

# **giz** Health, Education, Social Protection News & Notes 15/2011

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17 July 2011

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<http://german-practice-collection.org/en/links/newsletters/hesp-news-and-notes>

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## BOOKS

### *State of the World's Minorities and Indigenous Peoples 2011: Focus on Women's Rights*



Edited by Joanna Hoare  
Minority Rights Group International, July 2011



262 pp. 4.1 MB:

<http://www.minorityrights.org/download.php?id=1011>

In the year that saw the establishment of UN Women, the new United Nations entity for gender equality and women's empowerment, minority and indigenous women continued to face violence, discrimination and marginalization, stemming both from their identity as women and as members of disadvantaged minority groups. This year's edition of State of the World's Minorities and Indigenous Peoples presents an overview of the situation of minority and indigenous women today.

\* \* \*

### *The Flying Publisher Guide to Hepatitis C Treatment* 2011 Edition

by Costin Cernescu, Simona Ruta, Liana Gheorghe et al.  
Flying Publisher, July 2011



113 pp. 695 kB:

[http://www.flyingpublisher.com/pdf/FPG\\_004\\_HepatitisCTreatment2011.pdf](http://www.flyingpublisher.com/pdf/FPG_004_HepatitisCTreatment2011.pdf)

Affecting around 200 millions people worldwide, chronic Hepatitis C is the leading cause of cirrhosis and liver cancer and the first reason for liver transplants. The current standard therapy for chronic HCV infection – combined pegylated interferon and ribavirin – is successful in only 50% of the cases and is associated with frequent and sometimes serious side effects. This Guide will discuss the available strategies for those who interrupt, fail or relapse after treatment.

## ONLINE PUBLICATIONS

Global Health

### *The Health Systems Funding Platform: Resolving Tensions between the Aid and Development Effectiveness Agendas*

by Amanda Glassman and William Savedoff  
Center for Global Development - Working Paper 258, July 2011



42 pp. 787 kB:

[http://www.cgdev.org/files/1425300\\_file\\_Glassman\\_Savedoff\\_HSFP\\_FINAL.pdf](http://www.cgdev.org/files/1425300_file_Glassman_Savedoff_HSFP_FINAL.pdf)

This paper briefly assesses the “Health Systems Funding Platform” and argues that the way the initiative is proceeding differs little from prior initiatives, such as sector wide approaches and budget support. However, the initiative does represent an opportunity to

make global health aid more effective if it were to deepen its commitment to improving information for policy, link funding explicitly to well-chosen independently verified indicators, and establish an evaluation strategy to learn from its experience.

## HIV - AIDS - STI

### ***AIDS Drugs Can Prevent Infection, Studies Show***



by Betsy McKay, Jonathan D. Rockoff and Mark Schoofs  
The Wall Street Journal, Wednesday, July 13, 2011

Read online at:

[http://online.wsj.com/article/SB10001424052702303678704576442901100190640.html?mod=dist\\_smartbrief](http://online.wsj.com/article/SB10001424052702303678704576442901100190640.html?mod=dist_smartbrief)

Two studies released Wednesday, July 13, 2011 show AIDS drugs can sharply reduce the risk of heterosexuals acquiring HIV. Both of the new studies, conducted in different African countries, found that giving antiretroviral drugs to heterosexuals reduced the risk of HIV infection by at least 62%. The two new studies add to a rapidly expanding suite of prevention methods beyond behavioural efforts such as condoms and abstinence.

Press release of the International Clinical Research Center (ICRC) within the University of Washington, Department of Global Health (3 pp. 144 kB):

[Pivotal Study Finds that HIV Medications are Highly Effective as Prophylaxis against HIV Infection in Men and Women in Africa](#)

Press release of the Centers for Disease Control and Prevention (CDC):

[CDC Trial and Another Major Study Find PrEP Can Reduce Risk of HIV Infection among Heterosexuals](#)

\* \* \*

### ***The Lancet HIV/AIDS themed Special Issue***

Published July 15, 2011

Read/download articles (free registration required) at:

<http://www.thelancet.com/themed-hiv-aids-2011>



To coincide with the 6th International AIDS Society (IAS) conference on HIV pathogenesis, treatment, and prevention taking place in Rome 17-20 July, The Lancet publishes a collection of HIV/AIDS articles in a Special issue. Recent scientific progress and renewed high-level commitments have re-energised the HIV community with new opportunities to change the course of the epidemic. The question for attendees in Rome, and the global community, is whether we have the political will to mobilise the resources needed to arrest the HIV epidemic 30 years after it first emerged.

\* \* \*

### ***The Journal of the International AIDS Society - Special Issue***



Read/download articles at: <http://www.iasociety.org/supplements/14/S1>

In this special issue, the Journal of the International AIDS Society intends to highlight some of the operational and programmatic challenges that are faced in sub-Saharan Africa, home to the largest population living with HIV. The hope is

that readers gain insight into some of the challenges associated with the HIV/AIDS epidemic and a changing environment in the region, and become familiar with some applications of operational research and implementation science in HIV healthcare settings.

\* \* \*

### **Journal of Acquired Immune Deficiency Syndromes (JAIDS) Supplement**

1 August 2011 - Volume 57 - Supplement 2, pp. S59-S123



Read/download articles for free at:

<http://journals.lww.com/jaids/toc/2011/08012>

This Supplement includes authors from diverse disciplines and countries, and articles that address timely issues in the global HIV response. Articles in the Supplement show how HIV programs have used financial and economic data to improve efficiency and inform policy and describe examples of successful expansion of key services to disenfranchised populations, including prisoners, substance users, and men who have sex with men.

\* \* \*

### **Good participatory practice: Guidelines for biomedical HIV prevention trials**

Joint United Nations Programme on HIV/AIDS (UNAIDS), Second Edition, June 2011



88 pp. 863 kB:

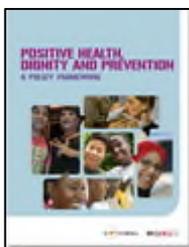
[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110629\\_JC1853\\_GPP\\_Guidelines\\_2011.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110629_JC1853_GPP_Guidelines_2011.pdf)



The good participatory practice (GPP) guidelines provide trial funders, sponsors, and implementers with systematic guidance on how to effectively engage with stakeholders in the design and conduct of biomedical HIV prevention trials. In the GPP guidelines, “design and conduct of biomedical HIV prevention trials” refers to activities required for the development, planning, implementation, and conclusion of a trial, including dissemination of trial results.

\* \* \*

### **Positive Health, Dignity and Prevention: A Policy Framework**



Editor: Edwin J. Bernard

The Global Network of People Living with HIV and the Joint United Nations Programme on HIV/AIDS (UNAIDS), January 2011



47 pp. 2.2 MB:

[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110701\\_PHDP.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110701_PHDP.pdf)

Positive Health, Dignity and Prevention highlights the importance of placing the person living with HIV at the centre of managing their health and wellbeing. Positive Health, Dignity and Prevention stresses the importance of addressing prevention and treatment simultaneously and holistically. It also emphasises the leadership roles of people living with HIV in responding to policy and legal barriers within the socio-cultural and legal contexts in which they live, and in driving the agenda forward toward better health and dignity.

## ***Unstructured treatment interruption of antiretroviral therapy in clinical practice: a systematic review***

by Katharina Kranzer and Nathan Ford

Tropical Medicine & International Health - first published online: 1 July 2011



17 pp. 153 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-3156.2011.02828.x/pdf>

Anti-retroviral treatment interruptions are common and contribute to worsening patient outcomes. HIV/AIDS programmes should consider assessing their causes and frequency as part of routine monitoring. Future research should focus on evaluating interventions to address the most frequently reported reasons for interruptions.

\* \* \*

## ***Prevention of mother-to-child transmission of HIV and the health-related Millennium Development Goals: time for a public health approach***

by Erik J Schouten, Andreas Jahn, Dalitso Midiani et al.

The Lancet, Vol. 378, Issue 9787, pp. 282-284, 16 July 2011

Read online:

[http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2810%2962303-3/fulltext?\\_eventId=login](http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2810%2962303-3/fulltext?_eventId=login)

Increasing the uptake of PMTCT linked with access to CD4 cell count testing has been a major challenge. Progress towards the relevant Millennium Development Goals will, therefore, depend on additional strategies to substantially increase PMTCT coverage. There is the need to further simplify PMTCT protocols to make them feasible in remote rural areas, like most parts of Malawi, where access to CD4 counts remains very problematic.

