

Jakes Gerwel Award In Public Health

Nicklaus Kruger

“One of the most important things I learned at the University of the Western Cape is that we should commit to action through knowledge. Not unconsidered actions, or knowledge for the sake of it, but knowledge that translates into action that causes change in people’s lives.”

So said Evans Sagwa, (*right*) a MPH graduate of UWC’s School of Public Health ((SoPH) at the University of the Western Cape, doctoral student in the Utrecht-WHO Pharmaceutical Policy and Regulation programme at Utrecht University in the Netherlands, Country Director for two USAID-funded pharmaceutical systems strengthening projects in Namibia, and 2016 recipient of the prestigious Jakes Gerwel Award for Public Health*.

His acceptance speech, delivered to an audience of public health officials, students, academics and other interested parties on Wednesday, 17 February 2016, delved into A holistic approach to strengthening national pharmaceutical systems, with particular reference to his experiences in Namibia.

From basic issues such as the very definition of health systems and pharmaceutical systems to the frameworks that guide the relevant structures and organisations, to capacity development, implementation, service delivery, and even technological interventions (SMS reminders for patients and doctors alike, making all records digital and searchable, and so on), Sagwa explored how actions at the top of the system can influence the everyday experience at its base.



“It’s about looking at the whole system,” he explained. “Namibia has a small, dispersed population, and it can be difficult to provide services far away from population centres - so we need to do what we can to make sure that people get the services and medications they need.”

A Shining Example of Achievement

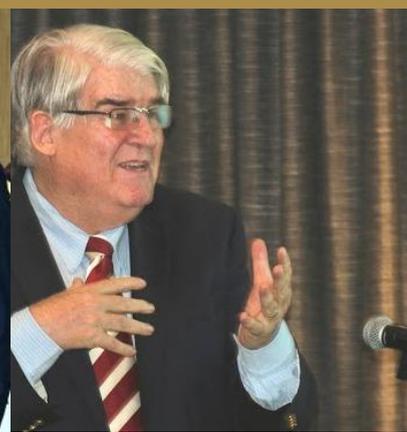
The Jakes Gerwel Award honours and recognises the late Prof Jakes Gerwel’s central role in promoting public health practice, and is open to all graduates of the SoPH who have demonstrated outstanding work in some aspect of public health.

“Since the time of his MPH studies Evans has been instrumental in supporting the Namibian Government through a range of initiatives to strengthen the public sector health services,

particularly in the pharmaceutical sector,” said the SoPH’s Dr Hazel Bradley, (*above*) reading the award citation. “For his enthusiastic and energetic commitment and contributions to Public Health, especially in the field of pharmaceutical health, Evans Sagwa is a worthy recipient of the Jakes Gerwel Award in Public Health.”

UWC’s Rector and Vice-Chancellor, Prof Tyrone Pretorius, (*right*) added that the Award is a celebration of the achievements made possible through philanthropic support, thanking the Mauerberger Foundation and Gerwel family for their ongoing relationship with UWC. But it also serves as a reminder of the intellectual impact of universities, and of the School of Public Health in particular, on society at large.

“In a society where public space is dominated by negativity, and where a cult of mediocrity is becoming pervasive, this Award adds to the tapestry of excellence at UWC,” he said. “As a university, our reputation is largely dependent on the successes of its graduates, its alumni - and Evans Sagwa is a shining example of achievement and aspiration. We are very proud of his efforts - and we look forward to welcoming him back after that stint in the Netherlands...”



The Rewards of Hard Work

The Award also came with a R50,000 cheque, made possible through a grant by the Mauerberger Foundation Fund and presented by Heinrich Gerwel, son of the late Jakes Gerwel - and himself a graduate of UWC (along with seven of his father’s siblings and several of his cousins).

Ms Dianna Yach, (*left*) Chairperson and Director of the Mauerberger Foundation Fund, congratulated Sagwa and spoke about the positive working relationship between the Mauerberger Foundation Fund and UWC - a relationship that will only deepen with time.

“As a donor - a small but committed and enthusiastic donor - I feel that now more than ever before is the time for us to support universities,” she said. “Students have given us an opportunity to think about who we are and what we want to achieve - and what is important is that we are all engaged in the discussion about the future of higher education and society.”



Sustainability Workshop Considers Future Science and Society

Two dozen academics from different disciplines within the field of sustainability gathered at the University of the Western Cape (UWC) recently to conceptualise and discuss the development of a research niche area in sustainability and systems analysis.

Kicking off on 23 January 2016, the two-day workshop aimed to creatively conceptualise a Centre for Sustainability to be based at UWC, which will promote interdisciplinary and transdisciplinary research collaborations.

