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What's New, October 2009*

❖ Author: National Health and Hospitals Reform Commission

Title: [A healthier future for all Australians](#)

Publisher: Commonwealth of Australia - Final Report, June 2009

Category: [Australia](#)

Category Topic: Reports, guidelines and projects

Abstract: “This report [by the National Health and Hospitals Reform Commission] identifies actions that can be taken by governments to reform the health system under three reform goals: tackling major access and equity issues that affect health outcomes for people now; redesigning our health system so that it is better positioned to respond to emerging challenges; and creating an agile and self-improving health system for long-term sustainability.”

❖ Authors: Laura J. Frost & Michael R. Reich

Title: [Access: how do good health technologies get to poor people in poor countries?](#)

Publisher: Harvard Series on Population and International Health, 2008

Category: [Biomedical technology](#); [Inequalities and health](#)

Category Topic: Reports, guidelines and projects

Abstract: “This book explores the challenges and approaches to improving access to health technologies for poor people in poor countries. Our goals are to develop and illustrate a way to think systematically about the barriers to access and to identify strategies that can help improve access.”

❖ Title: [Access to healthcare in post-war Sierra Leone – Summary of a 2005 survey in four districts: Kambia, Tonkolili, Bombali, Bo](#)

Publisher: Médecins Sans Frontières Holland and Médecins Sans Frontières Belgium, January 2006

Category: [Sierra Leone](#)

Category Topic: Reports, guidelines and projects

Abstract: “In 2002, Sierra Leone emerged from more than a decade of civil war. In recent years, the country has been mostly stable, with the exception of a few incidents at the border with Liberia. The civil war – in which half the population was displaced, 50,000 people were killed, 100,000 were mutilated and 250,000 women were raped – has ruined the country’s economy, infrastructure and social services. Despite the end of the hostilities, population’s health status has not improved. Sierra Leone’s maternal mortality rate is among the highest in the world<sup>1</sup>. Some 17% of children die before their first birthday and 25% die before they reach the age of five. Malaria is the number one killer. A new national malaria protocol based on artemisinin-based combination therapy (ACT) has been adopted but effective treatment has not yet been implemented. The country’s healthcare delivery system is in a poor state. Among the health sector’s many problems are insufficient financial resources for guaranteeing appropriate healthcare. Faced with the shortfall of subsidies from government and international sources, most public health structures apply a de facto system of cost recovery, requiring patients to pay for most services. At present the health authorities, together with donor agencies, international organisations and technical advisors, are



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discussing the formal reintroduction of a cost recovery system for drugs and services at all levels of primary healthcare.”

- ❖ Authors: Chris van Weel, Raymond Koopmans, Koos van der Velden, Ben Bottema and Pieter de Vries Robbé

Title: [Bridging the gap between primary care and public health](#)

Publisher: Reprinted from *Australian Family Physician* Vol. 38, No. 4, April 2009

Category: [Primary health care](#)

Category Topic: Reports, guidelines and projects

Abstract: In August 2007, a registrar of our general practitioner training program in The Netherlands diagnosed pneumonia in a young, otherwise healthy, male patient. The registrar established that the patient was in a stable condition and had no risk factors for respiratory tract disease. After consulting the GP supervisor, the patient was treated in the community. This consultation illustrates the place of primary care in the ‘ecology of medical care’<sup>1</sup> – most patients contact primary health care professionals for most health problems, most of the time. Through primary care, the use of medical care facilities is navigated, and patients’ needs are taken into account. The personalised decision was to treat him at home, the navigation decision that no referral or hospital admittance was needed. [author introduction]

- ❖ Author: Dale Fisher

Title: [Cholera in Zimbabwe](#)

Publisher: *Annals Academy of Medicine*, January 2009, Vol. 38, No. 1, pp.82-83

Category: [Zimbabwe](#)

Category Topic: Reports, guidelines and projects

Abstract: “Cholera in Zimbabwe remains uncontrolled, with cholera-associated deaths continuing to be reported in 9 of the nation’s 10 provinces.<sup>1</sup> In the 4 months since the outbreak began in August 2008, more than 35,000 suspected cases have been reported, including 1753 deaths. All provinces are affected but Harare sees almost one third of cases. It is possible that the cumulative numbers could double over the next few months, especially as January to March is a rainy season. The case fatality rate is a remarkably high 3% to 10%, reflecting the difficult circumstances faced by local healthcare providers and the increasingly involved external agencies.”

- ❖ Authors: Dominique Meekers, Martha Silva and Megan Klein

Title: [Determinants of Condom Use Among Youth in Madagascar](#)

Publisher: Population Services International (PSI) Research Division, Working Paper No.55, 2003

Category: [Madagascar](#)

Category Topic: Reports, guidelines and projects

Abstract: Objectives: To identify the key determinants of condom use with regular and casual partners among youth in Madagascar. Data and Methods: Data stem from a reproductive health survey conducted in October–December 2000 among a representative sample of 2,440 youth aged 15–24 living Toamasina province. Following theoretical models of behavior



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change, we use logistic regression to assess the effect of AIDS awareness, personal risk perception, condom access, perceived condom effectiveness, self-efficacy, and social support on condom use. Results: Among sexually experienced youth, only about four in 10 males and two in 10 females have ever used condoms. Fewer than 15% of youth used a condom in last intercourse with their regular partner. Whether youth will try condoms appears to depend largely on condoms' perceived effectiveness for family planning, access to a nearby condom source, parental support for condom use, and patterns of risky sexual behavior. Young males' likelihood of using a condom with a regular partner increases significantly if they perceive condoms to be effective for family planning (odds ratio [OR] = 11.4; p= .019). For females, it increases with level of self-efficacy (OR =2.1; p=.042) and having discussed HIV prevention with someone in the last year (OR=2.8; p=.022). Among males, condom use with casual partners is significantly higher among those who perceive themselves to be at high risk of sexually transmitted infections (OR=2.3; p=.014), who believe condoms are effective for family planning (OR=2.8;p=.048), who have good access to condoms (OR=2.9; p=.002), and who perceive their parents support condom use (OR=1.7; p=.048). Conclusions: Very few youth in Toamasina are using condoms, highlighting the need to continue and expand adolescent reproductive health interventions. Because the determinants of condom use vary by gender and partner type, reproductive health programs for youth need to develop campaign activities and messages that are sensitive to these differences. The results also emphasize the significance of condom use for family planning among youth. Thus, in this low HIV prevalence setting, it is important for youth reproductive health programs to emphasize that condoms are effective for both pregnancy prevention and STI/HIV prevention. [author abstract]

❖ Authors: Oliver Mudyarabikwa and Angelbert Mbengwa

Title: [Distribution of public sector health workers in Zimbabwe: A challenge for equity in health](#)

Publisher: EQUINET Discussion Paper Number 34, April 2006

Category: [Zimbabwe](#)

Category Topic: Reports, guidelines and projects

Abstract: "Zimbabwe, like many other countries in the region, is badly affected by a shortage of health workers. Many of the health indicator improvements achieved during the first ten years of independence are on the decline and the main reason for this is shortage of skilled and experienced health workers at a time when demand for services is increasing due to a growing population and the challenges posed by HIV/AIDS. The public sector provides as much as 65% of health care services in the country (MoHCW 2004), and so a shortage of public sector health workers affects a great majority of the population."