\* \* \*

## ***“It’s risky to walk in the city with syringes”: understanding access to HIV/AIDS services for injecting drug users in the former Soviet Union countries of Ukraine and Kyrgyzstan***

by Neil Spicer, Daryna Bogdan, Ruairi Brugha et al.

Globalization and Health 2011, 7:22 (13 July 2011)



39 pp. 201 kB:

<http://www.globalizationandhealth.com/content/pdf/1744-8603-7-22.pdf>

There have been few empirical studies of access to HIV/AIDS services in former Soviet Union (FSU) countries, resulting in limited understanding and implementation of accessible HIV/AIDS interventions. This study explores the multiple access barriers to HIV/AIDS services experienced by a key risk group - injecting drug users (IDUs).

Sexual & Reproductive Health

## ***Facts of Life: Youth Sexuality and Reproductive Health in the Middle East and North Africa***

by Farzaneh Roudi-Fahimi and Shereen El Feki  
Population Reference Bureau, June 2011



78 pp. 1.2 MB:

<http://www.prb.org/pdf11/facts-of-life-youth-in-middle-east.pdf>

This report looks at young people across the Middle East and North Africa (MENA) region and the challenges they face in their transition to adulthood, specifically their sexual and reproductive health - a culturally sensitive topic for societies in MENA. The report highlights the urgency of acknowledging and addressing the needs of young people for sexual and reproductive health information and services. A few countries in the region are rising to this challenge, but many are still struggling. Failure to do so is not only a loss for today's youth, but for society as a whole for generations to come.

\* \* \*

### ***What Works in Family Planning Interventions: A Systematic Review***



by Lisa Mwaikambo, Ilene S. Speizer, Anna Schurmann et al.  
Studies in Family Planning; 42[2]: 67-82, June 2011

Read online (16 pp.) at:

[https://docs.google.com/a/populationmedia.org/viewer?a=v&pid=explorer&chrome=true&srcid=0B5F-idWfw7TeNjlkODg1YjEtZWU5My00OWIwLTg4ZjUtODhOGQ1ZTc3ODE1&hl=en\\_US&pli=1](https://docs.google.com/a/populationmedia.org/viewer?a=v&pid=explorer&chrome=true&srcid=0B5F-idWfw7TeNjlkODg1YjEtZWU5My00OWIwLTg4ZjUtODhOGQ1ZTc3ODE1&hl=en_US&pli=1)

This study presents findings from a systematic review of evaluations of family planning interventions published between 1995 and 2008. Based on the review findings, the authors identify promising programmatic approaches and propose directions for future evaluation research of family planning interventions.

\* \* \*

### ***Uptake of family planning methods and unplanned pregnancies among HIV-infected individuals: a cross-sectional survey among clients at HIV clinics in Uganda***

by Rhoda K Wanyenze, Nazarius M Tumwesigye, Rosemary Kindyomunda et al.  
Journal of the International AIDS Society 2011, 14:35 (30 June 2011)



31 pp. 232 kB:

<http://www.iasociety.org/content/pdf/1758-2652-14-35.pdf>

Prevention of unplanned pregnancies among HIV-infected individuals is critical to the prevention of mother to child HIV transmission (PMTCT), but its potential has not been fully utilized by PMTCT programmes. In Uganda the uptake of family planning among HIV-infected individuals is fairly high. However, there are a large number of unplanned pregnancies. These findings highlight the need for strengthening of family planning services for HIV-infected people.

\* \* \*

### ***Family planning in conflict: results of cross-sectional baseline surveys in three African countries***

Therese McGinn, Judy Austin, Katherine Anfinson et al.  
Conflict and Health 2011, 5:11 (13 July 2011)



CONFLICT AND HEALTH



18 pp. 251 kB:

<http://www.conflictandhealth.com/content/pdf/1752-1505-5-11.pdf>

Family planning services are desired by women living in crisis situations when offered in a manner appropriate to their needs, yet services are rarely adequate to meet these needs. Refugee and internally displaced women must be included in national and donors' plans to improve family planning in Africa.

\* \* \*

### ***Factors Affecting Acceptance of Vasectomy in Uttar Pradesh: Insights from Community-Based, Participatory Qualitative Research***

by Beth Scott, Dawood Alam, Shalini Raman  
The RESPOND Project/EngenderHealth, May 2011



93 pp. 2.5 MB:

[http://www.respond-project.org/pages/files/6\\_pubs/research-reports/Study3-PEER-NSV-Report-May2011-FINAL.pdf](http://www.respond-project.org/pages/files/6_pubs/research-reports/Study3-PEER-NSV-Report-May2011-FINAL.pdf)

A participatory ethnographic evaluation research (PEER) study was commissioned to understand the reasons for the low prevalence of vasectomy in Uttar Pradesh and to contribute to developing an approach for increasing demand for the procedure. The recommendations from the study will be used by the RESPOND Project in providing technical assistance to the Government of Uttar Pradesh to expand awareness about, acceptance of, and access to no-scalpel vasectomy services.

\* \* \*

### ***Engaging with Men Who Have Sex with Men: A Primer for Physicians, Nurses, and Other Health Care Providers***

by George Ayala, Tri Do, Paul Semugoma et al.  
The Global Forum on MSM & HIV (MSMGF), May 2011



12 pp. 735 kB:

[http://www.msmgf.org/files/msmgf/Publications/MSMGF\\_Healthcare\\_Primer.pdf](http://www.msmgf.org/files/msmgf/Publications/MSMGF_Healthcare_Primer.pdf)

The document provides basic information on homosexuality, discusses several myths around the issue, and identifies the specific health care needs of Men Who Have Sex with Men (MSM). The text also addresses cross-cutting issues relevant to MSM, such as sexual health, mental health, drug use, sex work, and violence. Finally, the document provides several recommendations on how to engage with MSM at the community level and how to build the capacity of local community-based organizations to meet the needs of MSM.

\* \* \*

### ***Men who have Sex with Men: An Introductory Guide for Health Care Workers in Africa***

Revised Edition 2011



Editors: Benjamin Brown, Zoe Duby, Andrew Scheibe, Eduard Sanders  
Desmond Tutu HIV Foundation, Cape Town, June 2011



170 pp. 3.0 MB:

[http://www.msmgf.org/files/msmgf/SubSaharanAfrica/MSM\\_Manual4.pdf](http://www.msmgf.org/files/msmgf/SubSaharanAfrica/MSM_Manual4.pdf)

Men who have sex with men (MSM) are just like everybody else and have the right to enjoy fulfilled lives. MSM exist in all cultures and in every part of the world. As a result of discrimination and homophobia, however, many MSM are unable to reach their full potential and are faced with several barriers to accessing health care and justice services. Health care workers have a duty to provide services to all people, and their personal views should not affect their ability to provide these in a non-discriminatory way.

\* \* \*

### ***Becoming a Responsible Teen - Adaptation Kit***

Tools and Resources for Making Informed Adaptations to Becoming a Responsible Teen

by Lori A. Rolleri, Nicole Lezin, Julie Taylor, et al.  
Education, Training and Research (ETR) Associates and Centers for Disease Control and Prevention (CDC), 2011



124 pp. 1.8 MB:

[http://www.etr.org/recapp/documents/programs/BART\\_Adaptation\\_Kit.pdf](http://www.etr.org/recapp/documents/programs/BART_Adaptation_Kit.pdf)

Although the primary goal of Becoming a Responsible Teen (BART) is to decrease HIV infection among African-American adolescents ages 14 to 18, the curriculum also includes topics and activities relevant to teen pregnancy prevention. Teens learn to clarify their own values about sexual decisions and pressures, as well as practice skills to reduce sexual risk taking. These skills include correct condom use, assertive communication, refusal techniques, self-management and problem solving. Abstinence is woven throughout the curriculum and is discussed as the best way to prevent HIV and pregnancy.

