

Ethiopian Treatment Guidelines For Zonal Hospitals

Coinciding with the first TB therapies to enter clinical trials in 60 years, this is the most comprehensive account of the latest developments in clinical, therapeutic and basic research into the disease, presented by the most prolific of all researchers in the field. Divided into three clearly structured volumes, the first deals with molecular biology and biochemistry of the pathogen, including genetics and genomics, as well as drug design. The second volume covers cell biology, immunology and vaccine development, while the third is devoted to epidemiology and clinical approaches, including drug resistance, veterinary aspects and clinical field trials. With one new infection worldwide every second, this is an essential reference for bacteriologists, immunologists, pathologists and pathophysiologicals, molecular and cell biologists, as well as those working in the pharmaceutical industry.

The World malaria report 2014 summarizes information received from 97 malaria endemic countries and other sources and updates the analyses presented in 2013. It assesses global and regional malaria trends highlights progress made towards global targets and describes opportunities and challenges in controlling and eliminating the disease. Most of the data presented in this report are for 2013.

This 2011 update of Guidelines for the programmatic management of drug-resistant tuberculosis is intended as a tool for use by public health professionals working in response to the Sixty-second World Health Assembly's resolution on prevention and control of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis. Resolution WHA62.15, adopted in 2009, calls on Member States to develop a comprehensive framework for the management and care of patients with drug-resistant TB. The recommendations contained in these guidelines address the most topical questions concerning the programmatic management of drug-resistant TB: case-finding, multidrug resistance, treatment regimens, monitoring the response to treatment, and selecting models of care. The guidelines primarily target staff and medical practitioners working in TB treatment and control, and partners and organizations providing technical and financial support for care of drug-resistant TB in settings where resources are limited.

The Pocket Book is for use by doctors nurses and other health workers who are responsible for the care of young children at the first level referral hospitals. This second edition is based on evidence from several WHO updated and published clinical guidelines. It is for use in both inpatient and outpatient care in small hospitals with basic laboratory facilities and essential medicines. In some settings these guidelines can be used in any facilities where sick children are admitted for inpatient care. The Pocket Book is one of a series of documents and tools that support the Integrated Management.

"These guidelines have been written for public health practitioners, food and health inspectors, district and national medical officers, laboratory personnel and others who may undertake or participate in the investigation and control of foodborne disease outbreaks."--P. 4 of cover.

The aim of the American Psychiatric Association Practice Guideline series is to improve patient care. Guidelines provide a comprehensive synthesis of all available information relevant to the clinical topic. Practice guidelines can be vehicles for educating psychiatrists, other medical and mental health professionals, and the general public about appropriate and inappropriate treatments. The series also will identify those areas in which critical information is lacking and in which research could be expected to improve clinical decisions. The Practice Guidelines are also designed to help those charged with overseeing the utilization and reimbursement of psychiatric services to develop more scientifically based and clinically sensitive criteria.

"Hypoxaemia is a major contributor to child deaths that occur worldwide each year; for a child with pneumonia hypoxaemia increases the risk of death by up to 5 times. Despite its importance in virtually all types of acute severe illness, hypoxaemia is often not well recognized or well managed more so in settings where resources are limited. Oxygen therapy remains an inaccessible luxury for a large proportion of severely ill children admitted to hospitals in developing countries. This is particularly true for patients in small district hospitals, where, even if some facility for delivering oxygen is available, supplies are often unreliable and the benefits of treatment may be diminished by poorly maintained, inappropriate equipment or poorly trained staff with inadequate guidelines. Increasing awareness of these problems is likely to have considerable clinical and public health benefits in the care of severely ill children. Health workers should be able to know the clinical signs that suggest the presence of hypoxaemia and have more reliable means of detection of hypoxaemia. This be achieved through more widespread use of pulse oximetry, which is a non-invasive measure of arterial oxygen saturation. At the same time oxygen therapy must be more widely available; in many remote settings, this can be achieved by use of oxygen concentrators, which can run on regular or alternative sources of power. Having effective systems for the detection and management of hypoxaemia are vital in reducing mortality from pneumonia and other severe acute illnesses. Oxygen therapy is essential to counter hypoxaemia and many a times is the difference between life and death. This manual focuses on the availability and clinical use of oxygen therapy in children in health facilities by providing the practical aspects for health workers, biomedical engineers, and administrators. It addresses the need for appropriate detection of hypoxaemia, use of pulse oximetry, clinical use of oxygen and delivery systems and monitoring of patients on oxygen therapy. In addition, the manual addresses practical use of pulse oximetry, and oxygen concentrators and cylinders in an effort to improve oxygen systems worldwide."--Publisher's description