❖ Authors: Didier Ménard, Armand Eugène Randrianarivo-Solofoniaina, Bedja Said Ahmed, Martial Jahevitra, Valérie Andriantsoanirina, Justin Ranjalahy Rasolofomanana and Léon Paul Rabarijaona

Title: [Drug-resistant malaria parasites introduced into Madagascar from Comoros Islands](#)

Publisher: *Emerging Infectious Diseases*, Vol. 13, No. 11, November 2007, pp.1759-1762

Category: [Madagascar](#)



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Abstract: To determine risk for drug-resistant malaria parasites entering Madagascar from Comoros Islands, we screened travelers. For the 141 Plasmodium falciparum isolates detected by real-time PCR, frequency of mutant alleles of genes associated with resistance to chloroquine and pyrimethamine was high. International-level antimalarial policy and a regional antimalarial forum are needed. [author abstract]

❖ Authors: J. André Knottnerus and Gabriël H.M. ten Velden

Title: [Dutch Doctors and Their Patients — Effects of Health Care Reform in the Netherlands](#)

Publisher: *New England Journal of Medicine*, 357; 24: 2424-2426 (December 13, 2007)

Category: [Netherlands](#)

Category Topic: Reports, guidelines and projects

Abstract: “Although the Dutch system provided high-quality care at relatively low cost, many believed that the insurance system offered too little choice, spread the financial burden unevenly, and did little to control increasing health care expenditures. To address these problems, a new statutory health insurance system was introduced in January 2006. Under this system, the public health insurers have been privatized or have merged with private health insurers, and all citizens are required to purchase a basic package of essential health care services, along with “own-risk coverage” (essentially an annual deductible) of €150 each year. The premium for this package is set by insurers in competition with one another, but they must accept all applicants without selecting risks. People with low incomes receive a subsidy for the basic insurance, and there is an option to purchase an additional package to cover nonvital extras. Long-term institutional and nursing home care is covered by mandatory special insurance, with an income-dependent premium.”

❖ Title: [Dutch National Atlas of Public Health](#)

Publisher: Ministry of Health

Category: [Netherlands](#)

Category Topic: Educational resources

Abstract: “A web-based Atlas that maps the regional distribution of health related matters. It not only includes information on the occurrence of certain health-issues – such as epidemics, vaccinations or obesity – but also on the geographic spread of related variables.” Also in [Dutch](#).

❖ Title: [Dutch National Compass of Public Health](#)

Publisher: Ministry of Health

Category: [Netherlands](#)

Category Topic: Educational resources

Abstract: “The National Public Health Compass is the gateway to information about health and disease, risk factors, care and prevention in the Netherlands... The National Public Health Compass is meant for professionals who are active in the field of public health, like policy makers at the ministry of health, regional and local authorities, municipalities, health care providers, patients, consumer organisations, insurers, researchers and health educators.”



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❖ Authors: Edward T. Mujera and Tungamirirai Simbini

Title: [E-Health in Zimbabwe: the role and the capacity of the University of Zimbabwe College of Health Sciences Library](#)

Publisher: University of Zimbabwe College of Health Sciences Library, 2006

Category: [Zimbabwe](#)

Category Topic: Reports, guidelines and projects

Abstract: Healthcare providers and policy makers require current and relevant health information for patient care, research and healthcare reforms. Information and communication technologies (ICTs) have enhanced access to affordable health information in most developing countries. E-health sounds a new concept in health informatics in Zimbabwe but developments in the application of ICTs in the health sector reflect e-health in action. E-health is not only a technical development, but also a way of thinking to improve health care by using information and communication technology. Teaching hospitals' medical libraries are crucial in strengthening healthcare through facilitating accessibility and availability of appropriate health information. The question that may be asked is to what extent is the local College Library capable of participating in e-health. This paper explores the existing ICT supporting infrastructure and the capacity of the College Library to increase health information access through the adoption of e-health. [author abstract]

❖ Authors: Francesco Checchi, Paul Roddy, Sarian Kamara, Arthur Williams, Guy Morineau, Abdul Rahman Wurie, Bona Hora, Nadine de Lamotte, Tim Baerwaldt, Annette Heinzemann, Alison Danks, Loretxu Pinoges, Aggrey Oloo, Rémy Durand, Lisa Ranford-Cartwright and Martin de Smet, on behalf of the Sierra Leone Antimalarial Efficacy Study Collaboration

Title: [Evidence basis for antimalarial policy change in Sierra Leone: five \*in vivo\* efficacy studies of chloroquine, sulphadoxine–pyrimethamine and amodiaquine](#)

Publisher: *Tropical Medicine and International Health*, volume 10, no 2, pp 146–153, February 2005

Category: [Sierra Leone](#)

Category Topic: Reports, guidelines and projects

Abstract: Objectives: To provide nationally relevant information on the antimalarial efficacy of chloroquine (CQ), sulphadoxine–pyrimethamine (SP) and amodiaquine (AQ) in Sierra Leone, with a view to updating antimalarial policy in the country. Methods: Between October 2002 and May 2003, standard WHO methodology for *in vivo* efficacy assessment was used in five sites to study the therapeutic response of 6–59 months old uncomplicated *Plasmodium falciparum* malaria cases treated with CQ (n = 247), SP (n = 353) or AQ (n = 434). Follow-up was of 28 days, with polymerase chain reaction genotyping to distinguish late recrudescences from re-infections. Results: Overall 85.3% of patients reached an analysable endpoint. CQ failure proportions were very high, ranging from 39.5% (95% CI: 25.0–55.6) in Kabala to 78.8% (65.3–88.9) in Kailahun. Early failures under CQ were frequent. SP efficacy was also disappointing, with failure from 23.2% (13.9–34.9) in Kabala to 46.1% (35.4–57.0) in Kailahun. AQ resistance was more moderate, ranging from 5.4% (1.8–12.1) in Makeni to 29.8% (20.3–40.8) in Kailahun, with almost no early failures. AQ also provided more rapid



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fever and parasite clearance. Conclusion: In a consensus meeting organized by the Ministry of Health and Sanitation, and based on these findings, artesunate (AS) + AQ and artemether–lumefantrine (Coartem™) were identified as the only options to rapidly replace CQ. The choice fell on AS + AQ because of expected high efficacy, lower cost in a blister presentation, and the absence of safety data on artemether–lumefantrine in pregnancy. Donor support is required to support this policy change. Throughout Africa, as SP resistance increases, these two regimens are probably the only options available while newer combinations are developed. Efficacy studies should focus on testing AQ and AS + AQ. [author summary]

❖ Authors: Carlos Mendes Tavares, Néia Schor, Ivan França Junior and Simone Grilo Diniz  
Title: [Factors associated with sexual initiation and condom use among adolescents on Santiago Island, Cape Verde, West Africa](#)

Publisher: *Cadernos de Saúde Pública* (Rio de Janeiro), 25(9): 1969-1980, September, 2009

Category: [Cape Verde](#)

Category Topic: Reports, guidelines and projects

Abstract: The current study focuses on factors associated with sexual initiation and condom use among teenagers on Santiago Island, Cape Verde, according to gender. This was a representative, probabilistic sample of 13-to-17-year-olds (n = 768) attending public secondary schools on Santiago Island in 2007. Associations were tested by test of proportion, Pearson's chi-square, or Fisher's exact test and logistic regression. Factors related to sexual initiation among boys were: age over 14 years, Catholic religion, and alcohol consumption. For girls, the factors included: > 9 years of schooling and involvement in an affective-sexual relationship. Unlike other Sub-Saharan countries, this study showed a high prevalence of condom use during initial sexual activity. Adolescents are able to safely begin sexually active life if they have access to information, sex education, and other STD prevention and contraceptive methods. This study provides insights on the development of policies to reduce the vulnerability of the young population to STD/AIDS and the limits and challenges related to the promotion of condom use and sex education, focusing on unequal gender relations. [author abstract]

❖ Title: [Growth and Poverty Reduction Strategy Paper](#)

Publisher: Republic of Cape Verde, Ministry of Finance and Planning, September 2004

Category: [Cape Verde](#)

Category Topic: National policy and related documents

Abstract: "This document describes the growth and poverty reduction strategy (GPRS) the Government of Cape Verde intends to implement during the period 2004-2007. The approach used to design the strategy considers that the GPRS should be at the center of public policies designed to fight poverty by promoting economic growth, with strong involvement of the private sector. Three levels are thus emphasized: (i) global level (governance, macroeconomic policy); (ii) sectoral level, by means of specific programs targeting the social sectors with greatest impact on poverty; and (iii) regional and local level, by taking advantage of participation and of the greater effectiveness of decentralizing policies in fighting poverty. The GPRS is part of a broader strategic planning exercise that has been under way in Cape



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Verde and has as main pillars the Grand Options of the Plan 2002-2005 (GOP) and the National Development Plan (NDP). The link between the NDP and the GPRS ensures global coherence of the planning instruments, thus facilitating management and monitoring of the various programs, and avoids duplication of efforts and procedures. On the other hand, both the NDP and the GPRS include the same sectoral programs, thus guaranteeing coherence between the global growth and poverty reduction goals on one hand, and the sectoral policies, on the other.”

