



# HEALTH SYSTEMS TRUST BULLETIN

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## Academic and Peer Reviewed Articles

### **Patient- and delivery-system factors related to acceptance of HIV counselling and testing services among tuberculosis patients in South Africa: a qualitative study with community health workers and program managers**

*J. Christo Heunis, Edwin Wouters, Wynne E Norton, Michelle C Engelbrecht, N. Gladys Kigozi, Anjali Sharma and Camille Ragin. Implementation Science 2011, 6:27. Published: 23 March 2011.*

South Africa has a high tuberculosis (TB)-human immunodeficiency virus (HIV) co-infection rate of 73%, yet only 46% of TB patients are tested for HIV. To date, relatively little work has focused on understanding why TB patients may not accept effective services or participate in programs that are readily available in health care delivery systems. The objective of the study was to explore barriers to and facilitators of participation in HIV counselling and testing (HCT) among TB patients in the Free State Province, from the perspective of community health workers and program managers who offer services to patients on a daily basis. These two provider groups are positioned to alter the delivery of HCT services in order to improve patient participation and, ultimately, health outcomes. ...[Read More »](#)

Source: <http://www.implementationscience.com/content/6/1/27/abstract> [Accessed: 31 March 2011]

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### **Policy Brief: Using TRIPS flexibilities to improve access to HIV treatment**

*Joint United Nations Programme on HIV/AIDS. Published: March 2011.*

This policy brief describes how the flexibilities contained in the Trade-Related Aspects of Intellectual Property

Rights (TRIPS) Agreement and reaffirmed by the Doha Declaration provide important opportunities for World Trade Organization (WTO) Members to reduce prices and expand access to HIV medicines. The document highlights that despite progress, nearly 10 million of the estimated 15 million people needing antiretroviral therapy are without access to treatment, making it critical to accelerate programme delivery to reach universal access goals. The average price paid for second-line regimens continues to be high in both low- and middle income countries in all regions. Despite the opportunities provided by TRIPS flexibilities, many countries have yet to amend their laws to incorporate optimally the flexibilities, which is a precondition for their use....[Read More »](#)

Source: <http://www.eldis.org/cf/rdr/?doc=57780> [approx. 275 Kb] [Accessed: 31 March 2011]

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### **Treatment 2.0: is this the future of treatment?**

*Joint United Nations Programme on HIV/AIDS. Published: 2010.*

This publication presents 'the Treatment 2.0 platform', a simplified HIV treatment approach to scale up efforts around global coverage of HIV antiretroviral therapy and achieve the goal of universal access to HIV prevention, care and support. Studies show that a reduction in new HIV infections of up to a third could be achieved globally if there is a radical overhaul of the way that the world provides antiretroviral therapy and if global leaders meet their commitments of ensuring that all people in need of treatment are on it. This document argues that, in an effort to maximise the value of antiretroviral therapy, a radically simplified approach is needed.....[Read More »](#)

Source: <http://www.eldis.org/cf/rdr/?doc=57734> [approx. 206 Kb] [Accessed: 31 March 2011]

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### **Tapping the Unmet Potential of Health Information Technology**

*Ann S. O'Malley. N Engl J Med 2011, 364:1090-1091. Published: 24 March 2011.*

Health information technology (HIT) holds promise for facilitating vast improvements in care and, ultimately, in the health of Americans, but achieving that potential remains a daunting task. A recent article in the Los Angeles Times described the new phenomenon of hiring computer-savvy undergraduate "scribes" to take notes for physicians during patient encounters and enter the information into electronic health records (EHRs) — a practice that suggests how far we must go to develop EHRs that clinicians will embrace. Of course, the most highly trained professional in the room need not be the one to enter data into the computer, especially during an emergency, but the perceived need for scribes and providers' experiences using EHRs raise important questions about both the efficiency of care processes and the usability of current EHRs...[Read More »](#)

Source: <http://www.nejm.org/doi/full/10.1056/NEJMp1011227> [Accessed: 31 March 2011]

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## **Recent News**

### **Treatment 2.0: Translating concept into practice to overcome the HIV epidemic**

*UNAIDS. Published: 24 March 2011.*

How to translate the concept of Treatment 2.0 into practice was the topic of discussion at a seminar co-organized by UNAIDS and the World Health Organization (WHO) on 18 March at UNAIDS Headquarters in Geneva. Staff members from both organizations participated in the event together with colleagues from the Global Fund, the International AIDS Society and UNITAID. Treatment 2.0 is a concept launched in November 2010 by UNAIDS and WHO that calls for a radically simplified treatment platform. Its viability and implementation at country level will determine the level of success in the response to HIV in the coming years...[Read More »](#)