Tularaemia is a bacterial zoonotic disease of the northern hemisphere. The bacterium (*Francisella tularensis*) is highly virulent for humans and a range of animals such as rodents hares and rabbits. Humans can infect themselves by direct contact with infected animals by arthropod bites by ingestion of contaminated water or food or by inhalation of

infective aerosols. There is no human-to-human transmission. In addition to its natural occurrence *F. tularensis* evokes great concern as a potential bioterrorism agent. *F. tularensis* subspecies *tularensis* is one of the most infectious pathogens known in human medicine. In order to avoid laboratory-associated infection safety measures are needed and consequently clinical laboratories do not generally accept specimens for culture. However since clinical management of cases depends on early recognition there is an urgent need for diagnostic services. This first edition of WHO Guidelines on tularaemia provides background information on the disease describes the current best practices for its diagnosis and treatments in humans suggests measures to be taken in case of epidemics and provides guidance on how to handle *F. tularensis* in the laboratory. The target audience includes clinicians laboratory personnel public health workers veterinarians and any other person with an interest in zoonoses.

The book presents the processes governing the dynamics of landscapes, soils and sediments, water and energy under different climatic regions using studies conducted in varied climatic zones including arid, semi-arid, humid and wet regions. The spatiotemporal availability of the processes and fluxes and their linkage to the environment, land, soil and water management are presented at various scales. Spatial scales including laboratory, field, watershed, river basin and regions are represented. The effect of tillage operations and land management on soil physical characteristics and soil moisture is discussed. The book has 35 chapters in seven sections: 1) Landscape and Land Cover Dynamics, 2) Rainfall-Runoff Processes, 3) Floods and Hydrological Processes 4) Groundwater Flow and Aquifer Management, 5) Sediment Dynamics and Soil Management, 6) Climate change impact on vegetation, sediment and water dynamics, and 7) Water and Watershed Management.

This report is WHO's thirteenth annual report on global tuberculosis (TB) control in a series that started in 1997. It presents WHO's latest assessment of the epidemiological burden of TB (numbers of cases and deaths), as well as progress towards the 2015 targets for global TB control that have been established within the context of the Millennium Development Goals (MDGs). It also includes a thorough analysis of implementation and financing of the WHO's Stop TB Strategy and the Stop TB Partnership's Global Plan to Stop TB, since in combination these have set out how TB control needs to be implemented and funded to achieve the 2015 targets. The report gives particular attention to the period 2006-2009, but selected epidemiological, implementation and financial data are presented for previous years as well. This includes epidemiological data back to 1990 and financial data back to 2002. Bringing together data reported by 196 out of 212 countries and territories in 2008, as well as data collected from these countries and territories in previous years, "Global Tuberculosis Control 2009" is the definitive source of information about the national and international response to the worldwide TB epidemic.