## Maternal & Child Health

### ***Integrating Family Planning and Maternal and Child Health Care: Saving Lives, Money, and Time***

by Karin Ringheim, James Gribble, and Mia Foreman  
Population Reference Bureau Policy Brief, June 2011



4 pp. 548 kB:

<http://www.prb.org/pdf11/fp-maternal-child-health-care.pdf>

This policy brief outlines the benefits of integrating FP and MCH services as a way to better meet women's need for contraception, and examines some of the challenges that must be met in doing so. It highlights examples of countries that have successfully integrated FP and MCH services and offers recommendations for committed policymakers.

\* \* \*

### ***The Women, Girls, and Gender Equality Principle of the U.S. Global Health Initiative (GHI): Assessment of the GHI Plus Country Strategies***

by Jen Kates and Janet Fleischman  
The Henry J. Kaiser Family Foundation, June 2011



24 pp. 919 kB: <http://www.kff.org/globalhealth/upload/8206.pdf>

This report assesses how countries are responding to a U.S. Global Health Initiative (GHI) principle to address women, girls and gender equality. The report examines country strategies for seven of the eight “GHI Plus” nations: Bangladesh, Ethiopia, Guatemala, Kenya, Mali, Malawi, and Nepal. All seven strategies addressed the health of women and girls as a top priority, and several went further, including efforts to include women and girls as decision-makers and planners in health care programs.

\* \* \*

### ***Improving Maternal-Newborn-Infant and Young Child Health and Nutrition***

World Health Organization - Draft, May 2011



43 pp. 1.4 MB:

[http://www.who.int/nutrition/EB128\\_18\\_backgroundpaper2\\_A\\_reviewofhealthinterventionswithaneffectonnutrition.pdf](http://www.who.int/nutrition/EB128_18_backgroundpaper2_A_reviewofhealthinterventionswithaneffectonnutrition.pdf)

Malnutrition in all its forms either directly or indirectly is responsible for approximately half of all deaths worldwide. This applies to perinatal and infectious diseases as well as chronic diseases. This paper provides evidence for essential actions aimed to protect, promote, and support priority nutrition practices.

\* \* \*

### ***Addressing the vaccine confidence gap***

by Heidi J Larson, Louis Z Cooper, Juhani Eskola et al.  
The Lancet, Early Online Publication, 9 June 2011

Read online at:

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2811%2960678-8/fulltext>

Vaccines - often lauded as one of the greatest public health interventions - are losing public confidence. The vaccine community demands rigorous evidence on vaccine efficacy and safety and technical and operational feasibility when introducing a new vaccine, but has been negligent in demanding equally rigorous research to understand the psychological, social, and political factors that affect public trust in vaccines.

\* \* \*

### ***Next Steps to Protect Children in Armed Conflict***

Watchlist on Children and Armed Conflict, July 2011



16 pp. 973 kB:

[http://www.crin.org/docs/1993-Watchlist-Briefing\\_Note-V1.pdf](http://www.crin.org/docs/1993-Watchlist-Briefing_Note-V1.pdf)



This briefing note outlines practical and achievable steps that the UN Security Council can take to ensure stronger protection for children affected by armed conflict. The note is timed to coincide with the Security Council’s annual Open Debate on Children and Armed Conflict (CAC), scheduled for July 2011, and seeks to inform any discussions regarding a new Security Council Resolution.

### **Targeting Zero: Sustaining Success in Malaria Control**



House of Commons - The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases (APPMG), July 2011



44 pp. 885 kB:

[http://www.appmg-malaria.org.uk/upload/APPMG\\_7TH\\_Annual\\_Report\\_11th\\_jULY\\_2011.pdf](http://www.appmg-malaria.org.uk/upload/APPMG_7TH_Annual_Report_11th_jULY_2011.pdf)

The report notes that while 11 of the most endemic countries have reported a decrease of at least 50% in malaria cases between 2000-09, reducing illness, improving survival enhancing businesses and stimulating economies, this success remains fragile and further investment is required to consolidate and expand early gains. The report encourages donors to renew their commitment to the fight against malaria – a fight that can be won.

\* \* \*

### **Effect of Investment in Malaria Control on Child Mortality in Sub-Saharan Africa in 2002-2008**

by Yoko Akachi and Rifat Atun  
PLoS ONE 6(6): e21309 (30 June 2011)



12 pp. 531 kB:

<http://www.plosone.org/article/fetchObjectAttachment.action;jsessionid=056EEDEC93553B830BBA3660B3757B2E.ambra02?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0021309&representation=PDF>

In this paper, the authors examined increases in insecticide-treated nets (ITNs) distribution and indoor residual spraying (IRS) coverage following international investments to strengthen malaria control and reduce under-five mortality. They conclude that along with other key child survival interventions, increased ITNs/IRS coverage has significantly contributed to child mortality reduction since 2002. ITN/IRS scale-up can be more efficiently prioritized to countries where malaria is a major cause of child deaths to save greater number of lives with available resources.

\* \* \*

### **The clinical impact of combining intermittent preventive treatment with home management of malaria in children aged below 5 years: cluster randomised trial**

by Harry Tagbor, Matthew Cairns, Emmanuel Nakwa et al.  
Tropical Medicine and International Health, Vol. 16, No. 3, pp 280-289,  
March 2011



10 pp. 123 kB:

<http://www.malariaconsortium.org/userfiles/file/clinical%20impact%20IPT%20home%20based%20management.pdf>



Home-based management of malaria (HMM) has been recommended by WHO as a means to improve access to prompt and effective antimalarial treatment. One preventive strategy that may be of value is intermittent preventive treatment of children (IPTc), which consists of delivery of full therapeutic courses of long-acting antimalarials at intervals to prevent malaria morbidity. The authors investigated the impact of seasonal IPTc

on malaria-related morbidity in children <5 years of age who already had access to home-based management of malaria for presumptive treatment of fevers.

\* \* \*

### ***Malaria rapid diagnostic kits: quality of packaging, design and labelling of boxes and components and readability and accuracy of information inserts***

by Philippe Gillet, Jessica Maltha, Veerle Hermans et al.  
Malaria Journal 2011, 10:39 (13 February 2011)



15 pp. 4.1 MB:

<http://www.malariajournal.com/content/pdf/1475-2875-10-39.pdf>

Rapid diagnostic tests (RDTs) for malaria could be greatly improved by a few simple measures. These include providing better information for health workers on how to use them effectively in the field and how to spot common errors. Overall, malaria RDTs showed shortcomings in quality of construction, design and labelling of boxes, device packages, devices and buffers. Information inserts were difficult to read and lacked relevant information.

\* \* \*

### ***Malaria Rapid Testing by Community Health Workers Is Effective and Safe for Targeting Malaria Treatment: Randomised Cross-Over Trial in Tanzania***

by Marycelina Mubi, Annika Janson, Marian Warsame et al.  
PLoS ONE 6(7): e19753 (5 July 2011)



8 pp. 203 kB:

<http://www.plosone.org/article/fetchObjectAttachment.action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0019753&representation=PDF>

Early diagnosis and prompt, effective treatment of uncomplicated malaria is critical to prevent severe disease, death and malaria transmission. The authors assessed the impact of rapid malaria diagnostic tests (RDTs) by community health workers (CHWs) on provision of artemisinin-based combination therapy (ACT) and health outcome in fever patients. They conclude that RDTs in the hands of CHWs may safely improve early and well-targeted ACT treatment in malaria patients at community level in Africa.

\* \* \*

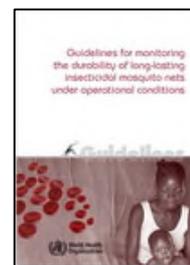
### ***Guidelines for monitoring the durability of long-lasting insecticidal mosquito nets under operational conditions***

by Adeline Chan, John Gimnig, Albert Kilian et al.  
World Health Organization, 2011



44 pp. 1.1 MB:

<http://www.malariaconsortium.org/userfiles/file/Monitoring%20durability%20of%20LNs.pdf>



The main purpose of these guidelines is to assist national vector-borne disease control programmes, and other relevant agencies, in monitoring the durability of long-lasting insecticidal mosquito nets (LN) under operational conditions. The information derived by monitoring will be useful in planning the replacement of worn-out nets in an LN programme, making decisions to procure the most suitable LNs for the setting and under-

standing the factors associated with the durability of LN products.

