

## Resources

These are listed under:

- General issues.
- Child health and Nutrition.
- HIV and other infections.

### General

#### A manifesto for the world we want

The Lancet at the end of 2012 listed **five** priority areas for the future. These are:

1. Women, who remain the dominant face of poverty – extending their reproductive rights and providing quality reproductive health care and safe abortion services, improving their education.
2. Early child development. Work on social determinants of health shows that focusing on the early years is critical to solving the problem of health inequalities in adulthood.
3. Adolescent health. Young people are the future for every society, and huge benefits to their health and development can be won through better education and preventive public health measures.
4. People living with non-communicable diseases (NCDs). NCDs are the leading cause of death and disability and have a huge socio-economic impact and this situation is predicted to worsen substantially by 2020 and beyond. Managing and treating cardiovascular disease, cancer, diabetes, and chronic respiratory disease will need continued action, as will mental health and neurological conditions such as epilepsy and dementia, which still get marginalised in global policy debates.
5. Ageing population. By 2016, there will be more people older than 65 years than children younger than 5 years. Provision of age-appropriate health-care services, long term care and support, and the creation of sustainable cities will be key to enable older people to participate in society fully.

Ref: The Lancet, Volume 380, Issue 9857, Page 1881, 1 December 2012

#### The Global Burden of Disease Study 2010 (GBD 2010)

GBD 2010 is the largest ever systematic effort to describe the global distribution and causes of a wide array of major diseases, injuries, and health risk factors. The results show

that infectious diseases, maternal and child illness, and malnutrition now cause fewer deaths and less illness than they did twenty years ago. As a result, fewer children are dying every year, but more young and middle-aged adults are dying and suffering from disease and injury, as non-communicable diseases, such as cancer and heart disease, become the dominant causes of death and disability worldwide. Since 1970, men and women worldwide have gained slightly more than ten years of life expectancy overall, but they spend more years living with injury and illness.

GBD 2010 consists of seven Articles, each containing a wealth of data on different aspects of the study (including data for different countries and world regions, men and women, and different age groups), while accompanying Comments include reactions to the study's publication from WHO's Director-General and World Bank's President .

See <http://www.thelancet.com/themed/global-burden-of-disease?elsca1=GBD-TL&elsca2=email&elsca3=JCKOR5F>

Note you can register with the Lancet to see the full text of these articles and many others by going to <http://www.thelancet.com/user/register>

#### Atlas of African Health Statistics 2012.

See <http://www.aho.afro.who.int/en/publication/63/atlas-african-health-statistics-2012-health-situation-analysis-african-region>

[from HIFA2015]

#### Child health and nutrition

##### Safe Pregnancy and Childbirth mobile application for iPhone

<http://hesperian.org/books-and-resources/safe-pregnancy-and-birth-mobile-app>

This app covers prenatal health, danger signs during pregnancy and birth, and 20 how-to skills for health workers

Presents life-saving information in a clear, accessible style. Intuitive navigation designed for anyone to easily find the information they are looking for. Once downloaded onto an iPhone, the information can be accessed from the most remote communities, with no Internet connection required.

## RESOURCES

Now available for free download in the iTunes Apple Store. <http://itunes.apple.com/us/app/safe-pregnancy-and-birth/id496919735?mt=8>

### International Policy on HIV and Breastfeeding

This resource aims to clarify the confusion due to changing HIV and infant feeding guidance and is intended for policy-makers, breastfeeding advocates, national breastfeeding committees, public health advocates, women's health activists and others working in the community. It summarises up-to-date scientific evidence as at the end of 2012. Research emerging between WHO's 2006 and 2010 guidance documents showed conclusively that maternal/infant ARV regimens during pregnancy and breastfeeding greatly reduce vertical transmission of HIV; and that exclusive and continued breastfeeding significantly improves overall HIV-free survival.

Ref: WABA - International Policy on HIV and Breastfeeding: a Comprehensive Resource. December 2012,

<http://www.waba.org.my/whatwedo/hcp/ihiv.htm#kit>

[from ProNut-HIV forum]

### Malnutrition eLearning

Malnutrition eLearning course is a free course to help training doctors, nurses and nutritionists in management and treatment of severe malnutrition. It is hosted by the University of Southampton, UK and is supported by the International Malnutrition Task Force. Already 850 people around the world have signed. Find details of the course at [www.som.soton.ac.uk/learn/test/nutrition](http://www.som.soton.ac.uk/learn/test/nutrition).

### 1,000 Days Nutrition Newsroom

The Nutrition Newsroom at [news.thousanddays.org](http://news.thousanddays.org) is designed to bring you the latest nutrition-related news from around the web and world, particularly related to the first 1,000 days of life, all in one place. In recent years, the importance of nutrition has garnered increased attention, growing from coverage by global development news and opinion outlets to making the headlines of major news outlets worldwide. The aim of this new tool is to help to showcase the importance nutrition plays not only in people's lives, but also in the healthy growth of nations and economies. Send comments and feedback to [info@thousanddays.org](mailto:info@thousanddays.org).

