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## ACADEMIC AND PEER REVIEWED ARTICLES

### People at the margins are central to HIV responses

*The Lancet HIV | December 2020*

In recent years, key populations have provided a useful focus for HIV programmes, recognising that HIV does not affect all people equally. UNAIDS estimate that in 2019 the risk of becoming infected with HIV was 13 times higher among transgender people than the general population, 26 times higher among men who have sex with men (MSM), 29 times higher among people who inject drugs, and 30 times higher among female sex workers. Prisoners have rates of HIV between five and seven times greater than in the general population. Other populations are also affected by marginalisation, disadvantage, and exclusion from policy and decision-making processes, including adolescent girls and young women, racial minorities, and migrant workers in certain settings, that means they face a disproportionate risk and burden of HIV. In this issue, we present several papers that look at populations hardest hit by HIV and the effects of inequality, stigma, and marginalisation on access to services, and the burden of living with HIV.

All along the prevention and treatment cascade key populations face significant barriers to accessing HIV services. Same-sex relationships, sex work, and drug use are criminalised in many countries resulting in discrimination, violence, and stigma, consequently hindering access to HIV services. HIV testing coverage among key populations continues to lag behind that in the general population, even where testing services are provided in safe and key-population friendly settings. Globally, on average, about 33% of MSM and sex workers and 40% of people who inject drugs are unaware of their HIV status. Stigma remains an important barrier to testing and treatment. Tailoring interventions for each gender, as shown by **Seth Kalichman and colleagues**, may be important to increase testing uptake. Access and adherence to treatment is also suboptimal among key populations and varies among countries and settings. **Michael Herce and coauthors** show that even in the difficult setting of southern African correctional facilities, implementation of a targeted universal test and treat intervention can successfully engage prisoners.

### Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019

*The Lancet Online* | 1 December 2020

*Alarcos Cieza, Kate Causey, Kalovan Kamenov, Sarah Wulf Hanson, Somnath Chatterji and Theo Vos*

Rehabilitation has often been seen as a disability-specific service needed by only few of the population. Despite its individual and societal benefits, rehabilitation has not been prioritised in countries and is under-resourced. We present global, regional, and country data for the number of people who would benefit from rehabilitation at least once during the course of their disabling illness or injury. To estimate the need for rehabilitation, data from the Global Burden of Diseases, Injuries, and Risk Factors Study 2019 were used to calculate the prevalence and years of life lived with disability (YLDs) of 25 diseases, impairments, or bespoke aggregations of sequelae that were selected as amenable to rehabilitation. All analyses were done at the country level and then aggregated to seven regions: World Bank high-income countries and the six WHO regions (ie, Africa, the Americas, Southeast Asia, Europe, Eastern Mediterranean, and Western Pacific). Globally, in 2019, 2.41 billion (95% uncertainty interval 2.34–2.50) individuals had conditions that would benefit from rehabilitation, contributing to 310 million [235–392] YLDs. This number had increased by 63% from 1990 to 2019. Regionally, the Western Pacific had the highest need of rehabilitation services (610 million people [588–636] and 83 million YLDs [62–106]). The disease area that contributed most to prevalence was musculoskeletal disorders (1.71 billion people [1.63–1.80]), with low back pain being the most prevalent condition in 160 of the 204 countries analysed.

### **Longitudinal symptom dynamics of COVID-19 infection**

*Nature Communications* | 4 December 2020

*Barak Mizrahi, Smadar Shilo, Hagai Rossman, Nir Kalkstein and Yael Barer et al*

As the COVID-19 pandemic progresses, obtaining information on symptoms dynamics is of essence. Here, we extracted data from primary-care electronic health records and nationwide distributed surveys to assess the longitudinal dynamics of symptoms prior to and throughout SARS-CoV-2 infection. Information was available for 206,377 individuals, including 2471 positive cases. The two datasources were discordant, with survey data capturing most of the symptoms more sensitively. The most prevalent symptoms included fever, cough and fatigue. Loss of taste and smell 3 weeks prior to testing, either self-reported or recorded by physicians, were the most discriminative symptoms for COVID-19. Additional discriminative symptoms included self-reported headache and fatigue and a documentation of syncope, rhinorrhea and fever. Children had a significantly shorter disease duration. Several symptoms were reported weeks after recovery. By a unique integration of two datasources, our study shed light on the longitudinal course of symptoms experienced by cases in primary care.