- ❖ Authors: Hans Wessel, Pitt Reitmaier, Alice Dupret, Ernesto Rocha, Sven Cnattingius and Staffan Bergström

Title: [Health-Seeking Patterns among Fatally Ill Capeverdian Women](#)

Publisher: *African Journal of Reproductive Health* 2004; 8[3]:176-187

Category: [Cape Verde](#)

Category Topic: Reports, guidelines and projects

Abstract: The circumstances of 94 deaths among females aged 15-49 years in Cape Verde were investigated to assess their access to effective care. Persons associated with the deceased women were interviewed (verbal autopsy) to explore contributing causes of death, perceived illnesses and treatment efforts. The certainty of diagnosis and avoidability of the fatal outcome were assessed by a panel of experts. A model of health care accessibility is elaborated to identify restricting (delay) factors. Deliberate avoidance of modern medical care and reliance on traditional medicine were major delay factors, while unawareness of the severity of symptoms and affordability limits were minor delay factors in this population. A detailed sorting of cases by health care level is used to identify the effectiveness of diagnosing, referral and care provided. Since a high proportion of avoidable deaths occurred in hospital, the quality of care may have been sub-optimal. [author abstract]

- ❖ Authors: Maria R. Khan, Justin R. Rasolofomanana, Kristi J. McClamroch, Andriamampianina Ralisimalala, Maurice G. Zafimanjaka, Frieda Behets and Sharon S. Weir

Title: [High-Risk Sexual Behavior at Social Venues in Madagascar](#)

Publisher: *Sexually Transmitted Diseases*: August 2008 - Volume 35 - Issue 8 - pp 738-745

Category: [Madagascar](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Persistent high levels of sexually transmitted infection (STI) in Madagascar indicate current prevention strategies are inadequate. STI/HIV prevention based in social venues may play an important role in reaching individuals at risk of infection. We identified venues where people meet sexual partners and measured the need and potential for venue-based prevention. Methods: Interviews were conducted in 7 Madagascar towns with 1) community informants to identify social venues, 2) individuals socializing at a sample of venues to assess sexual behavior among venue patrons, and 3) venue representatives to assess the potential for venue-based intervention. Results: Community informants identified numerous venues (range: 67–211 venues, depending on the town); streets, bars, and hotels were most commonly reported. Among 2982 individuals socializing at venues, 78% of men and 74% of women reported new sexual partnership or sex trade for money, goods, or



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services in the past 4 weeks and 19% of men and 18% of women reported symptoms suggestive of STI in the past 4 weeks. STI symptom levels were disproportionately high among respondents reporting either sex trade or new sexual partnership in the past 4 weeks. Twenty-eight percent of men and 41% of women reported condom use during the last sex act with a new partner. Although 24% to 45% of venues had hosted STI/HIV interventions, interventions were deemed possible at 73% to 90% venues according to 644 interviews with venue representatives. Conclusions: Venue-based intervention is possible and would reach a spectrum of populations vulnerable to STI/HIV including sex workers, their clients, and other high-risk populations. [author abstract]

❖ Title: [Highlights on health in San Marino – 2005](#)

Publisher: World Health Organization, 2006

Category: [San Marino](#)

Category Topic: Reports, guidelines and projects

Abstract: “*Highlights on health* give an overview of a country’s health status, describing recent data on mortality, morbidity and exposure to key risk factors along with trends over time. The reports link country findings to public health policy considerations developed by the WHO Regional Office for Europe and by other relevant agencies. Highlights on health are developed in collaboration with Member States and do not constitute a formal statistical publication.”

❖ Author: Reginald Matchaba-Hove

Title: [HIV/AIDS in the Zimbabwe Defence Force: A civil society perspective](#)

Publisher: Chapter 6 of *The Enemy Within: Southern African Militaries' Quarter-Century Battle with HIV and AIDS*, edited by Martin Rupiya. Institute for Security Studies, Pretoria, South Africa, October 2006, pp.157-188.

Category: [Zimbabwe](#)

Category Topic: Reports, guidelines and projects

Abstract: “This chapter constitutes a civil society perspective of HIV/AIDS and the military in Zimbabwe. A brief background is provided outlining the country’s geographic and demographic profile, political economy, aspects of food supply and civil society’s concern about the militarisation of civilian institutions. A detailed outline of the epidemiology of HIV/AIDS in Zimbabwe is provided, including Zimbabwe’s response to the pandemic, followed by some discussion of recent results that reflect a decline in national HIV prevalence. The chapter then attempts to examine the epidemiology of HIV/AIDS within the military and the military’s response to the pandemic, using data that is available to the public. The military’s recruitment, in-service and post-employment policies in relation to HIV/AIDS are outlined. These policies are juxtaposed against local, regional (Southern African Development Community — SADC) and international (International Labour Organisation — ILO, United Nations — UN) policies on occupational health and HIV/AIDS in the workplace. Various recommendations are offered on how Zimbabwe’s military could use its leading role in the region to impact on various international levels...”



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- ❖ Title: [Human Resources for Health Policy in Sierra Leone for the Ministry of Health and Sanitation](#)

Publisher: Sierra Leone Government, Ministry of Health and Sanitation, October, 2006

Category: [Sierra Leone](#)

Category Topic: National policy and related documents

Abstract: "This HRH policy document addresses the production and utilization of Human Resources (HR) within the Ministry of Health and Sanitation in Sierra Leone. It also responds to the contemporary challenges and developments including the exodus of human resources and advancement in technology. Sierra Leone is facing a major crisis in responding to the heavy Burden of Disease and this exerts a lot of strain on the already overwhelmed health system. Following the development of the draft Health Human Resource Plan in August 2004, feasible strategies for strengthening the human resource base and its management were identified as critical to responding to implementation strategies. One of the recommendations in the human resources plan was to develop a policy for human resources for health and Sanitation. This policy intends to regulate and direct planning, production, management, utilization and monitoring of HR within the health sector."

- ❖ Title: [Improving Maternal, Newborn and Child Health in the South-East Asia Region: Maldives](#)

Publisher: WHO Regional Office for South-East Asia, 2005

Category: [Maldives](#)

Category Topic: Reports, guidelines and projects

Abstract: "The health policy of the Maldives states that the enjoyment of the highest attainable level of health is a basic right of every citizen. Therefore, the government places great emphasis on the accessibility and affordability of health care services and the health of women and other vulnerable groups. An important part of the long term national efforts to improve maternal and child health, is increasing awareness of the opportunities for practicing family planning. The effects of this effort can be seen in the dramatic decrease in the crude birth rate from 41 per 1000 live births in 1990 to 18 per 1000 in 2003."

- ❖ Author: DH/Primary and Community Care Strategy team

Title: [Improving Quality in Primary Care](#)

Publisher: UK Department of Health, NHS, September 2009

Category: [United Kingdom](#)

Category Topic: Reports, guidelines and projects

Abstract: "No single element or individual can improve quality in primary care alone. It involves a package of measures including: guidelines and standards to bring clarity to quality; measuring quality; publishing information on quality; recognising and rewarding quality improvement; providing leadership; safeguarding essential levels of safety and quality; and staying ahead through innovation. These measures and their significance to primary care services are described in the seven elements of this document, alongside practical ideas, tools and resources that Primary Care Trusts (PCTs) can use to support and enable quality improvement for patients."



