This report is not intended to be a work of scholarship, nor to address every aspect of global health. It is intended to look back and reflect on the trends, achievements and challenges of global health over the last decade – and to explore the needs of the future.
Global Health and the Future Role of the United States

National Academies of Sciences, Engineering, and Medicine, 2017
313 pp. 4.7 MB

https://download.nap.edu/cart/download.cgi?record_id=24737

In an era of escalating health threats, this report urges the US to maintain a leadership role and invest in global health security. The report defines 4 priority areas: global health security; HIV, TB, and malaria; women and children; and cardiovascular disease and cancer. It also advises that the US:

- Catalyze innovation through the accelerated development of medical products and integrated digital health infrastructure
- Employ more flexible financing mechanisms
- Adhere to evidence-based science and economics, measurement, and accountability

The global health law trilogy: towards a safer, healthier, and fairer world

by Lawrence O Gostin, Mary Clare DeBartolo, Rebecca Katz
The Lancet Online First - Published: 15 May 2017
9 pp. 336 kB


Global health advocates often turn to medicine and science for solutions to enduring health risks, but law is also a powerful tool. No state acting alone can ward off health threats that span borders, requiring international solutions. A trilogy of global health law - the Framework Convention on Tobacco Control, International Health Regulations (2005), and Pandemic Influenza Preparedness Framework - strives for a safer, healthier, and fairer world. Yet, these international agreements are not well understood, and contain gaps in scope and enforceability.

Global Employment and the Sustainable Development Goals

by Marlene Lee, Hanna Christianson, and Kristin Bietsch
24 pp. 792 kB


The United Nations Sustainable Development Goal 8 calls for full and productive employment and decent work for all. In the latest Population Bulletin, the authors explain how demographic trends will have a bearing on whether and how rapidly this and other Sustainable Development Goals (SDGs) goals are achieved.
Health on the G20 agenda: German leadership in an interconnected world

Graduate Institute of International and Development Studies, April 2017
Read online at: http://graduateinstitute.ch/home/research/centresandprogrammes/globalhealth/news/past-news.html/_/news/ghp/health-on-the-g20-agenda-german

The German G20 Presidency features health prominently and will hold for the first time a health ministers’ meeting on 19-20 May 2017. The G20 vision for 2017, “Shaping an interconnected world”, highlights the close interlinkages between economic development and issues such as climate change, gender equality, migration, and health. Although critics of the group raise questions in relation to the legitimacy of these self-appointed bodies, the G20 discussions can have a positive impact on global actions.

A Devex guide to EuropeAid

by Raquel Alcega
Devex, 15 May 2017
Read online at: https://www.devex.com/news/a-devex-guide-to-europeaid-90209

The European Union and its member states together make up the world’s largest donor of development funding, collectively providing 68 billion euros (US$ 74 billion) of aid - more than half of global efforts - in 2015, according to OECD data. A single EU institution, the European Commission, alone disbursed 10.3 billion euros (US$ 11.2 billion) of development aid that year, money that was directed both toward recipient government budget support and specific projects. Most of the money the Commission disburses is channelled through the Union’s aid agency, popularly known as EuropeAid. But what does EuropeAid do and how does it work? Here is what you need to know.

European Consensus on Development

General Secretariat of the Council, 19 May 2017
55 pp. 368 kB
Read online at: http://reliefweb.int/sites/reliefweb.int/files/resources/European%20Consensus%20for%20Development%20st09459.en17.pdf

The European consensus for development is the EU’s response to the UN 2030 agenda for sustainable development. It sets out the main principles which will guide the approach of the EU and the member states to cooperation with developing countries over the next 15 years, as well as a strategy for reaching the sustainable development goals (SDGs). In line with the global strategy on the EU’s foreign and security policy, the consensus will also help achieve the priorities of the EU’s external policy.

hesp-news-briefing Issue 11/2017
Germany’s Africa policy is changing. In recent years, ministries, political foundations, and parties have repeatedly presented plans for Africa which have galvanised the discourse – for example, in 2017 the Federal Ministry’s for Economic Cooperation and Development (BMZ) Marshall Plan with Africa and the Federal Ministry of Economy and Energy’s (BMWi) concept paper Pro! Afrika. The Marshall Plan with Africa is a significant contribution to the debate on a new Africa policy. Fundamentally, the Marshall Plan aims to curb centrifugal developments and to stem the further marginalisation of the African continent. And the BMZ wants to shed its image of the Good Samaritan and become an actor guided by its interests and an orientation towards being a civil power. This paper deals with Germany’s new Africa policy and evaluates how much it will change.