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## **RECENT PUBLIC HEALTH NEWS**

### **Long-acting PrEP for women – ‘hugely significant’ for the HIV response**

*Avert* | 10 November 2020

Long-acting, injectable pre-exposure prophylaxis (PrEP) offered once every two months is more effective than daily oral PrEP at preventing HIV in cisgender women in Africa. The results usher in a new era of HIV prevention options for women, who have so far had to rely on condom use, daily pill-taking or abstinence. These methods bring specific challenges for women – who lack control over their reproductive and general health due to unequal gender roles. According to interim results of the trial ‘HPTN 084’ – a double-blind randomised control trial – the novel drug CAB LA was 89% more effective than daily oral tenofovir/emtricitabine (Truvada), the only other drug approved for PrEP. However, it should be noted that both types of PrEP offered protection.

### **Global equitable access to COVID-19 vaccines estimated to generate economic benefits of at least US\$ 153 billion in 2020–21, and US\$ 466 billion by 2025, in 10 major economies, according to new report by the Eurasia Group**

*World Health Organization* | 3 December 2020

As world leaders gather virtually at the Special Session of the General Assembly in response to the COVID-19 pandemic, new **data published today** finds that leaving low- and lower-middle-income countries (LLMICs) without access to vaccines amid the COVID-19 pandemic will cause significant

economic damage that puts decades of economic progress at risk – for both LLMICs and advanced economies alike. The report by the Eurasia Group analyses ten major economies – Canada, France, Germany, Japan, Qatar, South Korea, Sweden, United Arab Emirates, United Kingdom and the United States – to assess the economic benefits to advanced economies of contributing to the work of the **Access to COVID-19 Tools (ACT) Accelerator**.

### **Strengthening the first-line response to GBV during COVID-19**

*Wits RHI | 4 December 2020*

This article discusses the steps actively being taken to both raise GBV awareness and combat it during the COVID-19 pandemic in the spirit of the hashtags #EndGBV #EnoughIsEnough #16Days

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## **TRAINING AND RESOURCES**

### **Global Health Training Centre**

Free eLearning courses in global health research for staff of all roles, in all regions and covering all disease areas, developed by The Global Health Network in collaboration with respected partners such as the World Health Organization

### **HPSR Teaching and Training Resources: Health Systems Global TWG on Teaching and Learning HPSR Training Database**

The Health Systems Global Thematic Working Group on Teaching and Learning Health Policy and Systems Research has launched an interactive HPSR training database. The database features course information including instructional language, location, and education levels for each training plus syllabi, competencies and learning materials that are all searchable.

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## **PUBLICATIONS AND REPORTS**

### **The South African Health Review (SAHR) 2020 being released the week of 7 December!**

*HST South African Health Review | December 2020*

The long-awaited South African Health Review (SAHR) 2020 will be released the week of 7 December. The theme for this, the 23<sup>rd</sup> edition, is “Access to equitable healthcare for persons with disabilities.” For a taste of what awaits you please read the pre-release media post, and two of the blog articles disseminated so far:

<https://www.hst.org.za/media/Pages/International-Day-For-Persons-With-Disabilities.aspx>

<https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=41>

<https://www.hst.org.za/media/blog/Lists/Posts/Post.aspx?ID=42>

### **The District Health Barometer (DHB) 2019-2020 being released on 11 December 2020!**

The Health Systems Trust (HST) is pleased to announce that the 15<sup>th</sup> District Health Barometer (DHB) 2019-2020 will be released electronically via [www.hst.org.za](http://www.hst.org.za) on 11 December 2020. This edition is made up of TWO sections. Section A focuses on Reproductive, maternal, newborn and child health; Infectious disease control; Non-communicable diseases; Service capacity and access; a Summary of recommendations per indicator for national, provincial, district and facility levels; Universal health coverage – the service coverage index at district level; Burden of disease; The evolution of the COVID-19 pandemic and health system responses in South Africa and the Western Cape – how decision-making

was supported by data. Section B deals with the National, Provincial and District Profiles of South Africa. This year's edition was edited, once again, by Naomi Massyn, Candy Day, Noluthando Ndlovu and, HST colleague, Thesandree Padayachee who joins them for the first time. For updates please go to: [www.hst.org.za](http://www.hst.org.za)