A guide for doctors to quickly choose the right drugs in the right dose for the most important clinical problems in the elderly Prescribing medications for elderly patients is complex - this book gives clear advice on treatment regimes, drug interactions, adverse effects, and recommended dose changes Provides practical help with the problems that can arise in reaching an accurate diagnosis in the elderly, recommends clear treatment options, lists key drug interactions and side effects, and advises when to amend doses

Pocket Book of Hospital Care for Children Guidelines for the Management of Common Childhood Illnesses World Health Organization

The WHO global health sector strategy on sexually transmitted infections, 2016–2021, endorsed by the World Health Assembly in 2016, aims to eliminate STIs as a public health threat by 2030. In 2019, WHO published estimates of new cases of chlamydia, gonorrhoea, syphilis and trichomoniasis. Recent changes in the epidemiology of STIs and progress in prevention, diagnosis and treatment of STIs and HIV have necessitated changes in approaches to STI prevention and management. To address these STIs, the most widely used approach in clinical settings is the syndromic management of STIs. In most resource-limited settings, the syndromic management flow charts are still the standard of care where laboratory diagnosis is not available or is hard to access. The objectives of these guidelines are to provide updated, evidence-informed clinical and practical recommendations on the case management of people with symptoms of STIs; and to support countries in updating their national guidelines for the case management of people with symptoms of STIs. These guidelines include the management of symptomatic infections related to urethral discharge syndrome, including persistent urethral discharge syndrome; vaginal discharge syndrome, including persistent vaginal discharge; anorectal infection; genital ulcer disease syndrome; and lower abdominal pain syndrome. These guidelines are intended for programme managers for STI prevention and control at the national level and the health-care providers at the frontline – primary, secondary and tertiary health care.

In 2013, the Hirsch Institute of Tropical Medicine (HITM) was officially inaugurated as a branch of the Department of Gastroenterology, Hepatology, and Infectious Diseases at Heinrich Heine University Düsseldorf under the direction of Professor Dieter Häussinger. The HITM serves as a place of scientific medical knowledge transfer, postgraduate medical training, and of conducting scientific projects relating to tropical medicine and infectious diseases. The publication relates the past activities of the institute, its history, and perspectives. Moreover, it permits a look behind the scenes during the construction of the institute in Africa and describes the living conditions and impressions of the staff. Dieter Häussinger, Director of the HITM and the Department of Gastroenterology, Hepatology, and Infectious Diseases and Professor of Internal Medicine at Heinrich Heine University Düsseldorf, focuses on the areas of clinical and experimental hepatology and gastroenterology, he is committed to the expansion and further development of the field of infectious diseases. He encouraged the certification of his department as a Center of Infectious Diseases, the addition of a tropical medicine and an infectious diseases outpatient clinic, the building of the Liver and Infectious Diseases Center, which houses the only treatment unit in North Rhine-Westphalia for highly infectious patients, and the founding of the Hirsch Institute of Tropical Medicine.

"The purpose of this document is to provide comprehensible, global, evidence-based guidelines to help formulate policies and protocols for the treatment of malaria. Information is presented on the treatment

of uncomplicated malaria, including disease in special groups (young children, pregnant women, people who are HIV positive, travellers from non-malaria endemic regions) and in complex emergency situations and severe malaria."--Publisher's description.

Managing Drug Supply (MDS) is the leading reference on how to manage essential medicines in developing countries. MDS was originally published in 1982; it was revised in 1997 with over 10,000 copies distributed in over 60 countries worldwide. The third edition, MDS-3: Managing Access to Medicines and Health Technologies reflects the dramatic changes in politics and public health priorities, advances in science and medicine, greater focus on health care systems, increased donor funding, and the advent of information technology that have profoundly affected access to essential medicines over the past 14 years. Nearly 100 experts from a wide range of disciplines and virtually every corner of the world have contributed to this third edition. In addition to many new country studies, references, and extensive revisions, MDS-3 offers new chapters on areas such as pharmaceutical benefits in insurance programs, pricing, intellectual property, drug seller initiatives, and traditional and complementary medicine. The revisions and new chapters echo the wide variety of issues that are important to health practitioners and policy makers today. MDS-3 will be a valuable tool in the effort to ensure universal access to quality medicines and health technologies and their appropriate use.