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❖ Title: [L'Institut National de Santé Publique et Communautaire \(INSPC\)](#)

Category: [Madagascar](#)

Category Topic: Academic institutions

Abstract: «L'INSPC s'engage à mettre à disposition son expertise institutionnelle pour former un personnel de santé publique et communautaire spécialisé immédiatement opérationnel en fonction des besoins du pays, assurer le développement personnel de ses clients et offrir son appui organisationnel.» [Site in French]

❖ Authors: Institut National de la Statistique Ministère de l'Economie, des Finances et du Budget Antananarivo, Madagascar and ORC Macro Calverton, Maryland, USA

Title: [Madagascar: Demographic and Health Survey, 2003-04](#)

Publisher: Measure DHS, February 2005

Category: [Madagascar](#)

Category Topic: Reports, guidelines and projects

Abstract: Comprehensive survey results are published in the DHS Final Reports approximately 8-12 months after the completion of fieldwork. Standard reports are approximately 200 pages in length and include, but are not limited to, topics such as: household and respondent characteristics, fertility and family planning, maternal and child health, nutrition, and HIV/AIDS. In French. [Key findings available in English.](#)

❖ Authors: John W. Lynch and Sam Harper

Title: [Measuring Health Disparities](#)

Publisher: Michigan Public Health Training Center (MPHTC), Center for Social Epidemiology and Population Health, and Prevention Research Center of Michigan

Category: [Inequalities and health](#)

Category Topic: Reports, guidelines and projects

Abstract: "This interactive course focuses on some basic issues for public health practice -- how to understand, define and measure health disparity. This course examines the language of health disparity to come to some common understanding of what that term means, explains key measures of health disparity and shows how to calculate them. This computer-based course provides a durable tool that is useful to daily activities in the practice of public health. The material is divided into four content sections: Parts I and II review what health disparities are, how they are defined, and provide an overview of common issues faced in measuring health disparities; Parts III and IV introduce users to a range of health disparity measures, providing advantages and disadvantages of each, and discuss how best to use different measures to communicate and evaluate health disparity in our communities."

❖ Title: [Nauru Communicable Disease Bulletin: February 2009](#)

Publisher: Secretariat of the Pacific Community, New Caledonia, 2009

Category: [Nauru](#)

Category Topic: Reports, guidelines and projects



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Abstract: “Nauru department of health has initiated production and distribution of monthly communicable diseases bulletin since October 2008 and this bulletin is for the month of February 2009. The data analysis in this bulletin is based on the available information from reporting of signs and symptoms of diseases under notification and lab-confirmation... There were some challenges in data collection and there might have been other notifiable diseases which were undetected and underreported. The diarrhoea cases are still common in Nauru but there were no serious and bloody diarrhoea cases reported. Nauru public health department is implementing the prevention and control measures like regular water testing, environmental sanitation and personal hygiene promotion.”

❖ Author: Dimitrios C. Papaventsis, Winifred Dove, Nigel A. Cunliffe, Osamu Nakagomi, Patrice Combe, Pierre Grosjean and C. Anthony Hart

Title: [Norovirus Infection in Children with Acute Gastroenteritis, Madagascar, 2004–2005](#)

Publisher: *Emerging Infectious Diseases*, Vol. 13, No. 6, June 2007, pp.908-911

Category: [Madagascar](#)

Category Topic: Reports, guidelines and projects

Abstract: Of 237 children with acute gastroenteritis in Antananarivo, Madagascar, during May 2004–May 2005, 14 (~6%) were infected with norovirus. Seasonality (November–December peak) was detected. Reverse transcription–PCR identified GII as the most common genogroup. GIs belonged to GI.1, GI.3, and GI.4. Noroviruses in Madagascar show extensive genetic diversity. [publication abstract]

❖ Authors: Cordula Wagner, Jacqueline Cuperus-Bosma, Gerrit van der Wal

Title: [Patient safety in Dutch hospitals](#)

Publisher: *Italian Journal of Public Health* - Year 3, Volume 2, Number 3-4, pp.59-63, 2005

Category: [Netherlands](#)

Category Topic: Reports, guidelines and projects

Abstract: In various studies outside the Netherlands, it has been shown that a substantial number of patients suffer from some kind of harm during their treatment in hospital. The incidence of these so-called adverse events varies between 2.9% and 16.6%; it is estimated that between over a quarter and a half of these are considered to be avoidable. Preventable adverse events can be considered to be a starting point for interventions to increase patient safety. In response to this, a study was initiated in Dutch hospitals investigating the nature and extent of adverse events and their causes. Lessons learnt will be discussed within the European Research Network on Quality in Health Care (ENQual), where researchers and policy makers come together to exchange knowledge and experiences. Two important goals of the Dutch study are to reach a consensus on basic concepts and to improve research methodology. An unintended event resulting in harm caused by healthcare is called an adverse event in international literature. Preventable adverse events are especially important for prevention, in these cases the harm can be attributed to unintended events in the care process, caused by insufficient action according to professional standards and failures within the care system. Most adverse events, caused as they may seem by human action or failing to act at first sight, are often partly caused by a care process that has not been properly organized. Uniform concepts are needed in order to facilitate European comparisons, which



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would allow, for example, the comparison of Dutch research results with those from other countries, and the identification of specific concepts. One of the six action areas of the WHO's World Alliance for Patient Safety is the development of a 'patient safety taxonomy'. [author abstract]

❖ Title: [Pitcairn Islands: Country Health Information Profile, 2005](#)

Publisher: WHO

Category: [Pitcairn Islands](#)

Category Topic: Reports, guidelines and projects

Abstract: This WHO document encompasses: Demographics, gender and poverty; Political and socioeconomic situation; Health situation; National health plan and priorities; Major information sources; and Addresses.

❖ Title: [Pitcairn Islands: Country Health Information Profile, 2009](#)

Publisher: WHO

Category: [Pitcairn Islands](#)

Category Topic: Reports, guidelines and projects

Abstract: This WHO document encompasses: 1. Context; 2. Health situation and trend; 3. Health system; 4. Listing of major information sources and databases; and 5. Addresses.

❖ Authors: Céline Barnadas, Arsène Ratsimbaoa, Hanitra Ranaivosoa, Didier Ralaizandry, Diamondra Raveloariseheno, Vony Rabekotonorina, Stephane Picot, and Didier Ménard

Title: [Prevalence and Chloroquine Sensitivity of \*Plasmodium malariae\* in Madagascar](#)

Publisher: *American Journal of Tropical Medicine and Hygiene*, 77(6), 2007, pp. 1039–1042

Category: [Madagascar](#)

Category Topic: Reports, guidelines and projects

Abstract: We report the results of clinical studies carried out at six sites in Madagascar, between January and October 2006. The aims were (i) to update our knowledge of the burden of *Plasmodium malariae* infection and (ii) to assess the therapeutic efficacy of chloroquine for uncomplicated quartan malaria. Our findings confirm that *P. malariae* is the third leading cause of malaria, accounting for 1.1% of all malarial infections. They also demonstrate that chloroquine — currently recommended for the home management of presumed malaria in children under the age of five years and commonly used by adults — remains highly effective in patients with uncomplicated *P. malariae* infection. [author abstract]



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❖ Authors: Freddy Perez, Joanna Orne-Gliemann, Tarisai Mukotekwa, Anna Miller, Monica Glenshaw, Agnes Mahomva and François Dabis

Title: [Prevention of mother to child transmission of HIV: evaluation of a pilot programme in a district hospital in rural Zimbabwe](#)

Publisher: *BMJ* 2004; 329; 1147-1150

Category: [Zimbabwe](#)