## **The 2020 Global HIV Policy Report: Policy Barriers to HIV Progress**

*HIV Policy Lab | 2020*

Nearly forty years since the discovery and isolation of the human immunodeficiency virus (HIV), the science of HIV has never been better. Today, we have a better understanding of how the virus functions and how to test, treat, and prevent HIV infection. We have clear evidence on the biomedical, social, and structural drivers of new HIV infections and deaths, and new tools to halt them. Antiretroviral medicines (ARVs), for example, are available to save lives and to stop transmission—with new long-acting injectable forms shown just this month to be effective prevention for women. We have clear evidence that differentiating delivery of HIV service delivery to meet the needs of people works, that self-testing helps reach populations poorly served by other methods, that healthcare user fees push people out of HIV care, that criminalization of key populations undermines access and drives HIV, and much more. Yet the translation of science into law and policy remains a drag on the AIDS response. Despite rapid scientific advances, the world will not achieve the 2020 global HIV goals. This reality stems from progress that is highly unequal. As shown in the UNAIDS 2020 Evidence Review, some countries and communities are seeing real success while others see little.

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## **CONFERENCES AND EVENTS**

### **Celebrating 10 years towards Joint Learning towards Universal Health Coverage**

*Joint Learning Network (JLN) | 10 December 2020*

Join us and celebrate 10 years of joint learning toward Universal Health Coverage. Hear from long-time members and partners about their experiences and views on where the JLN is headed in the future.

Join here: <https://jointlearningnetwork.org/events/celebrating-ten-years-of-joint-learning-towards-uhc/>

### **PRIS 2020 – Guest Talk by Professor Salim Abdool Karim: “COVID-19: Looking Ahead at 2021”**

*UKZN | 10 & 11 December 2020 (Thursday & Friday)*

### **Upcoming Virtual Networking Event: Catalyzing Connections for Data Science and AI in Health**

Interested in connecting with people around the world working at the intersection of data science, artificial intelligence, and health? Join us on **December 17th from 9 – 11am EST** for a Virtual Networking Event – Catalyzing Connections for Data Science and AI in Health!

The gathering will kick off with a Keynote Address and a series of inspiring Flash Talks from healthcare innovators leveraging digital tools in the fight against COVID-19. During the second half of the event, participants will have the opportunity to connect in small groups with colleagues from around the globe who are facing similar challenges and opportunities as they strive to use, invent, share, or engage with digital health tools.

Within Zoom meetings, participants are able to freely move between breakout rooms to meet new people and spark connections that can advance their career or organization. Breakout rooms will have distinct themes, ranging from data infrastructure to curriculum development, to enable attendees to quickly meet like-minded individuals. With features that enable easy sharing of contact information, attendees are able

to build partnerships that last well beyond the event. The event is open to all. All we ask is that you be prepared to share, listen, and connect.

### **International AIDS Society's (IAS) COVID-19 Conference: Prevention!**

SAVE THE DATE: Recognizing the urgent need to advance the COVID-19 pandemic response, the IAS COVID-19 Conference: Prevention will feature the latest in prevention related science, policy and practice. The conference will take place virtually on Tuesday, 2 February 2021 – and will include invited-speaker sessions and abstract presentations.

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## **JOB OPPORTUNITIES**

### **FEMALES RISING THROUGH EDUCATION, SUPPORT AND HEALTH (FRESH): Research Nurse**

*Closing Date: 10 December 2020*

### **HEALTH SYSTEMS STRENGTHENING (HSS) UNIT: Community Engager – DO ART Project**

*Closing Date: 14 December 2020*

### **HEALTH SYSTEMS STRENGTHENING (HSS) UNIT: Community Mobilisation Co- ordinator – DO ART Project**

*Closing Date: 14 December 2020*

### **HEALTH SYSTEMS STRENGTHENING (HSS) UNIT: Data Analyst – DO ART Project**

*Closing Date: 14 December 2020*

### **HEALTH SYSTEMS STRENGTHENING (HSS) UNIT: District Project Co-ordinator – DO ART Project**

*Closing Date: 14 December 2020*

### **HEALTH SYSTEMS STRENGTHENING (HSS) UNIT: Monitoring and Evaluation (M&E) Officer – DO ART Project**

*Closing Date: 14 December 2020*

### **HEALTH SYSTEMS STRENGTHENING (HSS) UNIT: Project Manager – DO ART Project**

*Closing Date: 14 December 2020*

### **HEALTH SYSTEMS STRENGTHENING (HSS) UNIT: Qualitative Data Analyst – DO ART Project**

*Closing Date: 14 December 2020*

### **HEALTH SYSTEMS STRENGTHENING (HSS) UNIT: Project Manager – Paediatric and Adolescent HIV**

*Closing Date: 14 December 2020*

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hst@hst.org.za

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