EDITORIAL

Dear colleagues,

after 20 years, and more than 500 issues, the Health and Social Protection News Briefing (formerly HESP News & Notes) is drawing to a close.

The digital communication pioneer Dieter Neuvians started it to facilitate exchange between GIZ (then GTZ) head office and staff in health projects worldwide. A few years later circulation of the HESP News & Notes was opened for interested subscribers beyond GIZ and their number quickly rose to almost 900, including staff of acclaimed universities, WHO and other UN organisations, the big foundations, consulting firms worldwide and many more.

During its first ten years, the newsletter’s popularity was due to the fact that it provided access to information which its readers would otherwise not have had. Over the past ten years this changed: Now people subscribed to it because it saved them from drowning in an ever-increasing amount of online publications, by selecting the best and grouping them according to particular topics of interest.

In 2017, the situation is changing again: There are now many digital platforms and various curated newsletters which link professionals interested in health, social protection and development to the information they need - in the formats they prefer - and reading habits have changed accordingly.

Over the coming months, Healthy DEvelopments and its stakeholders will jointly explore how to best serve its broader audiences’ information and learning needs. As collaborative learning platform, we value and depend on your inputs and feedback, please write to:

hesp-news-briefing@healthy-developments.de

Today we say thank you to Dieter whose newsletters have accompanied our professional lives and kept us up to date for all these years - comprehensively, reliably and fake news-free.

Enjoy the last issue of the News Briefing!

Karolina Luczak Santana & Anna von Roenne
TABLE OF CONTENTS

ONLINE RESOURCES ................................................................................................................................... 4
Healthy Developments – Germany’s commitment to health and social protection............................. 4
Mystery disease outbreak in ‘Anycountry’ ................................................................................................. 4
The HIV response in Ukraine: Back from the Brink ............................................................................ 4
Reproductive, maternal, neonatal, child and adolescent health & Right to health ............................ 4
Family Planning in the Context of Latin America’s Universal Health Coverage Agenda .................... 4
High-Impact Practices in Family Planning (HIP) - Family Planning and Immunization Integration: Reaching postpartum women with family planning services .......................................................... 5
New Findings on Child Marriage in Sub-Saharan Africa: a Synthesis of Recent Work Conducted by the International Center for Research on Women .......................................................................................... 5
Seventeen Ways to End FGM/C: Lessons from the field .................................................................... 6
Women’s education, infant and child mortality, and fertility decline in rural and urban sub-Saharan Africa ...................................................................................................................... 6
Mercury in Women of Child-Bearing Age in 25 Countries .................................................................... 6
Changes in cause-specific neonatal and 1–59-month child mortality in India from 2000 to 2015: a nationally representative survey ................................................................................................. 7
Out-of-pocket expenditure and catastrophic health spending on maternal care in public and private health centres in India: a comparative study of pre and post national health mission period.................................................. 7
Early Moments Matter for every child .................................................................................................. 8
Global Estimates of Child Labour: Results and Trends, 2012-2016 ................................................. 8
2017 Transformative Accountability for Adolescents ........................................................................... 8
HIV, Tuberculosis & Malaria .................................................................................................................. 9
The Global Fund Results Report 2017 .................................................................................................. 9
Failure to absorb Global Fund money: African constituencies sound the alarm .................................. 9
Enhanced Prophylaxis plus Antiretroviral Therapy for Advanced HIV Infection in Africa ................ 9
Moving Towards a reliable HIV Incidence test: How far have we come and how far do we have to go? .................................................................................................................................. 10
A Decision Framework for Differentiated Antiretroviral Therapy Delivery ....................................... 10
Cost-effectiveness of screening for HIV in primary care: a health economics modelling analysis ....... 11
Health care provider communication training in rural Tanzania empowers HIV-infected patients on antiretroviral therapy to discuss adherence problems ................................................................................ 11
90-90-90: An ambitious treatment target to help end the AIDS epidemic ........................................ 11
Off-Label Use of Bedaquiline in Children and Adolescents with Multidrug-Resistant Tuberculosis ................................................................................................................................. 12
Principles, practices and knowledge of clinicians when assessing febrile children: a qualitative study in Kenya ........................................................................................................................ 12
Supplement: Evaluating the Impact of Malaria Control Interventions in sub-Saharan Africa ........... 12
International survey to identify diagnostic needs to support malaria elimination: guiding the development of combination highly sensitive rapid diagnostic tests ....................................................................... 13
Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness.......................... 13
The European Medical Corps: first Public Health Team mission and future perspectives ............... 13
The global burden of scabies: a cross-sectional analysis from the Global Burden of Disease Study 2015 ........................................................................................................................................ 14
Nutrition, Non-Communicable Diseases & Environmental Health (incl. WASH & Climate Change) ... 14
The State of Food Security and Nutrition in the World 2017 ................................................................ 14
Noncommunicable Diseases Progress Monitor 2017 ....................................................................... 15
Preventing Noncommunicable Diseases (NCDs) by Reducing Environmental Risk Factors ........... 15
Understanding Menstrual Hygiene Management and Human Rights ................................................ 15
Population Dynamics & Social Determinants of Health (including Gender & Education) ............. 16
Illicit Financial Flows: Why we should claim these Resources for Gender, Economic and Social Justice .......................................................... 16
The Rising Tide: A New Look at Water and Gender .......................................................................... 16
Special Issue: Health Promoting Schools – a complex approach and a major means to health improvement ........................................................................................................................ 16
Education Uprooted - For every migrant, refugee and displaced child, education ............................ 17
Health System Governance, Health Workforce, Health Information Systems and Digital Health ...... 17
Strengthening Health System Governance: Better policies, stronger performance ........................... 17

hesp-news-briefing Issue 19/2017
Abstracts from the 1st International Symposium on Community Health Workers ......................................................... 18
Retention of qualified healthcare workers in rural Senegal: lessons learned from a qualitative study............................... 18
The readability of scientific texts is decreasing over time .................................................................................................. 18
MSF Medical Guidelines .................................................................................................................................................. 19

Access to Medical Products, Vaccines and Technologies ................................................................................................. 19
Essential drugs ...................................................................................................................................................................... 19
Surveillance for falsified and substandard medicines in Africa and Asia by local organizations using the low-cost GPHF Minilab ................................................................................................................................................................ 20
Antibacterial Agents in Clinical Development ........................................................................................................................ 20
Fostering research into antimicrobial resistance in India ......................................................................................................... 20
Technology and Market Landscape Hepatitis C Medicines, August 2017 .................................................................................. 21
Tackling the Rise of Drug-Resistant Gonorrhea .................................................................................................................... 21
High-Priced Medicines and Lack of Needs-Driven Innovation: A global crisis that fuels inequality .............................. 22

Management and Quality of Health Services and Facilities .............................................................................................. 22
How Do Masters of Public Health Programs Teach Monitoring and Evaluation? ................................................................. 22

Universal Health Coverage, Health Financing and Social Health Protection ................................................................. 22
What’s In, What’s Out: Designing Benefits for Universal Health Coverage ........................................................................ 22
Making Fair Choices on the Path to Universal Health Coverage: Applying Principles to Difficult Cases ....................... 23
Together on the road to universal health coverage: A call to action ..................................................................................... 23
Financial arrangements for health systems in low-income countries: an overview of systematic reviews ........................... 24
Examining levels, distribution and correlates of health insurance coverage in Kenya ......................................................... 24

