

The Sentinel

Human Rights Action :: Humanitarian Response :: Health :: Holistic Development :: Sustainable Resilience

Week ending 13 September 2014

This weekly digest is intended to aggregate and distill key content from a broad spectrum of practice domains and organization types including key agencies/IGOs, NGOs, governments, academic and research institutions, consortiums and collaborations, foundations, and commercial organizations. We also monitor a spectrum of peer-reviewed journals and general media channels. The Sentinel's geographic scope is global/regional but selected country-level content is included. We recognize that this spectrum/scope yields an indicative and not an exhaustive product.

The Sentinel is a service of the Center for Governance, Evidence, Ethics, Policy & Practice (GE2P2), which is solely responsible for its content. Comments and suggestions should be directed to:

David R. Curry

Editor &

Founding Managing Director

GE2P2 – Center for Governance, Evidence, Ethics, Policy, Practice

The Sentinel is also available as a pdf document linked from this page:

<http://ge2p2-center.net/>

Contents

:: Week in Review

:: Key Agency/IGO/Governments Watch – Selected Updates

:: NGO/Collaborations/Initiatives Watch – Media Releases, Major Initiatives, Research

:: Foundation/Major Donor Watch – Selected Updates

:: Journal Watch – Key articles and abstracts from academic, peer-reviewed journals

:: Week in Review

A highly selective capture of strategic developments, research, commentary, analysis and announcements spanning Human Rights Action, Humanitarian Response, Health, Education, Holistic Development, Sustainable Resilience. Achieving a balance across these broad themes is a challenge and we appreciate your observations and ideas in this regard. This is not intended to be a "news and events" digest.

Editorial

WHO for the 21st Century

Margaret Chan

Margaret Chan is Director General of the World Health Organization, CH1211 Geneva 27, Switzerland.

Science Translational Medicine; 10 September 2014 vol 6, issue 253

<http://stm.sciencemag.org/content/current>

Next year, 2015, will be pivotal for global health. The deadline for reaching the United Nations Millennium Development Goals (MDGs) expires, and the MDGs will be succeeded by a new framework that focuses on poverty reduction and sustainable development (1). In the lead-up to 2015, the spotlight is already on the achievements and disappointments of the MDG era. Among the successes, 2 billion people have gained access to improved sanitation since 1990. Yet, there are still 2.5 billion people worldwide who do not have day-to-day use of functioning toilets. The death rate of children under 5 years has been cut by about one-half, and the rates of decline in child mortality in some African countries, notably Senegal and Rwanda, are among the fastest ever recorded. Nevertheless, between 6 million and 7 million children died in 2012, nearly half of whom died in the first month of life (2). The great majority of these deaths could have been prevented. During this period of reflection on the MDGs, we are also looking to the future. Our attention at the World Health Organization (WHO) is focused on ways to build on the global health successes of the past 25 years, on how to fill in the gaps, and on how we can continue to improve health in the post-2015 era.

Any allusion to our current place in the 21st century brings to mind events that take place over decades. Such events include the long-running epidemiological transition from communicable to noncommunicable diseases in our aging populations, now mostly located in cities, and the long-term health impacts of climate change and environmental degradation. But we must also contend with major events that take place on shorter time scales. The MDG era has coincided with, and is partly a product of, the huge increase in development (financial) assistance for health. This is reflected in the proliferation of health donors, global funds and partnerships, nongovernmental and civil society organizations, philanthropists, and commercial investors. The MDG era has also coincided with the growing wealth and more assertive voices of formerly low-income countries, symbolized by the BRIC nations (Brazil, Russia, India, China), and other countries such as Indonesia, Nigeria, and Thailand that have moved from low to middle income. As these events have unfolded, the reach of health has extended far beyond clinical practice and epidemiology. In the midst of debates about the changing role of international aid—and with the emergence of SARS, pandemic influenza, and most recently the Ebola virus—global health has become central to foreign policy and international relations.

In this time of transition, I will highlight some of the challenges we face in putting health at the heart of sustainable development. In confronting these challenges, we can draw on 66 years of WHO experience, but we are also prepared to work in new ways (3). As the post-2015 agenda is being crafted through international debate, our most important message is that good health is a valuable goal in its own right, and indispensable to poverty reduction and sustainable development. This is a global message with a human face: People want assurance that they have access to the health services they need and at a price they can afford. This is the essence and the promise of universal health coverage (4).

WHO is often referred to as a technical agency. We are certainly that—in our use of science and technology to underpin health policy. But WHO has a bigger role, in showing how technical approaches to health promotion and disease control are part of a larger vision for health and well-being, one in which good health for everyone is integral to social cohesion and stability.

The first of our challenges is to help reach, and surpass, the health targets set in the MDG era. One urgent task is to tackle the persistent causes of maternal and neonatal mortality. From a technical standpoint, we know how to do this, but we must find the right approach in each and every setting. Most maternal and child deaths can be prevented with high-quality care during pregnancy, delivery of babies by skilled birth attendants, breastfeeding, and through guaranteed access to appropriate antibiotics and immunization. Another well-defined task is to expand the coverage of antiretroviral therapy for HIV-positive people and to ensure prompt

diagnosis and treatment for people with malaria, tuberculosis, and hepatitis. During the MDG era, disease control programs rightly emphasized the provision of good health services. But there are some extra steps to be taken—for example, to ensure that people who live under the threat of communicable diseases are adequately protected from financial risk, a vital ingredient of universal health coverage. Furthermore, our commitments to communicable disease control include elimination and eradication of, for example, malaria from selected countries, including Mexico, Malaysia, and South Africa, and polio and guinea worm disease from all countries.

The growing importance of noncommunicable diseases such as heart disease, diabetes, and cancer is, in part, the inevitable consequence of successfully controlling infections. In 2012, the average life expectancy at birth worldwide had increased to 70 years. This astonishing fact means that a large number of people now live long enough to suffer and eventually die from chronic illnesses—mainly cardiovascular disease and cancer. Clearly, we must all die of something, but many deaths from noncommunicable diseases are premature and preventable. Having examined the underlying causes and possible remedies, WHO's World Health Assembly set a target of reducing premature mortality due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease by 25% between 2010 and 2025.

To achieve this goal, WHO, as an intergovernmental organization, is using all available instruments at its disposal. The 2005 Framework Convention on Tobacco Control was the first global health treaty negotiated under the auspices of WHO. In 2013, with 178 signatories, an estimated 2.3 billion people were protected by at least one measure reducing tobacco demand that had been fully implemented by governments worldwide. The entire campaign against noncommunicable diseases was given a huge boost by the 2011 United Nations General Assembly, which recognized chronic diseases to be a major challenge, not merely for health but also for development in the 21st century.

The task of controlling communicable and noncommunicable diseases inevitably focuses on specific causes or risk factors. These are aided and abetted by insidious, systemic causes of ill health in populations, among which social inequality is a prime example. Despite some arguments to the contrary, we still inhabit a very unequal world. The richest 1% of people own ~40% of the world's assets, and less than 1% of all assets are owned by the poorest 50% of people. The result is that 1.2 billion people still live in extreme poverty. And there are some disturbing trends. Over the past two decades, income inequality has been growing on average within and among countries—a trend that drives health inequalities, too. Social inequality is a structural problem that requires many kinds of remedy, but universal health coverage can make a powerful contribution. The first point about universal health coverage is that it must be precisely that: universal. However, universal health coverage is not merely the quest to reach an arithmetic target, but also has the goal of demanding equal rights to health and social protection for all, even those in the smallest minority.

The 1978 Alma Ata Declaration was one of the 20th century's landmarks in public health. It emphasized the role of the state in providing adequate health and social measures. In the 21st century, states still have this responsibility of course, but now, health depends on many more actors. Recognizing that no intergovernmental organization can achieve its goals by operating from within the public sector alone, WHO now works with a multiplicity of nonstate actors—including nongovernmental organizations, philanthropic organizations, and academic institutions—to create and protect global public goods, such as standards of medical practice and the quality control of health products. WHO also works with nonstate actors to draw on private expertise, knowledge, commodities, personnel, and finances for the benefit of health and to encourage nonstate actors to improve their own activities to protect and promote health.

Last, nearly 30 years after the publication of a seminal report from the Rockefeller Foundation, we do still place a high premium on Good Health at Low Cost (5). Besides supporting research into better ways of sharing financial risks, and in addition to providing technical guidance for major funding initiatives (the Global Fund, the GAVI Alliance, and others), WHO is also promoting market mechanisms to lower the prices of high-quality commodities, including vaccines and essential medicines. Among the most successful efforts so far is “prequalification,” a mechanism that guarantees the quality of vaccines, drugs, and diagnostics for purchasing agencies, including the GAVI Alliance, and opens up the market to new manufacturers. In 2013, for example, prequalification of a Japanese encephalitis vaccine made in China cut the cost of each dose to US\$0.30, well below the price of other Japanese encephalitis vaccines then on the market. This decision followed WHO approval, in 2011, of the China Food and Drug Administration as a functional regulatory authority for vaccines, a milestone on China’s road to becoming a global vaccine supplier.

In ventures of this kind, United Nations agencies often work best together, rather than alone. The 2013 report on Promoting Access to Medical Technologies and Innovation, prepared jointly by WHO, the World Intellectual Property Organization (WIPO), and the World Trade Organization (WTO), is a comprehensive guide to the interface between health, trade, and intellectual property. Likewise, the Pharmaceutical Manufacturing Plan for Africa, a proposal of the African Union Commission, is jointly supported by WHO, the Joint United Nations Programme on HIV and AIDS (UNAIDS), and the United Nations Industrial Development Organization (UNIDO).

