Editorial: IER becomes HIS – a new cluster focused on health systems and innovation
Editorial by Dr Marie-Paule Kieny, Assistant Director-General, Health Systems and Innovation

Under a new name, the Health Systems and Innovation Cluster’s (HIS) main mission is to provide information, evidence and guidance to Member States and other stakeholders to promote and facilitate the achievement of Universal Health Coverage (UHC). UHC is realized when all people who need health services (prevention, promotion, treatment, rehabilitation and palliative care) receive it, without incurring financial hardship (World Health Report 2010). It consists of two inter-related components: coverage with needed quality health services, and access to financial risk protection, for everyone.
In order to realize its mission, HIS will need to work with other Geneva-based clusters, as well as regional and country offices, in order to assist governments towards development of solid national health policies, strategies and plans and for the delivery of integrated people-centered health services that ensure access to affordable, safe and efficacious medical products. In addition, HIS will strive to bring together high-quality research and evidence to inform innovations that work, innovations that have a direct and positive impact on the lives of people throughout the world.

I believe that the new cluster combines the strengths of both the former IER and HSS clusters, and will give us the opportunity to work together more efficiently with all WHO constituencies to fulfill our common mandate.

We will continue issuing a quarterly newsletter in order to share our experience with you and to stimulate effective collaborations.

Finally, I wish you all a Happy New Year 2013.

Organigram of the HIS cluster

WHO Forum on Innovation for Health in Elderly Populations
Kobe, Japan – November 2013

The world population is rapidly ageing, and with this comes a significantly increased burden on health-care systems. This is already a cause of financial concern in industrialized countries. In developing countries, where the ageing population is growing at a faster rate and where resources are more limited, caring for this population is an even greater challenge. Many technologies and approaches have been developed for conditions associated with ageing; however, numerous challenges persist:
• for many conditions, effective solutions have not yet been developed
• for some technologies and approaches, the cost of interventions limits their availability and utilization
• many solutions were developed for and are effective in specific settings but need to be adapted to meet the context-specific needs in other environments

A key priority for WHO in this initiative is to encourage appropriate solutions to enable ageing populations to remain healthy, active and independent for a longer period of time.

The WHO Forum on Innovation for Health in Elderly Populations aims to bring together stakeholders at different stages of the health product innovation cycle. The goal is to identify and resolve obstacles to the development and production of affordable, appropriate solutions to health challenges of the ageing primarily in LMICs, recognizing that these innovations could also have a positive impact on reducing costs and improving access to appropriate interventions in high-income countries. The WHO Center for Health Development in Kobe, Japan will host this forum, drawing on its experience in developing age-friendly environments and in using innovative intersectoral approaches to help facilitate healthy ageing.

There are few opportunities for people at opposite ends of the medical product line to meet and discuss potential solutions to common problems. Researchers, innovators and producers rarely meet with purchasers or end-users to assess needs and opportunities in healthcare. Partly as a result of this lack of communication, unsuitable and inappropriate technologies are developed that do not meet the needs they were designed to address. For example, innovators and producers may make incorrect assumptions about available infrastructure (electricity supply, clean water, road transport) or about health problems in environments with which they are unfamiliar. Furthermore, simple appropriate solutions that are used in one region may be very applicable in other settings but not be available in other areas because of a lack of communication.

Similarly, manufacturers may be unfamiliar with the different national regulatory and procurement processes, or with conditions or needs on a particular market. This could slow down or prevent the availability of a useful product for that market.

While there are some established communication and networking channels for those involved at different stages of the innovation cycle in high-income environments, including innovators, manufacturers and end-users, these are mostly lacking in the developing world, and this represents a barrier to harvesting the fruits of innovation for better health. To address this barrier, the Forum will bring together the various stakeholders involved throughout the innovation cycle, from the North as well as from the South, in order to exchange information and foster problem-solving.

The ultimate objective of this meeting is to promote the development of, and access to, innovative technological solutions addressing the health needs of the elderly. It is hoped that this meeting will highlight innovative approaches and promote the adaptation, development, implementation and uptake of these solutions in LMICs.

HINARI – still needed and active after more than 10 years

How do you keep a key programme active and vibrant over the course of a decade? Over time, the environment changes, partner representatives are replaced, users become more engaged and vocal, volunteers come and go, visibility rises, opinions solidify, and different resources are incorporated. After all this, do you still have the same programme that you started with?

