

## Resources

These are listed under:

- **HIV/AIDS**
- **Maternal, neonatal and child health**

### HIV/AIDS

#### **Early infant diagnosis for HIV: is it taking place early enough?**

Current early infant diagnosis (EID) protocols may need to be revised in the light of current WHO guidelines on the prevention and treatment of HIV-infection in low-resourced settings, according to Dr Sherman of Wits University. She said “Six weeks may not be the right time to be testing,” referring to the current protocol for performing EID at the six week immunisation visit. Testing at this time delivers diagnoses a bit too late to take full advantage of lifesaving early antiretroviral therapy (ART) for infected infants, and does not account for the effects that prolonged daily nevirapine prophylaxis could have on diagnostic accuracy. See Dr Sherman’s speech at the 19th Conference on Retroviruses and Opportunistic Infections held March in Seattle at <http://www.aidsmap.com/Early-infant-diagnosis-for-HIV-is-it-taking-place-early-enough/page/2284995/> [from AidMap: 13 March 2012]

#### **Review of delivery of HIV and tuberculosis services in sub-Saharan Africa**

This review identifies and synthesises published evidence for the effectiveness and cost-effectiveness of eight integrated strategies recommended by WHO that represent coordinated delivery of HIV and tuberculosis services. Evidence supports concurrent screening for tuberculosis and HIV, and provision of either co-trimoxazole during routine tuberculosis care or isoniazid during routine HIV care and at voluntary counselling and testing centres. Although integration of antiretroviral therapy into tuberculosis care has shown promise for improving health outcomes for patients, evidence is insufficient to make conclusive claims. Evidence is also insufficient on the accessibility of condoms at tuberculosis facilities, the benefits of risk reduction counselling in patients with tuberculosis, and the effectiveness of tuberculosis infection control in HIV health-care settings. The vertical response to the tuberculosis and HIV epidemics is ineffective and inefficient. Implications for policy makers and funders include further investments in implementing integrated tuberculosis and HIV programmes with known effectiveness, preferably in a way that strengthens health

systems; evaluative research that identifies barriers to integration; and research on integrated strategies for which effectiveness, efficiency, and affordability are not well established.

Ref: Integrated delivery of HIV and tuberculosis services in sub-Saharan Africa: a systematic review. Uyei J et al. *The Lancet Infectious Diseases*- Vol. 11, Issue 11, Pages 855-867.

#### **Effect of using HIV and infant feeding counselling cards on the quality of counselling provided to HIV positive mothers**

The aim of this cluster randomized controlled trial was to determine the effect the World Health Organization HIV and infant feeding cards on the quality of counselling provided to HIV positive mothers in Zambia by health workers about safer infant feeding options. It concluded that the addition of counselling cards to the counselling session for HIV positive mothers were a valuable aid to counselling and significantly improved the quality of the counselling session.

Ref: Effect of using HIV and infant feeding counselling cards on the quality of counselling provided to HIV positive mothers: a cluster randomized controlled trial. Katepa-Bwalya M et al. *International Breastfeeding Journal*. 2011, 6:13.

#### **Telling children about their HIV status**

WHO has developed guidance for health care workers on how to support children up to 12 years of age and their caregivers with disclosure of HIV status. This is part of a comprehensive approach to ensuring child wellbeing—that is, the physical, emotional, cognitive and social wellbeing of the developing child—following the child’s own diagnoses of HIV or that of a parent or close caregiver. Disclosure is crucial to the continuum of HIV care.

Ref: Guideline on HIV disclosure counselling for children up to 12 years of age. WHO, Geneva. November 2011 [http://whqlibdoc.who.int/publications/2011/9789241502863\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241502863_eng.pdf)

### Maternal, neonatal and child health

#### **South Africa: Double burden of undernutrition and overweight**

The double burden of undernutrition in children and overweight/obesity in women is getting worse because of increased childhood wasting and the high number of urban women who are obese, according to new research. Between 1999 and 2005, the number (cont on page 50)

## Resources . . . cont from page 48

of wasted children affected increased from 4.3% in 1999 to 5.8% in 2005. Around 14% of children were overweight or obese in 2005, whereas almost 52% of women were overweight or obese. Researchers suggest investing in the public health system to support community-based programs that use a lifestyle approach to prevent obesity. Programs targeting pre-school and school-aged children would be the most cost-effective and practical.

Ref "Overweight among children decreased, but obesity prevalence remained high among women in South Africa, 1999-2005" *Public Health Nutrition* 2012; 15(4):594-599 <http://bit.ly/wxzV5z> [procor 7 March 2012]

### **Intermittent preventive therapy for malaria with monthly artemether—lumefantrine for the post-discharge management of severe anaemia in children aged 4—59 months in southern Malawi**

Young children with severe malarial anaemia in Africa are at high risk of readmittance to hospital or death within 6 months of discharge. The authors of this multicentre, randomised, placebo-controlled trial postulate that in areas with intense malaria transmission, chemoprevention with intermittent preventive therapy post-discharge given

to children with severe malarial anaemia might reduce rates of readmittance to hospital for severe anaemia or malaria.

Ref: Intermittent preventive therapy for malaria with monthly artemether—lumefantrine for the post-discharge management of severe anaemia in children aged 4—59 months in southern Malawi: a multicentre, randomised, placebo-controlled trial. Phiri K et al. *The Lancet Infectious Diseases*, Volume 12 (3):191 - 200, March 2012

### **The Healthy Newborn Network (HNN)**

HNN (at <http://www.healthynewbornnetwork.org>) is a partnership of organizations and individual members committed to improving newborn health around the world. HNN connects advocates around the world and provides a platform for discussions and interactions on newborn and maternal health topics. It has a vast library of newborn health resources, featuring the latest in newborn health research, news, resources, events, articles, videos and success stories from around the world. See <http://www.healthynewbornnetwork.org/topics>. Join the network at the website.