Old Age, Unemployment and Occupational Injuries Protection ........................................................................................ 24
Aging and Universal Health Coverage: Implications for the Asia Pacific Region ............................................................... 24

Social Transfers .................................................................................................................................................................. 25
Targeting of Social Transfers: Are India’s Elderly Poor Left Behind? ............................................................................... 25

Global Health Governance, Sustainable Development Goals & Development Cooperation ........................................ 25
The path to longer and healthier lives for all Africans by 2030: the Lancet Commission on the future of health in sub-Saharan Africa ........................................................................................................................................ 25
Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide .......................................................................... 26
Civil society and health: Contributions and potential ........................................................................................................... 26
Goalkeepers: The Stories Behind the Data 2017 .................................................................................................................... 27

Miscellaneous .................................................................................................................................................................... 27
Vacancy: Senior expert in Sexual and Reproductive Health ................................................................................................. 27
Africa Health, September 2017, Vol. 39 Number 6 .............................................................................................................. 27
Line Up Live Up Trainer Manual .............................................................................................................................................. 28
Harrowing Journeys: Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation ........................................................................................................................................ 28
The Journal of Microbiology and Infectious Diseases, Vol. 7, Issue 3 .................................................................................. 28

CONFERENCES & TRAINING .............................................................................................................................................. 29
European Master in Public Health (Europubhealth+) .............................................................................................................. 29
AIDSimpact Conference .......................................................................................................................................................... 29
Inclusion International 17th World Congress ....................................................................................................................... 29
Massive Open Online Courses (MOOCs): free online courses .............................................................................................. 30

CARTOON ............................................................................................................................................................................ 30
Organigram ........................................................................................................................................................................... 30

TIPS & TRICKS ....................................................................................................................................................................... 31
What are MP3s? ......................................................................................................................................................................... 31
Frozen Computer ..................................................................................................................................................................... 31

IMPRINT .............................................................................................................................................................................. 32
ONLINE RESOURCES

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

Mystery disease outbreak in ‘Anycountry’

The Epidemic Preparedness Team’s pre-deployment training
http://health.bmz.de/events/Events_2017/Mystery_disease_outbreak_in_Anycountry/index.html

Have you already heard of the mysterious disease outbreak in distant ‘Anycountry’, where – through the onset of heavy rainfall – mainly the marginalized nomad population in the south of the country is affected? No? For the 30 experts who participated in the pre-deployment training of the Epidemic Preparedness Team (SEEG) from 7th – 9th August, the outbreak was unexpected, too.

The HIV response in Ukraine: Back from the Brink

http://health.bmz.de/events/In_focus/The_HIV_response_in_Ukraine/index.html

Efforts to stem Ukraine’s HIV epidemic suffered a huge setback when social unrest and conflict erupted in 2013 and 2014. While it has yet to regain its former momentum, the HIV response is showing a surprising turnaround, in part due to a joint awareness campaign that is changing the way people think about HIV.

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

Family Planning in the Context of Latin America’s Universal Health Coverage Agenda

by Thomas Fagan, Arin Dutta, James Rosen et al.
Global Health: Science and Practice September 2017, 5(3):382-398
17 pp. 1.2 MB
http://www.ghspjournal.org/content/5/3/382.full-text.pdf

Latin American countries have expanded family planning along with universal health coverage (UHC). Leveraging UHC-oriented schemes to sustain and further increase family planning progress will require that governments take deliberate steps to (1) target poor and informal sector populations, (2) include family planning in benefits packages, (3) ensure sufficient financing for family planning, and (4) reduce nonfinancial barriers to access. Through these
steps, countries can increase financial protection for family planning and better ensure the right to health of poor and marginalized populations.

**High-Impact Practices in Family Planning (HIP) - Family Planning and Immunization Integration: Reaching postpartum women with family planning services**

by Kate Rademacher, Chelsea Cooper, Moazzam Ali et al.
Abt Associates, EngenderHealth, FHI 360 et al., 2013
8 pp. 1.0 MB


This brief focuses primarily on deliberate efforts to integrate family planning and immunization services, rather than on services offered at the same location coincidentally without intentional efforts to connect them. Services are considered deliberately integrated if policy requires it or if programs explicitly promote linkages. Family planning and immunization integration can refer to either “combined service provision,” when both services are offered on the same day and at the same location, or “single service provision plus referral,” when either family planning or immunization services are provided along with education, screening, or referrals for the other service. This brief also focuses on integrating the two services through routine immunization contacts rather than during immunization campaigns, which are not recommended as platforms for integrated services. Integrated service delivery may take place within both public and private sector facilities or through social franchise outlets.

**New Findings on Child Marriage in Sub-Saharan Africa: a Synthesis of Recent Work Conducted by the International Center for Research on Women**

by Suzanne Petroni, Mara Steinhaus, Natacha Stevanovic Fenn et al.
28 pp. 1.0 MB

http://www.annalsofglobalhealth.org/article/S2214-9996(17)30646-X/pdf

Despite increasing global attention and commitments by countries to end the harmful practice of child marriage, each year, some 15 million girls marry before the age of 18. The preponderance of the evidence produced historically on child marriage comes from South Asia, where the vast majority of child brides live. Far less attention has been paid to child marriage in sub-Saharan Africa, where prevalence rates remain high. The International Center for Research on Women (ICRW) recently conducted research in Kenya, Senegal, Uganda and Zambia to contribute to greater understanding of the drivers of child marriage in each of these contexts.
Seventeen Ways to End FGM/C: Lessons from the field

by Nafissatou J. Diop, Mar Jubero, Berhanu Legesse et al.
UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting, July 2017
80 pp. 4.5 MB


The 2016 Annual Report for the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting provides two perspectives: The main document analyses progress in quantitative terms, provides an account of how our budget was allocated and offers profiles of each of the 17 programme countries. This companion booklet uses a qualitative and narrative approach to examine more specifically the challenges, complexities and achievements on the ground. It explores the innovative approaches the Joint Programme teams, partners and activists employ to deconstruct the social norms that allow FGM/C to continue in many communities.

Women’s education, infant and child mortality, and fertility decline in rural and urban sub-Saharan Africa

by David Shapiro, Michel Tenikue
Demographic Research, Vol. 37, Article 21, pp. 669-708; Published 13 September 2017
42 pp. 715 kB


The principal question that the paper addresses is: How much have increased women’s schooling and reduced mortality contributed to fertility declines in urban and rural places in each of 30 countries in sub-Saharan Africa? A secondary question is: What have been the changes in women’s schooling and mortality in urban and rural areas in these countries? The authors conclude that accelerating increases in women’s schooling and decreases in infant and child mortality have the potential to accelerate fertility decline in sub-Saharan Africa.