## Tuberculosis

### ***Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource constrained settings***



Edited by Bandana Malhotra  
Department of HIV/AIDS, Stop TB Department, World Health Organization, June 2011



187 pp. 2.4 MB:

[http://whqlibdoc.who.int/publications/2011/9789241500708\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241500708_eng.pdf)

The objective of these guidelines is to provide guidance to national AIDS and tuberculosis programmes and those providing HIV services to accelerate the nationwide implementation of Isoniazid Preventive Therapy (IPT) and Intensified tuberculosis Case Finding (ICF). They include evidence-based recommendations for adults, children and infants living with HIV, address implementation issues and identify key research gaps in order to scale up TB prevention, diagnosis and treatment as a core component of HIV prevention, treatment and care.

\* \* \*

### ***HIV and TB in Practice: Progress on IPT roll-out in South Africa***

by Theo Smart

HIV & AIDS Treatment in Practice (HATiP), Issue 179, 14 July 2011



18 pp. 260 kB:

[http://german-practice-collection.org/en/download-centre/doc\\_download/939](http://german-practice-collection.org/en/download-centre/doc_download/939)

The current guidelines in South Africa recommended TB screening in all people living with HIV. All those with TB symptoms should be referred for TB diagnosis, while everyone else should be given isoniazid prophylaxis treatment (IPT). But there has been a longstanding reluctance to scale up IPT among many in the healthcare establishment and some concerns that the South African health department was rushing to roll out the policy, without adequate preparation.

\* \* \*

### ***Early Deaths During Tuberculosis Treatment Are Associated With Depressed Innate Responses, Bacterial Infection, and Tuberculosis Progression***

by Catriona John Waitt, N. Peter K. Banda, Sarah A. White et al.  
J Infect Dis. 204 (3): 358-362 (1 August 2011)



5 pp. 158 kB:

<http://jid.oxfordjournals.org/content/204/3/358.full.pdf+html>



In Malawi, up to 14% of tuberculosis (TB) patients die during the 2-month intensive phase of therapy [1]. Although cotrimoxazole prophylaxis and antiretroviral therapy (ART) have been increasingly available since 2003 for the two-thirds of TB patients who are co-infected with human immunodeficiency virus (HIV), these have not significantly reduced early mortality. The authors hypothesized that a proportion of patients deteriorate

rate clinically or die during the initial phase of TB treatment as a consequence of a pro-inflammatory process.

\* \* \*

### **Time to act: Save a million lives by 2015**

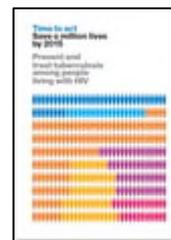
Prevent and treat tuberculosis among people living with HIV

Stop TB Partnership, World Health Organization, June 2011



12 pp. 550 kB:

[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110606\\_TB\\_HIV\\_Brochure\\_Singles.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110606_TB_HIV_Brochure_Singles.pdf)



Antiretroviral therapy (ART) offers the promise of a full and fulfilling life for people living with HIV worldwide. But a thief is in our midst - one that is routinely robbing people, and the countries they live in, of their futures. Every minute, three people living with HIV have their lives snatched away by tuberculosis (TB). Africa, hit hard by HIV, is also hit hard by TB. TB is the main cause of death in people living with HIV.

## Other Infectious Diseases

### **Lyme borreliosis in Europe**

by A Rizzoli, H C Hauffe, G Carpi et al.

Eurosurveillance, Volume 16, Issue 27, 07 July 2011



Read online at: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19906>

In Europe, the annual number Lyme borreliosis (LB) cases is increasing in some areas, and tick vectors are expanding their range, to higher altitudes and latitudes, suggesting that LB will remain an important health concern in the coming decades, especially in light of economic, land use and climate change predictions. Preventive measures aimed at minimising tick-bite risk are promoted as one of the best ways to avoid Borrelia infection.

\* \* \*

### **Reduction in Acute Filariasis Morbidity during a Mass Drug Administration Trial to Eliminate Lymphatic Filariasis in Papua New Guinea**

by Daniel J. Tisch, Neal D. E. Alexander, Benson Kiniboro et al.

PLoS Negl Trop Dis 5(7): e1241 (12 July 2011)



9 pp. 255 kB:

<http://www.plosntds.org/article/fetchObjectAttachment.action;jsessionid=257C10F9F215260A23FAF5BEB0B8D5B2.ambra02?uri=info%3Adoi%2F10.1371%2Fjournal.pntd.0001241&representation=PDF>

Mass administration of anti-filarial drugs results in immediate health benefit by decreasing the incidence of acute attacks of leg and arm swelling in people with pre-existing infection. Reduction in acute filariasis morbidity parallels decreased transmission intensity, suggesting that continuing exposure to infective mosquitoes is involved in the pathogenesis of acute filariasis morbidity.

\* \* \*

## ***Dengue in the American Region - An Update***



by Maria G. Guzman, Olivia Brathwaite, Delia Enria et al.  
Source: TropIKA.net, 4 July 2011



14 pp. 490 kB:

<http://blog.tropika.net/tropika/files/2011/07/dengue-by-guzman-et-al-jun2011.pdf>

In the last 30 years, dengue has become an important health problem in terms of morbidity and mortality in this region. Currently, most of the countries in the Americas report dengue endemicity with frequent epidemics, the co-circulation of several dengue serotypes and increased number of dengue fever (DF) and dengue hemorrhagic fever/dengue shock syndrome (DHF/DSS) cases. To face the epidemiological dengue situation, the countries have improved their capabilities in terms of clinical management, viral diagnostic, and vector control and emergence response.

\* \* \*

## ***Dengue virus infection in Africa***

by Ananda Amarasinghe, Joel N. Kuritsky, G. William Letson, and Harold S. Margolis  
Emerg Infect Dis. 2011 Aug; [Epub ahead of print]



15 pp. 567 kB:

<http://www.cdc.gov/eid/content/17/8/pdfs/10-1515.pdf>

Reported incidence of dengue has increased worldwide in recent decades, but little is known about its incidence in Africa. Dengue is likely under-recognized and underreported in Africa because of low awareness by health care providers, other prevalent febrile illnesses, and lack of diagnostic testing and systematic surveillance. Population-based studies of febrile illness are needed to determine the epidemiology and true incidence of dengue in Africa.

### Non-communicable Diseases

## ***Diabetes in Sub Saharan Africa 1999-2011: Epidemiology and Public Health Implications. A systematic review***

by Victoria Hall, Reimar W Thomsen, Ole Henriksen and Nicolai Lohse  
BMC Public Health 2011, 11:564 (14 July 2011)



32 pp. 282 kB:

<http://www.biomedcentral.com/content/pdf/1471-2458-11-564.pdf>

Diabetes prevalence is increasing globally, and Sub-Saharan Africa is no exception. With diverse health challenges, health authorities in Sub-Saharan Africa and international donors need robust data on the epidemiology and impact of diabetes in order to plan and prioritise their health programmes. This paper aims to provide a comprehensive and up-to-date review of the epidemiological trends and public health implications of diabetes in Sub-Saharan Africa.

\* \* \*

***Should patents for antiretrovirals be waived in the developing world?***

Annual varsity medical debate - London, 21 January 2011

by Fenella Corrick, Robert Watson and Sanjay Budhdeo  
Philosophy, Ethics, and Humanities in Medicine 2011,  
6:13 (8 July 2011)



12 pp. 143 kB:

<http://www.peh-med.com/content/pdf/1747-5341-6-13.pdf>

The 2011 Varsity Medical Debate, between Oxford and Cambridge Universities, brought students and faculty together to discuss the waiving of patents for antiretroviral therapies in the developing world. The debate centred around three areas of contention. Firstly, there was disagreement about whether patents were the real barrier to the access of anti-retroviral therapy in the developing world. Secondly, there were differing views on the effectiveness of a patent pool. Thirdly, concerns were raised over the impact of waiving patents on research to produce new and better anti retro-viral drugs.

\* \* \*

***Susceptibility of bacterial isolates from community-acquired infections in sub-Saharan Africa and Asia to macrolide antibiotics***



by Yoel Lubell, Paul Turner, Elizabeth A. Ashley et al.