The high civilian death toll in modern, protracted conflicts such as those in Syria or Iraq indicate the limits of international law in offering protections to civilians at risk. A recent conference of states convened by the International Committee of the Red Cross referred to 'an institutional vacuum in the area of international humanitarian law implementation'. Yet both international humanitarian law and the law of human rights establish a series of rights intended to protect civilians. But which law or laws apply in a particular situation, and what are the obstacles to their implementation? How can the law offer greater protections to civilians caught up in new methods of warfare, such as drone strikes, or targeted by new forms of military organisation, such as transnational armed groups? Can the implementation gap be filled by the growing use of human rights courts to remedy violations of the laws of armed conflict, or are new instruments or mechanisms of civilian legal protection needed? This volume brings together contributions from leading academic authorities and legal practitioners on the situation of civilians in the grey zone between human rights and the laws of war. The chapters in Part 1 address key contested or boundary issues in defining the rights of civilians or non-combatants in today's conflicts. Those in Part 2 examine remedies and current mechanisms for redress both at the international and national level, and those in Part 3 assess prospects for the development of new mechanisms for addressing violations. As military intervention to protect civilians remains contested, this volume looks at the potential for developing alternative approaches to the protection of civilians and their rights.

Liver disease is a widespread and increasing problem throughout the world, however little is published on how different types and degrees of liver dysfunction affect the body's ability to handle medicines."Drugs and the Liver" is designed to assist practitioners in making pragmatic choices for their patients. It aims to: enable the practitioner to assess liver function using biochemical markers, other tests, signs, symptoms and disease knowledge; identify which pharmacokinetic and pharmacodynamic parameters of a drug are likely to be affected by different types of liver disease; and consider the impact of a drug's side effects on a patient with liver disease. This practical guide covers background information on liver function, the principles of drug use in liver disease and includes a section of worked examples of commonly asked questions. It will be invaluable to clinical pharmacists and anyone making medicine choices in patients with liver impairment.

The update of the Guidelines for Treatment of Drug-susceptible Tuberculosis and Patient Care is important in the context of the End TB Strategy, which recommends treatment and patient support for all people with TB. This update aims to use the best available evidence on the treatment of drug-susceptible TB and interventions to ensure adequate patient care and support in order to inform policy decisions made in these technical areas by national TB control program managers, national policy-makers, and medical practitioners in a variety of geographical, economic, and social settings. The objectives of these updated guidelines are to provide updated recommendations based on newly emerged evidence on the treatment of drug-susceptible TB and patient care as well as provide a summary of changes in the new guidelines with all the existing and valid WHO recommendations on the treatment of drug-susceptible TB and TB patient care. The key audience for these guidelines are policy-makers in ministries of health or managers of national TB programs who formulate country-specific TB treatment guidelines or who plan TB treatment programs. In addition, health professionals - including doctors, nurses, and educators working both in government services and nongovernmental organizations, such as technical agencies that are treating patients and organizing treatment services - will find these guidelines to be useful.

Malaria remains an important cause of illness and death in children and adults in countries in which it is endemic. Malaria control requires an integrated approach including prevention (primarily vector control) and prompt treatment with effective antimalarial agents. Malaria case management consisting of prompt diagnosis and effective treatment remains a vital component of malaria control and elimination strategies. Since the publication of the first edition of the Guidelines for the treatment of malaria in 2006 and the second edition in 2010 all countries in which *P. falciparum* malaria is endemic have progressively updated their treatment policy from use of ineffective monotherapy to the currently recommended artemisinin-based combination therapies (ACT). This has contributed substantially to current reductions in global morbidity and mortality from malaria. Unfortunately resistance to artemisinins has arisen recently in *P. falciparum* in South-East Asia which threatens these gains. This third edition of the WHO Guidelines for the treatment of malaria contains updated recommendations based on a firmer evidence base for most antimalarial drugs and in addition include recommendation on the use of drugs to prevent malaria in groups at high risk. The Guidelines provide a framework for designing specific detailed national treatment protocols taking into account local patterns of resistance to antimalarial drugs and health service capacity. It provides recommendations on treatment of uncomplicated and severe malaria in all age groups all endemic areas in special populations and several complex situations. In addition on the use of antimalarial drugs as preventive therapy in healthy people living in malaria-endemic areas who are high risk in order to reduce morbidity and mortality from malaria. The Guidelines are designed primarily for policy-makers in ministries of health who formulate country-specific treatment guidelines. Other groups that may find them useful include health professionals and public health and policy specialists that are partners in health or malaria control and the pharmaceutical industry. The treatment recommendations in the main document are brief; for those who wish to study the evidence base in more detail a series of annexes is provided with references to the appropriate sections of the main document.