Mercury in Women of Child-Bearing Age in 25 Countries

by Lee Bell
IPEN and Biodiversity Research Institute, September 2017
70 pp. 7.8 MB


Toxic levels of mercury are widespread in women of childbearing age in 25 countries due to gold mining, industrial pollution and fish-rich diets. Women in the Pacific islands were the most pervasively contaminated, likely from eating fish, while women in Indonesia had the highest levels, likely from mercury used in small-scale gold mining. Other affected areas
include Alaska, Chile, Kenya, Paraguay, Myanmar, Nepal, Nigeria and Ukraine. High levels of mercury can cause brain damage in developing fetuses and brain, heart and kidney damage in adults.

Changes in cause-specific neonatal and 1–59-month child mortality in India from 2000 to 2015: a nationally representative survey

by Million Death Study Collaborators
The Lancet - Published Online September 19, 2017
9 pp. 421 kB
http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32162-1.pdf

Documentation of the demographic and geographical details of changes in cause-specific neonatal (younger than 1 month) and 1–59-month mortality in India can guide further progress in reduction of child mortality. In this study the authors report the changes in cause-specific child mortality between 2000 and 2015 in India. They conclude that to meet the 2030 Sustainable Development Goals for child mortality, India will need to maintain the current trajectory of 1–59-month mortality and accelerate declines in neonatal mortality (to >5% annually) from 2015 onwards. Continued progress in reduction of child mortality due to pneumonia, diarrhoea, malaria, and measles at 1–59 months is feasible. Additional attention to low birthweight is required.

Out-of-pocket expenditure and catastrophic health spending on maternal care in public and private health centres in India: a comparative study of pre and post national health mission period

by Sanjay K. Mohanty and Anshul Kastor
Health Economics Review, 2017 7:31 - Published: 18 September 2017
15 pp. 730 kB

The National Health Mission (NHM), one of the largest publicly funded maternal health programs worldwide was initiated in 2005 to reduce maternal, neo-natal and infant mortality and out-of-pocket expenditure (OOPE) on maternal care in India. Though evidence suggests improvement in maternal and child health, little is known on the change in OOPE and catastrophic health spending (CHS) since the launch of NHM. The authors conclude that NHM has been successful in increasing maternal care and reducing the catastrophic health spending in public health centers. Regulating private health centres and continuing cash incentive under NHM is recommended.
Early Moments Matter for every child

by Pia Rebello Britto, Tara Dooley, Yasmine Hage et al.
United Nations Children’s Fund (UNICEF), September 2017
83 pp. 3.3 MB

Approximately 85 million children under 5 - 40% of them in the US and Bangladesh - are growing up in countries that lack three key parenting and early education policies, according to this report by UNICEF. The report also says 20% of children under 5 are routinely left unsupervised and 80% are frequently subjected to violent discipline. For nations, the price of not investing in early moments is children with poorer health, fewer learning skills and reduced earning potential. It is a weaker economy and a greater burden on health, education and welfare systems. It is intergenerational cycles of disadvantage that hinder equitable growth and prosperity. For children, especially children from disadvantaged communities, the price of this failure is lost potential.

Global Estimates of Child Labour: Results and Trends, 2012-2016

International Labour Organization, 2017
64 pp. 28.4 MB(!)

The 2016 Global Estimates present the scale, prevalence, and key characteristics of child labour in the world today. Child labour remains endemic and its elimination requires both economic and social reform as well as the active cooperation of all those active cooperation of governments, workers’ and employers’ organizations, enterprises, international organizations, and civil society at large.

2017 Transformative Accountability for Adolescents

Accountability for the Health and Human Rights of Women, Children and Adolescents in the 2030 Agenda

by Yeliz Çiçek, Amina Ali Darani, Jonas Søndergaard-Jepsen et al.
World Health Organization (acting as the host organization for the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent), 2017
64 pp. 1.1 MB

Adolescents, who number 1.2 billion, or 1 in 6 of the global population, are the key for progress on the Sustainable Development Goals (SDGs). But today, the health and rights of mil-
lions of adolescents are at risk of being eroded, and they face a host of threats. Every year, 1.2 million adolescents die, often from preventable causes—such as violence, suicide, pregnancy-related complications among girls, HIV/AIDS, road injuries and drowning, as well as diseases and respiratory infections. As the report states, however, high impact, cost effective solutions to improve adolescent health can yield huge benefits and billions in savings that can place them on better tracks for life, reaping demographic dividends.

HIV, Tuberculosis & Malaria

The Global Fund Results Report 2017

The Global Fund to Fight AIDS, Tuberculosis and Malaria, 13 September 2017
52 pp. 2.9 MB

Programs supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria have saved 22 million lives, according to a report released today. The report also shows significant increases in the number of people receiving treatment for HIV, diagnosis and treatment for TB and having an insecticide treated net to prevent malaria. The Global Fund Results Report 2017, with cumulative results through the end of 2016, shows a decline of one-third in the number of people dying from AIDS, TB and malaria in the countries where the Global Fund invests.

Failure to absorb Global Fund money: African constituencies sound the alarm

by Andrew Green
Global Fund Observer, Issue 319, 6 September 2017
Read online at:
http://www.aidspan.org/node/4325

Failure to absorb all of the funds allocated or disbursed is a problem in many grants, particularly in sub-Saharan Africa. Delegations representing Eastern and Southern Africa, and West and Central Africa, on the Global Fund Board flagged concerns about absorption capacity earlier this year. This article is the first of a three-part series in which some of the reasons behind these absorption failures are discussed, as well as some of the solutions that are being proposed.

Enhanced Prophylaxis plus Antiretroviral Therapy for Advanced HIV Infection in Africa

by James Hakim, Victor Musiime, Alex J. Szubert et al.
13 pp. 464 kB
In sub-Saharan Africa, among patients with advanced human immunodeficiency virus (HIV) infection, the rate of death from infection (including tuberculosis and cryptococcus) shortly after the initiation of antiretroviral therapy (ART) is approximately 10%. In this factorial open-label trial conducted in Uganda, Zimbabwe, Malawi, and Kenya, the authors conclude that among HIV-infected patients with advanced immunosuppression, enhanced antimicrobial prophylaxis combined with ART resulted in reduced rates of death at both 24 weeks and 48 weeks without compromising viral suppression or increasing toxic effects.

Moving Towards a reliable HIV Incidence test: How far have we come and how far do we have to go?

by Gary Murphy and Eduard Grebe
South African Centre for Epidemiological Modelling and Analysis (SACEMA) Quarterly, September 14, 2017
2 pp. 146 kB

In 1998, the US CDC announced the publication of a simple laboratory technique that would allow the differentiation of ‘recent’ from ‘longstanding’ HIV infections. Detection of recent infections with a laboratory test allows one to estimate HIV incidence using a cross-sectional survey. We believed the quest to be able to measure HIV incidence and monitor the epidemic in real time was over. How wrong we were! Eighteen years later we published a paper highlighting the incredible progress that has been made, but also outlined the many difficulties that remain.

