South Africa hosts the 21st International Aids Conference in Durban

The 21st International AIDS Conference (AIDS 2016) is being hosted from 18-22 July 2016 at the Albert Luthuli International Convention Centre in Durban. The conference is usually attended by over 10 000 delegates from 180 countries. The South African Government delegation is led by Deputy President Cyril Ramaphosa, in his capacity as the Chairperson of the South African National AIDS Council (SANAC). The theme of this year’s conference is “Access Equity Rights Now”. South Africa will highlight and share lessons with the international community on how it has implemented the largest anti-retroviral programme in the world. It is estimated that 6.8 million people are living with HIV but that 3.4 million of them are on HIV treatment in the country.

Israel approves the contentious NGO bill which mandates special requirements for NGOs that get most of their funding from foreign governments. The law’s critics argue that this bill targets human rights organisations. According to the Israeli Justice Ministry, there are 27 organisations that get more than half of their funding from foreign governments. Of these, 25 are human rights organisations identified with the left.

Kenya is reported to be losing a high number of youth to AIDS according to a major Lancet Commission report on Adolescent Health and Wellbeing. Findings from the report reveal that a total of 2531 youths between the ages of 15 and 19 died in 2013, followed by 2398 people between the ages of 10 and 14.

A Conversation article chronicles South Africa’s enormous strides in managing the AIDS pandemic over the last ten years. The article highlights how the government’s policy changed under mounting pressure from civil society and within government. South Africa has enjoyed improved life expectancy and lower infant and child mortality as a result.

INASP’s AuthorAID programme supports developing country researchers in publishing their work through a free online research writing course. Caroline Onyango, a researcher from Kenya, shares her experiences as an online student for the 2016 AuthorAID research writing course. She highlights the support, mentoring, access to resources and training she received.

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Evidence events

25-26 August: First international conference of the Collaboration for Environmental Evidence in Stockholm, Sweden

20-22 September: Evidence 2016 conference in Pretoria, South Africa

06-07 October: Monitoring and evaluation capacity-building workshop series in Cape Town, South Africa

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Announcements

- Call for systematic reviews by the EPPI-Centre
- Call for 3ie bursary applications for the Evidence 2016 conference

The latest AEN blog by Emily Hayter from INASP reflects on the experiences and lessons of the Vaka Yiko programme as it comes to a close. The blog highlights five successes achieved in building capacity to use research evidence in policy-making in countries across Africa. Submit your AEN blog via our website.
Kenya’s long history of using evidence to inform national health policies

A report entitled *Global Burden of Disease: Generating Evidence, Guiding Policy*, co-produced in Kenya by the International Center for Humanitarian Affairs based at Kenya Red Cross and the University of Washington’s Institute for Health Metrics and Evaluation, explores Kenya’s health progress over the past 23 years. Specifically, it examines the challenges faced by that country as its population grows. It also points to areas that need policy attention. Accurate and timely data has contributed to the impressive progress in tackling priority diseases in Kenya such as Malaria, HIV/AIDS, and tuberculosis. Kenya’s recent evidence-informed policy efforts vary but include: using disease burden results to target the leading causes of health loss in the Kenyan Ministry of Health’s 2014 – 2018 Strategy and Investment Plan; determining the gaps in non-communicable disease case management by assessing health facilities as reported in the National Strategy for the Prevention and Control of Non-Communicable Diseases, 2015-2020; and Setting strategic national objectives in the updated Health Policy, 2014-2030.

INTERNATIONAL EVIDENCE

The new *Campbell blog* by Howard White debates whether the ‘fat’ taxes policy should be based on evidence or expert opinion. The BBC reported that the government of Kerala in India has introduced a fast food tax to tackle obesity. However, the story included an expert who objected to the policy based on their opinion. Evidence from *systematic reviews* suggest that increasing the price of fast food will reduce demand.

The *Centre for Evidence Based Medicine blog* discusses how the education sector can learn from evidence-based medicine. Education is shifting to an evidence-based approach as there is a growing call for more randomized trials to assess the effects of educational interventions. However, this approach is criticised by some educationalists who believe that education is constrained in a way that medicine is not.

The *Guardian* reports on the impact of the post-Brexit funding fears for British researchers. After Britain’s vote to leave the European Union (EU), UK researchers reported in a survey of the UK’s Russell Group universities that they felt discriminated against as some universities were pressured to abandon collaboration with European partners. A number of cases are reported in the survey where British academics have been asked to leave EU-funded projects or abscond from leadership roles as they are considered a financial liability.

Evidence from academia

*Page et al*: ‘Empirical evidence of study design biases in randomized trials: Systematic review of meta-epidemiological studies’

*Pham et al*: ‘Implications of applying methodological shortcuts to expedite systematic reviews: three case studies using systematic reviews from agri-food public health’

*Stevens et al*: ‘Guidelines for accurate and transparent health estimates reporting: the GATHER statement’

The *Abdul Latif Jameel Poverty Action Lab (J-PAL)* has released a new *policy brief* that focuses on women’s access to contraception in Zambia. Although contraceptives are available in Zambia, fertility and unplanned birth rates remain very high. The J-PAL researchers evaluated the impact of interventions on women’s uptake and choice of contraceptives with or without male involvement. Results suggest that male involvement led to a decrease in use but concealing contraceptive use imposed a psychological cost on women.