Category Topic: Reports, guidelines and projects

Abstract: Problem: Zimbabwe has one of the highest rates of HIV seroprevalence in the world. In 2001 only 4% of women and children in need of services for prevention of mother to child transmission of HIV were receiving them. Design: Pilot implementation of the first programme for prevention of mother to child transmission of HIV in rural Zimbabwe. Setting: 120 bed district hospital in Buhera district (285 000 inhabitants), Manicaland, Zimbabwe. Key measures for improvement: Programme uptake indicators monitored for 18 months; impact of policy evaluated by assessing up-scaling of programme. Strategies for change: Voluntary counselling and testing services for HIV were provided in the hospital antenatal clinic. Women identified as HIV positive and informed of their serostatus and their newborn were offered a single dose antiretroviral treatment of nevirapine; mother-child pairs were followed up through routine health services. Nursing staff and social workers were trained, and community mobilisation was conducted. Effects of change: No services for prevention of mother to child transmission of HIV were available at baseline. Within 18 months, 2298 pregnant women had received pretest counselling, and the acceptance of HIV testing reached 93.0%. Of all 2137 women who had an HIV test, 1588 (74.3%) returned to collect their result; 326 of the 437 HIV positive women diagnosed had post-test counselling, and 104 (24%) mother-child pairs received nevirapine prophylaxis. Lessons learnt: Minimum staffing, an enhanced training programme, and involvement of district health authorities are needed for the implementation and successful integration of services for prevention of mother to child transmission of HIV. Voluntary counselling and testing services are important entry points for HIV prevention and care and for referral to community networks and medical HIV care services. A district approach is critical to extend programmes for prevention of mother to child transmission of HIV in rural settings. The lessons learnt from this pilot programme have contributed to the design of the national expansion strategy for prevention of mother to child transmission of HIV in Zimbabwe. [author abstract]

❖ Authors: Nicole Tapay and Francesca Colombo

Title: [Private Health Insurance in the Netherlands: A Case Study](#)

Publisher: OECD Health Working Papers No.18 (DELSA/ELSA/WD/HEA(2004)9), 16 December 2004

Category: [Netherlands](#)

Category Topic: Reports, guidelines and projects

Abstract: "Private health insurance (PHI) is the sole source of primary health coverage for a third of the Netherlands' population earning above a set income threshold. Social insurance (together with limited public (tax-based financing) is the main source of health coverage for the majority of the population. Most socially insured also purchase supplementary private health coverage. All citizens are eligible for a system of coverage for long-term care and care for the chronically ill. Thus, in the Netherlands, the source of health financing is determined



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according to the category of health risk, type of illness, as well as income level. Decisions have been made allocating the cost of more expensive long-term care and coverage of high-risk individuals and persons earning below a set level, to social or public insurance, or to PHI subsidised by a broader pool.”

❖ Author: Maarten J. Postma

Title: [Public health economics of vaccines in the Netherlands: methodological issues and applications](#)

Publisher: *Journal of Public Health* (2008) 16: 267–273

Category: [Netherlands](#)

Category Topic: Reports, guidelines and projects

Abstract: Aim: This article seeks to highlight the methodological issues involved in the public health economics of vaccines in the Netherlands and the ensuing implications for immunisation policy. Subjects and methods: We review and analyse the role of health economics (and especially cost-effectiveness issues) in the decision-making process of the Dutch (1) Drugs Reimbursement System and (2) National Immunisation Programme. Different types of health-economic analyses are illustrated by the examples of meningococcal C, pneumococcal, and human papilloma virus (HPV) vaccines. Results: The role of health economics has recently increased in importance in Dutch public health decision-making concerning vaccines. The choice of vaccine strategy against meningococcus C, the shift in favour of introducing pneumococcal vaccine, and the prolonged decision on the reimbursement for HPV vaccine were all related to the health-economic component in the recommendation process. Conclusion: The role of health economics is growing in decision-making regarding the reimbursement of new therapeutic and prophylactic products. Vaccines, like drugs, will have increasingly to prove their cost-effectiveness if manufacturers are to lead their product not only from phases I to IV, but also through to implementation as part of national immunisation policies covered within national reimbursement systems. [author abstract]

❖ Authors: Mohamed Ag Bendeck, Shawn K. Baker, Gil Cusack, Sylvetta Scott, Melrose Tucker and Marian Bangura

Title: [Rapid vitamin A supplementation coverage surveys drive program improvement in Sierra Leone](#)

Publisher: *Sight and Life, Newsletter* 3/2005

Category: [Sierra Leone](#)

Category Topic: Reports, guidelines and projects

Abstract: “It is estimated that in sub-Saharan Africa over 42% of children under five years of age are at risk of vitamin A deficiency (VAD) and that sustained VAD control can avert over 645,000 child deaths per year (1). VAD control is an essential component of achieving the Millennium Development Goal (MDG) of reducing under-five mortality by two-thirds by the year 2015 in sub-Saharan Africa in general, and in Sierra Leone in particular. UNICEF estimates that Sierra Leone has the highest under-five mortality in the world – 284 per 1,000 live births (2). It is estimated that 47% of children in Sierra Leone are at risk of VAD (3) and that sustained VAD control will avert over 37,000 child deaths over the next five years (4).



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The Ministry of Health and Sanitation (MoH&S) of the Government of Sierra Leone is committed to sustained elimination of VAD. Biannual vitamin A supplementation (VAS) is the cornerstone of the VAD control strategy. The Nutrition Forum of the Economic Community of West African States (5) has set an objective of minimum 80% VAS coverage twice per year for children 6–59 months, in conjunction with National Immunization Days (NIDs) for all countries in the region.”

❖ Author: Sanjay Chaudhary

Title: [Report on Capacity Building in Food Safety in Post-Tsunami Maldives](#)

Publisher: WHO Regional Office for South-East Asia, Project: MAV EHA 050 (27 March 2005 – 27 May 2005)

Category: [Maldives](#)

Category Topic: Reports, guidelines and projects

Abstract: “The massive tsunami of 26 December 2004 that left a trail of destruction across much of South-east Asia, devastated the Maldives. Although the number of casualties was low compared with the rest of the affected nations, the impact was tremendous as the entire country and one third of the population was affected. Pre-tsunami Maldives was already dependent on import of most of the food items. Besides being heavily dependent on tourism, which constitutes 33 % of GDP, fishing and agriculture account for around 20% of GDP. Post-tsunami hundreds of fishing boats, fishing equipment and cold / insulated storage facilities belonging to fishermen were damaged or destroyed, crippling the Maldivian fish and seafood industry. With the Tsunami waters flooding Maldives, fruits and agricultural crops were swept away and most parts of the agricultural land covered with salty mud leaving it unusable for agricultural purposes in the immediate future. Given this backdrop, assessment of the food safety situation, in the aftermath of the Tsunami disaster in Maldives, was undertaken from 9 January 2005 – 20 January 2005 (ICP EHA 011). Recommendations in terms of immediate measures, short term measures and long-term measures were made to the Government for improving the food safety situation in Maldives.”

❖ Authors: Nauru Bureau of Statistics, the Secretariat of the Pacific Community and Macro International Inc.

Title: [Republic of Nauru: Demographic and Health Survey, 2007](#)

Publisher: Secretariat of the Pacific Community, New Caledonia, April 2009

Category: [Nauru](#)

Category Topic: Reports, guidelines and projects

Abstract: “This [summary] report summarises the findings of the 2007 Nauru Demographic and Health Survey implemented by the Nauru Bureau of Statistics in coordination with the Ministry of Health. The Secretariat of the Pacific Community was the executing agency for the project... The findings of the 2007 NDHS are very important in measuring the achievements of family planning and other health programmes.”



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❖ Authors: MJ Chimbari, D Madhina, F Nyamangara, H Mtandwa and V Damba  
Title: [Retention incentives for health workers in Zimbabwe](#)  
Publisher: Regional Network for Equity in Health in East and Southern Africa (EQUINET), Discussion Paper 65, September 2008  
Category: [Zimbabwe](#)  
Category Topic: Reports, guidelines and projects  
Abstract: “This paper investigates the impact of the framework and strategies to retain critical health professionals (CHPs) that the Zimbabwean government has put in place, particularly regarding non-financial incentives, in the face of continuing high out-migration. The out-migration of CHPs to countries in the region or overseas remains one of Zimbabwe's most pressing problems. The movement of staff is not only from lower to higher levels in the public sector, or from public to private institutions. Now even lower-level staff are leaving in increasing numbers for other countries in the region or beyond. Their departure confronts the assumption that these newly trained staff would replace experienced staff who had already emigrated. The paper examines the impacts of non-financial retention incentives being applied, and makes recommendations aimed at enhancing the monitoring, evaluation and management of the incentives by the Zimbabwe Health Service Board (ZHSB), the institution responsible for administering them.”

