

# HST Bulletin



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## ACADEMIC AND PEER REVIEWED ARTICLES

### **The global shortage of health workers – an opportunity to transform care**

*Ara Darzi, Tim Evans*

*The Lancet | Published: 26 November 2016.*

There is a worldwide shortage of health-care workers and the situation is worsening. WHO has forecast an 18 million shortfall by 2030, over twice the 7 million shortfall estimated in 2013. The alarm about insufficient staffing levels was raised a decade ago in the World Health Report 2006: Working Together for Health, which described the then global shortage as a “crisis”. The situation is even more critical today. What can be done?

### **Transactional sex and risk for HIV infection in sub-Saharan Africa: a systematic review and meta-analysis**

*Joyce Wamoyi, Kirsten Stoebenau, Natalia Bobrova, Tanya Abramsky, Charlotte Watts*

*Journal of the International Aids Society | Published: 2 November 2016.*

Young women aged 15 to 24 years in sub-Saharan Africa continue to be disproportionately affected by HIV. A growing number of studies have suggested that the practice of transactional sex may in part explain women’s heightened risk, but evidence on the association between transactional sex and HIV has not yet been synthesized. We set out to systematically review studies that assess the relationship between transactional sex and HIV among men and women in sub-Saharan Africa and to summarize the findings through a meta-analysis.

### **Community ART Support Groups in Mozambique: The Potential of Patients as Partners in Care**

*Kebba Jobart, Ray W. Shiraish, Inacio Malimane, Paula Samo Gudo, Tom Decroo, Andrew F. Auld, Vania*

*Macome, Aleny Couto*

*PlosOne | Published: 1 December 2016.*

High rates of attrition are stymying Mozambique's national HIV Program's efforts to achieve 80% treatment coverage. In response, Mozambique implemented a national pilot of Community Adherence and Support Groups (CASG). CASG is a model in which antiretroviral therapy (ART) patients form groups of up to six patients. On a rotating basis one CASG group member collects ART medications at the health facility for all group members, and distributes those medications to the other members in the community. Patients also visit their health facility bi-annually to receive clinical services.

### **Patient-Reported Barriers to Adherence to Antiretroviral Therapy: A Systematic Review and Meta-Analysis**

*Zara Shubber, Edward J. Mills, Jean B. Nachega, Rachel Vreeman, Marcelo Freitas, Peter Bock, Sabin Nsanzimana, Martina Penazzato, et al*

*PlosOne | Published: 29 November 2016.*

Maintaining high levels of adherence to antiretroviral therapy (ART) is a challenge across settings and populations. Understanding the relative importance of different barriers to adherence will help inform the targeting of different interventions and future research priorities.

### **Cost-Effectiveness of Community-Based TB/HIV Screening and Linkage to Care in Rural South Africa**

*Jennifer A. Gilbert, Sheela V. Shenoj, Anthony P. Moll, Gerald H. Friedland, A. David Paltiel, Alison P. Galvani*

*PlosOne | Published: 1 December 2016.*

South Africa has one of the highest burdens of TB worldwide, driven by the country's widespread prevalence of HIV, and further complicated by drug resistance. Active case finding within the community, particularly in rural areas where healthcare access is limited, can significantly improve diagnosis and treatment coverage in high-incidence settings. We evaluated the potential health and economic consequences of implementing community-based TB/HIV screening and linkage to care.

### **Assessment of the World Health Organization's HIV Drug Resistance Early Warning Indicators in Main and Decentralized Outreach Antiretroviral Therapy Sites in Namibia**

*Nicholus Mutenda, Alexandra Bukowski, Anne-Marie Nitschke, Tuli Nakanyala, Ndapewa Hamunime, Tadesse Mekonen, Francina Tjituka, Greatjoy Mazibuko, et al*

*PlosOne | Published: 1 December 2016.*

The World Health Organization (WHO) early warning indicators (EWIs) of HIV drug resistance (HIVDR) assess factors at individual ART sites that are known to create situations favourable to the emergence of HIVDR. In 2014, the Namibia HIV care and treatment program abstracted the following adult and pediatric EWIs from all public ART sites (50 main sites and 143 outreach sites): on-time pill pick-up, retention in care, pharmacy stock-outs, dispensing practices, and viral load suppression.