Source: <http://www.unaids.org/en/resources/presscentre/featurestories/2011/march/20110324treatmentseminar/> [Accessed: 29 March 2011]

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### **UN Secretary-General outlines new recommendations to reach 2015 goals for AIDS response**

*UNAIDS. Published: 31 March 2011.*

In lead-up to June High Level Meeting, progress report presents overview of efforts needed to help countries achieve universal access to HIV services and zero new HIV infections, discrimination and AIDS-related deaths....[Read More »](#)

Source:

<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2011/march/20110331prsgreport/> [Accessed: 31 March 2011]

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### **SA has high TB prevalence**

*Nivashni Nair. Times Live. Published: 25 March 2011.*

Anyone who believes the Department of Health is exaggerating the problem of Aids and tuberculosis is living in a "fool's paradise", Health Minister Aaron Motsoaledi said yesterday. South Africa ranks highest on the list of 22 high-burden TB countries, Motsoaledi said in Durban, on World TB Day...[Read More »](#)

Source: <http://www.timeslive.co.za/specialreports/hiv aids/article986588.ece/SA-has-high-TB-prevalence> [Accessed: 29 March 2011]

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### **TB diagnosis should start at home**

*Lesley Odendal. Mail&Guardian. Published: 28 March 2011.*

In South Africa the detection of tuberculosis (TB) has mostly been limited to passive case-finding, which is when individuals with symptoms are diagnosed after consulting a health practitioner. But because TB is an airborne disease it is vital that all those who are infected are diagnosed and put on treatment as soon as possible to avoid further transmission...[Read More »](#)

Source: <http://mg.co.za/article/2011-03-28-tb-diagnosis-should-start-at-home/> [Accessed: 29 March 2011]

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### **Investment in health is an investment in economic development**

*UNAIDS. Published: 29 March 2011.*

African Ministers of Finance and Health came together in Addis Ababa on 29 March 2011 for a high level panel discussion to explore new ways of investing in health. The panel, entitled "More health for money and more money for health", was part of the 4th Joint Annual Meetings of the African Union Conference of Ministers of Economy and Finance and the East and Central Africa Conference of African Ministers of Finance, Planning, and Economic Development...[Read More »](#)

Source: <http://www.unaids.org/en/resources/presscentre/featurestories/2011/march/20110329aethiopia/>

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### **Why South Africa's health record is poor**

*Mail&Guardian. Published: 28 March 2011.*

Despite the fact that South Africa spends a higher proportion of its Gross Domestic Product (GDP) on health than any other country in Africa, its health record compares badly against those of many poor African countries. "As a country we spend 8,7% of our GDP on health in both the public and private sectors, yet we have little to show for it compared with many countries that are a great deal poorer than us and spend much less on health," says Daisy Mafubelu, chairman of the organising committee for the Department of Health's upcoming Nursing Summit in Sandton from 5 to 7 April....[Read More »](#)

Source: <http://www.mg.co.za/article/2011-03-28-why-south-africas-health-record-is-poor/> [Accessed: 29 March 2011]

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## **Training and Resources**

### **WHO web-based public hearing: Guidelines for monitoring the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel**

*Joint United Nations Programme on HIV/AIDS (2010)*

All persons concerned with the international recruitment of health personnel are invited to contribute to this web-based public hearing on the draft Guidelines - Member States, health workers, recruiters, employers, academic and research institutions, health professional organizations, and any relevant sub regional, regional and international organizations, whether governmental or nongovernmental. WHO invites you to contribute to this public hearing on the draft Guidelines and kindly requests you to disseminate this call for contributions among your relevant contacts and networks.

The web-based public hearing and the draft Guidelines can be accessed at <http://www.who.int/hrh/migration/code/hearing/en/index.html>

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## **Reports and Publications**

### **The Rights to Contraceptive Information and Services for Women and Adolescents**

*UNFPA and the Center for Reproductive Rights. Published: 2011*

This briefing paper examines the right to access contraceptive information and services for women and adolescents. It provides practical guidance for activists, scholars, UN agencies, non-governmental organizations, governments and other actors working in the area of sexual and reproductive health to integrate human rights into programmes and policies on contraceptive information and services...[Click Here for Full Report »](#)

Source: <http://www.unfpa.org/public/site/global/lang/en/pid/7267>

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### **South Africa's Children: A Review of Equity and Child Rights**

*South African Human Rights Commission and UNICEF*

The Report acknowledges the significant progress South Africa has made in fulfilling the rights of children. The country has one of the most progressive constitutions in the world, and a system of laws and policies has been put in place to ensure basic support for children. The delivery of essential services has been expanded in

significant ways to all groups of society since the end of apartheid. Yet, inequities in access to the essentials of life still exist, affecting in very strong ways how children access the opportunities that the country has for the fulfilment of their rights. For example, compared to a child growing up in the richest income quintile, a child in the poorest quintile is two times less likely to have access to adequate sanitation and water; two times less likely to be exposed to early childhood development programmes; three times less likely to complete secondary education; seventeen times more likely to experience hunger; and twenty-five times less likely to be covered by a medical scheme...[Click Here for Full Report »](#)