❖ Authors: Vivien WM Chuang, TY Wong, YH Leung, Edmond SK Ma, YL Law, Owen TY Tsang, KM Chan, Iris HL Tsang, TL Que, Raymond WH Yung and SH Liu  
Title: [Review of dengue fever cases in Hong Kong during 1998 to 2005](#)  
Publisher: *Hong Kong Medical Journal*, 2008; 14: 170-177  
Category: [China](#)  
Category Topic: Reports, guidelines and projects  
Abstract: Objective: To describe the epidemiology, clinical and laboratory findings, and outcomes of patients presenting locally with dengue. Design: Retrospective review of case records. Setting: Public hospitals, Hong Kong. Patients: Medical records of all laboratory-confirmed dengue patients admitted to public hospitals during 1998 to 2005 were reviewed retrospectively. Results: A total of 126 cases were identified, 123 (98%) being dengue fever and three (2%) dengue haemorrhagic fever. One patient who had blood transfusion-acquired dengue fever was highlighted. A total of 116 (92%) cases were ‘imported’, while 10 (8%) were local. Among the 56 dengue cases confirmed by reverse transcription-polymerase chain reaction, dengue virus type 1 was the most common accounting for 48% of them, followed by type 2, type 3, and type 4 responsible for 23%, 16%, and 13%, respectively. Only type 1 and type 2 were present in locally acquired infections. The median age of the patients was 38 years and the mean duration of hospitalisation was 6 days. There was no mortality, and nearly all patients (98%) presented with fever. Other symptoms at presentation included: myalgia (83%), headache (65%), fatigue (59%), and skin rash (60%). More than one third of patients had gastro-intestinal and upper respiratory complaints. Maculopapular skin rash was the most common physical finding. Thrombocytopenia, neutropenia, and lymphopenia were present in 86%, 78%, and 69% of the patients, respectively. In only 29% of the patients was dengue fever included in the initial differential diagnosis. The demographic, clinical, and laboratory findings as well as outcomes did not differ significantly among the four dengue serotypes, but the lowest lymphocyte counts of type 3 was lower than the other serotypes (P=0.004).



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Conclusion: When physicians encounter patients with a relevant travel history, presenting with fever and skin rash, and having compatible haematological findings, dengue fever should be included in the differential diagnosis. [author abstract]

❖ Title: [Sanitation and hygiene in developing countries: identifying and responding to barriers – A case study from Madagascar](#)

Publisher: Overseas Development Institute (ODI), February 2007

Category: [Madagascar](#)

Category Topic: Reports, guidelines and projects

Abstract: “This report offers a snapshot of the sector as it is perceived by key decision-makers and experts at national level and by users and practitioners in one locality.”

❖ Author: Abel Chikanda

Title: [Skilled health professionals' migration and its impact on health delivery in Zimbabwe](#)

Publisher: Centre on Migration, Policy and Society Working Paper No. 4 University of Oxford, 2004 (WP-04-04)

Category: [Zimbabwe](#)

Category Topic: Reports, guidelines and projects

Abstract: The paper investigates the magnitude of migration of health professionals from Zimbabwe, the causes of such movements and the associated impacts on health care delivery. International migration of health professionals has led to staff shortages and the situation is worse in public compared to private health institutions. The quality of care given to patients has also declined. The research calls for the adoption of an integrated approach in solving the concerns of health professions. [author abstract]

❖ Authors: Martin Eichner, Markus Schwehm, Nick Wilson and Michael G Baker

Title: [Small islands and pandemic influenza: Potential benefits and limitations of travel volume reduction as a border control measure](#)

Publisher: *BMC Infectious Diseases* (September 2009), 9: 160

Category: [Communicable diseases](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: Some island nations have explicit components of their influenza pandemic plans for providing travel warnings and restricting incoming travellers. But the potential value of such restrictions has not been quantified. Methods: We developed a probabilistic model and used parameters from a published model (i.e., InFluSim) and travel data from Pacific Island Countries and Territories (PICTs). Results: The results indicate that of the 17 PICTs with travel data, only six would be likely to escape a major pandemic with a viral strain of relatively low contagiousness (i.e., for  $R_0 = 1.5$ ) even when imposing very tight travel volume reductions of 99% throughout the course of the pandemic. For a more contagious viral strain ( $R_0 = 2.25$ ) only five PICTs would have a probability of over 50% to escape. The total number of travellers during the pandemic must not exceed 115 (for  $R_0 = 3.0$ ) or 380 (for  $R_0 = 1.5$ ) if a PICT aims to keep the probability of pandemic arrival below 50%. Conclusion: These results suggest that relatively few island nations could successfully



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rely on intensive travel volume restrictions alone to avoid the arrival of pandemic influenza (or subsequent waves). Therefore most island nations may need to plan for multiple additional interventions (e.g., screening and quarantine) to raise the probability of remaining pandemic free or achieving substantial delay in pandemic arrival. [author abstract]

❖ Author: Si Thu Win Tin

Title: [‘Stomp the Fat’ – an effective national weight-reduction campaign](#)

Publisher: *Diabetes Voice*, March 2009, Volume 54, Issue 1, pages 40-43

Category: [Nauru](#)

Category Topic: Reports, guidelines and projects

Abstract: Despite a fall in diabetes prevalence from around 35% in 1975 to 16% in 2004, obesity and non-communicable diseases, including type 2 diabetes, remain the primary threat to health and well-being confronting Nauru in the 21st century. Nauru has few natural resources and, with a population of only 10,000, does not have the critical mass to support manufacturing. Nor, with a tiny land mass of 21 km<sup>2</sup> and unfavourable topography and soil conditions, can it support farming. Since the decline in phosphate reserves due to over-mining, Nauru has little left to trade and is highly dependent on foreign assistance. Access to healthy food is limited both by its scarcity and its cost. These problems are reflected in high rates of overweight and obesity (82.2%), and other non-communicable disease risk factors, such as smoking (52.9%), alcohol consumption (46.2%) and physical inactivity (16.5%). Si Thu Win Tin reports on nationwide efforts to turn the tide against the noncommunicable disease burden in Nauru. [publication summary]

❖ Title: [Sustainable Integrated Water Resources and Wastewater Management in Pacific Island Countries: National Integrated Water Resource Management Diagnostic Report – Nauru](#)

Publisher: Draft SOPAC Miscellaneous Report 640, November 2007

Category: [Nauru](#)

Category Topic: Reports, guidelines and projects

Abstract: “Integrated Water Resource Management (IWRM) offers a systematic approach to address the sustainable development, allocation and monitoring of water resources for Pacific island Countries (PICs). The key concept of IWRM is that it provides a framework to integrate societal, economic and environmental considerations in water resource management. It recognises that all water use is interdependent and therefore should be managed in an integrated manner... Small island nations in the Pacific, such as Nauru, have critical water supply problems. Nauru is a permeable island with very little surface runoff and no rivers or reservoirs. Potable water is collected in rainwater tanks from the roofs of domestic and commercial buildings. Water for non-potable uses is obtained from domestic bores at houses around the island. There are four small desalination plants on the island, of which two are operating and supply Menen Hotel and the refugee camp. Shallow groundwater is the major storage for water between rainy seasons. There is increasing salinity in the groundwater bores around the perimeter of the island, and increasing demand for groundwater water due to development. Groundwater is contaminated by wastewater disposal from houses, shops, commercial buildings and the refugee centre.”