As WHO moves into the post-2015 era of development, we shall remain true to our roots. We shall covetously guard our reputation for impartiality and sound science. We shall continue to serve as an honest broker, acting in the best interests of our Member States. We shall monitor health trends and track progress toward universal health coverage. We shall draw on our global perspective to help shape the agenda for health research. From guidelines to treaties, we shall use all of the instruments available to us in the cause of better health.

But, we are also open to new ways of doing business, by putting disease control programs in the context of universal health coverage, by actively seeking alliances beyond the public sector, and by promoting health, not only through health institutions, but also through agriculture, the economy, education, and the environment.

Everyone has a stake in health, and WHO has always worked to guard the health of everyone. But the professional business of health has changed profoundly since the turn of the millennium. WHO’s role, more than ever, is to provide leadership by building consensus around a shared responsibility for health, and by responding with agility to the unexpected challenges and new opportunities of the 21st century.

References

United Nations, Sustainable Development Knowledge Platform (United Nations, New York, 2014).

United Nations, The Millennium Development Goals Report 2013 (United Nations, New York, 2013).

World Health Organization, WHO Reforms for a Healthy Future. Report by the Director-General (World Health Organization, Geneva, 2012).

World Health Organization, The World Health Report 2013: Research for Universal Health Coverage (World Health Organization, Geneva, 2013).

S. Halstead, J. Walsh, K. Warren, Eds., Good Health at Low Cost (Rockefeller Foundation, Bellagio, Italy, 1985).

As Sixty-eighth Session Nears Conclusion, General Assembly Adopts Resolution Incorporating Sustainable Development Goals into Post-2015 Agenda

Delegates Also Pass Measures Addressing Malaria, Revitalizing Work of Assembly

United Nations

Sixty-eighth General Assembly GA/11544

Plenary

108th Meeting (PM)

10 September 2014

The General Assembly adopted three resolutions today, including one that would pave the way for the incorporation of sustainable development goals into the post-2015 development agenda.

In adopting the "Report of the Open Working Group on Sustainable Development Goals established pursuant to General Assembly resolution 66/288" (document A/68/L.61), as orally amended, the Assembly decided that the outcome document from the Open Working Group on Sustainable Development Goals would be the main basis for integrating the sustainable development goals into the future development agenda. The resolution went on to state that other inputs would also be considered during the intergovernmental negotiation process at the upcoming General Assembly session...

...In a final act, the Assembly adopted "Consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2015" (document A/68/L.60), thereby calling for increased support for the implementation of international commitments and goals pertaining to the fight to eliminate malaria.

The resolution urged malaria-endemic countries to work towards financial sustainability to increase national resources allocated to controlling that disease, while also working with the private sector to improve access to quality medical services. Further, the resolution called upon Member States to establish or strengthen national policies, operational plans and research, with a view to achieving internationally agreed malaria targets for 2015...

...The General Assembly will reconvene on Thursday, 11 September, for a high-level stock-taking event on the Post-2015 Development Agenda.

International Development Committee - Fifth Report

Strengthening Health Systems in Developing Countries

U.K. Parliament

12 September 2014

Summary

Better health is a basic human right and an end in itself. A healthy population is also essential to development. Recent years have seen some rapid improvements in health partly driven by the Millennium Development Goals and the large international funds set up to accelerate progress towards them. However, these improvements have at times been achieved despite the poor state of health systems in many developing countries. Stronger health systems will be required to ensure efficiency, tackle growing challenges such as non-communicable diseases and progress towards self-sufficiency.

DFID has long had a good reputation for health system strengthening and this is reflected in its own work. But DFID now relies on international partners, which do not all share this reputation, in an increasing number of countries and to manage an ever-greater proportion of

its expenditure. We recommend that DFID reviews in each country whether its funding arrangements enable its health systems strengthening objectives to be met.

Assessing the effectiveness and value for money of health system strengthening work by DFID and its international partners is more difficult than it ought to be. Expenditure and performance figures are not published and the research base is inadequate. This must change. We also recommend DFID takes the lead in system governance and finance, and publishes a new strategy on health workforces.

The UK has one of the best health systems in the world, but DFID makes only limited use of it. We call on DFID to work with the NHS in expanding volunteering schemes for doctors and nurses and making more use of NHS finance and management skills.

Finally, we urge DFID to demonstrate global leadership worthy of its health systems expertise. It should be a vocal champion of system strengthening and seek to influence its international partners to prioritise it in their work. It looks likely that universal health coverage will be a target in the global post-2015 development goals, providing a chance to increase international focus on system strengthening. DFID must grasp this opportunity.

The Trade and Development Report 2014: Global Governance and Policy Space for Development

UNCTAD - Report by the secretariat of the United Nations Conference on Trade and Development

September 2014 :: 242 pages

UN Symbol: UNCTAD/TDR/2014

http://unctad.org/en/PublicationsLibrary/tdr2014_en.pdf

This report examines recent trends in the global economy, with a focus on growth, trade and commodity prices. The Report highlights that, six years after the onset of the global economic and financial crisis, the world economy has not yet established a new sustainable growth regime. With an expected growth between 2.5 and 3 per cent in 2014, the recovery of global output remains weak. Furthermore, the policies supporting the recovery are frequently inadequate, as they do not address the rise of income inequality, the steady erosion of policy space along with the diminishing economic role of governments and the primacy of the financial sector of the economy, which are the root causes of the crisis of 2008. Putting the world economy on the path of sustainable growth requires strengthening domestic and regional demand, with a reliance on better income distribution rather than new financial bubbles.

Media Release

Developing countries need sufficient policy space to advance post-2015 development agenda, UNCTAD report says

10 September 2014

With a new set of wide-ranging sustainable development goals already tabled in New York, a post-2015 development agenda will not be feasible without the availability of more instruments and greater flexibilities in policymaking, say UNCTAD in its Trade and Development Report 2014, launched today.

Key conclusions of this years' report:

:: The 'new normal' in advanced countries is neither new nor normal and risks repeating past policy mistakes.

:: Developing countries need sufficient space to make macro and industrial policies work effectively to support structural transformation.

:: International and national action needed to combat tax evasion and avoidance.

:: Multilateral institutions need to focus on promoting the public interest as much as boosting market confidence and reducing financial risks.

Education at a Glance 2014 –OECD Indicators

September 2014 : 570 pages

pdf: <http://www.oecd.org/edu/Education-at-a-Glance-2014.pdf>

This annual publication is the authoritative source for accurate and relevant information on the state of education around the world.

Featuring more than 150 charts, 300 tables, and over 100,000 figures, it provides data on the structure, finances, and performance of education systems in the OECD's 34 member countries, as well as a number of partner countries

Access to education continues to expand worldwide but the socio-economic divisions between tertiary-educated adults and the rest of society are growing. Governments must do more to ensure that everyone has the same opportunity to a good education early in life, according to a new OECD report.

At the same time, among the younger age group of 25-34 year-olds, where the tertiary attainment rate had risen to 43%, the impact of parents' educational background was just as strong: of adults with at least one tertiary-educated parent, 65% attained a tertiary qualification, while of the adults with low-educated parents only 23% did. These data suggest that the expansion in education has not translated into a more inclusive society. "Education can lift people out of poverty and social exclusion, but to do so we need to break the link between social background and educational opportunity," said OECD Secretary-General Angel Gurría. "The biggest threat to inclusive growth is the risk that social mobility could grind to a halt. Increasing access to education for everyone and continuing to improve people's skills will be essential to long-term prosperity and a more cohesive society."

WHO: Ebola Response Roadmap Situation Report 3

12 September 2014

Excerpts

This is the third in a series of regular situation reports on the Ebola Response Roadmap¹. The report contains a review of the epidemiological situation, and an assessment of the response measured against the core Roadmap indicators where available. Additional indicators will be reported as data are consolidated...

...Following the roadmap structure, country reports fall into three categories: those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); those with an initial case or cases, or with localized transmission (Nigeria, Senegal); and those countries that neighbour areas of active transmission (Benin, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Senegal)...

...1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

There has been no indication of any down-turn in the epidemic in the three countries that have widespread and intense transmission (Guinea, Liberia, and Sierra Leone), with a surge in new cases in Liberia a particular cause for concern(see table 1). Transmission is continuing in urban areas, with the surge in Liberia being driven primarily by a sharp increase in the number of cases reported in the capital, Monrovia...

...3. PREPAREDNESS OF COUNTRIES TO RAPIDLY DETECT AND RESPOND TO AN EBOLA EXPOSURE

Forty of 41 countries in the WHO African Region have now responded to a preparedness assessment (the six countries affected by Ebola were excluded from the survey; Mozambique has not yet responded). Putting in place fully functional protocols for contact tracing and monitoring, and for managing travellers arriving at major border crossings with febrile illness appear to be the priority areas that need to be addressed.

Twenty-three of the 40 (58%) countries surveyed have a surveillance system in place and functional at major land border crossings and key locations in the capital city (airport, seaport if any, and major hospitals). 16 (40%) countries have a system in place but it is not yet functional. 12 of the 40 (33%) countries have a protocol in place and functional for managing travellers who arrive at major land crossing points with unexplained febrile illnesses. 17 (43%) countries have a protocol in place but it is not yet functional.