A Decision Framework for Differentiated Antiretroviral Therapy Delivery

For children, adolescents and pregnant and breastfeeding women
Published by International AIDS Society (IAS), July 2017
56 pp. 3.9 MB


Differentiated care, or differentiated service delivery, provides a framework for innovating service delivery. Differentiated care is a client-centred approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system. It applies to all populations, including children, adolescents and pregnant and breastfeeding women. The framework is aimed at supporting HIV programme managers at the national and district level to adapt or build differentiated models of ART delivery. The document guides the reader through how to assess the data and identify priorities to address specific and local challenges.
Cost-effectiveness of screening for HIV in primary care: a health economics modelling analysis

by Rebecca F Baggaley, Michael A Irvine, Werner Leber et al.
The Lancet HIV 2017; 4: e465–74 - Published Online July 30, 2017
10 pp. 614 kB

Early HIV diagnosis reduces morbidity, mortality, the probability of onward transmission, and their associated costs, but might increase cost because of earlier initiation of antiretroviral treatment (ART). The authors investigated this trade-off by estimating the cost-effectiveness of HIV screening in primary care. They conclude that screening for HIV in primary care has important public health benefits as well as clinical benefits. However, this intervention might be cost-effective far sooner, and even cost-saving, in settings where long-term health-care costs of late-diagnosed patients in high-prevalence regions are much higher (≥60%) than those of patients diagnosed earlier. Screening for HIV in primary care is cost-effective and should be promoted.

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.
HIV Medicine, Vol. 18, Issue 9, October 2017, pp. 623–634
12 pp. 326 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.

90–90–90: An ambitious treatment target to help end the AIDS epidemic

Joint United Nations Programme on HIV/AIDS (UNAIDS), October 2014
40 pp. 962 kB

By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.
Off-Label Use of Bedaquiline in Children and Adolescents with Multidrug-Resistant Tuberculosis

by Jay Achar, Cathy Hewison, Ana P. Cavalheiro et al.
Emerging Infectious Diseases, Vol. 23, No. 10, October 2017
3 pp. 346 kB

The authors describe 27 children and adolescents <18 years of age who received bedaquiline during treatment for multidrug-resistant tuberculosis. They report good treatment responses and no cessation attributable to adverse effects. Bedaquiline could be considered for use with this age group for multidrug-resistant tuberculosis when treatment options are limited.

Principles, practices and knowledge of clinicians when assessing febrile children: a qualitative study in Kenya

by Anneka M. Hooft, Kelsey Ripp, Bryson Ndenga et al.
Malaria Journal, 2017 16:381 - Published: 20 September 2017
10 pp. 989 kB
https://malariajournal.biomedcentral.com/track/pdf/10.1186/s12936-017-2021-7?site=malariajournal.biomedcentral.com

Clinicians in low resource settings in malaria endemic regions face many challenges in diagnosing and treating febrile illnesses in children. Given the change in WHO guidelines in 2010 that recommend malaria testing prior to treatment, clinicians are now required to expand the differential when malaria testing is negative. Prior studies have indicated that resource availability, need for additional training in differentiating non-malarial illnesses, and lack of understanding within the community of when to seek care play a role in effective diagnosis and treatment. The objective of this study was to examine the various factors that influence clinician behavior in diagnosing and managing children presenting with fever to health centres in Kenya.

Supplement: Evaluating the Impact of Malaria Control Interventions in sub-Saharan Africa

The American Journal of Tropical Medicine and Hygiene - Volume 97, Issue 3_Suppl, 2017
All articles Open Access at:
http://www.ajtmh.org/content/journals/14761645/97/3_Suppl

The articles included in this supplement describe advances in how evaluations can be conducted in resource-poor settings and how links can be established between malaria interventions and health outcomes while disentangling potential confounders. They exploit a range of methodological techniques (establishing a plausibility argument, dose-response analyses, interrupted time series analyses, and retrospective cohort analysis) and data
sources (household survey data, routine health management information systems, and climate data). By using multiple approaches and data sources, the articles add to the body of evidence demonstrating that malaria interventions have contributed to substantial reductions in malaria and in childhood mortality; the wide-scale deployment of malaria interventions has led to a world very different from that of 15 years ago.

International survey to identify diagnostic needs to support malaria elimination: guiding the development of combination highly sensitive rapid diagnostic tests

By Ana Campillo, Jennifer Daily and Iveth J. González
Malaria Journal, 2017 16:385 - Published: 22 September 2017
9 pp. 1.0 MB

https://malariajournal.biomedcentral.com/track/pdf/10.1186/s12936-017-2037-z?site=malariajournal.biomedcentral.com

In malaria elimination settings, the very low levels of transmission now being attained present challenges that demand new strategies to identify and treat low-density infections in both symptomatic and asymptomatic populations. Accordingly, passive case detection activities need to be supplemented by active case detection (ACD) strategies with more sensitive diagnostic tools. Malaria rapid diagnostic tests (RDTs) have provided low- and middle-income countries with unprecedented access to malaria diagnostics. Nevertheless, conventional RDTs miss a potentially important proportion of sub-microscopic infections. Therefore, new combination highly sensitive (HS-)RDTs, able to detect low parasite densities and identify all infected individuals, could support countries implementing ACD strategies for radical cure to accelerate malaria elimination. To address this need, an on-line survey was conducted to gather information from malaria control programme representatives to guide the development of next-generation RDTs.

Neglected Tropical Diseases, Other Infectious diseases & Pandemic Preparedness

The European Medical Corps: first Public Health Team mission and future perspectives

by JM Haussig, E Severi, JH Baum et al.
Eurosurveillance, Vol, 22, Issue 37, 14 September 2017
Read online at:
http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=22875

The 2013–2016 Ebola epidemic in West Africa challenged traditional international mechanisms for public health team mobilisation to control outbreaks. Consequently, in February 2016, the European Union (EU) launched the European Medical Corps (EMC), a mechanism developed in collaboration with the World Health Organization (WHO) to rapidly deploy teams and equipment in response to public health emergencies inside and outside the EU. Public Health Teams (PHTs), a component of the EMC, consist of experts in communicable disease prevention and control from participating countries and the European Centre for Disease Prevention and Control (ECDC), to support affected
countries and WHO in risk assessment and outbreak response. The first EMC-PHT deployment took place in May 2016, with a team sent to Angola for a yellow fever outbreak.

The global burden of scabies: a cross-sectional analysis from the Global Burden of Disease Study 2015

by Chante Karimkhani, Danny V Colombara, Aaron M Drucker et al.
Lancet Infect Dis 2017 - Published Online September 20, 2017
8 pp. 7.4 MB

Numerous population-based studies have documented high prevalence of scabies in overcrowded settings, particularly among children and in tropical regions. The authors provide an estimate of the global burden of scabies using data from the Global Burden of Disease (GBD) Study 2015. They conclude that the burden of scabies is greater in tropical regions, especially in children, adolescents, and elderly people. As a worldwide epidemiological assessment, GBD 2015 provides broad and frequently updated measures of scabies burden in terms of skin effects. These global data might help guide research protocols and prioritisation efforts and focus scabies treatment and control measures.