The event was facilitated by Professor Max Bergman (Chair of Social Research and Methodology at the University of Basel and Extraordinary Professor at UWC), Prof Thandi Mgwebi (Director of Research at UWC and Chair of next year's World Sustainability Forum in Cape Town, co-hosted by UWC) and Prof Frans Swanepoel (Deputy Vice-Chancellor: Research & Innovation at UWC).

UWC is currently in the process of entrenching itself as a national leader in sustainability and systems analysis for sustainability, with a vast amount of high-quality, cutting-edge research related to the broad domain of sustainability currently taking place at the University.

Presenters reflected on the impactful research already being conducted within the field of systems analysis for sustainability at UWC, and led discussions on their specific sustainability research niche areas:

- Prof Julian May (Director of the Institute of Social Development), explored food systems sustainability in South Africa;
- Prof Vladimir Linkov (Director of the South African Institute of Advanced Materials Chemistry, SAIAMC) discussed energy and water systems sustainability;
- Prof Ben Bladergroen (Deputy Director of SAIAMC and Director of the Energy Storage Innovation Lab) tackled energy systems sustainability,
- and Prof Diane Cooper (of the School of Public Health) provided an in-depth overview of health systems sustainability.

The workshop investigated the ways in which UWC can harness this potential in collaboration with relevant stakeholders to establish UWC and its collaborating partners as leading experts on the continent in the field of sustainability.

Prof Alice Pell and Alex Travis from the Atkinson's Centre for a Sustainable Future (Cornell University, USA) spoke of the Centre's multi-year, cross-campus dialogue on energy and sustainability. Prof Akiyama Tomohiro of the Graduate School of Frontier Science (University of Tokyo, Japan) discussed research on the frontiers of traditional disciplinary boundaries. And other international experts shared their international experience and perspectives on establishing and running a sustainability centre.

Sustainability studies have the potential for truly global impact.

"Globally, this is of course a very topical area, as we see nations gathering their resources to promote strategies for attaining the UN Sustainable Development Goals," noted Prof Mgwebi. "The workshop was interesting and inspiring, and we hope further interdisciplinary collaboration will see UWC realise the dream of becoming a sustainability-focused centre."





Reproductive Health on the Anniversary of *Roe v. Wade*

*Sandro Galea, Dean, Boston School of Public Health
January 24, 2016* TOPICS: Dean's Note

The United Nations Population Fund defines sexual and reproductive health as “a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.” There is a clear connection between reproductive health and the well-being of individuals, their families, and populations across generations. Reproductive rights worldwide are inextricable from gender equality and human rights, particularly the human rights of women.

There has been substantial and dramatic progress on reproductive health worldwide over the past few decades. For example, globally, the number of women who died in pregnancy or childbirth decreased by almost half over the past 25 years. In the US, the teenage pregnancy rate in 2013 reached a record low, recording a 10 percent drop over the previous year, attributable in no small part to birth control used by sexually active teens throughout the country.



This progress, however, does not obviate the unmet sexual and reproductive health needs in many parts of the world. For example, complications related to pregnancy and childbirth, a large proportion of which are preventable, remain worldwide the second most common cause of death for women of reproductive age, killing almost 300,000 women worldwide, most in low-income countries.

The provision of safe, effective abortions is a core reproductive right that remains sadly elusive for women in many countries in the world, not the least of which in the US. It has been estimated that 13 percent of maternal mortality worldwide is due to unsafe abortions, resulting in the deaths of some 47,000 women. On the occasion of the 43rd anniversary of a momentous Supreme Court decision that paved the way for widely available medical abortions in the US, a few thoughts on the past, present, and future of abortion as a core reproductive right in this country.

On January 22, 1973, *Roe v. Wade* transformed reproductive health in the US, ruling unconstitutional a state law that banned abortions outside of saving the life of the mother. The decision declared that states were only allowed to regulate abortions after the first trimester of pregnancy, and only in cases explicitly related to maternal health or in laws protecting the lives of fetuses during the third semester. The lawsuit was brought on by a pregnant woman in Dallas, “Jane Roe,” whose lawyers argued that the Texas ban on abortions was violating her constitutional rights. The Court’s 7-2 decision was written by Justice Harry Blackmun and argued that contraception and childbirth are covered in constitutional “zones of privacy” and are therefore protected in the First, Fourth, Ninth, and Fourteenth Amendments. The decision of a companion case, *Doe v. Bolton*, was released on the same day, overturning the Georgia abortion law that required a licensed physician to perform an abortion only under his “best clinical judgment,” among many other statutes surrounding the practice.