Focus on Global Health Diplomacy

This month, the focus on global health diplomacy offers an angle on the importance of effective soft power to serve national security goals. Relationships, partnerships, ties that can bind and bend but not break under pressure are what America needs and what diplomacy and development build. In this close look at global health diplomacy, the authors share how the United States works with partners around the world to prevent the spread of dangerous diseases like HIV/AIDS, Ebola and Zika. And it throw light on the positive, nonlinear effects of this work.
exercise sessions where the concepts taught will be put into practice. This course is open to middle-career professionals with some experience in the humanitarian and emergency sectors. Training and experience in public health, medicine, emergency response or related topics are required. Classes will be taught in English – English proficiency is required.
Registration deadline: May 31, 2017.
For more information see: https://www.aphes.be/

**eLearning Africa 2017: Learning in Context**

27 – 29 September 2017, 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. eLearning Africa is the largest gathering of eLearning and ICT supported education and training professionals in Africa, enabling participants to develop multinational and cross-industry contacts and partnerships, as well as to enhance their knowledge, expertise and abilities.

**Fourth Global Forum on Human Resources for Health**

“Building the health workforce of the future”
13-17 November 2017 - Dublin, Ireland
The Forum programme will feature high-impact decision-makers, leaders, and investors representing all stakeholder groups to discuss and debate innovative approaches towards advancing the implementation of the Global Strategy and the UN High level Commission on Health Employment and Economic Growth recommendations. High level plenaries, side sessions and skills building workshops with exhibition areas, poster presentations, and much more will contribute to an exceptional opportunity for professional development and networking.
For more information see: www.hrhforum2017.ie

**Open Online course: Technology Innovation for Sustainable Development**

This Massive Open Online Course (MOOC) gives a methodology and approach to developing technologies for the context of low and middle-income countries. There is a special focus on Medical technologies, and the case of an x-ray machine especially designed for this context serves as a thread throughout the course.
The course is self-paced and free. For more information see: https://www.edx.org/course/technology-innovation-sustainable-epflx-innov4devx
eCourse on using new TB medicines and regimens

This is a free, self-paced course for health professionals on new TB medicines, such as bedaquiline and delamanid, and new regimens, such as the nine-month regimen. The course also covers responsible use of these medicines and regimens for the treatment of multi-drug-resistant TB (MDR-TB). This course is intended for use by physicians, nurses, pharmacists, and all health care workers who are currently engaged in the management of MDR-TB patients. For more information or to register for this free course, please visit: https://leadernet.org/groups/courses/using-new-tb-medicines-and-regimens/

TIPS & TRICKS

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.

Retrieval your Windows Product CD-keys

http://www.magicaljellybean.com/keyfinder.shtml

The Magical Jelly Bean Keyfinder is a freeware utility that retrieves your Product Key (CD-key) from the registry. This is a small download (263 kB) that will help find your lost Product Key. If you are forced to re-install Windows due to a problem that can't otherwise be solved and you misplaced or possibly never received the product key to your Windows version that came installed on your PC, then downloading and running the programme from the above URL lets you go ahead with the re-installation. It has the options to copy the key to the clipboard, save it to a text file, or print it for safekeeping. (It is advisable to execute the programme in advance before running into trouble and print the keys for safe-keeping).
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PROFILE – Programme to Foster Innovation, Learning and Evidence in HIV and Health Programmes of German Development Cooperation

Friedrich-Ebert-Allee 36
53113 Bonn, Germany

Tel. +49 228 44 60 - 0
Fax +49 228 44 60 - 1766

profile@giz
www.giz.de / www.health.bmz.de

BMZ Bonn
Dahlmannstraße 4
53113 Bonn, Germany
T +49 (0) 228 99 535-0
F +49 (0) 228 99 535-3500

BMZ Berlin
Stresemannstraße 94
10963 Berlin, Germany
T +49 30 18 535-0
F +49 30 18 535-2501

poststelle@bmz.bund.de
www.bmz.de

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