When the HINARI programme for Access to Research in Health began, it was a direct response to a WHO-led workshop in which low- and middle-income country researchers "agreed that without access to top quality, timely and reliable information of the kind exemplified by the major journals, it is very difficult to do quality research or train researchers." (1)

Quickly following this expression of need came an idea: that the internet could make it possible for publishers to offer research literature to LMICs for free. (2)

So, in July 2001, WHO and six major biomedical publishers joined forces in the HINARI partnership which rapidly expanded in terms of countries, publishers, and journal titles. HINARI launched first in 69 countries, with almost 1500 journals from six initial publishers. A decade later, HINARI is available in more than 100 countries, and over 8000 e-journals and 6000 online books are offered by more than 150 publisher partners.

The users in LMICs are at the heart of the programme as it continues to evolve. More than 5200 institutions have registered to gain access to the content, and this number is growing at a steady pace.

How has HINARI adapted to change in the past 10 years? When the programme began, the internet and ICT infrastructure was still new and fragile in LMICs, and researchers could barely make use of the wealth of resources offered through...
HINARI. However, remarkable improvements to ICTs have taken place in many cities and institutions. Today, researchers may still be frustrated by bandwidth limitations, but they can see what is available to them and develop creative solutions to get the content they need through the still narrow pipelines.

The partnership itself has evolved and changed. For instance, worries about intellectual property rights, secure transmission of articles, or concerns about the researchers’ ability to make use of the content used to preoccupy the partners. These issues have now been replaced with challenges such as donor fatigue and partner representative replacements. By providing a newsletter about latest events and feedback from the user community, we inform new representatives and reinforce the commitment of long-standing partners. All of this builds enthusiasm and ownership as we jointly plan for the future.

With LMICs achieving uneven advances in development, the partnership has also adapted by adding the Human Development Index to the Gross National Income criteria for eligibility. This ensures that countries that need access despite their improving economies can still benefit from the programme. As the basic access issues in institutions are resolved, HINARI has developed and expanded training for researchers to make the best use of the medical content provided. Training modules in multiple languages are available on the website, and training courses are held throughout the world. This is a key component of the programme – because just turning on access does not ensure that people are comfortable triaging the information for what is truly useful in their own work.

Throughout all the change, HINARI participation is growing and usage is rising slowly and steadily. Yet, success is not measured by how big HINARI has become, nor by how the programme positively reflects on the partnership. The only worthwhile measure of success is improvement in health in the Member States. All researchers from all Member States should be equal partners in the international scientific community, and HINARI is helping to bring that about, now more than ever.


Health information, evidence and knowledge translation: what’s new in EURO?

Upon taking office in 2010, the Regional Director Zsuzsanna Jakab created a new division for Information, Evidence, Research and Innovation (DIR) at the WHO Regional Office for Europe. This was in recognition of Member States’ requests which emphasized the need for the Regional Office (EURO) to strengthen Member States’ ability to collate, analyze and interpret health evidence, to better link with the research community, to anticipate and analyze change and to assist with the formulation of evidence-informed health policy.

DIR’s vision is ‘knowledge for health and well-being’ in Europe and its mission is to ‘provide knowledge for health and help people use it’. These goals are achieved on the strategic as well as the operational country level. On the strategic level, DIR/EURO has partnered with the European Commission to establish a single integrated health information system for Europe for all of its 53 Member States in the region. OECD has recently joined as a partner and this work is now well under way. In addition, DIR/EURO is working with its Member States to propose a European Health Information Strategy in the next biennium. This comprehensive strategy will cover all aspects of health information, ranging from health systems infrastructures and their content to the translation of evidence into policy. It will include many aspects of the ‘traditional menu’ of WHO strategies (Fig 1).
On the operational level, the division works very closely and directly with its 53 Member States and its country offices by providing tools, advice, guidance and sometimes very hands-on support to country colleagues. It also operates through a multi-country approach, particularly in the area of capacity building where countries are grouped and encouraged to assist each other.

