

15 October 2010

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## Academic and Peer Reviewed Articles

### **Financing of HIV/AIDS programme scale-up in low-income and middle-income countries, 2009-31**

Hecht R, Stover J, Bollinger L, Muhib F, Case K, de Ferranti D. *The Lancet*. 2010; 376 (3748): 1254-1260. Published: 9 October 2010..

As the global HIV/AIDS pandemic nears the end of its third decade, the challenges of efficient mobilisation of funds and management of resources are increasingly prominent. The AIDS 2031 project modelled long-term funding needs for HIV/AIDS in developing countries with a range of scenarios and substantial variation in costs: ranging from US\$397 to \$722 billion globally between 2009 and 2031, depending on policy choices adopted by governments and donors. We examine what these figures mean for individual developing countries, and estimate the proportion of HIV/AIDS funding that they and donors will provide. Scenarios for expanded HIV/AIDS prevention, treatment, and mitigation were analysed for 15 representative countries...[Read More »](#)

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### **Maternal deaths drop by one-third from 1990 to 2008: a United Nations analysis**

Wilmoth J, Mathers C, Say L, Mills S. *Bulletin of the World Health Organization* 2010;88:718-718A. Published: October 2010.

With only five years left until the 2015 deadline to achieve the United Nation's Millennium Development Goals, slow progress in MDG 5 has been of concern to the international community. The latest estimates issued by the World Health Organization, the United Nations Population Fund, the United Nations Children's Fund and The World Bank in September 2010 provide evidence of progress in all regions of the world, including in sub-Saharan Africa where data had previously shown limited change. According to estimates presented for 172 countries and territories in the interagency report, approximately 358 000 maternal deaths occurred worldwide in 2008. There was a steady decline in the maternal mortality ratio, which relates the number of maternal deaths to the number of live births...[Read More »](#)

Source: <http://www.who.int/bulletin/volumes/88/10/10-082446/en/index.html> [Accessed: 12 October 2010]

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### **Measuring and improving health-system productivity**

Smith PC. *The Lancet*. 2010; 276 ( 9748): 1198-1200. Published: 9 October 2010.

All health systems seek to promote productive use of their resources. A prominent reason is the need to show—to taxpayers, insurers, employers, patients, and other payers—that their financial contributions are being used wisely. Despite widespread acceptance that the pursuit of productivity should be a central goal, its measurement remains elusive. Productivity is intuitively understood to be a ratio of some valued

output(s) to resources consumed. But making that notion operationally useful has proved challenging. There are well-established but partial measures of productivity (eg, unit costs). However, such measures rarely address all the needs of those interested in how well health-service resources are being used. They can be seriously misinterpreted and their uncritical use can lead to perverse incentives for providers....[Read More »](#)

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### **Private Sector Participation and Health System Performance in Sub-Saharan Africa**

Yong J, Burger N, Spreng C, Sood N. *PLoS ONE* 5 (10): e13243. Published: 7 October 2010.

The role of the private health sector in developing countries remains a much-debated and contentious issue. Critics argue that the high prices charged in the private sector limits the use of health care among the poorest, consequently reducing access and equity in the use of health care. Supporters argue that increased private sector participation might improve access and equity by bringing in much needed resources for health care and by allowing governments to increase focus on underserved populations. However, little empirical exists for or against either side of this debate....[Read More »](#)

Source: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0013243> [Accessed: 12 October 2010]

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### **Costs of eliminating HIV in South Africa have been underestimated**

Wagner B, Blower S. *The Lancet*. Volume: 376. Published: 18 September 2010.

In 2009, Reuben Granich and colleagues reported, on the basis of a modelling study, that HIV could be eliminated in South Africa by use of a universal "test and treat" strategy. The utility, feasibility, and potential effectiveness of this strategy have been extensively discussed. However, little attention has been paid to estimates of the cost of the proposed strategy, and whether these estimates include all costs or just the cost of treatment....[Read More »](#)

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## **Recent News**

### **New global plan aims to wipe out TB**

*Plus News*. 14 October 2010.

A new roadmap for curbing the global epidemic of tuberculosis aims to save five million lives between 2011 and 2015 and eliminate TB as a public health problem by 2050 but comes with a price tag of US\$47 billion, nearly half of which must still be found. The Global Plan to Stop TB 2011-2015 developed by the World Health Organization's Stop TB Partnership builds on progress towards goals laid out in a 2006 plan to halve TB prevalence and death rates by 2015 and scale up TB diagnosis, treatment and care, but adds essential research targets including the development of faster methods to test and treat TB and to prevent it through an effective vaccine... [Read More »](#)

Source: <http://www.plusnews.org/Report.aspx?ReportId=90767>

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### **Raising taxes to pay for NHI 'premature'**

*Business Day*. Published: 6 October 2010.

Before the government considers raising taxes to pay for national health insurance, it should meet its own promise to allocate 15% of its budget to health in line with the Abuja target, according to University of Cape Town health economist Prof Di McIntyre. The government also needed to improve public health facilities and win the trust of the public before increasing the tax burden, she said... [Read More »](#)

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### **Global Fund looks to private sector to fill funding gap**

*Plus News*. Published: 14 October 2010.

With its coffers running at least US\$1 billion short, the Global Fund to Fight AIDS, Tuberculosis and Malaria is looking to the private sector to fill the funding gap. Members of the Fund's board and secretariat said private sector contributions had become increasingly important as its historic donors – governments – were shying away from fully funding the global health financing mechanism....[Read More »](#)

Source: <http://www.plusnews.org/Report.aspx?ReportId=90765> [Accessed: 15 October 2010]

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### **National health insurance: Great cost but little benefit, even to state patients**

*Business Day*. Published: 15 October 2010.