Tropical Medicine & International Health - first published online: 10 July 2011



14 pp. 730 kB:

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-3156.2011.02837.x/pdf>

The macrolides are orally bioavailable antibiotics that act by inhibiting protein synthesis. The most commonly used macrolides are erythromycin, roxithromycin, clarithromycin and azithromycin. Susceptibility of the pneumococcus to macrolides in sub-Saharan Africa remains high in many areas, and good activity of azithromycin has been shown against *Salmonellae* spp. in Asia. In urban areas where high antibiotic consumption is prevalent, there was evidence of increased resistance to macrolides. However, there is no information on susceptibility from large areas in both continents.

Social Protection

***Microinsurance Innovation Program for Social Security (GIZ-MIPSS) Newsletter No. 4***



Published by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), April 2011



12 pp. 5.3 MB:

[http://www.microinsurance.ph/newsletters/MNL4\\_Final\\_printing.pdf](http://www.microinsurance.ph/newsletters/MNL4_Final_printing.pdf)

The Newsletter brings together a series of articles on the microinsurance sector in the Philippines and surrounding area. Included in this issue are articles on:

- The Philippine roadmap to financial literacy on microinsurance;

- A microinsurance conference in Butuan;
- A social health insurance workshop;
- A survey on the benefits and risks of microinsurance;
- Combating climate change through microinsurance.

\* \* \*

### ***Towards a comprehensive social protection system: linking microinsurance and social cash transfers***

by Martina Bergthaller

Discussion Papers on Social Protection, Issue No. 10, June 2011

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH



7 pp. 399 kB:

<http://www.gtz.de/de/dokumente/giz2011-en-linking-microinsurance-and-scts.pdf>

Starting from social protection being a fundamental human right, the author wonders how to achieve comprehensive social protection for the poor – maybe by linking microinsurance products with social cash transfers? In her well researched paper, she presents experiences so far with the linkage of these two instruments and discusses the role of the state.

\* \* \*

### ***Externality and Behavioural Change Effects of a Non-Randomised CCT Programme: Heterogeneous Impact on the Demand for Health and Education***

by Clarissa Teixeira, Fabio Veras Soares, Rafael Ribas et al.

International Policy Centre for Inclusive Growth (IPC-IG), June 2011



35 pp. 656 kB:

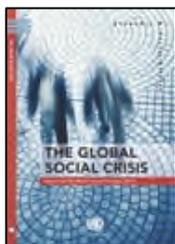
<http://www.ipc-undp.org/pub/IPCWorkingPaper82.pdf>



The paper investigates the impact of the pilot phase of Paraguay's conditional cash transfer programme, Tekoporã, on the demand for healthcare and education, and how much of this impact was due to the cash transfers and/or due to changes in behaviour/preferences, possibly as an effect of other, non-monetary programme components such as the conditionalities and family support visits.

\* \* \*

### ***The Global Social Crisis: Report on the World Social Situation 2011***



by Donald Lee, Jomo Kwame Sundaram, Lisa Ainbinder et al.

The Department of Economic and Social Affairs of the United Nations Secretariat, 2011



129 pp. 995 kB:

<http://social.un.org/index/LinkClick.aspx?fileticket=v0LQqd2FT3k%3d&tabid=1561>

The report finds many governments did not pay sufficient attention to the social implications of the global economic crisis. The report says economic policies considered in isolation from their social consequences often create dire results for people's nutrition,

health and education, which, in turn, adversely affect long-term economic growth.

## Human Resources

### ***Report on the Second Global Forum on Human Resources for Health, Prince Mahidol Award Conference 2011***

2nd Global Forum on Human Resources for Health  
Bangkok, Thailand, 25-29 January 2011



107 pp. 2.6 MB:

[http://www.who.int/entity/workforcealliance/knowledge/resources/SecondHRHForum\\_report\\_en.pdf](http://www.who.int/entity/workforcealliance/knowledge/resources/SecondHRHForum_report_en.pdf)



The Second Global Forum on Human Resources for Health (the Forum) was structured along the line of the Kampala Declaration and six strategies of the Agenda for Global Action. The deliberations reviewed the development and progress made, and identified challenges met in mitigating the global health workforce crisis. This report synthesizes, summarises and reports on the presentations, issues, discussions, achievements, challenges, recommendations and outcomes of the Forum.

\* \* \*

### ***Tackling Health Workforce Shortages during Antiretroviral Treatment Scale-up - Experiences from Ethiopia and Malawi***

by Freya Rasschaert, Mit Philips, Luc Van Leemput et al.  
Journal of Acquired Immune Deficiency Syndromes: 1 August 2011, Vol. 57, pp. S109-S112

Read online/download PDF (4 pp. 90 kb) at:

[http://journals.lww.com/jaids/Fulltext/2011/08012/Tackling\\_Health\\_Workforce\\_Shortages\\_During.14.aspx](http://journals.lww.com/jaids/Fulltext/2011/08012/Tackling_Health_Workforce_Shortages_During.14.aspx)



In many sub-Saharan countries, the health workforce shortage has been a major constraint in the scale-up of antiretroviral treatment. This human resource crisis has led to profound adjustments of the antiretroviral treatment care delivery model in several countries in the region. This article draws on the experience of Malawi and Ethiopia, which have been able to successfully increase their health workforce over a relatively short period, allowing scaling up of antiretroviral treatment.

\* \* \*

### ***Continuity and change in human resources policies for health: lessons from Brazil***

by James Buchan, Ines Fronteira and Gilles Dussault  
Human Resources for Health 2011, 9:17 (5 July 2011)



38 pp. 502 kB:

<http://www.human-resources-health.com/content/pdf/1478-4491-9-17.pdf>

This paper reports on progress in implementing human resources for health (HRH) policies in Brazil, in the context of the implementation and expansion of the Unified Health

System (Sistema Unico de Saude - SUS). There are two key features of HRH change which are related to the implementation of SUS which merit attention: the achievement of staffing growth, and the improvement in HRH policy making and management.

\* \* \*

### ***Human Resources for Health (HRH) Indicator Compendium***



by Sara Pacqué-Margolis, Crystal Ng, and Sylvia Kauffman  
IntraHealth International, June 2011



21 pp. 704 kB:

[http://www.capacityplus.org/files/resources/HRH\\_Indicator\\_Compendium.pdf](http://www.capacityplus.org/files/resources/HRH_Indicator_Compendium.pdf)

This compendium provides a list of published indicators on human resources for health (HRH) organized according to the results framework of the CapacityPlus project. The objective of this compendium is to provide a tool for HRH systems strengthening practitioners interested in monitoring HRH projects and programs.

\* \* \*

### ***Providing Surgical Care in Somalia: A Model of Task Shifting***

by Kathryn M Chu, Nathan P Ford and Miguel Trelles  
Conflict and Health 2011, 5:12 (15 July 2011)



17 pp. 180 kB:

<http://www.conflictandhealth.com/content/pdf/1752-1505-5-12.pdf>

The delivery of surgical care in any conflict-settings is difficult, but in situations where international support is limited, the challenges are more extreme. In this model, task shifting, or the provision of services by less trained cadres, was utilized and peri-operative mortality remained low demonstrating that safe surgical practices can be accomplished even without the presence of fully trained surgeon and anesthesiologists.

\* \* \*

### ***"More money for health - more health for the money": a human resources for health perspective***

by James Campbell, Iain Jones and Desmond Whyms  
Human Resources for Health 2011, 9:18 (15 July 2011)



38 pp. 444 kB:

<http://www.human-resources-health.com/content/pdf/1478-4491-9-18.pdf>

At the MDG Summit in September 2010, the UN Secretary-General launched the Global Strategy for Women's and Children's Health. Central within the Global Strategy are the ambitions of "more money for health" and "more health for the money". These aim to leverage more resources for health financing whilst simultaneously generating more results from existing resources - core tenets of public expenditure management and governance. This paper considers these ambitions from a human resources for health (HRH) perspective.