Although *Roe v. Wade* was transformative in the US, the provision of abortion care remains challenging, and frequently challenged. The Hyde Amendment, which was originally passed in 1976 and has been updated since, bans the use of federal funds for abortion services in all but extreme circumstances such as rape, incest, or life endangerment. Many states defied the decision of *Roe v. Wade* outright by passing new laws that prohibited abortions, while others put logistical hurdles in place for women seeking abortions. For example, in 1982, Pennsylvania passed the Abortion Control Act, which required women to give informed consent, and minors to get informed consent from their parents (except in cases of “hardship”), and placed a 24-hour waiting period on abortions while women were given information about the procedure. The act also required that a wife must inform her husband

of her plans to abort, except in medical emergencies, and that all Pennsylvania abortion clinics report themselves to the state. In 1992, *Planned Parenthood v. Casey* affirmed *Roe v. Wade*'s basic ruling, and kept states from placing unnecessary burdens or obstacles on women seeking abortions. However, it also said that states may outlaw abortions of "viable" fetuses, and ruled that most of Pennsylvania's laws were in fact constitutional.

Perhaps one state that makes the challenge faced by women looking for safe medical abortion most vivid is Texas. Texas is the second most populous state in the nation. It is also the state with the most restrictions in place that make it difficult for a woman to get an abortion. The average county in Texas is currently 111 miles from the nearest clinic that will perform abortions, and there are currently only 17 abortion clinics, almost all in major urban areas, down from 41 in 2012 (see Figure 1). This makes it very difficult for rural, low-income women to receive the service. The Texas Policy Evaluation Project estimates that 1.7 percent of women aged 18 to 49 in the state reported having attempted to end a pregnancy on their own without medical assistance.

Testament to US success in promoting overall reproductive health, abortion uptake is decreasing overall in the US. Abortion rates decreased from 2002 to 2011 for women in all age groups except for those younger than 15 years old, for whom they increased. Still, about half of all pregnancies in the US each year are unplanned, and almost one-third of women will have an abortion in their lifetime. Highlighting perhaps the importance of ready access to safe abortion, adolescents 15 to 19 years of age accounted for 13.5 percent of all abortions in 2011, 58 percent of women who have abortions are in their 20s, and 69 percent are economically disadvantaged. In 2011, there were 1,720 abortion providers in the United States, down slightly from 1,787 in 2008.

Roe v. Wade came at a time when most states had strict abortion policies and bans making obtaining an abortion difficult for all, and impossible for many. This made the freedoms for which *Roe v. Wade* paved room a critical part of a population reproductive health armamentarium. As important perhaps was the Title X Family Planning program, enacted in 1970 as part of the Public Health Service Act (Public Law 91-572, Population Research and Voluntary Family Planning Programs). Title X is a grant program aiming to provide comprehensive family planning, prioritizing low-income individuals and those not eligible for Medicaid or otherwise uninsured even as Title X funds, by statute, cannot be used to pay for abortions. Title X continues to this day to offer a range of counseling, contraceptive methods, cancer screening, pregnancy testing, HIV testing, and screening and treatment for sexually transmitted infections. These services are overseen by the U.S. Department of Health and Human Services' Office of Population Affairs and serve about 4.5 million clients a year. Services include state, county, and local health departments; community health centers; Planned Parenthood centers; and hospital-based, school-based, faith-based, and other private nonprofit organizations. Public expenditures for family planning services in the US overall totaled \$2.37 billion in 2010, with Medicaid accounting for 75 percent of total expenditures, state appropriations for 12 percent, and Title X for 10 percent.

Two straightforward pieces of evidence readily highlight the contribution to population health made by Title X. First, women using Title X reproductive services in general are young, minority, and poor—populations that need access to safe, effective reproductive health services and are not likely to have such access absent government services. Among the 20 million women in need of publicly funded contraceptive care, 77 percent are considered low-income. Among women in need of publicly funded services from 2000 to 2010, the proportion of Hispanic women increased by 47 percent, the proportion of black women increased by 17 percent, and the proportion of white women increased by 4 percent. Second, it is estimated that every public dollar spent on contraceptive services in 2008 resulted in about \$3.74 in savings that would have been spent on Medicaid costs related to pregnancy care and delivery, or to infants in their first year of life.

As we enter 2016, many reproductive rights remain challenged throughout the country. Abortion in particular remains divisive and contentious, even as a clear majority of Americans favor abortion rights. In 2015, tensions around the issue reached new heights with a shooting at a Planned Parenthood in Colorado after an anti-abortion organization released a series of edited videos claiming that Planned Parenthood was illegally selling body parts of aborted fetuses.