Fourteen of 39 (35%; South Sudan has missing data for this question) countries have identified functional facilities that could operate as an isolation unit for Ebola case investigation and management if required. 21 (54%) countries have identified facilities, but they are not yet functional. 27 of 40 (68%) countries have access to WHO-recognized laboratories, and have procedures for specimen handling and shipment in place and functional. Eight (20%) countries have a diagnostic protocol in place, but it is not yet functional.

Fourteen of 40 (35%) countries have a fully functional protocol in place for identifying and monitoring the contacts of any suspected Ebola case. A protocol is in place but not yet functional in 11 (28%) countries.

*

*

*

*

:: Agency/Government/IGO Watch

We will monitor a growing number of relevant agency, government and IGO organizations for key media releases, announcements, research, and initiatives. Generally, we will focus on regional or global level content recognizing limitation of space, meaning country-specific coverage is limited. Please suggest additional organizations to monitor.

United Nations – Selected Meetings Coverage and Press Releases [to 13 September 2014]

<http://www.un.org/en/unpress/>

Selected Meetings

[As Sixty-eighth Session Nears Conclusion, General Assembly Adopts Resolution Incorporating Sustainable Development Goals into Post-2015 Agenda \(10 September 2014\)](#)

GA/11544

[Resolution on Sovereign Debt Restructuring Adopted by General Assembly Establishes Multilateral Framework for Countries to Emerge from Financial Commitments \(9 September 2014\)](#)

GA/11542

[Citing Ebola Outbreak's Profound Toll on Liberia, Top Official Tells Security Council Plague Must Be Stopped in Its Tracks \(9 September 2014\)](#)

SC/11553

[Gains Made Protecting Children in Situations of Armed Conflict Overshadowed by New Global Crises, Special Representative Tells Security Council \(8 September 2014\)](#)

SC/11552

Selected Press Releases

[Secretary-General Welcomes World Solidarity in Ebola Response, Calls for Greater Support to Affected Countries \(12 September 2014\)](#)

SG/SM/16141

[Historic Opportunity Exists to Reverse Unsustainable Development Path, Deputy Secretary-General Tells Stocktaking Event on Post-2015 Agenda \(11 September 2014\)](#)

DSG/SM/794-DEV/3116

[At Stocktaking Event, Secretary-General Urges General Assembly to 'Never Lose Sight' of Historic Opportunity Crafting Post-2015 Agenda \(11 September 2014\)](#)

SG/SM/16138-GA/11545

[Observing International Day, Secretary-General Tells Young People They Have Powers to Confront Challenges, Lead Major Push for Inclusive Democracy Worldwide \(10 September 2014\)](#)

SG/SM/16135-OBV/1370

[Deputy-Secretary-General Says 'Responsibility to Protect' Must Be Translated into More Systematic Implementation at Early Warnings of Atrocity Crimes \(8 September 2014\)](#)

DSG/SM/793-GA/11539

UNICEF [to 13 September 2014]

http://www.unicef.org/media/media_71508.html

Media Releases [selected]

[Ebola crisis in Liberia hits child health and well-being](#)

GENEVA/MONROVIA, Liberia, 12 September 2014 - As efforts to halt the spread of the Ebola virus intensify, UNICEF warns of its far-reaching impact on children. In Liberia, Ebola has severely disrupted health services for children, caused schools to close and left thousands of children without a parent. Children are dying from measles and other vaccine preventable diseases and pregnant women have few places to deliver their babies safely.

[Progress for children in South Asia, but inequalities still exist: UNICEF report](#)

New York, 11 September 2014 – According to a new UNICEF report released today, over the last 25 years, there has been progress in the health and well-being of children in South Asia, but glaring inequalities remain.

[Support vulnerable families to reduce reliance on institutional care: UNICEF](#)

NEW YORK, 10 September 2014 – At least 1.4 million children in 26 countries across Central and Eastern Europe and Central Asia are growing up apart from their biological parents, often in institutional settings that can affect their development. Supporting families at risk of separation can reduce the need for institutional care and promote the right of all children to be raised in a nurturing family environment.

[UNICEF provides emergency support to get Gaza's children back in school](#)

GENEVA/AMMAN/GAZA, 9 September 2014 - UNICEF is playing a key role in urgent preparations underway in Gaza ahead of the start of a new academic year beginning this Sunday.

[No "back to school" for 30 million children affected by conflict and crisis: UNICEF](#)

NEW YORK, 8 September 2014 – As students around the world return to school, a record number of conflicts and crises are depriving millions of children of their right to an education.

UNHCR [to 13 September 2014]

<http://www.unhcr.org/cgi-bin/texis/vtx/hom>

[Colombian Women's Rights Network to Receive World's Top Refugee Award](#)

12 September 2014

The 2014 winner of UNHCR's Nansen Refugee Award is the Colombian women's rights group, Red Mariposas de Alas Nuevas Construyendo Futuro – or Butterflies with New Wings Building a Future (Butterflies), whose members risk their lives to help survivors of forced displacement and sexual abuse.

Based in the Pacific coastal city of Buenaventura, Butterflies, who are all volunteers, have so far helped over 1000 women and their families.

Colombia is second only to Syria in the number of internally displaced people globally. Nowhere in the country is the devastation of the five decade armed conflict felt as acutely as in Buenaventura. This industrial port city has some of the highest rates of violence and displacement due to escalating rivalries between illegal armed groups and women are often their targets. The groups violate women and children to demonstrate their power and strength and frequently torture, rape or kill to exact revenge.

"These women are doing extraordinary work in the most challenging of contexts," said UN High Commissioner for Refugees António Guterres. "Each day they seek to heal the wounds of the women and children of Buenaventura and in doing so put their own lives at risk. Their bravery goes beyond words".

UNOCHA [to 13 September 2014]

<http://www.unocha.org/>

14 Sep 2014

[Iraq: Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Valerie Amos Statement to the media, Sunday 14 September 2014](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Iraq, Saudi Arabia Baghdad, Sunday 14 September 2014 Good Afternoon everyone. Iraq faces a very serious humanitarian crisis. Up to 1.8 million Iraqis have been displaced since January and many of them are living with families and communities. Some in abandoned and unfinished buildings. 20 million people across Iraq have been affected since the first wave of displacement took place in January this year. Some families...

12 Sep 2014

[Democratic Republic of the Congo: Update on the Ebola virus disease in DRC, No.10, 12 September 2014](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Democratic Republic of the Congo Coordination/ Keys developments *The number of suspected cases has fallen, as some have been laboratory confirmed. **12 alerts including one with death in Kokolo military camp in Kinshasa, a second reported in Kambove in Katanga and 10 cases of which 8 deaths reported in Bongandanga, Equateur Provincier.

11 Sep 2014

[Mali: Mali: \\$271 million required before year-end to meet humanitarian needs](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Mali (Bamako, 11 September 2014): The humanitarian community in Mali still needs US\$271 million out of a total

\$481 million required by year-end to meet identified needs in the country, according to the mid-year review of its 2014 Strategic Response Plan. "Despite the engagement of the Government and humanitarian partners, the resources mobilized so far are insufficient. Indeed, the food crisis has worsened throughout...

10 Sep 2014

[Guinea: UN emergency fund gives US\\$3.8 million to facilitate aid operations and access in response to Ebola](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Guinea, Liberia, Nigeria, Sierra Leone (New York, 10 September 2014) – United Nations humanitarian chief Valerie Amos has allocated US\$3.8 million from the Central Emergency Response Fund (CERF) for the UN Humanitarian Air Service (UNHAS) to support humanitarian operations in the Ebola-struck West Africa region. Reduced commercial travel in the region has hindered the urgent deployment of healthcare personnel and...

09 Sep 2014

[Somalia: UN's Emergency Fund provides a life-line, for now](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Somalia A US\$20 million boost from the UN's Central Emergency Fund (CERF) will help in providing life-saving aid in Somalia, but it won't be enough to halt a deepening crisis, aid agencies warn. "These badly needed funds are critical to our humanitarian response and will go a long way towards addressing some of the most critical needs", said Foroogh Foyouzat, Acting Representative for the UN Children's Fund (UNICEF) in...

UNISDR UN Office for Disaster Risk Reduction [to 13 September 2014]

<http://www.unisdr.org/>

Selected News Briefs

10 Sep 2014

[Urban risk and the revised HFA](#)

The 2nd Steering Committee Meeting of the UNISDR Making Cities Resilient Campaign came to a close yesterday in the city of Salford, Greater Manchester, UK, following two days of intense discussions on how urban priorities can be accommodated in the post-2015 framework for disaster risk reduction. 8 Sep 2014

[UN hails Greater Manchester as a role model for total resilience](#)

Greater Manchester today becomes the first UK city to join the UN's Making Cities Resilient Campaign and has been recognized as a "Role Model for Total Resilience" because of its focus on implementing the Campaign's entire ten-point checklist for building resilience to disasters.

WHO & Regionals [to 13 September 2014]

<http://www.who.int/en/>

SEARO

:: [Sixty-seventh Session of the Regional Committee](#)

9-12 September 2014, Dhaka, Bangladesh

:: [Press release - Quality traditional medicine can deliver Universal Health Coverage: WHO](#)

:: [Press release - International initiative for neurodevelopmental disorders launched](#)

:: [Press release - Health Ministers resolve to accelerate efforts to improve health in the Region Europe](#)

:: [WHO European governing body set to adopt innovative public health plans and nominate regional head of agency](#)

Copenhagen, 11 September 2014

UNAIDS

<http://www.unaids.org/en/resources/presscentre/>

No new digest content identified.