This book discusses recent developments in several laboratories studying leishmaniasis. Sequencing of the human genome, as well as of the leishmania genome, has led to significant advances in our understanding of host-immune responses against leishmania, and mechanisms of infection-induced pathology, which is responsible for morbidity and mortality. Pathogenesis of Leishmaniasis focuses on the latest basic research into leishmaniasis, but also addresses how advances in understanding can be applied to prevention, control and treatment of what the WHO has classified a neglected tropical disease. Monitoring the safety of medicine use in children is of paramount importance since, during the clinical development of medicines, only limited data on this aspect are generated through clinical trials. Use of medicines outside the specifications described in the license (e.g. in terms of formulation, indications, contraindications or age) constitutes off-label and off-license use and these are a major area of concern. These guidelines are intended to improve awareness of medicine safety issues among everyone who has an interest in the safety of medicines in children and to provide guidance on effective systems for monitoring medicine safety in the pediatric populations. This book will be of interest to all health care professionals, medicine regulatory authorities, pharmacovigilance centers, academia, the pharmaceutical industry and policy-makers. Systems for monitoring medicine safety are described in Annex 1. Pharmacovigilance methods and some examples of recent information on adverse reactions to marketed

medicines are discussed in Annex 2.--Publisher's description.

This year's report shows that after an unprecedented period of success in global malaria control, progress has stalled. Data from 2015-2017 highlight that no significant progress in reducing global malaria cases was made in this period. There were an estimated 219 million cases and 435,000 related deaths in 2017. The World Malaria Report 2018 draws on data from 90 countries and areas with ongoing malaria transmission. The information is supplemented by data from national household surveys and databases held by other organizations.

As a low-income country, Ethiopia has made impressive progress in improving health outcomes. This report examines how Ethiopia's Health Extension Program (HEP) has contributed to the country's move toward Universal Health Coverage (UHC), and to shed light on how other countries may learn from Ethiopia's experiences of HEP when designing their own path to UHC. HEP is one of the government's UHC strategies introduced in a context of limited resources and low coverage of essential health services. The key aspects of the program include the capacity building and mobilization of more than 30,000 Health Extension Workers (HEWs) targeting more than 12 million model families, and the mobilization of health development army to support the community-based health system. Using the HEP-UHC conceptual model and data from Demographic and Health Surveys, the study examines how the HEP has contributed to the country's move toward UHC. During the period that the HEP has been implemented, the country has experienced significant improvements in many dimensions: in terms of socioeconomic, psychological, behavioral, and biological dimensions of the beneficiaries; and in terms of the coverage of health care services. The study finds an accelerated rate of improvements among the rural, less-educated, and the poor population, which is leading to an overall reduction in equity gaps and improvements in the equity indicators including the concentration indices - that suggest a more equitable distribution of resources and health outcomes. The HEP in Ethiopia has demonstrated that an institutionalized community approach is effective in helping a country make progress toward UHC. The elements of success in the HEP include the emphasis on community mobilization which identifies community priorities, engages and empowers community members, and supports their ability to solve local problems. The other aspect of HEP is the emphasis on institutionalization of the activities, which addresses the sustainability of community programs through high level of political commitment, and effective coordination of national policies and leveraging of support from partners. These findings may offer useful lessons for other low income countries facing similar challenges in developing and implementing a sustainable UHC strategy.

Explores the interactions between parasites and other infectious agents, with particular emphasis on immunological and ecological aspects.