\* \* \*

***Politics, primary healthcare and health: was Virchow right?***

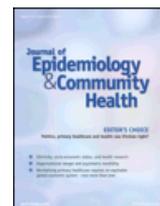
by Barbara Starfield

J Epidemiol Community Health 65:653-655 (August 2011)



3 pp. 140 kB:

<http://jech.bmj.com/content/65/8/653.full.pdf>



Primary care, which has conventionally been considered a clinical discipline, is rapidly becoming a population-oriented discipline (primary healthcare) if for no other reason than that integrated health systems require the definition of a population. Recognition of the inter-relationships between health policy and, even broader, social policy, is not far behind. Healthcare reform is societal and political reform, as Virchow recognised.

\* \* \*

***Revitalising primary healthcare requires an equitable global economic system - now more than ever***

by David Sanders, Fran E Baum, Alexis Benos, David Legge

J Epidemiol Community Health, 65:661-665 (August 2011)



5 pp. 83 kB:

<http://jech.bmj.com/content/65/8/661.full.pdf>

The promised revitalisation of primary healthcare (PHC) is happening at a time when the contradictions and unfairness of the global economic system have become clear, suggesting that the current system is unsustainable. The paper concludes that even well-designed health systems based on PHC have little influence over the broader economic forces that shape their operation and their ability to improve health. Revitalisation of PHC and progress towards health equity are unlikely without strong regulation of the market.

Information & Communication Technology

***Provision of health information for all***



by Richard Smith and Tracey Pérez Koehlmoos  
BMJ 2011; 342:d4151 (Published 30 June 2011)



2 pp. 156 kB:

<http://www.bmj.com/content/342/bmj.d4151.full.pdf>

High quality information is essential for good health, yet many individuals, practitioners, and health organizations - particularly in low and middle income countries - lack access to information. This problem has been highlighted many times and Health Information for All 2015 (HIFA2015) was founded in 2006 with the aim that "by 2015 every person worldwide will have access to an informed healthcare provider - lack of relevant, reliable healthcare information will no longer be a major contributor to avoidable death and suffering". It is unlikely that this ambitious goal will be achieved.

\* \* \*

## **Information Communication and Technology (ICT) in Education for Development**

by Brian Gutterman, Shahreen Rahman, Jorge Supelano et al.  
Global Alliance for ICT and Development - GAID, August 2009



44 pp. 4.4 MB:

<http://unpan1.un.org/intradoc/groups/public/documents/gaid/unpan034975.pdf>



This paper aims to explain the current state of how information and communication technology (ICT) is being used in education and how it can better benefit current and future users. Considered as a powerful tool to promote social and economic development, education has become a primary focus of the recently forged Information and Communication Technology for Development (ICTD) community, especially in the Least Developed Countries.

### Education

## **Open Learning in the Post Schooling System: A case for Open Schooling in South Africa**



by Maryla Bialobrzeska

South African Institute for Distant Education (Saide), July 2011



25 pp. 230 kB

[http://www.saide.org.za/resources/newsletters/Vol\\_17\\_no.3\\_2011/Content/Expanding%20the%20Post%20Schooling%20System%20Feb%202011.docx](http://www.saide.org.za/resources/newsletters/Vol_17_no.3_2011/Content/Expanding%20the%20Post%20Schooling%20System%20Feb%202011.docx)

The findings reported in this publication indicate that in South Africa there are almost three million youth between the ages of 18 and 24 who are not in education, training or employment. This situation points not only to a grave wastage of talent, but also to the possibility of serious social disruption. The authors in this work paint a picture of the enormous reservoir of human talent which exists in the country, but which is not provided with the means to develop.

### Harm Reduction and Drug Use

## **WHO Report on the Global Tobacco Epidemic, 2011**

Warning about the dangers of tobacco

by Kerstin Schotte, Alison Commar, Sameer Pujari et al.  
World Health Organization (WHO), July 2011



164 pp. 6.6 MB:

[http://whqlibdoc.who.int/publications/2011/9789240687813\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240687813_eng.pdf)



This report is the third in a series of WHO reports on the status of global tobacco control policy implementation. It examines in detail the two primary strategies to provide health warnings - labels on tobacco product packaging and anti-tobacco mass media campaigns. It provides a comprehensive overview of the evidence base for warning people about the harms of tobacco use as well as country-specific information on the status of these measures.

\* \* \*

## ***Death by Tobacco: A Big Problem Needs Bigger Action***



by William Savedoff in Global Health, July 12, 2011

Read article [online](#)

Unlike many public health topics that require fine statistical testing to detect small average effects, the impact of controlling tobacco is obvious. While sophisticated studies have demonstrated the effectiveness of different approaches, you can visually see the effects in simple time-series charts for the U.S., the U.K. and France. They demonstrate rapid reductions in tobacco use and subsequent declines in mortality from tobacco-related illnesses, in response to raising tobacco taxes, enforcing smoke free public places, instituting advertising bans, introducing warning labels, and restricting sales.

\* \* \*

## ***Treatment or Torture? Applying International Human Rights Standards to Drug Detention Centers***



by Richard Elliott, Alison Symington, Rick Lines et al.  
Campaign to Stop Torture in Health Care, June 2011



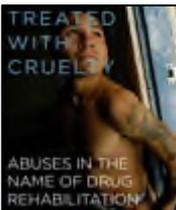
72 pp. 3.4 MB:

[http://www.soros.org/initiatives/health/focus/ihrd/articles\\_publications/publications/treatment-or-torture-20110624/treatment-or-torture-20110624.pdf](http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/treatment-or-torture-20110624/treatment-or-torture-20110624.pdf)

People identified as drug users in many countries are confined to abusive locked detention centers for months or even years. Such detention centers are supposedly mandated to treat and “rehabilitate” drug users, but the “treatment” they receive in some cases amounts to torture or other cruel, inhuman, and degrading punishment. Legal experts review common forms of abuse in drug detention centers and show how these practices in many cases are in violation of basic human rights treaties widely ratified by most nations worldwide.

\* \* \*

## ***Treated with Cruelty: Abuses in the Name of Rehabilitation***



Editing by Roxanne Saucier, Daniel Wolfe, Kathleen Kingsbury et al.  
Campaign to Stop Torture in Health Care, June 2011



44 pp. 2.9 MB:

[http://www.soros.org/initiatives/health/focus/ihrd/articles\\_publications/publications/treated-with-cruelty-20110624/treatedwithcruelty.pdf](http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/treated-with-cruelty-20110624/treatedwithcruelty.pdf)

This new report documents the personal testimonies of men and women who have been detained in drug rehabilitation centers in Cambodia, China, Mexico, and Russia. It presents the harrowing personal stories alongside commentary about the human rights that are being denied to the individuals who are locked away. Manfred Nowak, former UN Special Rapporteur on Torture, also adds his voice in an introduction calling for the closure of drug detention facilities.

Millennium Development Goals

## ***Millennium Development Goals: 2011 Progress Chart***



1 pp. 182 kB:

[http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2011/11-31330%20\(E\)%20MDG%20Report%202011\\_Progress%20Chart%20LR.pdf](http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2011/11-31330%20(E)%20MDG%20Report%202011_Progress%20Chart%20LR.pdf)



Most of the targets included in the Millennium Development Goals framework are to be achieved by 2015 - promising clear and measurable improvements from standards prevailing in 1990. The MDGs break down into 21 quantifiable targets that are measured by 60 indicators. The MDG Progress Chart 2011 presents an assessment of progress as of June 2011 towards selected key targets relating to each Goal.

\* \* \*

### ***The Millennium Development Goals Report 2011***



by the Inter-Agency and Expert Group on MDG Indicators, Department of Economic and Social Affairs of the United Nations Secretariat, July 2011



72 pp. 4.0 MB:

[http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2011/11-31339%20\(E\)%20MDG%20Report%202011\\_Book%20LR.pdf](http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2011/11-31339%20(E)%20MDG%20Report%202011_Book%20LR.pdf)

Significant strides towards achieving the Millennium Development Goals (MDGs) have been made, yet reaching all the goals by the 2015 deadline remains challenging because the world's poorest are being left behind. Between now and 2015, we must make sure that promises made become promises kept. The consequences of doing otherwise are profound: death, illness and despair, needless suffering, lost opportunities for millions upon millions of people.