### **Sex-specific maps of HIV epidemics in sub-Saharan Africa**

*Justin T Okano, Sally Blower*

*The Lancet | Published: December 2016.*

Recently the Joint UN Programme on HIV/AIDS (UNAIDS), the President's Emergency Plan For AIDS Relief (PEPFAR), and WHO expressed interest in using geographical targeting strategies when implementing interventions for reducing HIV transmission in sub-Saharan Africa. If geographical targeting is used, a disproportionate amount of the resources that are available for prevention will be allocated to geographical locations where HIV prevalence is substantially higher than average. Mathematical models have shown that using geographical targeting to allocate limited resources would, under certain assumptions, be a cost-effective strategy for controlling HIV epidemics in sub-Saharan Africa.

### **Digital Pharmacovigilance and Disease Surveillance: Combining Traditional and Big-Data Systems for Better Public Health**

*Marcel Salathé*

*The Journal of Infectious Diseases* | Published: 7 December 2016.

The digital revolution has contributed to very large data sets (ie, big data) relevant for public health. The two major data sources are electronic health records from traditional health systems and patient-generated data. As the two data sources have complementary strengths—high veracity in the data from traditional sources and high velocity and variety in patient-generated data—they can be combined to build more-robust public health systems. However, they also have unique challenges.

### **Essential medicines for universal health coverage**

*Dr Veronika J Wirtz, Prof Hans V Hogerzeil, Andrew L Gray, Maryam Bigdeli, Cornelis P de Joncheere, Margaret A Ewen, Martha Gyansa-Lutterodt, Sun Jing, et al*

*The Lancet* | Published: 7 November 2016.

Essential medicines satisfy the priority health-care needs of the population. Essential medicines policies are crucial to promoting health and achieving sustainable development. Sustainable Development Goal 3.8 specifically mentions the importance of “access to safe, effective, quality and affordable essential medicines and vaccines for all” as a central component of Universal Health Coverage (UHC), and Sustainable Development Goal 3.b emphasises the need to develop medicines to address persistent treatment gaps.

### **Assistive products and the Sustainable Development Goals (SDGs)**

*Emma Tebbutt, Rebecca Brodmann, Johan Borg, Malcolm MacLachlan, Chapal Khasnabis and Robert Horvath*

*Globalization and Health* | Published: 29 November 2016.

The Sustainable Development Goals (SDGs) have placed great emphasis on the need for much greater social inclusion, and on making deliberate efforts to reach marginalized groups. People with disabilities are often marginalized through their lack of access to a range of services and opportunities. Assistive products can help people overcome impairments and barriers enabling them to be active, participating and productive members of society. Assistive products are vital for people with disabilities, frailty and chronic illnesses; and for those with mental health problems, and gradual cognitive and physical decline characteristic of aging populations.

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## **RECENT NEWS**

### **HIV vaccine test hopes for breakthrough in combat against the virus**

*The Guardian* | 27 November 2016.

A new vaccine trial in South Africa builds on previous RV144 study to bring in more effective prevention of infection.

### **What's next for South Africa's experimental HIV vaccine?**

*Bhekisisa* | 2 December 2016.

If it works, the world's latest HIV vaccine candidate may make it to market quicker than we think - and become a routine childhood vaccination.

### **World AIDS Day: SA must fill in the prevention and treatment gaps**

*Daily Maverick* | 30 November 2016.

December 1 marks another World AIDS Day. Deputy President Cyril Ramaphosa will address the country's commemorative event in Daveyton, Ekurhuleni. There are even hopes that South Africa will be at the forefront of creating a vaccine. But more needs to be done to address immediate challenges in the health system.

### **Test and treat project going well**

*IOL* | 4 December 2016.

It has been three months since South Africa adopted the universal Test and Treat guidelines by the World

Health Organisation, which says that all people living with HIV should take antiretroviral treatment regardless of their CD4 count.

### **Will South Africa reach its 90-90-90 HIV targets?**

*Bhekisisa | 30 November 2016.*

The country has made progress with its plans to prevent, treat and monitor HIV but still has a long way to go.

### **Male circumcision in Uganda will only improve if local beliefs are considered**

*The Conversation | 4 December 2016.*

For the past 10 years voluntary medical male circumcision has been recommended as a way of reducing female-to-male transmission of HIV. Estimates show that it could reduce infections by 60%. Several sub-Saharan African countries with high rates of HIV prevalence but low rates of male circumcision have rolled out the procedure as part of their HIV prevention initiatives.

