

Resources

Maternal, neonatal and child health

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.

Effect of using HIV and infant feeding counselling cards on the quality of counselling provided to HIV positive mothers: a cluster randomized controlled trial

The aim of this study 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 was 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, Kankasa C, Olusegun Babaniyi O, Siziya S. International Breastfeeding Journal. 2011, 6:13.

Caring for the newborn at home: A training course for community health workers

These training materials from WHO draw on experiences of training community health workers in caring for the newborn at home in several research studies, particularly the SEARCH study in India and the NEWHINTS study in Ghana. The materials provide guidance for community health workers to conduct home visits in the antenatal period and the first weeks after the baby is born. They promote that families seek care from a skilled health professional for antenatal care and care at birth and support families in adopting appropriate home care practices for the mother and baby, during pregnancy and after childbirth. The materials include a manual, facilitator's guide and counseling cards.

Download the document at

http://www.who.int/maternal_child_adolescent/documents/caring_for_newborn/en/index.html

Family Planning: A Global Handbook for Providers offers clinic-based healthcare professionals in developing countries the latest guidance on providing contraceptive methods. Updated in 2011, the book focuses on the family planning essentials that health workers need to provide quality care to their clients. The handbook includes the medical eligibility criteria for contraceptives, job aids (including a wall chart on methods), and many other useful resources. WHO considers this handbook one of the four cornerstones of family planning guidance. On the revised website at <http://www.fphandbook.org> users have new ways to navigate and explore this Handbook and its contents.

Malawi and childhood pneumonia care

A pilot Child Lung Health Programme (CHLP) in Malawi has demonstrated that delivering standardised case management for severe and very severe pneumonia in children younger than 5 years of age can reduce case fatalities by more than 55%.

The model involves training health-care staff in standard case management, ensuring adequate stocks and uninterrupted supply lines of drugs and laboratory materials, programme supervision and monitoring through consistent data collection and analysis, accountability and transparency, regular external evaluation, and government commitment. The success of the CHLP in Malawi demonstrated that standardised case management is possible in resource-poor settings using a simple clinical assessment strategy, antibiotics aimed at the common bacterial pathogens and effective management of hypoxia for the most severe cases. One of the important aspects of CHLP is that it incorporates Malawi's existing structure of health services, and is implemented by hospital personnel who were already working on the control of acute respiratory infections and the integrated management of childhood illnesses.

Ref: Mullins J. 2012. Malawi breathes new life into childhood pneumonia care. The Lancet, Volume 380, Issue 9843: 717, 25 August 2012

The State of the World's Children 2012, Children in an Urban World

This UNICEF report focuses attention on the needs of

children in urban areas. One billion children live in urban areas, a number that is growing rapidly. Disparities within cities reveal that many children lack access to schools, health care and sanitation, despite living alongside these services. See www.unicef.org/sowc2012

BMI and BMI-for-Age Look-Up Tables for Children and Adolescents 5–18 Years of Age and BMI Look-Up Tables for Non-Pregnant, Non-Lactating Adults ≥ 19 Years of Age (2012)

These tables are a quick reference for health care providers to use to help determine the nutritional status of children over 5 years of age; adolescents; and non-pregnant, non-lactating adults. Practice exercises are available to assist health care providers in using the tables. See <http://www.fantaproject.org/publications/BMI-charts.shtml>.

HIV/AIDS

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, Coetzee D, Macinko J, Guttmacher S. *The Lancet Infectious Diseases* - Vol. 11, Issue 11, Pages 855-867.

Telling children about their HIV status

'Health care workers are often without the support of

definitive, evidence-based policies and guidelines on when, how, and under what conditions children should be informed about their own or their caregivers' HIV status', says a new guideline from WHO, published November 2011. See http://whqlibdoc.who.int/publications/2011/9789241502863_eng.pdf

Self-reported dietary intake and appetite predict early treatment outcome among low-BMI adults initiating HIV treatment in sub-Saharan Africa.

Low BMI is a major risk factor for early mortality among HIV-infected persons starting ART in sub-Saharan Africa and the common patient belief that antiretroviral medications produce distressing levels of hunger is a barrier to treatment adherence. The authors assessed relationships between appetite, dietary intake and treatment outcome 12 weeks after ART initiation among 142 Zambian HIV-infected adults with advanced malnutrition (BMI<16) and immunosuppression.. A 500 kJ/d higher energy intake at any time after ART initiation was associated with an approximate 16 % reduction in the hazard of but the relative contribution of carbohydrate, protein or fat to total energy was not a significant predictor of outcome. Appetite normalized gradually among survivors and hunger was rarely reported. It was concluded that poor early ART outcomes were strikingly high in a cohort of HIV-infected adults with advanced malnutrition, and mortality was predicted by lower dietary intake. Intervention trials to promote post-ART intake in this population may benefit survival and are warranted.

Ref: *Public Health Nutrition* 2012 Jun 13:1-10. [from ProNut-HIV 19 August 2012 www.pronutrition.org]

Non-communicable diseases

Diabetes and TB in Tanzania

Due to the association between diabetes and pulmonary tuberculosis (TB), diabetes may threaten the control of TB. In a prospective cohort study nested in a nutrition trial, the authors investigated the role of diabetes on changes in anthropometry, grip strength, and clinical parameters over a five months follow-up period. The concluded that TB patients initiating TB treatment with diabetes co-morbidity experience delayed recovery of body mass and haemoglobin, which are important for the functional recovery from disease.

See: *BMC Infectious Diseases* 2012 Jul 27;12(1):165. The role of diabetes co-morbidity for tuberculosis treatment outcomes: a prospective cohort study from Mwanza, Tanzania. <http://www.biomedcentral.com/content/pdf/1471-2334-12-165.pdf>

[from pronut-HIV forum at www.healthnet.org].