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

The State of Food Security and Nutrition in the World 2017

Building resilience for peace and food security
FAO, IFAD, UNICEF, WFP and WHO, 2017
132 pp. 4.2 MB
http://www.fao.org/3/a-I7695e.pdf

After steadily declining for over a decade, global hunger is on the rise again, affecting 815 million people in 2016, or 11 per cent of the global population, says a new United Nations report on world food security and nutrition. At the same time, multiple forms of malnutrition are threatening the health of millions worldwide. The report is the first UN global assessment on food security and nutrition to be released following the adoption of the 2030 Agenda for Sustainable Development, which aims to end hunger and all forms of malnutrition by 2030 as a top international policy priority.
Noncommunicable Diseases Progress Monitor 2017
by Leanne Riley, Hebe Gouda, Melanie Cowan et al.
World Health Organization, 2017
234 1.5 MB
http://apps.who.int/iris/bitstream/10665/258940/1/9789241513029-eng.pdf?ua=1

The Progress Monitor provides data on 19 indicators in all of WHO’s 194 Member States. The indicators include setting time-bound targets to reduce noncommunicable diseases (NCDs) deaths; developing all-of-government policies to address NCDs; implementing key tobacco demand reduction measures, measures to reduce harmful use of alcohol and unhealthy diets and promote physical activity; and strengthening health systems through primary health care and universal health coverage.

Preventing Noncommunicable Diseases (NCDs) by Reducing Environmental Risk Factors
Editorial consultant: Vivien Stone
World Health Organization, 2017
16 pp. 1.4 MB
http://apps.who.int/iris/bitstream/10665/258796/1/WHO-FWC-EPE-17.01-eng.pdf

Common, preventable risk factors, such as physical inactivity, unhealthy diet and the harmful use of alcohol and tobacco consumption, have long been recognized risks to health. What is less well known is that environmental factors are also main causes of noncommunicable diseases (NCDs); ambient (outdoor) and household air pollution together caused more than 6 million deaths from cardiovascular diseases, chronic respiratory diseases and lung cancer in 2012. Other important environmental risks include second-hand tobacco smoke, exposure to chemicals, radiation and noise, and occupational risks. Achieving a healthy and sustainable environment is a key ingredient for preventing disease and enabling viable health care.

Understanding Menstrual Hygiene Management & Human Rights
Human Rights Watch and WASH (Water, Sanitation and Hygiene) United, 2017
28 pp. 3.4 MB

This document sets out how the biological fact of menstruation, the necessity of managing menstruation, and society’s response to both is linked with women’s and girls’ human rights and gender equality. It explains how ensuring that women and girls enjoy certain human rights can in turn help ensure that they can manage their menstrual hygiene adequately, with normalcy and dignity. Likewise, when women and girls face difficulties with managing their menstruation, it negatively impacts the enjoyment of human rights and gender equality.
Illicit Financial Flows: Why we should claim these Resources for Gender, Economic and Social Justice

by Attiya Waris
Association for Women’s Rights in Development (AWID), 2017
28 pp. 3.1 MB

This policy brief will explore the following three issues: 1. The basic concept of illicit financial flows (IFFs) and their disproportional gender impact, in relation to the drain in developing countries of critical resources, for the advancement of women’s human rights. 2. The current legal and political frameworks that allow multinational corporations to benefit from tax abuse to the detriment of people and planet. 3. Policy recommendations, from a feminist perspective, on how to demand transparency and corporate accountability in order to curb illicit financial flows. This brief is an invitation to advocate for stricter financial regulation, and an end to corporate privileges that are detrimental to people and planet.

The Rising Tide: A New Look at Water and Gender

by Maitreyi Bordia Das with Gaia Hatzfeldt
International Bank for Reconstruction and Development / The World Bank, 2017
71 pp. 3.4 MB
https://reliefweb.int/sites/reliefweb.int/files/resources/W17068.pdf

This new World Bank report shows how water often reflects, and even reinforces, gender inequality. This report will help those who want to advance social inclusion in water, close gender gaps, and lift those who all too often are left behind or left out. It is one of the very few analyses to take such a broad view of water and make the connection to gender inequality.

Special Issue: Health Promoting Schools – a complex approach and a major means to health improvement

Health Promotion International, Vol. 32, Issue 2, April 2017
https://academic.oup.com/heapro/issue/32/2

This special issue of “Health Promotion International” illustrates the diverse initiatives and research of health promoting schools with papers presenting original research, conceptual analyses, and methodologies. Moving away from the traditional, and often narrow, approach to health education, the basis of health promoting schools is any activity...
undertaken to improve and/or protect the health and well-being of all school users including students, teaching, and non-teaching staff.
This issue of Health Promotion International includes Open and free access articles.

**Education Uprooted - For every migrant, refugee and displaced child, education**

by Suguru Mizunoya, Xinxin Yu, Gabrielle Bonnet et al.
UNICEF, Division of Communication and Programme Division, Education
36 pp. 3.9 MB

https://reliefweb.int/sites/reliefweb.int/files/resources/Education_Uprooted_DIGITAL.pdf

Some 27 million children are out of school in conflict zones, UNICEF said in this report. Focusing on the importance of education for children who have been forced from their homes by conflict and disasters, the report notes that failure to provide learning opportunities for uprooted children has profound consequences for individuals and nations. A child uprooted from home – whether a refugee, a migrant or internally displaced – is a child first and foremost. And every child has the right to an education.

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

**Strengthening Health System Governance: Better policies, stronger performance**

Edited by Scott L. Greer, Matthias Wisman, Josep Figueras
European Observatory on Health Systems and Policies Series, 2015
272 pp. 3.5 MB

http://www.euro.who.int/__data/assets/pdf_file/0004/307939/Strengthening-health-system-governance-better-policies-stronger-performance.pdf?ua=1

Governance is the systematic, patterned way in which decisions are made and implemented. The governance of a health system therefore shapes its ability to respond to the various well documented challenges that health systems face today, and its capacity to cope with both everyday challenges and new policies and problems. This book provides a robust framework that identifies five key aspects of governance, distilled from a large body of literature, that are important in explaining the ability of health systems to provide accessible, high-quality, sustainable health: transparency, accountability, participation, organizational integrity and policy capacity.
Community health workers (CHWs) are recognised globally as part of human resources for health due to the increasing evidence of their role in delivering preventive and curative services particularly in low and middle income countries. CHWs contribute significantly in attainment of the Sustainable Development Goals (SDGs) especially SDG 3 (good health and well-being) since they are at the forefront of improving health in the community. The symposium participants shared evidence and experiences on the value and contribution of CHWs to national health systems as well as the achievement of the 2030 agenda for sustainable development enshrined in the SDGs. Furthermore, the symposium enhanced greater interdisciplinary collaboration and learning globally across sectors and initiatives.

Retention of qualified healthcare workers in rural Senegal: lessons learned from a qualitative study

by Nagai M, Fujita N, Diouf IS et al.
Rural and Remote Health 17: 4149. (Online) 2017
15 pp. 358 kB

Deployment and retention of a sufficient number of skilled and motivated human resources for health (HRH) at the right place and at the right time are critical to ensure people’s right to access a universal quality of health care. Vision Tokyo 2010 Network, an international network of HRH managers at the ministry of health (MoH) level in nine Francophone African countries, identified maldistribution of a limited number of healthcare personnel and their retention in rural areas as overarching problems in the member countries. The authors conclude that improved HRH management, e.g. the transparency of human resource management by the MoH, was identified as a pre-condition of any policy implementation related to HRH. This factor can be considered in other countries struggling to retain healthcare workers in rural areas.