### Guidelines on basic newborn resuscitation (2012)

[http://www.who.int/maternal\\_child\\_adolescent/documents/basic\\_newborn\\_resuscitation/en/index.html](http://www.who.int/maternal_child_adolescent/documents/basic_newborn_resuscitation/en/index.html)

Globally, about one quarter of all neonatal deaths are

caused by birth asphyxia (defined simply as the failure to initiate and sustain breathing at birth). Effective resuscitation at birth can prevent a large proportion of these deaths. The need for clinical guidelines on basic newborn resuscitation, suitable for settings with limited resources, is universally recognized. The objective of these updated WHO guidelines is to ensure that newborns in resource-limited settings who require resuscitation are effectively resuscitated. These guidelines will assist programme managers responsible for implementing maternal and child health programmes to develop or adapt national or local guidelines, standards and training materials on newborn care

### CMAM Toolkit: Rapid start-up resources for emergency nutrition personnel

<https://sites.google.com/site/stcehn/documents/cmam-toolkit>

The CMAM (Community-based Management of Acute Malnutrition) Toolkit is a collection of tools for program managers to begin implementation of CMAM programs, either at the onset of a crisis or during a protracted crisis, as a new emergency nutrition activity. The toolkit is an easy-to-use well-illustrated compilation of existing tools and resources that allow managers to rapidly access needed inputs and begin implementation as soon as possible, without needing to spend a lot of time searching for certain tools.

The toolkit is not meant to be used as a replacement of national protocols. When starting up any emergency nutrition program, the first resource for program managers is the Ministry of Health.

See also the Home Page of Save the Children's Emergency Health and Nutrition site at <https://sites.google.com/site/stcehn/home>

The International Child Health Group Summer 2012 newsletter is now available on the ICHG website at <http://www.ichg.org.uk/publications/ICHG%20newsletter%20summer%202012.pdf>

### Effect of nutritional supplementation of breastfeeding HIV positive mothers on maternal and child health

It is well established that breastfeeding is beneficial for child health, however there is debate regarding the effect of lactation on maternal health in the presence of HIV infection and the need for nutritional supplementation in HIV positive lactating mothers. This randomized controlled clinical trial studied the impact of nutritional supplementation on breastfeeding mothers. Measurements included anthropometry; body composition indicators;

CD4 count, haemoglobin and albumin; as well as incidence rates of opportunistic infections; depression and quality of life scores. Infant measurements included anthropometry, development and rates of infections. The supplement made no significant impact on any maternal or infant outcomes. However in the small group of mothers with low BMI, the intake of supplement was significantly associated with preventing loss of lean body mass. There was no significant impact of supplementation on the infants.

See <http://www.biomedcentral.com/1471-2458/11/946>

Ref: Effect of nutritional supplementation of breastfeeding HIV positive mothers on maternal and child health: findings from a randomized controlled clinical trial. G. Kindra, A. Coutoudis and F. Esposito, BMC Public Health 2011, 11:946 doi:10.1186/1471-2458-11-946

### **HIV and infection**

#### **Association of BMI change with TB treatment mortality in HIV-positive smear-negative and extrapulmonary TB patients**

The objective of this study was to assess the association of BMI change at 1 month from TB treatment start with mortality among HIV-positive individuals with smear-negative and extrapulmonary TB. A retrospective cohort study of 1090 adult HIV-positive new TB patients in Médecins Sans Frontières treatment programmes in Myanmar and Zimbabwe was conducted. A strong association was found between BMI category change during the first month of TB treatment and mortality. BMI category change could be used to identify individuals most at risk of mortality during TB treatment among smear-negative and extrapulmonary patients.

See <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335812/AbstractOBJECTIVE>

[From ProNut-HIV forum]

#### **Improving the treatment of pneumonia, diarrhoea and malaria among children**

Comprehensive evidence has been published that shows how using community health workers to diagnose and treat the three most common killers of African children – pneumonia, diarrhoea and malaria – can increase access and reduce deaths. Millions of children live at the edge of health systems, with little or no ability to reach a health facility when they become sick, but a special supplement of 16 new research articles provides a rich source of information on how families can get care for their children right in their own communities. See TDR news item 12 November 2012 at <http://www.who.int/tdr/news/2012/>

[improving\\_treatment/en/index.html](http://www.who.int/tdr/news/tdrmedia_listserv/en/index.html)

TDR, the Special Programme for Research and Training in Tropical Diseases, is a global programme of scientific collaboration that helps coordinate, support and influence global efforts to combat a portfolio of major diseases of the poor and disadvantaged. TDR is run by the WHO, and sponsored by UNICEF, UNDP) and the World Bank. Sign up to receive TDR enews by going to [http://www.who.int/tdr/news/tdrmedia\\_listserv/en/index.html](http://www.who.int/tdr/news/tdrmedia_listserv/en/index.html)

#### **Prevalence of HIV and chronic co-morbidities among older adults**

Limited evidence is available on HIV, aging and co-morbidities in sub-Saharan Africa. This article describes the prevalence of HIV and chronic co-morbidities among those aged 50 years and older in South Africa (2007-2009) using nationally representative data. HIV prevalence among adults aged 50 and older in South Africa was 6.4% and was particularly elevated among Africans, women aged 50-59 and those living in rural areas. Rates of chronic disease were higher among all older adults compared with those aged 18-49. Of those aged 50 years and older, 29.6% had two or more of the seven chronic conditions compared with 8.8% of those aged 18-49 years. When controlling for age and sex among those aged 50 and older, BMI was lower among HIV-infected older adults aged 50 and older (27.5 kg/m<sup>2</sup>) than in HIV-uninfected individuals of the same age (30.6). Grip strength among HIV-infected older adults was significantly weaker than among similarly-aged HIV-uninfected individuals.

Ref: AIDS 2012 Jul 31;26 Suppl 1:S55-63.d.