UN Division for Sustainable Development [to 13 September 2014]

<http://sustainabledevelopment.un.org/index.html>

No new digest content identified.

UNDP United Nations Development Programme [to 13 September 2014]

<http://www.undp.org/content/undp/en/home.html>

13 Sep 2014

[Helen Clark: Opening Speech at the World Assembly for Women 2014 High Level Roundtable](#)

Tokyo, Japan

12 Sep 2014

[Preventing and tracking Ebola in local communities](#)

Working with the Ministry of Internal Affairs, County Superintendents and County Ebola Task Forces in all of Liberia's 15 counties, UNDP is boosting public information and sensitization campaigns; forging partnerships with traditional and religious leaders to promote Ebola prevention awareness, as well as improving tracking of Ebola cases and tracing people who have had contact with those diagnosed with the virus.

11 Sep 2014

[Helen Clark: Speech at the High-level Stocktaking Event on the Post-2015 Development Agenda](#)

United Nations, New York

10 Sep 2014

[Helen Clark: Speech at the Off-The-Record Lecture Series on "Striving for a Better Future: Addressing Inequality, Volatility, and Fragility"](#)

United Nations, New York

10 Sep 2014

[International Forum Calls for Focus on Disaster Recovery](#)

Globally, natural disasters have caused damages of nearly \$4 trillion over the past 30 years—and the frequency and intensity of these powerful storms, droughts and earthquakes continue to rise.

09 Sep 2014

[EU contributes US\\$95 million to pay police salaries in Afghanistan](#)

In order to strengthen Afghanistan's ability to maintain law and order, UNDP works since 2002 with the Ministry of Interior Affairs to build the Afghan National Police (ANP) by supporting the payment of police salaries and the professionalization of police officers— including the incorporation of women into the force.

09 Sep 2014

[UNDP engages bike riders in campaign against Ebola](#)

Commercial motorbike riders have started an intensive face-to-face awareness raising campaign that seeks to reach between 150,000 and 200,000 people over a two month period in Freetown after receiving training from the UN Development Programme (UNDP) last week in Freetown. The Third United Nations Conference on Small Island Developing States (SIDS) is taking place from September 1-4 in Apia, Samoa. SIDS are some of the countries on the frontline in the global fight against human-induced climate change.

UN Women [to 13 September 2014]

<http://www.unwomen.org/>

[A culture of peace requires the participation of women" – Lakshmi Puri](#)

Posted on September 12, 2014

Speech by UN Women Deputy Executive Director Lakshmi Puri at the High-Level Forum on the Culture of Peace, at UN Headquarters in New York, 9 September 2014.

[UN Women Executive Board meets for its second regular session](#)

Posted on September 12, 2014

The UN Women Executive Board will meet for its second regular session on 15-16 September, against the backdrop of UN Women's global campaign to review and commemorate the 20-year anniversary of the Beijing Declaration and Platform for Action.

[UN Women launches online hub for businesses to support women's economic empowerment](#)

Posted on September 11, 2014

UN Women has launched an online business platform for entrepreneurs and business enterprises to exchange strategies and initiatives in support of women's economic empowerment. The new hub is part of the organization's commitment to connect and encourage a global network of gender-responsive businesses and to support women-led enterprises. The new hub will be hosted on UN Women's Knowledge Gateway for Women's Economic Empowerment. <http://www.unwomen.org/en/news/stories/2014/9/business-hub-launched-on-knowledge-gateway#sthash.ufA6pkbX.dpuf>

[Call for nominations for the Regional Civil Society Advisory Group for Europe and Central Asia](#)

Posted on September 11, 2014

In line with its global directive and following the establishment of UN Women's Europe and Central Asia Regional Office in Istanbul in 2014, UN Women will be establishing a new regional Europe and Central Asia Civil Society Advisory Group [ECA CSAG] and currently seeking nominations. Applications are sought from individuals from a network/coalition of NGOs nominating a CSAG member.

UNFPA United Nations Population Fund [to 13 September 2014]

<http://www.unfpa.org/public/>

11 September 2014 - Dispatch

[Pregnant women forced to flee escalating crisis in Iraq](#)

DUHOK, Iraq – As hostilities neared her village in northern Iraq, 30-year-old Khawla had little choice but to flee – while she was eight months pregnant. She and her seven children spent days on the run before Khawla gave birth in a UNFPA-assisted hospital.

10 September 2014 - Dispatch

[Sierra Leone saves lives with sunlight](#)

FREETOWN, Sierra Leone – Fatmata Kamara, from Sierra Leone's Kambia District, could not hide her surprise when she learned she would not have to bring candles or a torch to the clinic when she was ready to deliver her baby. An innovative UNFPA-supported project is providing electricity in maternal health clinics that were previously left in the dark

DESA United Nations Department of Economic and Social Affairs [to 13 September 2014]

<http://www.un.org/en/development/desa/news.html>

No new digest content identified.

ILO International Labour Organization [to 13 September 2014]

<http://www.ilo.org/global/lang--en/index.htm>

ILO's International Programme on the Elimination of Child Labour

Video: [Tackling Child Labour in Central Asia](#)

08 September 2014

In Central Asia, a program supported by the ILO is bringing government, trade unions and employers together to successfully fight the worst forms of child labour.

FAO Food & Agriculture Organization [to 13 September 2014]

<http://www.fao.org/home/en/>

[Norway donates \\$10 million to FAO South Sudan](#)

Norway has donated approximately \$10 million to help FAO provide conflict-affected farmers, fishers and herders in South Sudan with critical livelihood support.

12-09-2014

[FAO food price index drops to four-year low](#)

FAO's monthly food price index registered another drop in August, continuing a 5-month downward run and reaching its lowest level since September 2010.

11-09-2014

[Food security tops agenda of FAO Director-General's meeting with India's Prime Minister Modi](#)

The Prime Minister of India, Narendra Modi, and FAO Director-General, José Graziano da Silva, have agreed on how to strengthen efforts to promote India's food security and sustainable agricultural development during talks held in New Delhi.

9-09-2014

UNCTAD [to 13 September 2014]

<http://unctad.org/en/Pages/Home.aspx>

[Russia's Federal Antimonopoly Service lauds UNCTAD's work on competition law and policy](#)

12 Sep -

The Federal Antimonopoly Service (FAS) of the Russian Federation praised UNCTAD for its work carried out in the field of competition law and policy at the plenary session of an event held on Russian Competition Day in St. Petersburg, Russia, on 8 September.

[Sustainable development through organic agriculture in Lao People's Democratic Republic and Uganda promoted at UNCTAD meeting](#)

12 Sep -

The experiences of the Lao People's Democratic Republic and Uganda in harnessing organic agriculture to promote balanced environmental, social and economic improvements will be highlighted during the annual meeting of UNCTAD's Trade and Development Board in September.

[Paraguay seeks to improve services sector with UNCTAD help](#)

12 Sep -

Government officials and UNCTAD experts met in Asunción, Paraguay, on 1-2 September 2014 to assess the findings of a Services Policy Review of the country and to agree on a set of recommendations to be adopted by stakeholders and submitted to the government for action.

[Developing countries need sufficient policy space to advance post-2015 development agenda, UNCTAD report says](#)

10 Sep -

With a new set of wide-ranging sustainable development goals already tabled in New York, a post-2015 development agenda will not be feasible without the availability of more instruments and greater flexibilities in policymaking, say UNCTAD in its Trade and Development Report 2014, launched today.

WIPO World Intellectual Property Organization [to 13 September 2014]

<http://www.wipo.int/portal/en/index.html>

No new digest content identified.

CBD Convention of Biological Diversity [to 13 September 2014]

<http://www.cbd.int/>

12 September 2014

[International Plant Protection Convention Joins Liaison Group of the Biodiversity-related Conventions](#)

Montreal, 12 September 2014 – The Secretary to the International Plant Protection Convention (IPPC) has become the seventh member of the Liaison Group of the Biodiversity-related Conventions (BLG), which includes the Convention on Biological Diversity (CBD), the Convention on the Conservation of Migratory Species of Wild Animals (CMS) the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), the International Treaty on Plant Genetic Resources for Food and Agriculture (ITPGRFA), the Ramsar Convention on Wetlands, and the World Heritage Convention (WHC).

USAID [to 13 September 2014]

<http://www.usaid.gov/>

Selected Press Releases

[United States Will Help Mobilize 100 Additional African Health Workers for the Ebola Outbreak](#)

Tuesday, September 9, 2014

The United States announced today that it will support the African Union's (AU) urgent deployment of trained and equipped medical workers to West Africa—the single largest injection of critical personnel to the region—to help combat the Ebola outbreak. With this contribution of \$10 million, the United States has spent more than \$100 million responding to the Ebola outbreak. This funding complements USAID's announcement last week of plans to make available up to \$75 million in additional funding.

DFID [to 13 September 2014]

<https://www.gov.uk/government/organisations/department-for-international-development>

Selected Releases

[UK treatment centre to tackle Ebola in Sierra Leone](#)

11 September 2014 DFID and MOD

Press release

British military and humanitarian experts will set up a medical treatment centre for victims of the Ebola outbreak in Sierra Leone, International Development Secretary Justine Greening announced today.