### **Trump's shadow looms over HIV/AIDS funds**

*BDLive | 6 December 2016.*

Multibillion-rand funding to SA from the US government's flagship HIV/AIDS programme hangs in the balance as Washington prepares to usher in a new administration.

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## **TRAINING AND RESOURCES**

### **Guidelines on HIV self-testing and partner notification: Supplement to consolidated guidelines on HIV testing services**

*WHO | Published: December 2016.*

Since the release of the consolidated guidelines in 2015, new evidence has emerged. Consequently, in an effort to further support countries, programme managers, health workers and other stakeholders seeking to achieve national and international HIV goals, this 2016 update issues new recommendations and additional guidance on HIV self-testing (HIVST) and assisted HIV partner notification services.

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## **PUBLICATIONS AND REPORTS**

### **The Second National Burden of Disease Study for South Africa: Cause of death profile Report, 1997 – 2012**

*SAMRC | Published: 2016.*

This report provides estimates of premature mortality, using the age of death to calculate the years of life that have been lost. The profile of causes based on this metric provides each province with information about the conditions that need to be targeted with health promotion and disease prevention initiatives.

### **South African Tuberculosis Drug Resistance Survey 2012 – 2014**

*National Institute for Communicable Diseases | Published: July 2016.*

The South African Tuberculosis Drug-Resistant Survey (DRS) 2012-14 sought to determine the prevalence of multidrug-resistant TB (MDRTB) and other TB drug resistance in South Africa, enrolling participants from 442 randomly selected facilities in all nine provinces of the country.

### **Marketing of breast-milk substitutes: national implementation of the international code: status report 2016**

*WHO | Published: 2016.*

This report provides updated information on the status of implementing the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions ("the

Code”) in and by countries. It presents the legal status of the Code, including - where such information is available - to what extent Code provisions have been incorporated in national legal measures. The report also provides information on the efforts made by countries to monitor and enforce the Code through the establishment of formal mechanisms. Its findings and subsequent recommendations aim to improve the understanding of how countries are implementing the Code, what challenges they face in doing so, and where the focus must be on further efforts to assist them in more effective Code implementation.

### **The U.S Dreams Report: Breaking Barriers to HIV Prevention for Adolescent Girls and Young Women**

*Centre for Health and Gender Equity | Published: 30 November 2016.*

The Center for Health and Gender Equity (CHANGE) reports on the implementation of the new PEPFAR DREAMS Partnership, which aims to reduce the number of adolescent girls and young women (AGYW) in sub-Saharan Africa disproportionately affected by HIV. This report contains program insights from South Africa and Kenya, specifically around HIV prevention, civil society engagement, and addressing specific needs of AGYW.

### **South African Child Gauge 2016**

*Children’s Institute, University of Cape Town | Published: 22 November 2016.*

The South African Child Gauge is the only publication in the country that provides an annual snap-shot of the status of South Africa’s children. It is published by the Children’s Institute, University of Cape Town, to track South Africa’s progress towards realising children’s rights. The 2016 issue focuses on the theme of Children and Social Assistance.

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## **CONFERENCES AND EVENTS**

### **Conference on Retroviruses and Opportunistic Infections (CROI)**

13 February - 19 February 2017

Washington State Convention Centre, Seattle, Washington, USA

### **31st International Papillomavirus Conference (HPV 2017)**

28 February - 4 March 2017

Cape Town International Convention Centre (CTICC), Cape Town, South Africa

### **Building Children's Nursing for Africa Conference**

28 March - 30 March 2017

The River Club, Observatory, Cape Town, South Africa

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## **JOB OPPORTUNITIES**

Please click on the job title for more information.

### **Jembi Health Systems: Blood Safety Information System (BSIS) Implementer**

Closing Date: 9 December 2016

### **mothers2mothers: Monitoring and Evaluation Advisor – Mozambique**

Closing Date: 11 December 2016

### **mothers2mothers: Senior Technical Programme Advisor – Mozambique**

Closing Date: 11 December 2016

**Desmond Tutu HIV Foundation: Medical Officers/Pharmacists/Laboratory Technologists/Study Coordinators**

Closing Date: Ongoing

**Hillcrest AIDS Centre Trust: Chief Executive Officer**

Closing Date: 11 December 2016

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