The readability of scientific texts is decreasing over time

by Pontus Plavén-Sigray, Granville James Matheson, Björn Christian Schiffler et al.
eLife Sciences, 2017;6:e27725
14 pp. 2.4 MB
Clarity and accuracy of reporting are fundamental to the scientific process. Readability formulas can estimate how difficult a text is to read. Here, in a corpus consisting of 709,577 abstracts published between 1881 and 2015 from 123 scientific journals, the authors show that the readability of science is steadily decreasing. Their analyses show that this trend is indicative of a growing use of general scientific jargon. These results are concerning for scientists and for the wider public, as they impact both the reproducibility and accessibility of research findings.

**MSF Medical Guidelines**

Médecins Sans Frontières (MSF) has been producing medical guidelines for over 25 years to help practitioners in the field. The contents of these guidelines are based on scientific data collected from MSF’s experiences, the World Health Organisation (WHO), other renowned international medical institutions and medical and scientific journals.

Download as PDF (328 pp 5.5 MB):


This diagnostic and treatment manual is designed for use by medical professionals involved in curative care at the dispensary and hospital levels. We have tried to respond in the simplest and most practical way possible to the questions and problems faced by field medical staff, using the accumulated field experience of Médecins Sans Frontières, the recommendations of reference organizations such as the World Health Organization (WHO) and specialized works in each field.

Download as App:
https://twitter.com/hashtag/MedicalGuidelines?src=hash

**Access to Medical Products, Vaccines and Technologies**

**Essential drugs**

by Sophie Pilon
Médecins Sans Frontières, September 2017
499 pp. 4.7 MB


This guide is not a dictionary of pharmacological agents. It is a practical manual intended for health professionals, physicians, pharmacists, nurses and health auxiliaries involved in curative care and drug management. We have tried to provide simple, practical solutions to the questions and problems
faced by field medical staff, using the accumulated field experience of Médecins Sans Frontières, the
recommendations of reference organizations such as the World Health Organization (WHO) and
specialized documentation in each field.

**Surveillance for falsified and substandard medicines in Africa and Asia by local organiza-
tions using the low-cost GPHF Minilab**

by Albert Petersen, Nadja Held, Lutz Heide et al.
PLoS ONE 12(9): e0184165 - Published: September 6, 2017
22pp. 6.4 MB

http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0184165&type=printable

Surveillance for poor-quality medicines can be carried out by local organizations in low- and middle-
income countries using a simple, low-cost technology. Such surveillance can identify an important
subgroup of the circulating substandard and falsified medical products and can help to prevent them
from causing harm in patients. A collaboration of the national drug regulatory authorities with faith-
based organizations and other NGOs may therefore represent a promising strategy towards the Sus-
tainable Development Goal of “ensuring access to quality medicines”.

**Antibacterial Agents in Clinical Development**

An analysis of the antibacterial clinical development pipeline, including tuberculosis
by Peter Beyer, Ursula Theuretzbacher, Simon Gottwald et al.
World Health Organization, 2017
48 pp. 955 kB

http://apps.who.int/iris/bitstream/10665/258965/1/WHO-EMP-IAU-2017.11-
eng.pdf?ua=1

The report shows a serious lack of new antibiotics under development to combat
the growing threat of antimicrobial resistance. Most of the drugs currently in the clinical pipeline are
modifications of existing classes of antibiotics and are only short-term solutions. The report found
very few potential treatment options for those antibiotic-resistant infections identified by WHO as
posing the greatest threat to health, including drug-resistant tuberculosis which kills around 250 000
people each year. In addition to multidrug-resistant tuberculosis, WHO has identified 12 classes of
priority pathogens – some of them causing common infections such as pneumonia or urinary tract
infections – that are increasingly resistant to existing antibiotics and urgently in need of new treat-
ments.

**Fostering research into antimicrobial resistance in India**

by Bhabatosh Das et al
India is one of the world’s largest consumers of antibiotics, but it is ill prepared for the threat of antimicrobial resistance (AMR). The authors examined PubMed studies, reports and policy documents on AMR, and patent applications. They found insufficient Indian research being conducted into how resistance develops and is identified. Nationwide surveillance is also lacking, they say. “For research to be effective, it will be vital to strengthen coordination between different types of research and share the results within a realistic time to guide clinical decisions, interventions, and policies,” the authors write.

Technology and Market Landscape Hepatitis C Medicines, August 2017

by Andrew Hill, Tracy Swan and Karin Timmermans
World Health Organization and UNITAID, 2017
140 pp. 1.7 MB


Direct acting antivirals (DAAs) have revolutionized treatment for hepatitis C. Combinations of DAAs can cure infection with HCV in 12 weeks, are highly effective and have limited side-effects. Affordability of DAAs has improved significantly, but access remains limited. Initially, due to their high prices, affordability of DAAs was limited in high-, middle- and low-income countries alike. Now there is a divide between those countries where, because of intellectual property barriers, prices have remained (very) high and other countries where generics are, or can be, available at much lower prices. The result is a dual market.

Tackling the Rise of Drug-Resistant Gonorrhea

Partnership to develop new drug
Global Antibiotic Research and Development Partnership (GARDP), Entasis and Drugs for Neglected Diseases initiative (DNDi), July 2017
4 pp. 971 kB


The spread and incidence of drug-resistant gonorrhea is rapidly outpacing the development of new drugs; without action the world faces a nightmare scenario of untreatable gonorrhea. A new partnership agreement between the not-for-profit Global Antibiotic Research and Development Partnership (GARDP) and Entasis Therapeutics to develop a new drug, zoliflodacin, specifically to treat gonorrhea, hopes to provide a solution. GARDP is a joint initiative of the World Health Organization (WHO) and the Drugs for Neglected Diseases initiative (DNDi), which provides GARDP’s governance.
High-Priced Medicines and Lack of Needs-Driven Innovation: A global crisis that fuels inequality

by Mohga Kamal Yanni, Sara Albiani and Stephanie Burgos
Oxfam International Issue Briefing, September 2017
12 pp. 446 kB


On 14 September 2016, the UN Secretary-General’s High-Level Panel on Access to Medicines publicly released its final report entitled ‘Promoting innovation and access to health technologies’. One year after the release of the landmark report and building upon Oxfam’s September 2016 assessment, this paper provides an update on where the High-Level Panel (HLP) report and its recommendations stand. It assesses the level of implementation by countries and institutions – especially the UN and the World Health Organization – and recommends ways to use the report to improve both innovation and access to medicines.

Management and Quality of Health Services and Facilities

How Do Masters of Public Health Programs Teach Monitoring and Evaluation?

by Himanshu Negandhi, Preeti Negandhi, Sanjay P. Zodpey et al.
Front. Public Health, 23 June 2017
7 pp. 318 kB


The health systems in developing countries face challenges because of deficient monitoring and evaluation (M&E) capacity with respect to their knowledge, skills, and practices. Strengthening M&E training in public health education can help overcome the gaps in M&E capacity. There is a need to advance the teaching of M&E as a core element of public health education.

Universal Health Coverage, Health Financing and Social Health Protection

What’s In, What’s Out: Designing Benefits for Universal Health Coverage

by Amanda Glassman, Ursula Giedion and Peter C. Smith
Center for Global Development, July 2017
378 pp. 5.5 MB

This research argues that the creation of an explicit health benefits plan is an essential element in creating a sustainable system of universal health coverage. With contributions from leading health economists and policy experts, the book considers the many dimensions of governance, institutions, methods, political economy, and ethics that are needed to decide what's in and what's out in a way that is fair, evidence-based, and sustainable over time.