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❖ Author: Jan W de Lind van Wijngaarden

Title: [The HIV/AIDS Situation in the Republic of the Maldives in 2006](#)

Publisher: National HIV/AIDS Council (NAC), Ministry of Health of the Maldives and the UN Theme Group on HIV/AIDS, 3 August 2006

Category: [Maldives](#)

Category Topic: Reports, guidelines and projects

Abstract: “This situational analysis report, conducted by DPH/MOH with support from UNICEF and WHO, shows high levels of HIV vulnerability in the country. Especially in the capital but also in the outer islands, injecting drug use – through which many HIV epidemics have started in the region – is on the rise. An economy and society characterized by mobility and gender imbalances further fuels the potential for HIV to spread. In order to address HIV thoroughly and to make sure the Maldives is spared from an epidemic that has engulfed parts of India, Southeast Asia and China, it is imperative that we take a thoughtful and humane approach. It is important that the existence of risk behaviors in our country – including the increasing incidence of injecting drug use, premarital sex among the young, sex between men and commercial sex – is acknowledged. Following the current assessment, the new national strategic plan on HIV/AIDS in the Maldives should outline ways to better address the needs of people engaging in risk behaviors, so that we will guarantee that our current status as a low-prevalence country is continued.”

❖ Title: [The Public Health Consequences of the Tsunami: Impact on Displaced People](#)

Publisher: International Centre for Migration and Health, April 2005

Category: [Migration](#)

Category Topic: Reports, guidelines and projects

Abstract: “The 9+ Richter-scale earthquake that occurred off the coast of Northern Sumatra on December 26, 2004 triggered one of the greatest human disasters and international relief efforts in recent history. As many as 180’000 people are estimated to have been killed and at least 1,633,000 people were displaced in the countries that were hit by the Tsunami. The humanitarian relief operation that followed brought over 660 countries, agencies and NGOs together in one of the largest humanitarian operations ever seen. Natural disasters affect people and communities in complex ways. In the case of the Tsunami disaster, the impact will be felt for years to come and the demographic and socioeconomic profile of the regions involved may never be the same again. How and to what extent the public health implications of the Tsunami will continue to affect the people of those regions is not clear, but unless the evolution of these public health aspects is understood in a timely fashion it will be difficult to prepare longer term strategies to assist people and prepare for any new disasters in the future.”



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❖ Authors: Robert E. Leu, Frans F. H. Rutten, Werner Brouwer, Pius Matter, and Christian Rüttschi

Title: [The Swiss and Dutch Health Insurance Systems: Universal Coverage and Regulated Competitive Insurance Markets](#)

Publisher: The Commonwealth Fund, January 2009

Category: [Netherlands](#); [Switzerland](#)

Category Topic: Reports, guidelines and projects

Abstract: As the United States resumes debate over options for achieving universal health coverage, policymakers are once again examining insurance systems in other industrialized countries. More recent attention has focused on countries that combine universal coverage with private insurance and regulated market competition. Switzerland and the Netherlands, in particular, have drawn attention for their use of individual mandates combined with public oversight of insurance markets. This paper provides an overview of the Swiss and Dutch insurance systems, which embody some of the same concepts that have guided health reforms adopted in Massachusetts and considered by other states and by federal policymakers. The two systems have many features in common: an individual mandate, standardized basic benefits, a tightly regulated insurance market, and funding schemes that make coverage affordable for low- and middle-income families. Differences include degree of centralization, basis of competition among insurers, availability of managed care, and reliance on patient cost-sharing to influence care-seeking behavior. [author abstract]

❖ Authors: Kumanan Rasanathan and Colin F Tukuitonga

Title: [Tobacco smoking prevalence in Pacific Island countries and territories: a review](#)

Publisher: *The New Zealand Medical Journal*, 12 October 2007, Vol.120 No.1263

Category: Drugs, alcohol and tobacco

Category Topic: Reports, guidelines and projects

Abstract: Aim: To comprehensively review adult and youth smoking prevalence data in Pacific Island countries and territories (PICT). Methods: MEDLINE search for period 1986–2006 and search of World Health Organization and Centres for Disease Control and Prevention databases. Results: Smoking prevalence in PICT ranges from 22%–57% (males) and from 0.6%–51% (females). All PICT male populations (except Palau) report higher rates than in Australia and New Zealand. Nauru, Tokelau, French Polynesia, New Caledonia, and Kiribati report high rates of female smoking. Youth rates of smoking range from 3%–68% (although unavailable for many PICT). Palau, Northern Mariana Islands, Guam, Cook Islands, and American Samoa report very high levels of youth smoking in both males and females. Smoking prevalence appears to have decreased in the last 30 years in male populations with a variable picture in female populations. Conclusions: PICT continue to show high levels of smoking prevalence, with youth smoking rates particularly concerning. There is a need for more robust and systematic collection and publication of smoking prevalence data in PICT, especially youth data, but this should not delay urgently required action to reduce tobacco use in PICT. The Framework Convention on Tobacco Control provides a powerful tool, but its provisions should be implemented rapidly, particularly increased tobacco taxation. [author abstract]



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❖ Title: [UNICEF Humanitarian Action: Zimbabwe in 2008](#)

Publisher: UNICEF Humanitarian Action Report 2008

Category: [Zimbabwe](#)

Category Topic: Reports, guidelines and projects

Abstract: "The humanitarian situation in Zimbabwe continues to evolve along with a complex, overlapping and often worsening set of economic and social factors leading to poor health and social outcomes for women and children. In addition, there are growing concerns about the possibility of widespread disease outbreaks, and of rising malnutrition. An increasingly uncertain pattern of weather, combined with policy constraints, is making farming difficult and unpredictable, resulting in 4.1 million food insecure people in both urban and rural areas during the peak of the 'hungry season' in 2008."

❖ Title: [United Nations General Assembly \(UNGASS\) Report on HIV and AIDS: Follow-up to the Declaration of Commitment on HIV/AIDS - Zimbabwe Country Report \(Reporting Period: January 2006-December 2007\)](#)

Publisher: UNAIDS, 2008

Category: [Zimbabwe](#)

Category Topic: Reports, guidelines and projects

Abstract: "Zimbabwe with a projected adult (15-49 years) population of 12 million people is one of the countries in Sub-Saharan Africa that has been severely affected by the HIV and AIDS epidemic<sup>1</sup> According to the National HIV Estimates of 2007, the estimated HIV prevalence among adults 15-49 years is 15.6%<sup>2</sup>. An estimated 1,320,739 (adults and children) were living with HIV and AIDS and of this population, an estimated 102 566 were estimated to be in urgent need of antiretroviral therapy by the end of 2007. The country is experiencing a decline in HIV prevalence that is supposed to have started in the late 1990's. A decline was observed in both sentinel surveillance of pregnant women and in the National HIV Estimates process that models available data using the Epidemic Projection Package (EPP) and Spectrum software. Among pregnant women (15-49 years), HIV prevalence declined from 25.8% in 2004 to 17.7% in 2006. In the general population, using the current 2007 EPP and Spectrum software, HIV prevalence in Zimbabwe was estimated to be 26.5% in 2001, and therefore declined to 23.2% in 2003, and 19.4% in 2005, and to 15.6% in 2007<sup>3</sup>. The decline in HIV prevalence is attributed to a combination of mortality and a decline in HIV incidence due to behavior change."

