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HST Bulletin

HEALTH SYSTEMS TRUST

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ACADEMIC AND PEER REVIEWED ARTICLES

A scoping review of evaluated Indigenous community-based mental wellness initiatives

Rural and Remote Health | 17 March 2021

Jeyasakthi Venugopal, Melody Ninomiya, Nadia Green, Laura Peach, Renee Linklater, et al.

Many Indigenous peoples around the world are disproportionately affected by mental health challenges, due to intergenerational and collective trauma stemming from historical losses and ongoing colonialism. A growing body of literature suggests that mental wellness initiatives are more culturally safe and result in more successful and sustainable outcomes when they are developed by, for and with Indigenous communities using community-driven approaches that prioritize and privilege Indigenous leadership, knowledge systems, beliefs and practices. However, knowledge has not been synthesized on mental wellness initiatives and the extent of community engagement during the development, implementation, and evaluation stages of these initiatives.

Appropriate names for COVID-19 variants

Science | 19 March 2021

Salim Abdool Karim, Tulio de Oliveira, Glaudina Loots

Multiple severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) variants are now circulating globally. Those with mutations in functional domains such as the receptor binding domain of the spike protein are of particular concern. In December 2020, three new variants of concern (VOC) with a common mutation at position 501 in the spike protein were reported: VOC-202012/01 (B.1.1.7, 501Y.V1, 20I) was first identified in the United Kingdom, 501Y.V2 (B.1.351, 20H) was first described by South African researchers, and P.1 (501Y.V3, 20J) was first identified in Japan and described by Brazilian researchers. Unfortunately, variants are widely being referred to by their country of first description. This naming convention should be avoided. Using geographical regions to distinguish variants is harmful, as demonstrated by the term "China" virus, which has been used to blame and stigmatize China. The connotation that the variants were created and spread by their respective first locations has already generated political backlash through travel bans and negative perceptions of these countries and their people. The risk of being associated with a new variant also disincentivizes country-level genomic surveillance and transparent reporting of their results.

Routine asymptomatic testing strategies for airline travel during the COVID-19 pandemic: a simulation study

The Lancet Infectious Diseases | 22 March 2021

Mathew Kiang, Elizabeth Chin, Benjamin Huynh, Lloyd Chapman, Isabel Rodríguez-Barraquer, et al.

Routine viral testing strategies for SARS-CoV-2 infection might facilitate safe airline travel during the COVID-19 pandemic and mitigate global spread of the virus. However, the effectiveness of these test-and-travel strategies to reduce passenger risk of SARS-CoV-2 infection and population-level transmission remains unknown.

The need to prioritise childhood tuberculosis case detection

The Lancet | 22 March 2021

Esin Nkereuwem, Beate Kampmann, Toyin Togun

With 10 years left to the WHO End TB Strategy's interim milestones of 80% reduction in new tuberculosis cases and 90% reduction in tuberculosis deaths by 2030 compared with 2015, little progress has been made. The COVID-19 pandemic has worsened the situation because of its negative impact on tuberculosis case detection and reduced access to tuberculosis treatment and prevention services globally. In a worst-case scenario, COVID-19 might have resulted in up to 400 000 excess tuberculosis deaths in 2020, which would mean the worldwide number was similar to that in 2012. Estimates suggest that the COVID-19 pandemic could cause an additional 6·3 million tuberculosis cases globally between 2020 and 2025, with the most vulnerable populations, especially children, at risk. These extreme outcomes would slow or reverse any progress made towards the tuberculosis treatment and prevention milestones and targets.

Another Explanation for Why Cloth Masks Reduce COVID-19 Severity

JAMA Network | 23 March 2021

It's not just the mask, it's the humidity created inside the mask that helps protect against severe COVID-19, a recent study by National Institutes of Health (NIH) researchers suggests. The use of cloth masks has been linked with decreased disease severity, which is surprising considering such masks aren't good at filtering out the smallest aerosol particles that can reach the lower respiratory tract, the researchers wrote. They tested 4 types of masks: an N95 respirator, a 3-ply disposable surgical mask, a 2-ply cotton-polyester mask, and a heavy cotton mask. Volunteers breathed into a sealed steel box, and the scientists then measured the humidity level inside it. With no mask, the water vapor of exhaled breath filled the box, increasing humidity. But when the volunteers wore any of the 4 types of masks, humidity levels in the box declined because the masks trapped most of the water vapor in their exhaled breath. The researchers noted that the volunteers' faces fit tightly against high-density foam rubber surrounding the opening in the box, eliminating leakage around the masks' edges. Increased humidity of inhaled air hydrates the respiratory epithelium, which is known to benefit the immune system. It also promotes the removal of mucus, and potentially harmful particles within it, from the lungs. High humidity can also enhance production of interferons that fight viruses. "High levels of humidity have been shown to mitigate severity of the flu, and it may be applicable to severity of COVID-19 through a similar mechanism," coauthor Adriaan Bax, PhD, a biophysicist at the National Institute of Diabetes and Digestive and Kidney Diseases, said in a statement.