Making Fair Choices on the Path to Universal Health Coverage: Applying Principles to Difficult Cases

by Alex Voorhoeve, Tessa Tan-Torres Edejer, Lydia Kapiriri et al.
Health Systems & Reform - Published online: 01 Jun 2017
13 pp. 1.1 MB


Progress toward universal health coverage (UHC) requires making difficult trade-offs. In this journal, Dr. Margaret Chan, the World Health Organization (WHO) Director-General, has endorsed the principles for making such decisions put forward by the WHO Consultative Group on Equity and UHC. These principles include maximizing population health, priority for the worse off, and shielding people from health-related financial risks. But how should one apply these principles in particular cases, and how should one adjudicate between them when their demands conflict?

Together on the road to universal health coverage: A call to action

Universal Health Coverage (UHC) is central to achieving better health and well-being for all people at all ages. It delivers disease prevention, health promotion, and treatment for communicable and noncommunicable diseases alike, while ensuring that individuals are not driven into poverty because of high costs. UHC is not an end in itself: its goal is to improve the chances of every person attaining the highest level of health and well-being and contributing to socioeconomic and sustainable development. Attaining UHC is thus essential to every nation's economic productivity, health security, social stability – and to every individual's well-being, security, and productivity.
Financial arrangements for health systems in low-income countries: an overview of systematic reviews

by Charles S Wiysonge, Elizabeth Paulsen, Simon Lewin et al.
Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD011084
76 pp. 1.7 MB

Research based on sound systematic review methods has evaluated numerous financial arrangements relevant to low-income countries, targeting different levels of the health systems and assessing diverse outcomes. However, included reviews rarely reported social outcomes, resource use, equity impacts, or undesirable effects. The authors also identified gaps in primary research because of uncertainty about applicability of the evidence to low-income countries. Financial arrangements for which the effects are uncertain include external funding (aid), caps and co-payments, pay-for-performance, and provider incentives. Further studies evaluating the effects of these arrangements are needed in low-income countries.

Examining levels, distribution and correlates of health insurance coverage in Kenya

by Jacob S. Kazungu and Edwine W. Barasa
Tropical Medicine and International Health, Vol. 22, No 9, pp 1175–1185, September 2017
11 pp. 215 kB

Health insurance coverage in Kenya remains low and is characterised by significant inequality. In a context where over 80% of the population is in the informal sector, and close to 50% live below the national poverty line, achieving high and equitable coverage levels with contributory and voluntary health insurance mechanism is problematic. Kenya should consider a universal, tax-funded mechanism that ensures revenues are equitably and efficiently collected, and everyone (including the poor and those in the informal sector) is covered.

Old Age, Unemployment and Occupational Injuries Protection

Aging and Universal Health Coverage: Implications for the Asia Pacific Region

by Sarah L. Barber & Megumi Rosenberg
Health Systems & Reform, 3:3, 154-158
6 pp. 849 kB

Global population aging is the result of successes in public health, enabling longer life expectancy in many countries. The Asia Pacific region is aging more rapidly
than many other parts of the world. The implications will be profound for every sector of society, requiring policy makers to reframe their thinking about the design of health and social systems to enable older populations to thrive. With increasing demand for more and different kinds of services, an imperative is shifting resources toward primary care for the prevention and comprehensive care of people with chronic conditions, and establishing linkages with community support. Major innovations are underway that accelerate progress in attaining universal health coverage for older populations. The renewed commitments under the Sustainable Development Goals to achieve universal health coverage offer a unique opportunity to invest in the foundations of the health system of the future.

Social Transfers

**Targeting of Social Transfers: Are India’s Elderly Poor Left Behind?**

by Viola Asri
ADBI Working Paper Series No, 779, September 2017
31 pp. 613 kB


Whether social transfers should be targeted or universal is an unsolved debate that is particularly relevant for the implementation of social protection schemes in developing countries. While the limited availability of public resources encourages targeting, the difficulty in identifying the poor promotes a universal allocation of benefits. To address this question, the authors examine the targeting performance of, and access to, a social welfare scheme for an increasingly vulnerable group – India’s elderly poor. The results show that during a time period of social pension reforms, exclusion and inclusion errors were successfully reduced but exclusion of the elderly poor continues to be extremely high.

Global Health Governance, Sustainable Development Goals & Development Cooperation

**The path to longer and healthier lives for all Africans by 2030: the Lancet Commission on the future of health in sub-Saharan Africa**

by Irene Akua Agyepong, Nelson Sewankambo, Agnes Binagwaho et al.
The Lancet - Published Online September 13, 2017
57 pp. 3.0 MB

http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)31509-X.pdf

The Commission was prompted by sub-Saharan Africa's potential to improve health on its own terms, and largely with its own resources. The spirit of this Commission is one of evidence-based optimism, with caution. They recognise that major health inequities exist and that health outcomes are worst in fragile countries, rural areas, urban slums, and
conflict zones, and among the poor, disabled, and marginalised. Moreover, sub-Saharan Africa is facing the challenges and opportunities of the largest cohort of young people in history, with the youth population aged under 25 years predicted to almost double from 230 million to 450 million by 2050. The future of health in Africa is bright, but only if no one is left behind.

Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide

Edited by Andrea C. Tricco, Etienne V. Langlois, Sharon E. Straus
World Health Organization, 2017
142 pp. 2.3 MB
http://apps.who.int/iris/bitstream/10665/258698/1/9789241512763-eng.pdf

Rapid reviews are an efficient solution to support health policy and systems decision-making by providing high-quality evidence in a timely and cost-effective manner. Yet, there is a paucity of guidance on the conduct, contextualization, and use of rapid reviews, particularly in relation to complex health policy and systems evidence. There is also a need for capacity strengthening in low- and middle-income countries in the field of evidence synthesis and rapid reviews more specifically. The guide aims to provide practical recommendations on the conduct of rapid reviews to facilitate their use in decision-making. At the same time, key challenges in fast-tracking knowledge synthesis processes and applying them to complex issues pertaining to health policy-making and health system strengthening are described.

Civil society and health: Contributions and potential

Edited by Scott L. Greer, Matthias Wismar, Gabriele Pastorino et al.
European Observatory on Health Systems and Policies, 2017
183 pp. 1.7 MB
http://www.euro.who.int/__data/assets/pdf_file/0011/349526/Civil-society-web-back-cover-updated.pdf?ua=1

Civil society organizations (CSOs) can make a vital contribution to public health and health systems, but harnessing their potential is complex in a Europe where government-CSO relations vary so profoundly. This study is intended to outline some of the challenges and assist policymakers in furthering their understanding of the part CSOs can play in tandem and alongside government. To this end it analyses existing evidence and draws on a set of seven thematic chapters and six mini case studies.
**Goalkeepers: The Stories Behind the Data 2017**

by Bill & Melinda Gates, 2017
44 pp. 3.2 MB


In 2015, the member states of the United Nations adopted the Sustainable Development Goals (SDGs), which together paint a picture of what we all want the world to look like in 2030. However, if we don’t reaffirm the commitment that has led to so much progress over the past generation, that world will remain out of reach. This report tracks 18 data points included in the SDGs that we believe are fundamental to people’s health and well-being. To complement the data, we’re also telling the stories behind the numbers - about the leaders, innovations, and policies that have made the difference in countries where progress has been most significant.