## Development Assistance

### ***Global Health Initiatives and aid effectiveness: insights from a Ugandan case study***

by Valeria Oliveira Cruz and Barbara McPake  
Globalization and Health 2011, 7:20 (4 July 2011)



36 pp. 275 kB:

<http://www.globalizationandhealth.com/content/pdf/1744-8603-7-20.pdf>

The emergence of Global Health Initiatives (GHIs) has been a major feature of the aid environment of the last decade. This paper seeks to examine in depth the behaviour of two prominent GHIs in the early stages of their operation in Uganda as well as the responses of the government. The authors conclude that notwithstanding attempts to align and harmonize donor activities, the interests and motives of the various actors (GHIs and different parts of the government) undermine such efforts.

\* \* \*

### ***Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners***

Critical Elements and Lessons Learned

by Ernest Ekong, David Hoos, Robert Sheneberger et al.  
AIDS Support and Technical Assistance Resources (AIDSTAR-One),  
May 2011



15 pp. 825 kB:

<http://www.aidstar-one.com/sites/default/files/AIDSTAR-One Transition of Management Treatment.pdf>

Assessing and strengthening countries' capacity to implement policies and manage public resources towards their development goals has become a key priority for donors working to transition management of development programs, such as HIV antiretroviral therapy (ART) programs, to country ownership. The purpose of this technical brief is to highlight the common elements of successfully transitioned programs, their approaches, and lessons learned to help PEPFAR program managers transition their programs to greater host country management.

\* \* \*

### ***Technology and USAID: Three Cheers and a Thousand Cautions***

by Charles Kenny  
Center for Global Development, July 2011



14 pp. 403 kB:

[http://www.cgdev.org/files/1425233\\_file\\_Kenny\\_Tech\\_and\\_USAID\\_FINAL.pdf](http://www.cgdev.org/files/1425233_file_Kenny_Tech_and_USAID_FINAL.pdf)

The role for aid agencies in accelerating the development and rollout of technology is complex. This essay uses the tablet computer, one of the technologies highlighted as a potentially transformative device, as a case study in both the promises and perils of technology in development. The focus on technology will require humility about what any aid agency can accomplish in this area, as well as strong monitoring and evaluation.

\* \* \*

### ***New Models of Technology Assessment for Development***



by Adrian Ely, Patrick Van Zwanenberg & Andrew Stirling  
Social, Technological and Environmental Pathways to Sustainability  
(STEPS) Centre, 2011



50 pp. 956 kB:

[http://www.steps-centre.org/PDFs/Technology\\_Assessment.pdf](http://www.steps-centre.org/PDFs/Technology_Assessment.pdf)

This report explores the role that 'new models' of technology assessment can play in improving the lives of poor and vulnerable populations in the developing world. The 'new models' addressed here combine citizen and decision-maker participation with technical expertise. They are virtual and networked rather than being based in a single office of technology assessment. The report argues for training and capacity-building in technology assessment methodologies in developing countries, and support for internationally co-ordinated technology assessment efforts to address global and regional development challenges.

\* \* \*

### ***Independent Review of Aid Effectiveness***

Ministry for Foreign Affairs  
Commonwealth of Australia, July 2011



353 pp. 3.8 MB:

<http://www.aidreview.gov.au/publications/aidreview.pdf>



The purpose of the Independent Review of Aid Effectiveness was to thoroughly examine the aid program, determine whether the program's current systems, policies and procedures were as effective and efficient as they could be, and to give advice on how to make the program more strategic over the next five years and beyond.

\* \* \*

### ***Can Aid Work? Written Testimony Submitted to the House of Lords***

by Owen Barder

Center For Global Development Essay, July 2011



12 pp. 605 kB:

[http://www.cgdev.org/files/1425286\\_file\\_Barder\\_Can\\_Aid\\_Work\\_Submission\\_House\\_of\\_Lords.pdf](http://www.cgdev.org/files/1425286_file_Barder_Can_Aid_Work_Submission_House_of_Lords.pdf)

The main body of this short essay comprises written testimony that Owen Barder submitted to Britain's House of Lords in response to a question about the effectiveness of foreign aid. In a brief introduction the author draws upon his recent experience living in Ethiopia for three years to shed light on how he thinks about the question of aid effectiveness. He argues that foreign aid, done well, does good, and offers ten recommendations to avoid common pitfalls and improve how aid is delivered.

\* \* \*

### ***Is aid effectiveness giving us better health results?***

by Clare Dickinson

HLSP Institute, July 2011



12 pp. 192 kB:

<http://www.hlsp.org/LinkClick.aspx?fileticket=EzzFbskQILE%3D&tabid=2332&mid=4530>

Aid effectiveness is critical both to maximise the impact of aid and to achieve the necessary changes for long-term, sustainable development. This paper proposes a framework for a results chain that can be used to analyse the contribution of aid effectiveness processes in health. Based on the framework, it presents a rapid synthesis of the evidence to determine whether aid effectiveness processes are improving results in the health sector.

\* \* \*

### ***Who should lead the aid effectiveness debate in the future?***

Speech by Jonathan Glennie

Overseas Development Institute (ODI), July 2011



7 pp. 620 kB:

<http://www.odi.org.uk/resources/download/5857.pdf>

This speech by Jonathan Glennie at the first ODI Busan Debate, House of Commons, London, UK on 6 July 2011 considers what should the role of the DAC be as the "aid-scape" becomes ever more complex? Does the UN have a leading role to play? Does

the presence of non-traditional development actors represent a challenge for recipient countries seeking to assert their leadership, or can less orthodox approaches to development and governance strengthen country ownership? What will the next five years of aid effectiveness look like?

## Others

### ***A Human Health Perspective on Climate Change***



by Christopher J. Portier, Kimberly Thigpen Tart, Sarah R. Carter et al.  
The Interagency Working Group on Climate Change & Health, April 2010



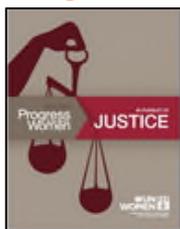
80 pp. 4.8 MB:

[http://www.niehs.nih.gov/health/assets/docs\\_a\\_e/climatereport2010.pdf](http://www.niehs.nih.gov/health/assets/docs_a_e/climatereport2010.pdf)

This report highlights 11 key categories of diseases and other health consequences that are occurring or will occur due to climate change. The report also examines a number of cross-cutting issues for research in this area, including susceptible, vulnerable, and displaced populations; public health and health care infrastructure; capacities and skills needed; and communication and education efforts.

\* \* \*

### ***Progress of the World's Women: In Pursuit of Justice***



by Laura Turquet, Papa Seck, Ginette Azcona et al.  
UN Women, 2011



168 pp. 9.4 MB:

<http://progress.unwomen.org/pdfs/EN-Report-Progress.pdf>

In many countries of the world, the rule of law still rules women out. In every region, there are laws that discriminate against women, in relation to property, the family, employment and citizenship. Too often, justice institutions, including the police and the courts, deny women justice. But, governments and civil society are pioneering innovative approaches to ensure that women can access justice. Catalyzing gender-sensitive law reform, investing in one-stop shops and providing reparations for women are just some of the responses that are making a difference.

\* \* \*

### ***Promoting gender equality to prevent violence against women***

World Health Organization, 2009



18 pp. 591 kB:

[http://www.who.int/violence\\_injury\\_prevention/violence/gender.pdf](http://www.who.int/violence_injury_prevention/violence/gender.pdf)

This briefing for advocates, programme designers and implementers and others is one of a seven-part series on the evidence for interventions to prevent interpersonal and self-directed violence. The other six briefings look at reducing access to lethal means; increasing safe, stable and nurturing relationships between children and their parents and caregivers; developing life skills in children and adolescents; reducing availability and misuse of alcohol; changing cultural norms that support violence; and victim identification, care and support.

## ***Trends and Socioeconomic Gradients in Adult Mortality around the Developing World***

by Damien de Walque and Deon Filmer

The World Bank Development Research Group, Human Development and Public Services Team, June 2011



53 pp. 1.6 MB:

[http://www-](http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2011/06/30/00015834920110630104028/Rendered/PDF/WPS5716.pdf)

[wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2011/06/30/00015834920110630104028/Rendered/PDF/WPS5716.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2011/06/30/00015834920110630104028/Rendered/PDF/WPS5716.pdf)

Under-5 mortality is often used - perhaps implicitly - as a measure of “population health”. But what is happening to adult mortality in Africa? In sub-Saharan Africa, contrary to under-5 mortality everywhere and to adult mortality outside of Africa, adult mortality increased between 1975-79 and 2000-04 and the relationship between adult mortality and income became positive in Africa as indicated by the upward sloping line in 2000-04. This diverging and dramatic trend for sub-Saharan Africa is mainly driven by the HIV/AIDS epidemic.