It is with some hope that one looks to the new year as a year when we can perhaps enter a new era of reproductive rights and reproductive health in this country, owing in part to shifts in the political and legal landscapes. In particular, *Whole Woman's Health v. Cole, No. 15-274* is the Supreme Court's first major abortion case since 2007, providing the opportunity

for the removal of unreasonable barriers to access to abortion in Texas, with implications for the whole country. One would rather not contemplate the implications of a regressive Supreme Court ruling for the health of the US population, but the threat certainly clarifies the mind about the need for a resolute public health voice agitating for action by all three branches of government that promote reproductive health across the country.

This past week, on January 20, we were joined by Wendy Davis for our monthly Dean's Seminar. Davis has been at the forefront of the reproductive rights discussion in this country over the past years. It was an honor having her visit us.

Warm regards,

Sandro

Sandro Galea, MD, DrPH

Dean and Professor, Boston University School of Public Health

Twitter: @sandrogalea

Acknowledgement: I am grateful for the contributions of Laura Sampson and Catherine Ettman to this Dean's Note.

<http://www.bu.edu/sph/2016/01/24/reproductive-health-on-the-anniversary-of-roe-v-wade/>



Kungezibele Ketelo



Geneva Maria Delobelle



Khanyi Lily Chiliza

*Beautiful Additions
to the SOPH Family!
Congratulations!*



Marc Lewy

My name is Marc Lewy and I was born in a small town near Magdeburg in the middle-eastern part of Germany. I have finished my secondary school (Gymnasium) and the following military service in 2010 and became a physiotherapist.

Here I got a first insight into the German health system. After one year of working experience I wanted to increase my knowledge and decided to study “Public Health and Business Administration” at the "Hochschule Neubrandenburg”. The included topics are prevention of disease, promotion of health as well as economic aspects like business administration and accounting.

It was an easy decision for me to go abroad, because I wanted to expand my horizon by getting in touch with a new culture. Also the gaining of new knowledge and the improvement of my English skills was decisive for me to visit a new country and the School of Public Health in Cape Town. It’s a pleasure for me to work together with Public Health experts like Prof. Thandi Puoane, Peter Delobelle and their team of community health workers on the PURE study, which examines the impact of socioeconomic influences on cardiovascular diseases in low-, middle-, and high-income countries. Therefore many tasks like data collection, data entry as well as quality checks on all data have to be completed.

Therefore I will get the opportunity to visit the townships and to come in contact with its people. Not only because of the varied work I’m sure to have an unforgettable time at the School of Public Health and in the beautiful city of Cape Town.



Philipp Hoelzel

I was born and raised in southern Germany near the town of Heilbronn. After finishing my secondary school I worked for a few years as a state certified tennis coach, then I decided to do a federal volunteer service at the German Red Cross as a paramedic and rescue worker what got me finally interested in the health sector.

I began studying health sciences at the Neubrandenburg University of Applied Sciences in the northeast of Germany. Currently I am in the fourth semester of my bachelor's degree (internship semester) and I chose to use it to deepen my understanding in the field of Public Health. Fortunately I got the opportunity to do my internship at the University of the Western Cape.

I will be based in the SOPH at UWC until the middle of June 2016, interning with Professor Thandi Puoane on the 'PURE'- study which is a multi-country cohort study to track changing lifestyles, risk factors and chronic diseases in different population groups. In the course of my time I'm going to participate in data collection in the urban and rural area of Cape Town, as well as in the entry and quality checks on the collected data. Further tasks are literature search for planned manuscripts and the design of newsletters for the PURE- study day.

Referred to my course of studies I find it deeply interesting that empirical findings of such a research study can significantly contribute to improve the quality of life of the local population. I am honored to be working with the faculty and staff of UWC and also looking forward to engage with the community of people here during my time at SOPH.

Niger's Child Survival Success, Contributing Factors and Challenges to Sustainability: A Retrospective Analysis

Donela Besada, Kate Kerber, Natalie Leon, David Sanders, Emmanuelle Daviaud, Sarah Rohde, Jon Rohde, Wim van Damme, Mary Kinney, Samuel Manda, Nicholas P Oliphant, Fatima Hachimou, Adama Ouedraogo, Asma Yaroh Ghali, Tanya Doherty

ABSTRACT

Background:

Household surveys undertaken in Niger since 1998 have revealed steady declines in under-5 mortality which have placed the country 'on track' to reach the fourth Millennium Development goal (MDG). This paper explores Niger's mortality and health coverage data for children under-5 years of age up to 2012 to describe trends in high impact interventions and the resulting impact on childhood deaths averted. The sustainability of these trends are also considered.