❖ Authors: M. Aires-de-Sousa, T. Conceição and H. de Lencastre

Title: [Unusually High Prevalence of Nosocomial Panton-Valentine Leukocidin-Positive \*Staphylococcus aureus\* Isolates in Cape Verde Islands](#)

Publisher: *Journal of Clinical Microbiology*, October 2006, Vol. 44, No. 10, pp. 3790-3793

Category: [Cape Verde](#)

Category Topic: Reports, guidelines and projects

Abstract: Characterization of nosocomial methicillin-susceptible *Staphylococcus aureus* isolates from Cape Verde showed that (i) Panton-Valentine leukocidin genes were present in 35% of the isolates and (ii) half of the collection had the same genetic background as methicillin-resistant pandemic clones. Introduction of the staphylococcal chromosome



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cassette *mec* (SCC*mec*) into virulent and epidemic isolates could pose serious threats to public health. [author abstract]

❖ Authors: Mireille EG Wolfers, Caty van den Hoek, Johannes Brug and Onno de Zwart

Title: [Using Intervention Mapping to develop a programme to prevent sexually transmittable infections, including HIV, among heterosexual migrant men](#)

Publisher: *BMC Public Health* 2007, 7:141

Category: [Netherlands](#)

Category Topic: Reports, guidelines and projects

Abstract: Background: There is little experience with carefully developed interventions in the HIV/STI prevention field aimed at adult heterosexual target groups in the Netherlands. The ability to apply intervention development protocols, like Intervention Mapping, in daily practice outside of academia, is a matter of concern. An urgent need also exists for interventions aimed at the prevention of STI in migrant populations in the Netherlands. This article describes the theory and evidence based development of HIV/STI prevention interventions by the Municipal Public Health Service Rotterdam Area (MPHS), the Netherlands, for heterosexual migrant men with Surinamese, Dutch-Caribbean, Cape Verdean, Turkish and Moroccan backgrounds. Methods: First a needs assessment was carried out. Then, a literature review was done, key figures were interviewed and seven group discussions were held. Subsequently, the results were translated into specific objectives ("change objectives") and used in intervention development for two subgroups: men with an Afro-Caribbean background and unmarried men with a Turkish and Moroccan background. A matrix of change objectives was made for each subgroup and suitable theoretical methods and practical strategies were selected. Culturally-tailored interventions were designed and were pre-tested among the target groups. Results: This development process resulted in two interventions for specific subgroups that were appreciated by both the target groups and the migrant prevention workers. The project took place in collaboration with a university center, which provided an opportunity to get expert advice at every step of the Intervention Mapping process. At relevant points of the development process, migrant health educators and target group members provided advice and feedback on the draft intervention materials.

Conclusion: This intervention development project indicates that careful well-informed intervention development using Intervention Mapping is feasible in the daily practice of the MPHS, provided that sufficient time and expertise on this approach is available. Further research should test the effectiveness of these interventions. [author abstract]

❖ Author: Susan J. Adams

Title: [Vietnam's Health Care System: A Macroeconomic Perspective](#)

Publisher: International Monetary Fund

Category: [Viet Nam](#)

Category Topic: Category Topic: Reports, guidelines and projects

Abstract: Vietnam's health indicators are better than would be expected for a country at its development level, and they continue to improve at rates that equal or surpass those in most neighboring countries. However, in the midst of a major program of poverty reduction and economic growth, Vietnam's health care system is in the midst of a dramatic transformation.



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Twenty years ago, it was firmly controlled by the central government. But the ability of the Ministry of Health (MOH) to shape activities has diminished significantly, due to the rapid growth of the private sector, the much larger role of out-of-pocket expenditures, and the ongoing process of fiscal decentralization. Over time, new policy tools have been developed, including user fees, health insurance and health-care funds for the poor. These tools all focus on the financing of health, but still fail to merge into a coherent health financing system. This paper outlines the current structure and effectiveness of Vietnam's health sector from the perspectives of public finance administration and macroeconomic tradeoffs. The paper will first compare Vietnam's health sector to those of other countries in Asia. A discussion of health spending in the context of overall public expenditure priorities in Vietnam will follow, with special attention to how the health sector is evolving within the context of Vietnam's Comprehensive Poverty Reduction and Growth Strategy (CPRGS) and longer-term planning framework. [author abstract] Paper prepared for the International Symposium on Health Care Systems in Asia, Hitotsubashi University, Tokyo, 21-22 January 2005.

❖ Title: [WHO – Malaria Country Profile – Congo](#)

Publisher: WHO

Category: [Congo](#)

Category Topic: UN and multinational

Abstract: "The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented."

❖ Title: [WHO – Malaria Country Profile – Côte d'Ivoire](#)

Publisher: WHO

Category: [Ivory Coast](#)

Category Topic: UN and multinational

Abstract: "The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented."



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❖ Title: [WHO – Malaria Country Profile – Democratic Republic of Congo](#)

Publisher: WHO

Category: [Zaire](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Equatorial Guinea](#)

Publisher: WHO

Category: [Equatorial Guinea](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Eritrea](#)

Publisher: WHO

Category: [Eritrea](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Ethiopia](#)

Publisher: WHO

Category: [Ethiopia](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Gabon](#)

Publisher: WHO

Category: [Gabon](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Gambia](#)

Publisher: WHO

Category: [Gambia](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Ghana](#)

Publisher: WHO

Category: [Ghana](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Guinea](#)

Publisher: WHO

Category: [Guinea](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Guinea-Bissau](#)

Publisher: WHO

Category: [Guinea-Bissau](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Kenya](#)

Publisher: WHO

Category: [Kenya](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Liberia](#)

Publisher: WHO

Category: [Liberia](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Madagascar](#)

Publisher: WHO

Category: [Madagascar](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Malawi](#)

Publisher: WHO

Category: [Malawi](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Mali](#)

Publisher: WHO

Category: [Mali](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Mauritania](#)

Publisher: WHO

Category: [Mauritania](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Mauritius](#)

Publisher: WHO

Category: [Mauritius](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Mozambique](#)

Publisher: WHO

Category: [Mozambique](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Namibia](#)

Publisher: WHO

Category: [Namibia](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Niger](#)

Publisher: WHO

Category: [Niger](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Nigeria](#)

Publisher: WHO

Category: [Nigeria](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Sao Tomé and Príncipe](#)

Publisher: WHO

Category: [Sao Tomé and Príncipe](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Rwanda](#)

Publisher: WHO

Category: [Rwanda](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Senegal](#)

Publisher: WHO

Category: [Senegal](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Seychelles](#)

Publisher: WHO

Category: [Seychelles](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Sierra Leone](#)

Publisher: WHO

Category: [Sierra Leone](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – South Africa](#)

Publisher: WHO

Category: [South Africa](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Swaziland](#)

Publisher: WHO

Category: [Swaziland](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Togo](#)

Publisher: WHO

Category: [Togo](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Uganda](#)

Publisher: WHO

Category: [Uganda](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – United Republic of Tanzania](#)

Publisher: WHO

Category: [Tanzania](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”



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❖ Title: [WHO – Malaria Country Profile – Zambia](#)

Publisher: WHO

Category: [Zambia](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [WHO – Malaria Country Profile – Zimbabwe](#)

Publisher: WHO

Category: [Zimbabwe](#)

Category Topic: UN and multinational

Abstract: “The main purpose of the Malaria Country Profiles is to provide regular updates of the progress made by the national health systems towards the achievement of the Abuja targets and RBM goal and to serve as a tool for decision-making in terms of redefinition of priorities and reallocation of resources at the national and district levels. The document describes the overall malaria epidemiology of the country, such as endemicity and transmission level, mosquito and parasite species prevalent in the country, and trends on malaria morbidity and mortality. The status of antimalarial drug policy and therapeutic efficacy data is also highlighted. Lastly, a summary table for core outcome and impact indicators overtime, along with the expected Abuja and RBM targets is presented.”

❖ Title: [Zimbabwe: National Environmental Health Policy](#)

Publisher: WHO

Category: [Zimbabwe](#)

Category Topic: National policy and related documents

Abstract: “Environmental health situation: 1. Human excreta disposal, air pollution due to gas emissions from vehicles and power generation, hazardous substances and articles, radioactive discharges, all account for the increase in environmental public health problems and challenges. 2. The national rural sanitation inventory carried out in 1997/98 found that national sanitation coverage among the rural households was nearly 40%; school sanitation was at 90% while sanitation at rural business centres, institutional residences and other centres was 100%. Hygiene enabling facilities and safe water supplies were found in 80% of the households. 3. The environmental public health services in Zimbabwe have expanded greatly in terms of infrastructure facilities. The expectations of Zimbabweans are continuously growing, and the Ministry of Health and Child Welfare has not been able to provide all the services because of its limited capacity and resources. 4. Inadequate financing of the health sector has affected implementation of environmental public health programmes.



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5. The burden put to bear on the national focus by the provision of medical services on preventable environmental public health related diseases provides a big strain on Zimbabweans.”