Source: [http://www.unicef.org/southafrica/resources\\_5237.html](http://www.unicef.org/southafrica/resources_5237.html)

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### **Tuberculosis Research and Development: 2010 Report on Tuberculosis Research Funding trends, 2005-2009: 2nd Edition**

*Eleonora Jimenez. Treatment Action Fund. Published: 2011*

This is the 2nd Edition of the Stop TB Partnership and Treatment Action Group's 2010 report on funding trends for tuberculosis (TB) research and development (R&D) from the baseline year 2005 through 2009, the last year for which full data is available. Updates to this report include new and corrected information from product development partnerships (PDPs) such as Aeras, FIND, TB Alliance, TBVAC and TBVI, as well as revised data from the German Federal Ministry of Education and Research (BMBF)...[Click Here for Full Report »](#)

Source: <http://www.treatmentactiongroup.org/publication.aspx?id=4450>

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## **Conferences**

### **Call for papers on gender, rights representation and substantive freedom, SA Sociological Congress**

*University of Pretoria*

*Date: 10 to 13 July 2011*

Gender, Rights Representation and Substantive Freedom is the theme of the South African Sociological Congress this year. It is to be held at the University of Pretoria from 10 to 13 July 2011. There are working groups on health, development and other topics. The deadline for abstract submission is 20 May 2011. There are discounted rates available and full-time students qualify for a special rate.

More information on the Congress is available at [www.up.ac.za/sociology-sasa2011](http://www.up.ac.za/sociology-sasa2011).

More information on the call for papers: <http://bit.ly/gSukVO>

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### **Call for papers for AfriNEAD 2011 Symposium**

*Elephant Hills Resort, Victoria Falls, Zimbabwe*

*Date: 28 - 30 November 2011*

The 2011 AfriNEAD Symposium will be held from 28 to 30 November 2011 at The Elephant Hills Hotel, Victoria Falls, Zimbabwe. The theme for the conference is "Building Communities of Trust: Evidence-to-Action on Disability Research". Participants are invited to submit original abstracts for oral and poster presentations. Papers submitted should relate to the theme and commissions, where the term "evidence" relates to objective data that could be used to unlock and influence the process of realising the rights of people with disabilities. Please visit the website at [www.afrinead.org](http://www.afrinead.org) for details and to submit your papers. Please note that the closing date for submissions is 30 April 2011.

More information: [http://www.afrinead.org/index.php?option=com\\_content&view=article&id=143:afrinead-symposium-2011-1st-call-for-papers&catid=3:archives&Itemid=17](http://www.afrinead.org/index.php?option=com_content&view=article&id=143:afrinead-symposium-2011-1st-call-for-papers&catid=3:archives&Itemid=17)

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### **Invitation to Pharmaceutical Companies in SADC/ Africa**

*Strand Tower Hotel in Cape Town, South Africa*

*Date: 4 April 2011, 09h00 to 14h00. Registration will be open from 08h00 to 09h00*

The Southern African Generic Medicines Association (SAGMA), is a membership based organisation committed to the creation of a vibrant and self-sustaining generic and pharmaceutical manufacturing industry in the Southern African Development Community (SADC). Through its members SAGMA aims to achieve self-sufficiency and reliability in the local production and provision of affordable, efficacious, quality generic medicines in the SADC. On the occasion of its public launch, the board of the SAGMA together with the United Nations Industrial Development Organization (UNIDO), are delighted to invite you to a half day conference entitled: "The African Union's Pharmaceutical Manufacturing Plan for Africa – Pipe dream or Panacea".

If you need more information, please feel free to contact Tsungi Moyo on [sagmaoffice@gmail.com](mailto:sagmaoffice@gmail.com) or visit the SAGMA website [www.sagma.net](http://www.sagma.net)

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## Job Opportunities

### **Soul City: Monitoring and Evaluation Manager**

*Closing Date: 5 April 2011*

Soul City Institute uses a unique combination of media, social mobilisation and advocacy to create an enabling environment for social change, empowering audiences to make healthy choices, both as individuals and as communities. We are looking for an experienced, dynamic and suitably qualified professional to assume the following position of Monitoring & Evaluation Manager reporting to the Executive: Strategic Integration in a 2 year fixed-term contract with benefits.

For more information: <http://soulcity.org.za/vacancies/monitoring-evaluations-manager>

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