Methods and Findings:

Estimates of child mortality using the 2012 Demographic and Health Survey were developed and maternal and child health coverage indicators were calculated over four time periods. Child survival policies and programmes were documented through a review of documents and key informant interviews. The Lives Saved Tool (LiST) was used to estimate the number of child lives saved and identify which interventions had the largest impact on deaths averted. The national mortality rate in children under-5 decreased from 286 child deaths per 1000 live births (95% confidence interval 177 to 394) in the period 1989-1990 to 128 child deaths per 1000 live births in the period 2011-2012 (101 to 155), corresponding to an annual rate of decline of 3.6%, with significant declines taking place after 1998. Improvements in the coverage of maternal and child health interventions between 2006 and 2012 include one and four or more antenatal visits, maternal Fansidar and tetanus toxoid vaccination, measles and DPT3 vaccinations, early and exclusive breastfeeding, oral rehydration salts (ORS) and proportion of children sleeping under an insecticide-treated bed net (ITN). Approximately 26,000 deaths of children under-5 were averted in 2012 due to decreases in stunting rates (27%), increases in ORS (14%), the Hib vaccine (14%), and breastfeeding (11%). Increases in wasting and decreases in vitamin A supplementation negated some of those gains. Care seeking at the community level was responsible for an estimated 7,800 additional deaths averted in 2012. A major policy change occurred in 2006 enabling free health care provision for women and children, and in 2008 the establishment of a community health worker programme.

Conclusion:

Increases in access and coverage of care for mothers and children have averted a considerable number of childhood deaths. The 2006 free health care policy and health post expansion were paramount in reducing barriers to care. However the sustainability of this policy and health service provision is precarious in light of persistently high fertility rates, unpredictable GDP growth, a high dependence on donor support and increasing pressures on government funding.



The 'community' in community case management of childhood illnesses in Malawi

Wanga Z. Zembe-Mkabile, Debra Jackson, David Sanders, Donela Besada, Karen Daniels, Texas Zamasiya and Tanya Doherty

Background:

Malawi has achieved a remarkable feat in reducing its under-5 mortality in time to meet its MDG 4 target despite high levels of poverty, low female literacy rates, recurrent economic crises, a severe shortage of human resources for health, and poor health infrastructure. The country's community-based delivery platform (largely headed by Health Surveillance Assistants, or HSAs) has been well established since the 1960s, although their tasks and responsibilities have evolved from surveillance to health promotion and prevention, and more recently to include curative services. However, the role of and the form that community involvement takes in community-based service delivery in Malawi is unclear.

Design:

A qualitative rapid appraisal approach was utilised to explore the role of community involvement in the HSA programme in Malawi to better understand how the various community providers intersect to support the delivery of integrated community case management by HSAs. Twelve focus group discussions and 10 individual interviews were conducted with HSAs, HSA supervisors, mothers, members of village health committees (VHCs), senior Ministry of Health officials, district health teams, and implementing partners.

Results:

Our findings reveal that HSAs are often deployed to areas outside of their village of residence as communities are not involved in selecting their own HSAs in Malawi. Despite this lack of involvement in selection, the high acceptance of the HSAs by community members and community accountability structures such as VHCs provide the programme with legitimacy and credibility. Conclusions: This study provides insight into how community involvement plays out in the context of a government-managed professionalised community service delivery platform. It points to the need for further research to look at the impact of removing the role of HSA selection and deployment from the community and placing it at the central level.

Glob Health Action 2016, 9: 29177 - <http://dx.doi.org/10.3402/gha.v9.29177>

Weak signal detection: A discrete window of opportunity for achieving 'Vision 90:90:90'?

Christopher J. Burman, Marota Aphane & Peter Delobelle

Abstract

Introduction:

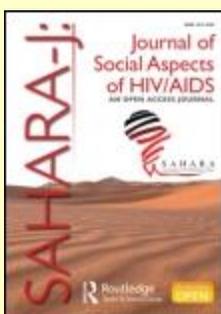
UNAIDS' Vision 90:90:90 is a call to 'end AIDS'. Developing predictive foresight of the unpredictable changes that this journey will entail could contribute to the ambition of 'ending AIDS'. There are few opportunities for managing unpredictable changes. We introduce 'weak signal detection' as a potential opportunity to fill this void.

Method:

Combining futures and complexity theory, we reflect on two pilot case studies that involved the Archetype Extraction technique and the SenseMaker® Collector™ tool.