Recent pronouncements on the estimated costs of implementing a national health insurance scheme for SA have again sparked debate about whether the country can afford such a system. The NHI promises universal coverage to all citizens, implying that everyone will have free access to quality care. Preliminary cost estimates from the African National Congress's NHI costing subcommittee, released during the ANC's national general council in Durban, seem fairly benign, with an additional funding requirement for the health budget of R11bn by 2012...[Read More »](#)

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## **Training and Resources**

## Policy Brief: What resources do we need for a universal health system in South Africa and what are the design implications?

*Di McIntyre. Health Economics Unit, UCT.*

In this brief, the findings in relation to moving to a universal health system are presented. A universal health system is one that provides financial protection from the costs of health care and access to needed health care for all South Africans. The brief indicates the likely resource requirements for a universal health system and looks at the implications for tax revenue requirements. It also highlights what system design features are critical to ensure an affordable and sustainable health system.

Source:

[http://uct-heu.s3.amazonaws.com/wp-content/uploads/2010/10/SHIELD-Policy-Brief-1\\_Resources-and-design-of-a-universal-health-system.pdf](http://uct-heu.s3.amazonaws.com/wp-content/uploads/2010/10/SHIELD-Policy-Brief-1_Resources-and-design-of-a-universal-health-system.pdf)

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## Reports and Publications

### 2010 Reality Check: Time is running out to meet the health MDGs

*Action for Global Health*

Ten years ago the world's leaders promised to take action to reduce the number of children dying before their fifth birthday, lower the numbers of women dying in childbirth and bring the spread of HIV/AIDS, malaria and TB to a stop - by 2015. With only five years left to go to meet the health Millennium Development Goals (MDGs), the situation is hardly any better today than it was then...[Click Here for Full Report »](#)

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[Approximately: 3165 KB]

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### National Department of Health: Annual Report 2009-2010

*National Department of Health, South Africa.*

Some of the core values treasured by the democratic government of South Africa are accountability and transparency. Through this Annual Report, the National Department of Health accounts to Parliament and to the people of South Africa for its performance on the Strategic Plan for 2009/10–2011/12 during the financial year 2009/10. The overarching policy framework of the National DoH during 2009/10 was the 10 Point Plan of the health sector. The NHC also continued to monitor the performance of the health system at all levels, and to act swiftly to address deviations from nationally adopted policies...[Click Here for Full Report »](#)

Source: <http://www.doh.gov.za/docs/report10-f.html>

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### Modelling the estimated resource requirements of alternative health care financing reforms in South Africa

*Di McIntyre. Health Economics Unit, UCT.*

The purpose of this report is to try to present models that could be helpful in assessing alternative health care financing reforms in South Africa. It is part of an ongoing research project that has critically evaluated equity in the existing health system and alternative options for the possible future development of health care financing mechanisms. The models draw on international best practice for making 'high-level' estimates of the likely resource implications of substantial health financing system changes. In particular, the models are based on the International Labour Organisation's approach of projecting future changes in the size and age/sex composition of the population, utilisation rates for different categories of health services for each demographic group and the unit cost of different health services...[Click Here for Full Report »](#)

Source: <http://uct-heu.s3.amazonaws.com/wp-content/uploads/2010/10/SHIELD-Modelling-report-final.pdf> (Approximately 573 KB)

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## Conferences

### 7th International Conference for Neonatal Nurses

*24-27th October 2010. ICC, Durban, South Africa*

URL: <http://nnasa.org.za/2010/welcome.php>

Our theme "Excellence against all odds – Researching solutions for global challenges" reflects the aim of all neonatal nurses to constantly give of their best in their pursuit of excellence in patient care. The conference will support this by offering pre-conference skills workshops and a comprehensive scientific programme of local and international presenters who will equip delegates with knowledge of the latest research and practice to facilitate the implementation of evidence-based neonatal care.

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### HIV911-Forum: HIV Treatment as Prevention

*26 October 2010. Seminar Room, MRC Building, 491 Peter Mokaba Road (Ridge Road), Durban*

Dr. Shay Ganesh's presentation will cover: novel approaches to HIV Prevention; the concept of Post-Exposure Prophylaxis as an HIV prevention method and current community/programmatic challenges within HIV prevention strategies.

For more information contact: Stewart Kilburn Phone: +27 (0)31 260 3331 E-mail: [stewartk@hiv911.org.za](mailto:stewartk@hiv911.org.za)

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## Job Opportunities

### Finance Manager

## **Amanitare**

**Closing date: 22 October 2010**

Amanitare seeks to appoint a Finance Manager for its regional campaign on sexual and reproductive health and rights, currently being implemented in six African countries. The regional campaign is for improved service delivery through visible profiling of sexual and reproductive health and rights and through enhanced leadership by governments and civil society. Interested candidates are invited to submit their CVs with 3 contactable references and a letter of motivation (including salary expectations) to the Program Assistant: [administrator@amanitare.com](mailto:administrator@amanitare.com).

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## **AHP - African Health Placements**

AHP is a not-for-profit project that aims to support the recruitment and retention of healthcare workers in South Africa. AHP is focused on assisting healthcare professionals make the right choice for their future in South Africa. No placement fees are charged.

Please view the website for more details <http://www.ahp.org.za> or contact on 011 328 1300

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