DIR has commenced a number of new initiatives, not all of which can be covered in this short report. One of the important aspects is the revival of previously much appreciated projects, including the annual publication of Core Health Indicators (http://www.euro.who.int/__data/assets/pdf_file/0005/172724/Core-Health-Indicators-in-the-WHO-European-Region-2012-Eng.pdf) and the Highlights on Health and Well-being, i.e. country profiles; the latter will recommence publication in 2013. In addition, new atlases of health inequalities (http://www.euro.who.int/en/what-we-do/data-and-evidence/equity-in-health/interactive-atlases) using interactive tools have been made available for EU Member States and are being expanded to non-EU countries. These atlases provide a range of new analytical tools and permit analyses and comparisons on the sub-national level.

There are more than 40 databases held at EURO, some of which were created decades ago, including the Health for All database. The division has conducted an inventory and assessment of all existing databases, and is now in the process of creating a single platform, i.e. integrating all databases into a single warehouse for easier analyses. This includes the development of new analytical and visualization tools (including Tableau and Silverlight functions) which will be made available through a new portal in 2013, thus creating EURO’s first integrated health information regional observatory.

In February of 2012, the division launched a new initiative to measure and set targets for well-being in Europe. This initiative includes an alliance of major stakeholders and experts, including the EC and OECD. The group has provided a definition of well-being in the context of health and will be proposing indicators for well-being to the Regional Committee in due course.

DIR provides key support to Member States for the implementation of the Health 2020 policy for Europe which was adopted at the last Regional Committee in September 2012. Health 2020 is a comprehensive new policy which builds on the traditions of Health for All, emphasizes the right to health and access to care as well as well-being, places people and citizens at the centre, addresses the social determinants of health, advocates a ‘whole of government’ and ‘whole of society approach’ and proposes solutions that make a difference. The policy includes six targets for health and well-being which were adopted at the last Regional Committee. They include a regional reduction in premature mortality, increases
in life expectancy, reduction in inequalities, enhancement of well-being, universal coverage and demonstrated target setting efforts at country level. EURO will report on the methods used for target setting and its measurement challenges in the European Health Report 2012, which will be published in early 2013.

DIR is working with expert groups to develop suitable indicators for the Health 2020 targets and will lead the monitoring of targets and indicators in due course. In addition, it will provide capacity building in and development of tools for Member States to monitor progress with targets and establish relevant platforms, networks and products for the translation of evidence into policy.

The latter will include the existing Health Evidence Network (HEN) and a newly launched initiative at EURO, the Evidence-Informed Policy Network, EVIPNet. As the last WHO region to do so, EURO launched EVIPNet with Member States of the Central Asian Republics in Bishkek, Kyrgyzstan in October 2012. A new staff member (Tanja Kuchenmüller, formerly at HQ) has been appointed to roll out EVIPNet in the European Region in due course (Fig 2).

Figure 2 – Launch of EVIPNet Europe in Bishkek, Kyrgyzstan, October 2012

The European Advisory Committee on Health Research (EACHR) has been revived and reconvened in the region. Chaired by Professor Martin McKee from the London School of Hygiene and Tropical Medicine, the group enjoys the strong support of the Regional Director and has embarked on a number of new activities for the coming years.

This is just a short glimpse of the many exciting new developments in health information and evidence-informed policy making in EURO and only a few could be covered in this short piece. We will be pleased to update interested parties on other activities in due course, particularly in the area of eHealth, innovation and knowledge management. We would also be delighted to hear from you if you wish to partner with us on any of the activities described.

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Latest quarterly achievements and news

Ethics and Social Determinants of Health (ESD)

9th Global Summit of National Ethics Committees (Carthage, Tunisia, 26-28 September 2012)

As of 2012, about 90 countries have established National Ethics Committees (NECs). Their mandates vary from one country to another, for example, some NECs address ethical issues related to a broad scope of questions including public health, medical practice, new technologies and research, while others focus exclusively on research. Since 1996, NECs meet every two years to discuss ethical issues of common interest. Since 2004, WHO has been providing technical support for the organization of these meetings, in 2008 the Ethics and Health unit was asked to provide the Permanent Secretariat...
of the Summit. The 9th Global Summit of National Ethics Committees was hosted by the Tunisian Ministry of Health and the Tunisian National Ethics Committee, on 26-28 September 2012.