This handbook gives a detailed explanation of the WHO/UNICEF guidelines for the integrated management of childhood illness (IMCI). The guidelines set out simple and effective methods for the prevention and management of the leading causes of serious illness and mortality in young children. They promote evidence-based assessment and treatment using a syndromic approach that supports the rational, effective and affordable use of drugs. The handbook gives an overview of the IMCI process and includes technical guidelines to assess and classify a sick young infant aged from one week up to two months, and a sick young child aged two months to five years; as well as guidance on how to identify treatment; communicate and counsel; and give follow-up care.

Trachoma is an infectious eye disease that causes blindness; it is prevalent in many poor rural communities. The World Health Organization has set the year 2020 as the target for global elimination of trachoma as a public health problem. To reach this target, the SAFE strategy (Surgery for trichiasis Antibiotics to treat Chlamydia trachomatis infection, and Facial cleanliness and Environmental improvement to reduce transmission of C. trachomatis from one person to another) is recommended for districts and communities with endemic disease. This guide has been written for managers of national and district trachoma control programs. It sets out, step-by-step, what is needed to assess the magnitude and extent of the trachoma problem in the area and how to plan, implement, monitor, and evaluate a program to control, and ultimately eliminate trachoma. Templates for a number of forms recommended for use in a program can be found in the annex. To allow adaptation of the forms for use in a specific program, electronic versions are available on the CD-ROM that accompanies this guide. The CD-ROM also contains an antibiotic requirement estimator, a template budget and a generic evaluation manual. Two versions of this guide are available: The trainer's version includes the guide with a set of 30 slides and the CD-ROM. The learner's version contains the guide with the CD-ROM.

This book examines prevailing human health problems in political, socioeconomic, cultural, and physical/biotic settings of health practitioners and planners in Ethiopia. It also evaluates modern and traditional health resources and examines the occurrence of nonvectored communicable diseases.

The World Malaria Report 2012 summarizes information received from 104 malaria-endemic countries and other sources, and updates the analyses presented in the 2011 report. It highlights the progress made towards the global malaria targets set for 2015 and describes current challenges for global malaria control and elimination.

Injury is an increasingly significant health problem throughout the world, accounting for 16 per cent of the global burden of disease. The public health burden of death and disability from injury is particularly notable in low and middle income countries. These guidelines seek to establish practical and affordable standards applicable to injury or trauma care worldwide, whether in rural health posts, small hospitals, hospitals staffed by specialists or tertiary care centres. It sets out a list of key trauma treatment services designed to be achievable in all settings, and defines the various human and physical resources required. It also includes a number of recommendations for methods to promote such standards including training, performance improvement, trauma team organisation and hospital inspection.

This book centres on the war that raged between Eritrea and Ethiopia from 1998 to 2000, a war that caused great loss of life and tremendous devastation. It analyses the war in great detail from an international legal perspective: the nature and the state of the boundary conflict preceding the actual armed conflict, the military actions themselves, the role of the UN peace-keeping mission, the responsibility for the multitude of explosive remnants of the war left behind. Ample attention is paid to the decisions of the Eritrea-Ethiopia Claims Commission and the Eritrea-Ethiopia Boundary Commission. This study is not limited to the war and the period immediately following it, it also examines its more extended aftermath prolonging the analysis as far as the more recent improvement in the relations between Eritrea and Ethiopia, away from a situation of no war, no peace that prevailed after the armed conflict ended. The analysis of the war and its aftermath is not only in terms of international legal issues, it has been placed in a wider than strictly legal perspective. The book is a valuable work for academics and practitioners in international law, human rights and humanitarian law in particular, for political scientists, diplomats, civil servants, historians, and all those others seriously interested in the Horn of Africa. Andrea de Guttry is Full Professor of Public International Law at the Scuola Superiore Sant'Anna in Pisa, Italy. Harry H.G. Post is Adjunct Professor in the Faculté Libre de Droit of the Université Catholique de Lille in Lille, France. Gabriella Venturini is Professor Emerita in the Dipartimento di Studi internazionali, giuridici e storico-politici of the Università degli Studi di Milano in Milan, Italy.

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