Results:

Both the piloted techniques have the potentials to surface weak signals – but there is room for improvement. *Discussion:* A management response to a complex weak signal requires pattern management, rather than an exclusive focus on behaviour management. *Conclusion:* Weak signal detection is a window of opportunity to improve resilience to unpredictable changes in the HIV/AIDS landscape that can both reduce the risk that emerges from the changes and increase the visibility of opportunities to exploit the unpredictable changes that could contribute to 'ending AIDS'.





Risk factors for incident HIV infection among antenatal mothers in rural Eastern Cape, South Africa

Charles Bitamazire Businge, Benjamin Longo-Mbenza and Verona Mathews

ABSTRACT

Background:

The prevalence of HIV among antenatal clients in South Africa has remained at a very high rate of about 29% despite substantial decline in several sub-Saharan countries. There is a paucity of data on risk factors for incident HIV infection among antenatal mothers and women within the reproductive age bracket in local settings in the Eastern Cape, South Africa.

Objective:

To establish the risk factors for incident HIV infection among antenatal clients aged 18–49 years attending public antenatal clinics in rural Eastern Cape, South Africa.

Design:

This was an unmatched case–control study carried out in public health antenatal clinics of King Sabata District Municipality between January and March 2014. The cases comprised 100 clients with recent HIV infection; the controls were 200 HIV-negative antenatal clients. Socio-demographic, sexual, and behavioral data were collected using interviewer-administered questionnaires adapted from the standard DHS5 women's questionnaire. Multivariate logistic regression models were used to identify the independent risk factors for HIV infection. A $p < 0.05$ was considered statistically significant.

Results:

The independent risk factors for incident HIV infection were economic dependence on the partner, having older male partners especially among women aged ≤ 20 years, and sex under the influence of alcohol.

Conclusions:

Therefore, effective prevention of HIV among antenatal mothers in KSDM must target the improvement of the economic status of women, thereby reducing economic dependence on their sexual partners; address the prevalent phenomenon of cross-generation sex among women aged < 20 years; and regulate the brewing, marketing, and consumption of alcohol.

Glob Health Action 2016, 9: 29060 - <http://dx.doi.org/10.3402/gha.v9.29060>

Opportunities

Job description Research Assistant/ Field Research Coordinator

1. Vacancy at SOPH

Project: SMART2D

Position: Research Assistant

Duration: 1 year (renewable)

Requirements

- Project management experience (incl. log frame, timelines, admin /finance)
- Able to liaise with stakeholders from government and civil society
- Postgraduate qualification in Public Health (PGD, MPH) would be an advantage
- Knowledge of diabetes prevention and management would be an advantage
- Good communication and reporting skills
- In possession of a valid drivers' license

Duties

- Conduct a situation analysis in a peri-urban township (incl. mapping of health centers / NGOs offering diabetes services, standard operating procedures and facility coverage)
- Responsible for liaising between stakeholders (local government, civil society, academia) and participate in stakeholder meetings
- Assist with field worker recruitment and training
- Initiate and conduct research activities within the township
- Guide / supervise the field coordinator in terms of data quality management
- Responsible for field research administration and budget follow-up

Skills

- Good networking and communication skills (Xhosa would be an advantage)
- Able to work independently and in team
- Able to work according to strict timelines

Deadline for application: Friday 4 March 2016

Remuneration in line with qualifications and previous work experience.

For more details contact Prof Thandi Puoane (021 9593084)

2. Bill and Melinda Gates Foundation

Dear Colleagues,

The Bill & Melinda Gates Foundation and its funding partners in the Grand Challenges family of grant programs are inviting innovators to apply for three grant opportunities:

1) Our Grand Challenges Explorations

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBA7:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>) fosters early-stage discovery research to expand the pipeline of ideas for solving our greatest global health and development challenges. Launched in 2008 with an initial \$100 million commitment from the foundation, Grand Challenges Explorations grants have already been awarded to more than 1100 researchers from more than 60 countries.

We are accepting applications on the following six topics until **May 11, 2016**:

Assess Family Planning Needs, Preferences and Behaviors to Inform Innovations in Contraceptive Technologies and Services

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBA8:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>)

Develop Novel Platforms to Accelerate Contraceptive Drug Discovery

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBA9:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>)

Design New Analytics Approaches for Malaria Elimination

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBAA:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>)

Accelerate Development of New Therapies for Childhood Cryptosporidium Infection

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBAB:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>)

Novel Approaches to Characterizing and Tracking the Global Burden of Antimicrobial Resistance

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBAC:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>)

Explore New Solutions in Global Health Priority Areas

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBAD:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>)

2) Grand Challenges China:

New Interventions for Global Health

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBAE:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>). This challenge

focuses on calls for innovative concepts for safe, effective, affordable and widely utilized interventions, such as vaccines and therapeutics, with the potential to protect against the acquisition, progression or transmission of infectious diseases that disproportionately affect the world's poorest. This call is in partnership with the National Natural Science Foundation of China.