In preparation of the Summit, four papers were developed by groups of NECs from all around the world on the following issues: Biobanks, Research Ethics Committees, Ethical issues related to infectious diseases control, Organ, Tissue and Cell Transplantation. During the Summit, these issues were discussed by members of NECs from 38 Countries as well as representatives of international organizations active in the field of Bioethics. A session was dedicated to regional activities and participants had the opportunity to identify common needs and agree on future initiatives to be taken. A market place was organized to present on-going activities in the different NECs and facilitate interaction between participants.

During the meeting, a database of NECs created by the Ethics and Health unit was launched; it provides access to opinions published by NECs. See ONEC at http://apps.who.int/ethics/nationalcommittees/. For the first time, this Summit took place on the African continent, with a high number of delegates from LMICs; it constitutes a unique venue to build global consensus on complex ethical issues arising in very diverse social, cultural and political contexts. WHO is committed to foster this global debate on Bioethics, providing technical support to NECs from the six regions and facilitating exchange of experiences. The 10th Summit will be hosted in Mexico in June 2014.

**Strengthening capacities of Member States for implementation of the Rio Political Declaration**

In order to strengthen the capacities of Member States for the implementation of the Rio Political Declaration on Social Determinants of Health, ESD in partnership with the Fiocruz Foundation (Brazil) is working toward facilitating an informal network for Capacity Building on SDH. A brainstorming meeting to define the criteria for this initiative was organized in Rio de Janeiro on 29-30 October. In principle this network will include top north and south capacity building institutions from the health sector and beyond which have capacity, resources and linkages with public policies addressing the SDH. In order to start the work of the network, a meeting of partners is being organized for the 1st quarter of 2013 with funding from the Government of Brazil.

**Global Health Workforce Alliance (GHWA)**

**Establishment of a community of practice focusing on maternal, newborn and child health workers**

The Alliance along with United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF) and WHO will jointly support the establishment of a Community of Practice (CoP), whose activities will focus on improving the situation of maternal, newborn and child health workers (MNCH). This MNCH CoP will be created as a sub-pillar of the Human resources for Health (HRH) CoP, established in 2008 by the Harmonization for Health in Africa (HHA) mechanism.

The main objectives of the MNCH CoP will be to chalk out an action plan for this group and share research of recent MNCH studies. More specifically, the MNCH CoP will share the results of the study of the midwifery care practices initiated within the framework of the High Burden Country Initiative (HBCI).


**Knowledge Management and Sharing (KMS)**

**New web site for the WHO HQ Library**

The Library & Information Networks for Knowledge unit (LNK) has entirely redesigned its public web site. With a more straightforward and simplified approach, the site highlights LNK’s global initiatives that focus on providing access to health information and scientific evidence to low- and middle-income countries. Link: www.who.int/library.

**WHO Forum on Health Data Standardization and Interoperability**

The Forum was held in Geneva on 3-4 December 2012. Nearly 200 individuals from 54 countries participated to discuss the seven thematic areas and addressed 15 key questions related to the themes. Participants included representatives from health data Standards Development Organizations (SDOs), WHO Member States, academic and research institutions, implementing partners, donor community, and subject matter experts in addition to WHO technical programmes and regional offices. Proceedings of the Forum and other relevant information can be found at http://www.who.int/ehealth/en. We are grateful to our country and regional office colleagues for their support and facilitation.

**National eHealth Strategy Toolkit currently being translated**

The National eHealth Strategy Toolkit is currently being translated into Arabic, Spanish, Portuguese, Chinese and Vietnamese. The online version (in English) has been downloaded over 1500 times since last August. Data from the registration forms show that the Toolkit is reaching our core audiences: government policy and decision makers, and institutions in low-income countries.
eHealth Regional Office focal points meeting
The eHealth Regional Office focal points met on 5 December 2012 to coordinate planning and technical approaches at a global level. Areas covered included the forthcoming survey of the Global Observatory for eHealth which will focus on eHealth for Women’s and Children’s Health in the 75 target countries, the Commission on Information and Accountability for Women’s and Children’s Health, and follow up to the Health Data Forum. This work links with and complements that of partnerships including the ITU and the Innovation Working Group.

ePORTUGUESe Programme awarded for contribution to the South-South and Triangular collaboration
The ePORTUGUESe Programme received an award of recognition for its contribution to the South-South and Triangular collaboration at the UN High Level and Directors General Meeting during the Global Development EXPO 2012 held in Vienna, Austria.