**Miscellaneous**

**Vacancy: Senior expert in Sexual and Reproductive Health**

The Swiss Centre for International Health (SCIH) of the Swiss Tropical and Public Health Institute (TPH) conducts consultancy, project management, training and applied research work in international health. The Swiss TPH is currently seeking applications for the following Position:

Senior expert in Sexual and Reproductive Health (80- 100%), based in Basel with frequent missions abroad (up to 30% travel required).

This position will be opened starting from 01.11.2017.

For further information please consults their website:
https://recruitingapp-2698.umantis.com/Vacancies/502/Description/2

**Africa Health, September 2017, Vol. 39 Number 6**

44 pp. 2.4 MB

https://dl.dropboxusercontent.com/content_link/Ev6Vr0aNTZbzoDLxFtSsTDrNkvfDGSov7NNqrpAOAMZj2QqqdtWsgcXDXDU2M/file?dl=1

This edition includes the challenges of using and misusing insecticide-treated bed nets; Conducting clinical trials during disease epidemics; Strengthening capacity for responding to filovirus outbreaks; Developing effective leadership from the modern physician; tackling Africa’s cancer crisis; and increasing the uptake of rectal artesunate in the fight against severe malaria, as well as our usual mix of news, reviews, CPD Challenge, Clinical Review, Medicine Digest, and Clinical quiz.
Line Up Live Up Trainer Manual

Life Skills Training through Sport to Prevent Crime, Violence and Drug Use
by Peer van der Kreeft
United Nations Office on Drugs and Crime (UNODC), August 2017
126 pp. 12.4 MB

Designed to assist coaches, trainers, youth workers and others looking to use sport as a vehicle to help 13 to 18 year olds cope with challenges in everyday life, the Trainer Manual has been designed for use in low resource settings across the globe. It specifically draws on sport as a positive influence for youth to develop their personal and social skills and aims to increase knowledge about the risks associated with crime, violence and drug use.

Harrowing Journeys: Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation

by Jan Beise, Helena Cruz Castanheira, Anna Grojec et al.
United Nations Children's Fund (UNICEF) and International Organization for Migration (IOM), September 2017
64 pp. 6.4 MB

This joint report from UNICEF and the International Organization for Migration (IOM) explores in detail survey data from the Central and Eastern Mediterranean Sea routes to Europe, focusing on adolescents and youth on the move from Africa and Asia. The analysis reveals staggering rates of trafficking and exploitation, and also points to the xenophobia and racism that make young refugees and migrants – especially those from sub-Saharan Africa – vulnerable.

The Journal of Microbiology and Infectious Diseases, Vol. 7, Issue 3

http://www.jmidonline.org

The new issue (September 2017) of the Journal of Microbiology and Infectious Diseases has been released at the above URL. You are invited to read the Table of Contents and then read/download articles and items of interest for free.
CONFERENCES & TRAINING

**European Master in Public Health (Europubhealth+)**

The application period for 2018 will open on 10th October 2017. Europubhealth+ is a two year Master’s course equivalent to 120 ECTS Credits. The first year concerns core competences in public health, and takes place either in Sheffield (in English) or Granada (in Spanish). In the second year, students choose a specialisation. Courses are held in different countries: Poland, France, The Netherlands or Spain (except for students who spent their first year in Spain). An integration module brings all Europubhealth+ students together in Rennes at the end of each academic year (3 weeks).

For more information see: [http://www.europubhealth.com/](http://www.europubhealth.com/)

**AIDSImpact Conference**

13 - 15 November 2017 - Cape Town, South Africa

AIDSImpact is an international behavioural and psychosocial science conference that addresses issues related to HIV/AIDS prevention, treatment and care; it attracts delegates that are new to the field as well as a core group of loyal psychosocial and behavioural researchers, prevention workers, community members and policy makers from universities and institutes across the globe who present their studies, interventions and prevention schemes.

The 2017 Cape Town conference will promote pioneering work on understanding the dynamics of a changing epidemic. A key focus will be consideration of new choices for HIV - for prevention, treatment, care and strategic planning. There is still time to register or submit your abstract.

For more information see: [http://www.aidsimpact.com/](http://www.aidsimpact.com/)

**Inclusion International 17th World Congress**

30th May – 1st June 2018, Birmingham, UK

The 2018 World Congress will bring together people with intellectual disabilities, families, professionals and partners from all regions of the world. We will come together to Learn, Inspire, and Lead the way as a global movement for inclusion.

We are delighted to announce that we are now accepting expressions of interest from potential speakers to lead or be part of sessions for the Congress. There are 3 types of sessions which we are developing. Each with the outcome of Learn, Inspire or Lead. If you have an idea or think you would like to be part of a session, we would like to hear from you.

Massive Open Online Courses (MOOCs): free online courses

The Graduate Institute now offers free online courses through FutureLearn. The courses run over 4 weeks and combine video lectures, articles, discussions and interactive assignments. Registration is free and learners can access the platform anytime. The courses are non-credit, although learners may purchase a certificate of completion from FutureLearn. For more information see: http://graduateinstitute.ch/moocs

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TIPS & TRICKS

What are MP3s?

You have probably heard it in conjunction with an MP3 player, but what is an MP3 on its own? Audio files can be saved in different formats that have different file extensions, just like picture files (.jpg, .gif). Loosely speaking, you can think of .mp3 as the .jpg of audio. It is a format for saving sound files. The .mp3 file extension stands for MPEG-1 Audio Layer-3. MPEG, in turn, stands for Motion Picture Experts Group, which is a format of video clip that uses .mp3 format to store its sound. Because .mp3s can compress the sound data into a small file, it is convenient to send sound files this way. When the file is reopened, the sound quality is pre-served better than by many other audio file formats. Like .jogs, .mp3s can be compressed to a larger or smaller file size, depending on how important file size is com-pared to end quality.

Frozen Computer

Sometimes Windows will get itself all tied into a bunch and there is no choice but to cut the power to your computer and restart (you should wait at least 10 seconds before re-booting). But before you do something so drastic, try pressing the Ctrl+Alt+Del buttons first (hold down Ctrl, then Alt, then Del).

If you use the Ctrl+Alt+Del key combination, you will find that a box, called the Task Manager, will appear that allows you to choose the offending programme from a list and force it to shut down. In fact, it may even have the words “Not Responding” next to it on this list. Just click the “End Task” button to shut the individual programme down. If you get another box a few seconds later asking you to wait or “End Task”, choose to End task.

Finally, if you notice that your computer just freezes after a while, especially if it takes about the same amount of time to freeze each time you use it, you may have a problem with overheating. Make sure the computer has plenty of room to breathe - several inches all the way around is the minimum. If you are blocking vents, you are asking for trouble. Also, remember that some Laptops have vents on the bottom of the case, so if you stick it on a shag carpet, you may be blocking airflow. If you do suspect overheating is a problem (and the machine apparently has plenty of ventilation room), checking the CPU fan may be a good idea too.
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