Application deadline is **March 15, 2016, 8:00 am Beijing time (March 14, 2016, 5pm Seattle time)**. For a detailed description of this challenge, please visit the Grand Challenges site

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBAE:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>).

3) Grand Challenges for Development:
Saving Lives at Birth.

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBAF:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>) USAID, the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada, the U.K.'s Department for International Development (DFID), and the Korea International Cooperation Agency (KOICA) have joined together to launch Saving Lives at Birth. The goal of this program is to find the tools and approaches to help mothers and newborns during their most vulnerable hours.

Application deadline is **February 29, 2016**.

In addition, please see our blog

(<http://response.notifications.gatesfoundation.org/t?r=198&c=3949218&l=422163&ctl=4CDEBBo:4853CFC2F478215EA18C0390B517388A412CB4CDEE114493&>) on the first generation of Grand Challenges grants. We hope you enjoy the stories.

We are looking forward to receiving innovative ideas from around the world and from all disciplines. If you have a great idea, please apply. If you know someone else who may have a great idea, please forward this message.

Thank you for your commitment to solving the world's greatest health and development challenges.

The Grand Challenges Team

Sustainable Development Goals: When reducing births means reducing deaths

Marelise van der Merwe 28 January 2016

While South Africa is up in arms over virginity testing for female students, intense discussions over reproductive rights are underway in Nusa Dua, Indonesia. It's the annual International Conference on Family Planning, a global think-tank where scientists, researchers, policymakers and advocates assemble to try to create a better future for girls and women. This year, they have the particularly tough task of trying to meet the Sustainable Development

Goals adopted at the United Nations General Assembly last year, with the ultimate target of eradicating poverty. Wish them luck.



“The issue of adolescent sexual and reproductive health and rights is not just one about information; it is fundamentally interlaced with intersectional issues of social justice, finance and poverty alleviation,” Nomtika Mjwana, youth leader and ZAZI Women Empowerment Ambassador from South Africa, said during her address at the International Conference on Family Planning (ICFP).

“When we talk about family planning, we are challenging the cultural beliefs about young women and the methods used... about education and the right to access information.”

Mjwana's words hit home hard during the furore over virginity testing in South Africa – the controversial award of scholarships to 16 young girls on condition that they submitted to regular check-ups and produced “certificates” stating that they were still virgins. In a time where Dudu Mazibuko, mayor of the

Uthukela district and vocal defender of the scholarship, could tell the media it was a viable way to encourage abstinence and reduce the prevalence of HIV/Aids, the call for education, empowerment and access to information is all the more resonant. Apart from noting the grossly invasive nature of virginity testing, Human Rights Watch has also pointed out that the examination for virginity was scientifically baseless.

“It is essential to look at strategies that can inform and educate young girls and empower them not to see themselves as objects waiting for men, but as women with pride and the agency to decide what they need to do with their own bodies,” Mjwana added.

Family planning isn't everyone's idea of dinnertime conversation, but to those in the know, it represents a key factor in eradicating poverty and increasing access to education. According to keynote speakers, expanding family planning for youth and adolescents has long-term benefits for society as a whole. Young people who utilise family planning services and information are more likely to complete their education, pursue the career of their choice, raise healthy children and live healthier and more prosperous lives. Additionally, when countries reduce unplanned births, they save money on other development priorities such as immunisation, sanitation and education.

Archbishop Emeritus Desmond Tutu and Ela Bhatt previously wrote in *Daily Maverick* that when girls stay in primary school longer, they earn wages that are up to 10 – 20% higher as adults. As they get older, the differences in earnings are even greater. For every extra year in secondary school, they can earn up to 25% more in adulthood. “What is more,” wrote Bhatt and Tutu, “women reinvest more into their family than men do – so everyone benefits from the higher earnings.”

Family planning, according to conference notes, will play a critical role in realising the Sustainable Development Goals (SDGs) – the new development agenda for the next 15 years, adopted in September at the United Nations General Assembly – and reducing the global unmet need for family planning services could save an estimated one in four women from deaths related to pregnancy or childbirth. A further 1.1 million infant deaths could be prevented each year as well. The World Health Organisation (WHO) notes that complications during pregnancy and childbirth are the second-greatest cause of death for 15-19 year-old girls globally, and every year, some three million girls aged 15 to 19 undergo unsafe abortions.