WHO Network Managers Forum
There was a forum meeting in October with presentations and discussions by Patrick Drury (Manager of GOARN) and Tony Armstrong (ITT) as well as a lunch time seminar “Collective Impact: Achieving Large Scale Change through Cross-Sector Partnerships and Networks”, with Marc Pfitzer, Managing Director Future Strategy Group and Sonja Patscheke, Senior Consultant.

Launch of EVIPNet in SEARO
EVIPNet was launched in SEARO with two consecutive workshops in Kathmandu, Nepal (with the participation of representatives of Bangladesh, Bhutan, Myanmar) and in Mali, the Maldives (with Sri Lanka and Thailand). Participants produced evidence-briefs for policy for their countries to address different problems related to their health systems policies for Dengue Fever, Thalassemia, Essential Medicines, PHC in urban areas and Vaccination of minority ethnicity in remote villages.

Patient Safety Programme (PSP)

Speech by the Director General on the importance of safe, high quality health care to achieve global health goals
The speech was the feature event at the 29th International Society for Quality in Health Care (ISQua) annual conference where WHO PSP was one of the official partners, along with the Canton of Geneva and the University Hospitals of Geneva. The Conference, which took place from 21-24 October, included 1200 conference delegates from 68 countries and the DG referred to patient safety as a “rising star in clinical care”. WHO organized eight different events at the conference, including:

1) a full day on evidence informed policy-making
2) four 90-minute sessions, covering a range of patient safety topics including, health care quality and safety in low and middle-income countries, mHealth for patient safety, safe injections and patient safety in primary care and settings outside hospitals
3) three 45-minute extra sessions on the High 5s initiative, on the Patient Safety multi-professional Curriculum Guide, as well as on the global burden of unsafe care.

Across these numerous events, PSP engaged with colleagues from nine different WHO units/departments and 21 external collaborators from 12 countries.

Launch of the WHO Safe Childbirth Checklist (SCC) Collaboration
On 21 November 2012, PSP launched the WHO Safe Childbirth Checklist (SCC) Collaboration with an invitation to organizations working in maternal and child health to work with WHO to study the implementation and usefulness of the Checklist in diverse health-care settings. The launch of the Collaboration follows completion of the Safe Childbirth Checklist and Manual (Pilot edition). PSP is collaborating with the Departments of Reproductive Health Research (RHR) and Maternal, Neonatal and Child Health (MCA) on this innovative programme. The Launch was the occasion to invite many health-care, research or academic institution, non-governmental organization or other agency, especially in low- and middle-income countries, to join the collaborative field-testing exercise in order to help WHO ensure the viability and practical use of the Checklist in multiple settings, and to identify barriers and successes in its use.

To learn more please visit http://www.who.int/patientsafety/en/.
**Improve 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 that TDR helped produce of 16 new research articles provide a rich source of information on how families can get care for their children right in their own communities.


**VL elimination by 2015 on track with new research**

High level representatives from the governments of India, Nepal and Bangladesh met recently with TDR staff to identify the next set of research needs to eliminate visceral leishmaniasis (VL). The 8-10 October meeting in Freiburg, Germany provided an opportunity for health leaders in each country to learn what is working, and to develop both shared and individual strategies going forward.


**Identifying emerging needs in research capacity**

New priorities and new systems that will be needed have been the subject of intense scrutiny by TDR, the World Health Organization, and the ESSENCE for research group of international funders this past year. The goal is to strengthen the ability of low- and middle-income countries to conduct research by identifying the areas with the potential for the greatest impact, which would then be supported by TDR and the funders working on this.


**Symposium attracts 1800 with full programme**

The Second Global Symposium on Health Systems Research: Inclusion and Innovation Towards Universal Health Coverage attracted a new record of almost 1800 participants from around the world. It was held 31 October – 3 November in Beijing. TDR, the Alliance for Health Policy and Systems Research and WHO as a whole were co-sponsors, and Dr Marie-Paule Kieny gave a keynote speech. TropIKA.net covered it, WHO tweeted daily, and plenary sessions were webcast live daily and are available on demand at [www.hsr-symposium.org](http://www.hsr-symposium.org).