The 62 bed facility will be purpose built and operated by military engineers and medical staff. The initial phase of the facility will be constructed and operational within 8 weeks.

The UK's support follows a direct request from the [World Health Organisation](#) and the government of Sierra Leone for assistance in containing the outbreak...

ECHO [to 13 September 2014]

http://ec.europa.eu/echo/index_en.htm

[Statement by Commissioner Kristalina Georgieva on the murder of British aid worker David Haines](#)

7 hours 22 min ago

European Commission Brussels, 14 September 2014 Statement "I am shocked by the news of the murder by ISIS terrorists of David Haines, a British relief worker. I condemn this horrible and despicable act. My thoughts and sympathy at this tragic moment are with his family, relatives and friends who mourn...

[EU scales up its assistance for the conflict-affected people in Ukraine](#)

Thu, 11/09/2014 - 15:04

European Commission Press release Brussels, 11 September 2014 The European Commission is mobilising funding of €22 million to assist the population of Ukrainian regions suffering from the consequences of the conflict. This funding consists of two parts: €5 million is humanitarian aid and €17 million development aid.

[EU supports African Union mission to fight Ebola](#)

Mon, 08/09/2014 - 18:37

European Commission Press release Brussels, 8 September 2014 The European Commission will provide €5 million to the newly established mission of the African Union (AU) "Support to Ebola Outbreak in West-Africa" (ASEOWA) that will join the ongoing efforts to contain the spread of the disease in the region.

OECD [to 13 September 2014]

<http://www.oecd.org/>

[Educational mobility starts to slow in industrialised world, says OECD](#)

9 September 2014

Access to education continues to expand worldwide but the socio-economic divisions between tertiary-educated adults and the rest of society are growing. Governments must do more to ensure that everyone has the same opportunity to a good education early in life, according to a new OECD report.

African Union [to 13 September 2014]

<http://www.au.int/en/>

No new digest content identified.

World Trade Organisation [to 13 September 2014]

http://www.wto.org/english/news_e/news13_e/news13_e.htm

No new digest content identified.

IMF [to 13 September 2014]

<http://www.imf.org/external/index.htm>

[The Economic Power of Women's Empowerment, Keynote Speech By Christine Lagarde, Managing Director, International Monetary Fund](#)

September 12, 2014

World Bank [to 13 September 2014]

<http://www.worldbank.org/en/news/all>

[International Forum Calls for Focus on Disaster Recovery](#)

WASHINGTON, September 10, 2014 – Globally, natural disasters have caused damages of nearly \$4 trillion over the past 30 years—and the frequency and intensity of these powerful storms, droughts and earthquakes continue to rise. Leaders from developing countries, civil society, private sector and agencies including the World Bank, European Union and United Nations are coming together this week to discuss how vulnerable countries can better prepare and protect hard won development gains by establishing recovery strategies and processes before disaster strikes. Carefully executed disaster recovery programs, however, present an opportunity to build back stronger and more resilient economies. To help countries attain this goal, the World Bank-managed Global Facility for Disaster Reduction and Recovery (GFDRR), United Nations Development Programme (UNDP), and the European Union (EU) are hosting the second World Reconstruction Conference (WRC 2) on September 10-12, 2014, at the World Bank...

*

*

*

*

:: NGO/Collaborations/Initiatives Watch

Beginning 13 September 2014, we will monitor media releases and other announcements around key initiatives, new research and major organizational change from a growing number of global NGOs, collaborations, and initiatives across the human rights, humanitarian response and development spheres of action. This Watch section is intended to be indicative, not exhaustive.

Amref Health Africa [to 13 September 2014]

No new digest content identified.

Aravind Eye Care System [to 13 September 2014]

No new digest content identified.

BRAC [to 13 September 2014]

No new digest content identified.

CARE International [to 13 September 2014]

<http://www.care-international.org/news/press-releases.aspx>

[Ratification Of UN Convention On Ending Women's Discrimination An Important Step For South Sudan: CARE](#)

11 SEPTEMBER 2014

CARE International has welcomed the decision by South Sudan's parliament to ratify the UN Convention on the Elimination of All Forms of Discrimination Against Women.

[Marching for the Climate](#)

09 SEPTEMBER 2014

Global civil society is mobilising climate marches in cities around the world to coincide with the UN climate summit, demanding action from governments.

[Hunger Data Experts Confirm Risk Of Famine In South Sudan](#)

08 SEPTEMBER 2014

An updated report shows there is still time to prevent a famine in the conflict-ravaged country.

Danish Refugee Council [to 13 September 2014]

<http://drc.dk/news/archive/>

[Somalia facing increased crises](#) (10.09.14)

More than 1 million people in Somalia are facing acute food insecurity, and the situation in the country is beginning to resemble the period prior to the famine in 2011.

Casa Alianza [to 13 September 2014]
Covenant House [to 13 September 2014]
No new digest content identified.

ECPAT [to 13 September 2014]
[ECPAT releases child friendly guide on staying safe from online exploitation](#)
Posted on 09/11/2014, 12:33

ECPAT has published a new guide for children, Stay safe from online sexual exploitation: a guide for young people. The guide was developed to help young people understand more about the online sexual exploitation of children and ways they can fight to end it and protect themselves from this abuse.

Handicap International [to 13 September 2014]
September 03, 2014
No new digest content identified

Heifer International [to 13 September 2014]
September 13, 2014
[Heifer Foundation Announces Dan West Fellow Honoree](#)
LITTLE ROCK, Ark.

Heifer Foundation recently named Stephen Mondora as the 2013 Dan West Fellow Award recipient. The award, named in honor of Heifer's founder and visionary, honors an individual who shows a personal and professional commitment to helping the poor and hungry throughout the world.

HelpAge International [to 13 September 2014]
No new digest content identified

International Rescue Committee [to 13 September 2014]
[In Myanmar, former enemies join forces for health care](#)

Posted by [Peter Biro](#) on September 12, 2014

After more than 60 years of conflict, Myanmar's nurses and medics from opposing sides are joining forces to address critical health concerns of the country's displaced population in Karenni State in eastern Burma.

['We have to make contingency plans for whatever military or other catastrophe or crisis develops' \[QUOTED\]](#)

Posted by The IRC on September 11, 2014

IRC president David Miliband spoke with CNN's Christiane Amanpour today about how humanitarian work is crucial in Syria and Iraq.

[Health workers take great risk in fight against Ebola](#)
Posted by on September 10, 2014

Health workers on the front lines have borne the brunt of the crisis. More than 225 have contracted the virus and nearly 130 have died since the outbreak began in March. The IRC says health care workers are in dire need of personal protection equipment to fight the disease.

ICRC - International Committee of the Red Cross [to 13 September 2014]

<http://www.icrc.org/eng/resources/index.jsp>

[Iraq: Red Cross Red Crescent Movement pledges more assistance for displaced persons](#)

14-09-2014 | News release

[Turkey: ICRC president discusses regional cooperation with Turkish Red Crescent](#)

Geneva (ICRC) – Peter Maurer, the president of the International Committee of the Red Cross (ICRC), today completed a two-day ...

11-09-2014 | News release

[Yemen: ICRC shocked by killing of ambulance driver](#)

Sana'a/Geneva (ICRC) – The International Committee of the Red Cross (ICRC) is shocked by the death of an ambulance driver working for Yemen's Ministry of ...

10-09-2014 | News release

[South Sudan: Alarming food insecurity forces budget boost](#)

Juba (ICRC) – With high malnutrition rates, prolonged displacement and health-care facilities under enormous pressure, the humanitarian situation ...

10-09-2014 | News release

IRCT [to 13 September 2014]

News

[IRCT distributes 350,000 Euros from OAK Foundation for the rehabilitation of torture victims](#)

12-09-2014

After an application process featuring almost 70 organisations, the IRCT is pleased to announce the distribution of 350,000 Euros in Centre Support Grants to 43 centres across the globe who deliver rehabilitation services in their region.

The grants, funded by philanthropic group the Oak Foundation, ensure that torture victims have access to professional and effective treatment in a range of centres from low-and-middle income countries.

Grants were awarded to more than half the applicants and each individual grant ranges from 5,000 to 15,000 Euros.

Fourteen centres in Sub-Saharan Africa received the largest portion of the grants, totalling 117,500 Euros (34 per-cent of the overall fund allocated by the Oak Foundation). Ten centres out of 17 applicants in Asia benefit from grants totalling 81,000 Euro, eight centres in Latin and Central America share 72,500 Euro, seven centres in Europe split 50,000, and four IRCT members in the Middle East and North Africa share 27,500 Euro.

Of all the recipients, 36 are IRCT members and seven are other organisations working in the torture rehabilitation and human rights fields. Each year the IRCT encourages applications for the funds, giving priority to centres providing effective rehabilitation on a small budget who operate in low to middle-income countries.

The grants, which cover a yearly period from April to March the following year, are directed to the provision of medical and psychological rehabilitation services, activities to document torture, and internal capacity development to ensure care for caregivers and effective centre management....

MSF/Médecins Sans Frontières [to 13 September 2014]

September 02, 2014

No new digest content identified.

Mercy Corps [to 13 September 2014]

<http://www.mercycorps.org/press-room/releases>

No new digest content identified.