\* \* \*

## ***Key Indicators for Southern Sudan***



South Sudan Medical Journal, May 2011



4 pp. 925 kB:

<http://www.southsudanmedicaljournal.com/assets/files/misc/Key%20Indicators%20Final%2014%2012%2010.pdf>

The Southern Sudan Centre for Census, Statistics and Evaluation (SSCCSE) is the official statistical agency of the Government of Southern Sudan. It is mandated to collect, analyse and disseminate all official economic, social and demographic statistics. SSCCSE was assigned responsibility for conducting the Southern Sudan section of the 5th Sudan Population and Housing Census in 2008.

## **ELECTRONIC RESOURCES**

### ***World Bank e-Institute for Development***

<http://einsteinute.worldbank.org/ei/>



The e-Institute was launched as a virtual learning classroom to provide convenient, easy, and reliable access to cutting edge knowledge and communities of practice. More than 45 e-Learning courses address complex real-world problems in priority areas such as governance, health, cities, climate change, and public private partnerships. Learners also have access to free monthly podcasts and webinars, video success stories, multimedia toolkits, and other resources.

\* \* \*

### ***Mechai Viravaidya: How Mr. Condom made Thailand a better place***

Video (14 min.) at:

[http://www.ted.com/talks/mechai\\_viravaidya\\_how\\_mr\\_condom\\_made\\_thailand\\_a\\_better\\_place.html](http://www.ted.com/talks/mechai_viravaidya_how_mr_condom_made_thailand_a_better_place.html)

At [TEDxChange](#), Thailand's "Mr. Condom", Mechai Viravaidya, walks us through the country's bold plan to raise its standard of living, starting in the 1970s. First step: population control. And that means a lot of frank, funny - and very effective - talk about condoms.



\* \* \*

### **Family Planning and Reproductive Health Indicators Database**



[http://www.cpc.unc.edu/measure/prh/rh\\_indicators/overview](http://www.cpc.unc.edu/measure/prh/rh_indicators/overview)

This site provides a comprehensive listing of the most widely used indicators for evaluating family planning and reproductive health programs in developing countries. The database contains definitions, data requirements, data sources, purposes, and issues for core indicators along with links to other websites and documents containing additional family planning and reproductive health indicators.

\* \* \*

### **Preventing HIV**



<http://www.aidsmap.com/resources/Preventing-HIV/page/1412415/>

NAM/aidsmap has launched an extensive free online resource, Preventing HIV. In it they examine the available evidence on many aspects of HIV prevention, with references to the original research.

\* \* \*

### **The Journal of Infection in Developing Countries**

<http://www.jidc.org/index.php/journal>



The Journal of Infection in Developing Countries has just published its latest issue at the above URL. It includes a new section called Outbreak! See particularly:

- Escherichia coli (STEC) serotype O104 outbreak causing haemolytic syndrome (HUS) in Germany and France
- Outbreak of Chikungunya in the Republic of Congo and the global picture.

## **INTERESTING WEB SITES**

### **Southern Africa HIV/AIDS Regional Exchange (SHARE) Collaboration Platform**



<http://www.hivsharespace.net/>

This platform is designed to be a virtual space where practitioners, programme managers, donors and other HIV/AIDS-related individuals and organizations can share information and collaborate in Public or Private Groups about HIV/AIDS efforts in southern Africa. The site offers registered users announcements, discussion forums, events, files and online meetings.

## **HERproject Toolbuilder**



<http://herproject.org/toolbuilder>

HERproject is a factory-based women's health education program. Business of a Better World (BSR) leads a coalition of partners, including international companies, their supplier factories and farms, and locally-based NGOs, to promote women's health awareness and access to services. The Toolbuilder allows NGO partners to build training aids with culturally sensitive, hand-drawn illustrations. Users can type in their own language into text boxes, so that it is highly adaptable to the local context.

\* \* \*

## **EduSud: ICT in Education in Africa Portal**

<http://www.edusud.org/spip.php?lang=en>



The EduSud portal, created specifically for teachers by the United Nations Educational, Scientific and Cultural Organization (UNESCO) Regional Office in Dakar, is designed to help teachers discover the world of Open and Distance Learning (ODL) and to provide tools, advice, references, educational resources, and other materials, to help integrate technologies into training and teaching contexts. The portal is available in English and French.

## **TRAINING OPPORTUNITIES**

### **Postgraduate Diploma in Women's Health**



Start: September 2011  
University of Melbourne, Melbourne, VIC, Australia

Core subjects: gender and health inequalities, gender and health: critical perspectives, evaluating evidence in women's health; elective subjects: mental health, women and society, gender violence and health, women and global health (selection).

Language: English

Entry Requirements: Undergraduate degree in a health related field or the social sciences or equivalent.

For more information contact:

Tel.: +61-3-8344-0717

Fax: +61-3-9347-9824

<mailto:enquiries-cwhgs@unimelb.edu.au>

or see: <https://handbook.unimelb.edu.au/view/2011/N27AA>

For more courses and conferences see also:

<http://www.going-international.at/index.php?lang=EN>

\* \* \*

## **Designing & Implementing Social Transfer Programmes**

A course for policymakers, government officials and practitioners around the world  
23 October - 5 November, 2011  
Chiang Mai, Thailand

The Economic Policy Research Institute (EPRI) and the HelpAge East Asia Pacific Regional Development Centre (EAPRDC), together with the Maastricht Graduate School of Governance



This two-week course aims at providing participants with an in-depth understanding of the conceptual and practical issues involved in the development of social transfer programmes. Participants will acquire tools required for the appropriate identification and successful design and implementation of these programmes.

For more information see: <http://www.epri.org.za/courseChiangMai2011.htm>

## **CONFERENCES**

### **1st Global Forum on Bacterial Infections**



3-5 October, 2011, New Delhi, India

The Global Forum will focus on the significant burden of bacterial infections, including pneumonia and hospital-acquired infections, in the developing world. It will be the first gathering of its kind held in a developing country. Participants from both public and private sector organisations will share research findings, challenges and solutions relevant to the developing world. The Global Forum will also offer pre-conference intensive workshops covering antibiotic stewardship and hospital infection control.

For more information <mailto:globalbacteria@cddep.org>  
or visit <http://www.globalbacteria.org> for information on abstract submission, travel awards, student prizes, confirmed speakers, etc.

\* \* \*

### **The 5th Entertainment Education Conference (EE5)**

17 - 20 November 2011  
India Habitat Centre, New Delhi



EE5 will explore the state-of-the-art in Entertainment-Education and position the field for the next generation of innovations. It will bring together a variety of stakeholders from around the world to examine best practices and new advances, conduct hands-on, participatory learning and explore techniques to improve effectiveness.

For more information see: <http://www.ee5conference.org/home>

\* \* \*

## CARTOON



*“See here Sir? It is clearly listed in the fine print as one of the side effects of the pill”*

## TIPS & TRICKS

### **Google Voice Search**

Are you using Google Chrome? Have you been to [Google.com](http://Google.com) lately to do a search? If you have, then you have probably seen this icon next to the search box:



Click it, and you can use your computer's microphone to enter your search string! Just wait until you get the box that says "Speak now" and you are good to go! It's just like the Android smart-phone interface!

\* \* \*

### **Similar Image Google Search**

If you have done an image search on Google lately, you have probably noticed that they have changed their format around a little bit. Instead of just thumbnail images, if you put your mouse over an image it expands a bit, giving you a larger view.

You may also notice a link that says "Similar".

This comes in handy if you are looking for a particular image, but want to see what else is out there that has like traits. So, if the image in question has a color scheme you like or the picture is taken at a certain angle, you can just click 'Similar' and bring up more results that fit your criteria.

For example, you found a picture of a laptop:



Then you clicked Similar:



And you get this!

Best regards,  
[Dieter Neuvians MD](#)

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