Where infants are concerned, babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20 to 24. Some 95% of adolescent births occur in low- to middle-income countries. In the same countries, babies born to mothers under 20 face a 50% higher risk of being stillborn or dying in the first few weeks of their lives, versus those born to mothers aged 20-29. Babies born to adolescent mothers also run a higher risk of being underweight, with all the related complications. “Adolescent pregnancy remains a major contributor to maternal and child mortality, and to the cycle of ill-health and poverty,” the organisation notes.

Yet, nearly a quarter of women of reproductive age in Africa – and an estimated 225 million in developing countries worldwide – have an unmet need for contraception.

So what are the world's experts doing about it? Executive summary: the news isn't all bad. According to the most recent global progress report released by Family Planning 2020 (FP2020), a global partnership focused on enabling an additional 120 million women to access voluntary contraception by 2020, some 24.4 million more women and girls who want to avoid or delay a pregnancy have begun using modern contraceptives in the world's poorest countries over the last three years. This means a total of 290.6 million women are using a modern method of contraception in FP2020's 69 target countries.

However, the hard work is far from done. Despite progress in several countries, there are still millions of women who want to avoid or delay a pregnancy, but cannot access the information of tools to do so. According to the United Nations FP2020 report, the effort to reach more women and girls is behind by 10 million in its 2015 projections, meaning there is no access to the information or tools needed. “The need to close this gap has major implications, not just for 2020, but for the realisation of the Sustainable Development Goals (SDGs) adopted by world leaders in September,” says Sang-Hee Min, spokesperson for the conference.

The WHO notes that contraceptive use overall has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has increased only marginally, from 54% in 1990 to 57.4% in 2014. There's also a notable gender gap: Use of contraception by men makes up just a small subset of abovementioned prevalence rates. Furthermore, men's education level has a measurable impact on women's decision to use contraceptives: the more educated her male partner, the more likely she is to use contraception. For couples who have limited access to education, outcomes are less positive. For many women, access to reproductive healthcare is blocked by a variety of factors, including a limited choice of methods; limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people; fear or experience

of side-effects; cultural or religious opposition; poor quality of available services; users and providers' bias and/or gender-based barriers.

Are the FP2020 targets and SDGs within reach, though? Beth Schlachter, Executive Director of FP2020, thinks so. "Our task is ambitious, but achievable. We know more now than we did three years ago and have data and on-the-ground experience to show what works and what doesn't work," she says.

Good news for those on the ground is that Alvaro Bermejo, Executive Director for Health at the Children's Investment Fund Foundation (CIFF), announced a \$30 million initiative called Adolescents 360, co-funded with the Bill & Melinda Gates Foundation. The four-year project will address adolescent health needs and boost girls' access to contraceptives in Ethiopia, Tanzania and Nigeria. It also aims to find a model to increase voluntary, modern contraceptive use and reduce unintended pregnancy among girls between the ages of 15 and 19.

This is a necessary start, considering that one of the major challenges facing family planning – especially in developing countries – is the combination of lack of access to modern contraception and stigmatisation of those attempting to use it.

"Family planning is about women's rights and their capacity to make decisions about their health and well-being, contributing to the objectives of FP2020," said Dr Babatunde Osotimehin, Under-Secretary-General of the United Nations and Executive Director of UNFPA. "It is the most significant investment to promote human capital development, combat poverty and harness a demographic dividend, contributing to equitable and sustainable economic development."

Senegal's minister of health and social action, Dr Awa Marie Coll-Seck, called for a minimum package of contraceptives to be made available to women, in order to achieve the third Sustainable Development Goal – universal health coverage. "I'm sure this is what we want for our people and our economic growth and progress," she said.

Ultimately, though, it seems the solution will begin and end with destigmatising family planning and ensuring free access to information. Conference speakers noted a significant problem was that contraceptive use among young women still lagged significantly behind that of older women, which, given the statistics above, presents an appreciable problem in managing healthcare, education and mortality rates. But, said Juan Ramón Díaz, Youth Coordinator for Children International in the Dominican Republic, this was hardly surprising if one considered sex education as an obstacle or problem. "Youth engagement is not the problem, youth engagement is the solution. We need to stop this symbolic engagement, we need to be deciding campaigns and programs [together]... from the beginning," he said. "Number two: education is the key. Having access to education over time can make a huge difference. Each school – it doesn't matter how far it is – in every country should have a sexual education programme. Including youth from the beginning works."

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