Operation Smile [to 13 September 2014]

Upcoming Mission Schedule

Sept 10 - 20 | Tamatave, Madagascar

Sept 13 - 20 | Asuncion, Paraguay

Sept 15 - Oct 3 | Butaro, Rwanda

Sept 15 - 21 | Fortaleza, Brazil

Sept 17 - 24 | Changzhi, Shanxi, China

Sept 17 - 21 | Cusco, Peru

OXFAM [to 13 September 2014]

<http://www.oxfam.org/en/pressroom/pressreleases>

[World Bank Group's billion dollar private sector health initiative in Africa is failing to reach the poor](#)

10 September 2014

A billion-dollar flagship scheme to support private sector-led health care in Africa is bypassing poor people and concentrating instead on high-end urban hospitals catering mainly for the rich.

[Tax systems in Latin America and the Caribbean work for the benefit of the elites](#)

10 September 2014

The governments of Latin America and the Caribbean must implement fiscal reforms that benefit all citizens and not only economic and political elites, according to Oxfam.

[International response to Syria failing on 'every front'](#)

9 September 2014

The international response to Syria is failing on three fronts – insufficient aid, meager resettlement offers and continued arms transfers – Oxfam warns in a report published today.

Partners In Health [to 13 September 2014]

September 11, 2014

[Partners In Health Ebola Response](#)

...Partners In Health is leading an effort to combat this outbreak, working alongside two outstanding grassroots organizations—Last Mile Health in Liberia and Wellbody Alliance in Sierra Leone. These groups are already working to train health workers, identify sick patients, and deliver quality care. As the epidemic advances, these groups need support to provide comprehensive prevention, care, and treatment. In coalition with Last Mile Health and Wellbody Alliance, PIH is committed to supporting the delivery of comprehensive health services and establishing Ebola Treatment Units (ETUs) in Grand Gedeh, Liberia, and Kono, Sierra Leone, which will work in concert with those organizations' existing efforts....

PATH [to 13 September 2014]

[Regulatory clearance opens the way for new single-size contraceptive diaphragm in the United States](#)

Media Release

Caya contoured diaphragm is safe, comfortable, and easy to use and expands nonhormonal contraceptive options for women

Plan International [to 13 September 2014]

<http://plan-international.org/about-plan/resources/media-centre>

No new digest content identified.

Save The Children [to 13 September 2014]

<http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6150563/k.D0E9/Newsroom.htm>

[No School for Half a Million Children in Northern Iraq](#)

Sept. 9, 2014

[Children's Safety is Top Priority in Indian Floods](#)

Sept. 8, 2014

SOS-Kinderdorf International [to 13 September 2014]

[Aleppo: Water shortage emergency follows on civil war](#)

12.09.2014 - Fewer mortar shells and barrel bombs are falling on Aleppo, Syria's largest city, but the city's residents now face a different kind of threat: water shortage. Supplies of potable water have been completely cut off, threatening humanitarian disaster. SOS Children's Villages Syria has revived old wells to bring safe water to residents.

[SOS Children's Villages steps up response to urgent needs in Eastern Ukraine](#)

10.09.2014 - SOS Children's Villages Ukraine will move to the northern part of the Lugansk region to help more than 1,000 internally displaced children and their families who escaped from the war zone.

[Ebola SOS mother dies in Liberia](#)

10.09.2014 - SOS mother from Juah Town contracted virus while visiting a sick relative outside of SOS premises. No SOS children or SOS villages were exposed, but SOS Children's Villages in

Liberia remain on high alert and are taking strict precautions. SOS Medical Centre continues to serve Monrovia community non-stop.

Tostan [to 13 September 2014]

September 9, 2014

[Press Release: Tostan celebrates the national literacy week in Senegal](#)

September 8th is International Literacy Day worldwide. Its objective is to promote literacy among citizens, communities and associations.

Women for Women International [to 13 September 2014]

No new digest content identified.

WorldVision [to 13 September 2014]

<http://www.worldvision.org/about-us/press-center>

[All Children Reading: A Grand Challenge for Development joins Big Ideas@Berkeley Competition](#)

Washington, DC (September 8, 2014) — All Children Reading: A Grand Challenge for Development (ACR GCD) and [University of California, Berkeley](#)[External Link](#) today announced a partnership to include a “Mobiles for Reading” category within the annual [Big Ideas@Berkeley](#) competition.

The “Mobiles for Reading” challenge encourages students to develop novel mobile technology-based innovations to enhance reading scores for early grade children in developing countries. Alternatively, proposals may use existing mobile-based technologies to improve early grade reading scores by adapting or applying those technologies in new and innovative ways.

“Students are vital problem solvers in addressing the challenge of improving child literacy. Students’ understanding of how they learned to read, and appreciation of it, along with their creativity and knowledge of technology empowers them to craft breakthrough innovations. We look forward to their submissions,” states Rebecca Leege, project director for ACR GCD...

EHLRA/R2HC [to 13 September 2014]

<http://www.elrha.org/news/elrha>

No new digest content identified.

GAVI [to 13 September 2014]

<http://www.gavialliance.org/library/news/press-releases/>

No new digest content identified.

Global Fund [to 13 September 2014]

<http://www.theglobalfund.org/en/mediacenter/announcements/>

No new digest content identified

ODI [to 13 September 2014]

<http://www.odi.org/media>

[Fiji turns to China after Australia's tough pro-democracy stance – new report](#)

Press release

Embargoed until 15 September 2014 00:01

Pressure on Fiji from Australia and other Western countries to return to a democracy after the 2006 military coup, which included sanctions, opened the door to increasing aid flows from China, says new report by the Overseas Development Institute (ODI) – the UK's largest think tank on development issues.

Since 2007, non-traditional aid to Fiji has increased by 340% - from US\$14.3 million to US\$63 million. China is responsible for 75% of this development assistance...

The Sphere Project [to 13 September 2014]

<http://www.sphereproject.org/news/>

No new digest content identified.

Start Network [Consortium of British Humanitarian Agencies] [to 13 September 2014]

http://www.start-network.org/news-blog/#.U9U_O7FR98E

[Spotlight on the Start Fund: Ebola response, Sierra Leone](#)

September 12, 2014

Is sensitisation effective in changing behaviour to prevent Ebola transmission?

The current Ebola Virus Disease outbreak is the largest ever recorded. The virus has now been confirmed in Guinea, Liberia, Sierra Leone, Nigeria and Senegal. The latest number of probable and confirmed cases totals 4,269 resulting in 2,288 deaths^[1]. The West African countries affected by the epidemic have neither the health infrastructure nor the resources to effectively combat the disease. In fact, Ebola is killing some of the very few medical practitioners needed to fight its spread.

*

*

*

*

:: Foundation/Major Donor Watch

Beginning 13 September 2014, we will monitor media releases announcing key initiatives and new research from a growing number of global foundations and donors engaged in the human rights, humanitarian response and development spheres of action. This Watch section is not intended to be exhaustive, but indicative.

BMGF (Gates Foundation)

<http://www.gatesfoundation.org/Media-Center/Press-Releases>

[Gates Foundation Commits \\$50 Million to Support Emergency Response to Ebola](#)

SEATTLE (September 10, 2014) – The Bill & Melinda Gates Foundation today announced that it will commit \$50 million to support the scale up of emergency efforts to contain the Ebola outbreak in West Africa and interrupt transmission of the virus.

Ford Foundation

<http://www.fordfoundation.org/newsroom>

No new digest content identified.

William and Flora Hewlett Foundation

<http://www.hewlett.org/newsroom/search>

No new digest content identified.

Conrad N. Hilton Foundation

<http://www.hiltonfoundation.org/news>

No new digest content identified.

Kellogg Foundation

<http://www.wkkf.org/news-and-media#pp=10&p=1&f1=news>

[Dr. Barbara Ferrer and Linh Nguyen named to key senior leadership positions](#)

September 8, 2014

BATTLE CREEK, Mich. – The W.K. Kellogg Foundation (WKKF) today announced the selection of two key senior leadership executives. Dr. Barbara Ferrer, PhD, MPH, MEd, the acclaimed executive director of the Boston Public Health Commission, has been named chief strategy officer, effective Oct. 6, 2014. Linh Nguyen, currently WKKF's vice president for Learning & Impact and interim vice president for program strategy leading WKKF's place-based work, was named chief operating officer, effective immediately. Both will report to the President and CEO La June Montgomery Tabron...

MacArthur Foundation

<http://www.macfound.org/>

No new digest content identified.

David and Lucile Packard Foundation

<http://www.packard.org/about-the-foundation/news/press-releases-and-statements/>

No new digest content identified.

Rockefeller Foundation

<http://www.rockefellerfoundation.org/newsroom>

No new digest content identified.

Robert Wood Johnson Foundation

<http://www.rwjf.org/en/about-rwjf/newsroom/news-releases.html>

[President Bill Clinton and Alliance for a Healthier Generation Honor 250 Schools for Exceeding Federal Nutrition Standards](#)

September 12, 2014 | News Release

Data shows a 71% increase in sales of healthier school foods. To commemorate, President Bill Clinton will honor 250 schools nationwide that have exceeded the new nutritional guidelines set by the USDA.

[Jays Care Foundation, Harlem RBI and Tiger Woods Foundation Win 2014 RWJF Steve Patterson Award](#)

September 10, 2014 | News Release

It's the 10th anniversary of the sports philanthropy award. The three winners will be honored at a ceremony at RWJF September 19.