**New open access journal Infectious Diseases of Poverty launched**

A new open access journal, Infectious Diseases of Poverty, has been launched by BioMed Central, in partnership with the National Institute of Parasitic Diseases, China CDC (NIPD). The inaugural issue contains a number of themed articles on “Health system framework for controlling the infectious diseases of poverty”.


**Handbook for clinical management of dengue**

This handbook has been produced to help health-care practitioners at all levels manage dengue. Aspects of managing severe cases of dengue are also described for practitioners at higher levels of health care. Additional and more specific guidance on the various areas related to clinical management of dengue (from other sources in WHO and elsewhere) are cited in the reference sections. This handbook is not intended to replace national treatment training materials and guidelines, but it aims to assist in the development of such materials produced at a local, national or regional level.


**Two new research priorities reports published**

Research gaps and challenges have been identified in one new report on helminth infections, and another on Chagas disease, human African trypanosomiasis and leishmaniasis. These are the output of TDR’s Disease Reference Groups.

**Guidance Framework released for testing genetically modified mosquitoes**

The first public consultation is now being held online on a guidance framework to provide quality standards for assessing the safety and efficacy of genetically modified (GM) mosquitoes that carry malaria and dengue.


**Informal expert consultation on “Adaptation to Social, Environmental and Climate Change Impacts on Vector-Borne Diseases”**

Read the recently published report from key regional stakeholders who assessed and prioritized research needs regarding public health adaptation to social, environmental and climate change impacts on vector-borne diseases in Africa.

[Link](http://www.who.int/tdr/publications/adaptation_climate_change/en/index.html)
Upcoming Events

Knowledge Management and Sharing (KMS)

Global Health History seminars
11 January (in EURO)
Antimicrobial resistance

13 February
International Trade and Public health

13 March
Traditional Chinese Medicine

Patient Safety Programme (PSP)

January 2013: Launch of the WHO Patient Safety Five Year Strategy
PSP will begin work in the new year with the launch of the WHO Patient Safety Five Year Strategy and a news release on the new priorities for WHO in Patient Safety and Quality in January 2013. One key priority will be the Third WHO Global Patient Safety Challenge. After focusing successively on the two subjects of "clean care" (essentially working on improving hand hygiene compliance amongst health-care workers) and then "Safer surgery", though promotion of the WHO Surgical Safety Checklist, (which shows a 30% reduction in morbidity and mortality when used), the Patient Safety Programme will shortly be turning its attention to the thorny and complex issue of medication safety. This work will involve extensive internal consultation with partners in Essential Medicines and Products (EMP) and other departments and with external stakeholders.

March 2013: Regional launch of the WHO Multiprofessional Patient Safety Curriculum Guide
A regional launch will take place of the WHO Multiprofessional Patient Safety Curriculum Guide in the WHO Region of the Americas. So far, launches have taken place in the Western Pacific Region as well as the Eastern Mediterranean Region. These launches, which are generally funded by a national medical school or similar institution, are important as they gather together the key stakeholders in that region and generate interest which is then hopefully translated into implementation of some or all of the content of the Guide into teaching curricula, to transmit the now extensive knowledge on simple yet effective interventions to improve the safety of care.

5 May 2013: WHO Global Hand Hygiene Day
The WHO Global Hand Hygiene Day, 5 May 2013, is in the planning phases. Key themes this year will focus on patient engagement in improving hand hygiene. The team will also be building upon the results of last year’s global assessment survey on hand hygiene.

Results from the survey in the last newsletter
First and foremost, thank you all greatly for your feedback and comments!

Based on your responses, and following the formation of the HIS cluster, we are working to update the concept of the newsletter and make it as useful as possible for you. Desires expressed by you the readership include:
- broadening the base of contributors
- providing more and better opportunities to network with colleagues and partners
- establishing better links with projects outside of the cluster (including external partners) that are relevant to the cluster’s work
- including information on fundraising opportunities
- looking to establish a RSS feed to provide a permanent, dynamic news source

Keep your eyes peeled for a revitalized HIS Newsletter in March 2013, and please keep the ideas and comments coming using the email address indicated below.

Next HIS Newsletter
March 2013

Contact us – Feedback/Suggestions – Subscribe/Unsubscribe
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