Digital tools for mental health in a crisis

The Lancet Digital Health | 1 April 2021

Editorial| Volume 3, Issue 4

In January, 2021, WHO member states stressed the importance of integrating mental health into response and preparedness plans for public health emergencies, such as the current COVID-19 pandemic. To meet these aims, the WHO Executive Board urged member states to develop and strengthen services for mental health and psychosocial support (MHPSS) by promoting equitable access to remote health services during the pandemic and beyond, and to study the impact of the pandemic on mental health. What has been the role of digital tools for mental health during the pandemic thus far, and how might it help health services identify challenges that are still to come? The COVID-19 pandemic has been associated with a substantial amount of distress experienced by people both with and without a prior mental health diagnosis. However, the necessary restrictions of lockdown have limited physical access to mental health services. A study by Mansfield and colleagues published in The Lancet Digital Health found

a substantial decrease in the number of primary care contacts for mental health conditions following the introduction of the first UK lockdown in March, 2020. This study highlights the need for alternative means of delivering mental health services.

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TRAINING AND RESOURCES

e-Learning Course on Cross-Programmatic Efficiency Analysis

World Health Organization | *10 March 2021 – 31 December 2022*

This module on Cross-Programmatic Efficiency Analysis will provide you with an approach to analysing efficiency across health programmes within a health system. Using WHO's System-wide approach to analysing efficiency across health programmes, you will learn how to unpack health programmes based on their common health system functions – financing, governance, service delivery, and creating resources (e.g. supply chain, information systems, health workers) – to understand how they interact with one another and the overall system, and where inefficiencies can be identified.   These cross-programmatic inefficiencies include duplications or misalignments across core health system functions. This module is divided into six sub-sections and should take roughly 45 minutes to 1 hour to complete. After completing this module, you will know how to identify inefficiencies by taking a system-wide approach and learn how to address these inefficiencies through targeted reforms. This e-learning module is open to the public and is directed towards leaders, managers, practitioners, and technical staff from both programme and system perspectives.   This includes country-level health authorities, WHO country/regional/headquarter staff, researchers, and development partners. This is a supplementary module to WHO's "e-Learning Course on Health Financing Policy for universal health coverage (UHC)." It is strongly encouraged to complete this course before starting this module.

5th Access to COVID-19 Tools (ACT) Accelerator Facilitation Council Meeting

World Health Organization | *23 March 2021*

Agenda focus:

Achieving our ACT-A diagnostics & therapeutics goals for 2021: what's holding us back?

Where do we have to focus to rapidly scale up vaccine supply to COVAX?

Co-hosts:

Dr Tedros Adhanom Ghebreyesus, Director-General, WHO

Stella Kyriakides, Commissioner for Health and Food Safety, European Commission

Co-Chairs:

Dr Zweli Mkhize, Minister of Health, South Africa

Mr Dag-Inge Ulstein, Minister of International Development, Norway

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PUBLICATIONS AND REPORTS

Global AIDS Strategy for 2021-2026

The new Global AIDS Strategy (2021–2026) seeks to reduce the inequalities that drive the AIDS epidemic and put people at the centre to get the world on-track to end AIDS as a public health threat by 2030. Decades of experience and evidence from the HIV response show that intersecting inequalities are preventing progress towards ending AIDS. Developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS)4 and to be adopted by the UNAIDS Programme Coordinating Board (PCB), this Strategy lays out a framework for transformative action to reduce these inequalities by 2025 and to get every country and every community on-track to end AIDS by 2030. The Strategy uses an inequalities lens to identify, reduce and end inequalities that represent barriers to people living with and affected by HIV, countries and communities from ending AIDS. The Strategy is being adopted during the Decade of Action to accelerate progress towards the Sustainable Development Goals (SDGs), and makes explicit contributions to advance goals and targets across the SDGs. The Strategy builds on an extensive review

of the available evidence and a broad-based, inclusive, consultative process in which over 10,000 stakeholders from 160 countries participated. The results from the UNAIDS Fast-Track Strategy 2016–2021 informed the development of the new Strategy, including the Programme Coordinating Board (PCB) decision to develop the Global AIDS Strategy "by maintaining the critical pillars that have delivered results in the current Fast-Track Strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current Strategy to prioritize critical areas that are lagging behind and need greater attention."

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CONFERENCES AND EVENTS

South African Spine Society Congress

South African Spine Society Congress strives to achieve and maintain the highest standard of excellence and ethical practice in the treatment of patients with spinal disorders. It supports proper scientific research and the sharing of such knowledge through publications, congresses, courses and interaction with other similar international organisations.
Start Date: 20 May 2021
End Date: 22 May 2021

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JOB OPPORTUNITIES

Please note that there are currently no vacancies available.

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