[Robert Wood Johnson Foundation Announces New Grants Aid Boys and Young Men of Color in Rural, South and Southwest](#)

September 9, 2014 | News Release

The Robert Wood Johnson Foundation, in partnership with Public Interest Projects, announced a package of new grants to promote opportunity and health for young men of color in rural communities in the South and Southwest.

Wellcome Trust

<http://www.wellcome.ac.uk/News/2014/index.htm>

No new digest content identified.

*

*

*

*

:: Journal Watch

The Sentinel will track key peer-reviewed journals which address a broad range of interests in human rights, humanitarian response, health and development. It is not intended to be exhaustive. We will add to those monitored below as we encounter relevant content and upon recommendation from readers. We selectively provide full text of abstracts and other content but note that successful access to some of the articles and other content may require subscription or other access arrangement unique to the publisher. Please suggest additional journals you feel warrant coverage.

American Journal of Disaster Medicine

Winter 2014, Volume 9, Number 1

<http://www.pnpco.com/pn03000.html>

[Reviewed earlier]

American Journal of Preventive Medicine

Volume 47, Issue 3, p233-374 September 2014

<http://www.ajpmonline.org/current>

[Reviewed earlier]

American Journal of Public Health

Volume 104, Issue S4 (September 2014)

<http://ajph.aphapublications.org/toc/ajph/current>

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

September 2014; 91 (3)

<http://www.ajtmh.org/content/current>

[Reviewed earlier]

BMC Health Services Research

(Accessed 13 September 2014)

<http://www.biomedcentral.com/bmchealthservres/content>

[No new relevant content]

BMC Infectious Diseases

(Accessed 13 September 2014)

<http://www.biomedcentral.com/bmcinfectdis/content>

[No new relevant content]

BMC Medical Ethics

(Accessed 13 September 2014)

<http://www.biomedcentral.com/bmcmedethics/content>

[No new relevant content]

BMC Public Health

(Accessed 13 September 2014)

<http://www.biomedcentral.com/bmcpublichealth/content>

Research article

Factors influencing adolescent girls' decision in initiation for human papillomavirus vaccination: a cross-sectional study in Hong Kong

Albert Lee, Mandy Ho, Calvin Ka Cheung, Vera Mei Keung BMC Public Health 2014, 14:925 (8 September 2014)

Abstract (provisional)

Background

Cervical cancer is one of the common cancers among women worldwide. Despite HPV vaccination being one of the effective preventive measures, it is not included in government vaccination programme in Hong Kong. This study aimed to assess the knowledge of and attitude towards cervical cancer prevention among Chinese adolescent girls in Hong Kong, and to identify factors influencing the initiation of HPV vaccination.

Methods

This was a cross-sectional study conducted in Hong Kong during the period of October 2010 to November 2010. A self-administered questionnaire was used, with 1,416 girls from 8 secondary schools completing the questionnaire. Knowledge scores were composited and initiation of HPV vaccination was staged based on stage of change. Analyses were conducted to identify the association of initiation of HPV vaccination with participant's personal and family factors as well as their knowledge and attitude towards cervical cancer prevention.

Results

The uptake rate of HPV vaccination was low (7%) with 58% respondents in pre-contemplation and contemplation stage. The survey identified a significant gap in knowledge on cervical cancer prevention. The main channels of information were from media and very few from schools or parents. However, 70% expressed their wishes to have more information on cancer prevention, and 78% stated that they were willing to change their lifestyles if they knew the

ways of prevention. Multivariate analysis identified three independent significant factors for initiation of vaccination (action and intention): perceived cancer as terrifying disease, school should provide more information on cancer prevention, and comments from relatives and friends having received the vaccine. The cost of vaccination and socio-economic background were not found to be significant.

Conclusions

Public education on cervical cancer needs to be well penetrated into the community for more sharing among friends and relatives. School as setting to provide source of information would facilitate uptake rate of HPV vaccine as students have expressed their wishes that school should provide more information on prevention of cancer. School and community education on cancer prevention would help adolescents to have better understanding of the seriousness of cancer.

BMC Research Notes

(Accessed 13 September 2014)

<http://www.biomedcentral.com/bmcresnotes/content>

[No new relevant content]

British Medical Journal

13 September 2014(vol 349, issue 7974)

<http://www.bmj.com/content/349/7974>

Research

Government health insurance for people below poverty line in India: quasi-experimental evaluation of insurance and health outcomes

Neeraj Sood, associate professor¹²³, Eran Bendavid, assistant professor⁴⁵, Arnab Mukherji, associate professor⁶, Zachary Wagner, PhD student⁷, Somil Nagpal, senior health specialist⁸, Patrick Mullen, senior health specialist⁸

Author affiliations

BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g5114> (Published 11 September 2014) Cite this as: BMJ 2014;349:g5114

Abstract

Objectives To evaluate the effects of a government insurance program covering tertiary care for people below the poverty line in Karnataka, India, on out-of-pocket expenditures, hospital use, and mortality.

Design Geographic regression discontinuity study.

Setting 572 villages in Karnataka, India.

Participants 31 476 households (22 796 below poverty line and 8680 above poverty line) in 300 villages where the scheme was implemented and 28 633 households (21 767 below poverty line and 6866 above poverty line) in 272 neighboring matched villages ineligible for the scheme.

Intervention A government insurance program (Vajpayee Arogyashree scheme) that provided free tertiary care to households below the poverty line in about half of villages in Karnataka from February 2010 to August 2012.

Main outcome measure Out-of-pocket expenditures, hospital use, and mortality.

Results Among households below the poverty line, the mortality rate from conditions potentially responsive to services covered by the scheme (mostly cardiac conditions and cancer) was 0.32% in households eligible for the scheme compared with 0.90% among ineligible households just south of the eligibility border (difference of 0.58 percentage points, 95% confidence

interval 0.40 to 0.75; $P < 0.001$). We found no difference in mortality rates for households above the poverty line (households above the poverty line were not eligible for the scheme), with a mortality rate from conditions covered by the scheme of 0.56% in eligible villages compared with 0.55% in ineligible villages (difference of 0.01 percentage points, -0.03 to 0.03 ; $P = 0.95$). Eligible households had significantly reduced out-of-pocket health expenditures for admissions to hospitals with tertiary care facilities likely to be covered by the scheme (64% reduction, 35% to 97%; $P < 0.001$). There was no significant increase in use of covered services, although the point estimate of a 44.2% increase approached significance (-5.1% to 90.5% ; $P = 0.059$). Both reductions in out-of-pocket expenditures and potential increases in use might have contributed to the observed reductions in mortality.

Conclusions Insuring poor households for efficacious but costly and underused health services significantly improves population health in India.

Brown Journal of World Affairs

20.1 Fall–Winter 2013

<http://www.bjwa.org/index.php?subpage=currentissue>

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 92, Number 9, September 2014, 621-696

<http://www.who.int/bulletin/volumes/92/9/en/>

[Reviewed earlier]

Complexity

September/October 2014 Volume 20, Issue 1 Pages fmi–fmi, 1–73

<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.1/issuetoc>

[New issue; No relevant content]

Conflict and Health

[Accessed 13 September 2014]

<http://www.conflictandhealth.com/>

Meeting report

Fragile and conflict affected states: report from the consultation on Collaboration for Applied Health Research and Delivery

Joanna Raven, Tim Martineau, Eleanor MacPherson, Amuda Baba Dieu-Merci, Sarah Ssali, Steve Torr and Sally Theobald

Author Affiliations

Conflict and Health 2014, 8:15 doi:10.1186/1752-1505-8-15

Published: 8 September 2014

Abstract (provisional)

Fragile and Conflict Affected States present difficult contexts to achieve health system outcomes and are neglected in health systems research. This report presents key debates from the Consultation of the Collaboration for Applied Health Research and Delivery, Liverpool, June, 2014.

Cost Effectiveness and Resource Allocation

(Accessed 13 September 2014)

<http://www.resource-allocation.com/>

[No new relevant content]

Developing World Bioethics

August 2014 Volume 14, Issue 2 Pages ii–viii, 59–110

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2014.14.issue-2/issuetoc>

[Reviewed earlier]

Development in Practice

Volume 24, Issue 4, 2014

<http://www.tandfonline.com/toc/cdip20/current>

Special issue on climate change adaptation and development

Disability and Rehabilitation: Assistive Technology

Volume 9, Number 5 (September 2014)

<http://informahealthcare.com/toc/idt/current>

SPECIAL SECTION: Technology Transfer of Hearing Aids to Low and Middle Income Countries (LMICs)

[Reviewed earlier]

Disaster Medicine and Public Health Preparedness

Volume 8 - Issue 03 - June 2014

<http://journals.cambridge.org/action/displayIssue?jid=DMP&tab=currentissue>

[Reviewed earlier]

Disaster Prevention and Management

Volume 23 issue 4 - Latest Issue

<http://www.emeraldinsight.com/journals.htm?issn=0965-3562&show=latest>

[Reviewed earlier]

Disasters

October 2014 Volume 38, Issue 4 Pages ii–ii, 673–877

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2014.38.issue-4/issuetoc>

[Reviewed earlier]

Emergency Medicine Journal

September 2014, Volume 31, Issue 9

<http://emj.bmj.com/content/current>
[Reviewed earlier]

End of Life Journal

Summer 2014 Vol 4 Issue 2

<http://endoflifejournal.stchristophers.org.uk/current-issue>
[Reviewed earlier]

Food Policy

Volume 49, Part 1, *In Progress* (December 2014)

<http://www.sciencedirect.com/science/journal/03069192>
[Reviewed earlier]

Food Security

Volume 6, Issue 4, August 2014

<http://link.springer.com/journal/12571/6/3/page/1>
[Reviewed earlier]

Forum for Development Studies

Volume 41, Issue 2, 2014

<http://www.tandfonline.com/toc/sfds20/current>
[Reviewed earlier]

Genocide Studies International

Volume 8, Number 1 /2014

<http://utpjournals.metapress.com/content/p01472101mw2/?p=6649d9c03b8e46d9950aa563cab265d2&pi=0>
[Reviewed earlier]

Global Health: Science and Practice (GHSP)

August 2014 | Volume 2 | Issue 3

<http://www.ghspjournal.org/content/current>
[Reviewed earlier]

Global Public Health

Volume 9, Supplement 1, 2014

<http://www.tandfonline.com/toc/rgph20/Uq0DgeKy-F9#.U4onnCjDU1w>

This Special Supplement is dedicated to all the Afghan and international health workers who sacrificed their lives during the rebuilding of the Afghan health system.

[Reviewed earlier]

Globalization and Health

[Accessed 13 September 2014]

<http://www.globalizationandhealth.com/>

Research

Trade and investment liberalization and Asia's noncommunicable disease epidemic - A synthesis of data and existing literature

Phillip I Baker, Adrian Kay and Helen L Walls

Author Affiliations

Globalization and Health 2014, 10:66 doi:10.1186/s12992-014-0066-8

Published: 12 September 2014

Abstract (provisional)

Background

Trade and investment liberalization (trade liberalization) can promote or harm health. Undoubtedly it has contributed, although unevenly, to Asia's social and economic development over recent decades with resultant gains in life expectancy and living standards. In the absence of public health protections, however, it is also a significant upstream driver of non-communicable diseases (NCDs) including cardiovascular disease, cancer and diabetes through facilitating increased consumption of the "risk commodities" tobacco, alcohol and ultra-processed foods, and by constraining access to NCD medicines. In this paper we describe the NCD burden in Asian countries, trends in risk commodity consumption and the processes by which trade liberalization has occurred in the region and contributed to these trends. We further establish pressing questions for future research on strengthening regulatory capacity to address trade liberalization impacts on risk commodity consumption and health.

Methods

A semi-structured search of scholarly databases, institutional websites and internet sources for academic and grey literature. Data for descriptive statistics were sourced from Euromonitor International, the World Bank, the World Health Organization, and the World Trade Organization.

Results

Consumption of tobacco, alcohol and ultra-processed foods was prevalent in the region and increasing in many countries. We find that trade liberalization can facilitate increased trade in goods, services and investments in ways that can promote risk commodity consumption, as well as constrain the available resources and capacities of governments to enact policies and programmes to mitigate such consumption. Intellectual property provisions of trade agreements may also constrain access to NCD medicines. Successive layers of the evolving global and regional trade regimes including structural adjustment, multilateral trade agreements, and preferential trade agreements have enabled transnational corporations that manufacture, market and distribute risk commodities to increasingly penetrate and promote consumption in Asian markets.

Conclusions

Trade liberalization is a significant driver of the NCD epidemic in Asia. Increased participation in trade agreements requires countries to strengthen regulatory capacity to ensure adequate protections for public health. How best to achieve this through multilateral, regional and unilateral actions is a pressing question for ongoing research.

New journal added

Health Affairs

September 2014; Volume 33, Issue 9

<http://content.healthaffairs.org/content/current>

Theme: Advancing Global Health Policy

Global Health Leaders Recommit To Reducing Child Deaths

Jessica Bylander

Health Aff September 2014 33:1503-1506; doi:10.1377/hlthaff.2014.0848

Abstract

Innovation & Implementation

Accountable Care Around The World: A Framework To Guide Reform Strategies

Mark McClellan, James Kent, Stephen J. Beales, Samuel I.A. Cohen, Michael Macdonnell, Andrea Thoumi, Mariam Abdulmalik, and Ara Darzi

Health Aff September 2014 33:1507-1515; doi:10.1377/hlthaff.2014.0373

Abstract

ANALYSIS & COMMENTARY:

Lessons From Eight Countries On Diffusing Innovation In Health Care

Oliver P. Keown, Greg Parston, Hannah Patel, Fiona Rennie, Fathy Saoud, Hanan Al Kuwari, and Ara Darzi

Health Aff September 2014 33:1516-1522; doi:10.1377/hlthaff.2014.0382

Abstract

ANALYSIS & COMMENTARY:

Developing Public Policy To Advance The Use Of Big Data In Health Care

Axel Heitmueller, Sarah Henderson, Will Warburton, Ahmed Elmagarmid, Alex "Sandy" Pentland, and Ara Darzi

Health Aff September 2014 33:1523-1530; doi:10.1377/hlthaff.2014.0771

Abstract

The Hidden Cost Of Low Prices: Limited Access To New Drugs In India

Ernst R. Berndt and Iain M. Cockburn

Health Aff September 2014 33:1567-1575; doi:10.1377/hlthaff.2013.1307

Abstract

Improving Access To Malaria Medicine Through Private-Sector Subsidies In Seven African Countries

Sarah Tougher, Andrea G. Mann, ACTwatch Group, Yazoume Ye, Idrissa A. Kourgueni, Rebecca Thomson, John H. Amuasi, Ruilin Ren, Barbara A. Willey, Daniel Ansong, Katia Bruxvoort, Graciela Diap, Charles Festo, Boniface Johanes, Admirabilis Kalolella, Oumarou Mallam, Blessing Mberu, Salif Ndiaye, Samuel Blay Nguah, Moctar Seydou, Mark Taylor, Marilyn Wamukoya, Fred Arnold, Kara Hanson, and Catherine Goodman

Health Aff September 2014 33:1576-1585; doi:10.1377/hlthaff.2014.0104

Abstract

Health and Human Rights

Volume 16, Issue 1

<http://www.hhrjournal.org/>

Climate Justice and the Right to Health – A Special Issue

[Reviewed earlier]

Health Economics, Policy and Law

Volume 9 - Issue 04 - October 2014

<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>

[Reviewed earlier]

Health Policy and Planning

Volume 29 Issue 6 September 2014

<http://heapol.oxfordjournals.org/content/current>

[Reviewed earlier]

Human Organization

Volume 73, Number 3 / Fall 2014

<http://sfaa.metapress.com/content/j2q1q276qm72/?p=76f6fdab022e4b4bbf2f1e6c69dbd88c&pi=0>

[Reviewed earlier]

Human Rights Quarterly

Volume 36, Number 3, August 2014

http://muse.jhu.edu/journals/human_rights_quarterly/toc/hrq.36.3.html

[Reviewed earlier]

Human Service Organizations Management, Leadership & Governance

Volume 38, Issue 3, 2014

<http://www.tandfonline.com/toc/wasw21/current#.U0sFzFcWNdc>

[Reviewed earlier]

Humanitarian Exchange Magazine

Issue 61 May 2014

<http://www.odihpn.org/humanitarian-exchange-magazine/issue-61>

[Reviewed earlier]

IDRiM Journal

Vol 4, No 1 (2014)

<http://idrimjournal.com/index.php/idrim/issue/view/11>

[Reviewed earlier]

Infectious Diseases of Poverty

[Accessed 13 September 2014]

<http://www.idpjournals.com/content>

[No new relevant content]

International Health

Volume 6 Issue 3 September 2014

<http://inthealth.oxfordjournals.org/content/6/3.toc>

[Reviewed earlier]

International Journal of Epidemiology

Volume 43 Issue 4 August 2014

<http://ije.oxfordjournals.org/content/current>

[New issue; No relevant content]

International Journal of Disaster Resilience in the Built Environment

Volume 5 issue 2 2014

<http://www.emeraldinsight.com/journals.htm?issn=1759-5908&volume=5&issue=2>

[Reviewed earlier]

International Journal of Disaster Risk Reduction

Volume 10, Part A, *In Progress* (December 2014)

<http://www.sciencedirect.com/science/journal/22124209/9>

[Reviewed earlier]

International Journal of Infectious Diseases

Vol 26 Complete | September 2014 | Pages 1-172

<http://www.ijidonline.com/current>

[Reviewed earlier]

International Journal of Mass Emergencies & Disasters

Mar 2014, Vol. 32 Issue 1, p220-240. 21p.

<http://www.ijmed.org/issues/32/1/>

[Reviewed earlier]

International Journal of Sustainable Development & World Ecology

Volume 21, Issue 4, 2014

<http://www.tandfonline.com/toc/tsdw20/current#.UnO92MXxyI>

[Reviewed earlier]

International Migration Review

Summer 2014 Volume 48, Issue 2 Pages 283–574

<http://onlinelibrary.wiley.com/doi/10.1111/imre.2014.48.issue-2/issuetoc>

[Reviewed earlier]

Intervention – Journal of Mental Health and Psychological Support in Conflict Affected Areas
July 2014 - Volume 12 - Issue 2 pp: 168-318
<http://journals.lww.com/interventionjnl/pages/currenttoc.aspx>
[Reviewed earlier]

JAMA

September 10, 2014, Vol 312, No. 10
<http://jama.jamanetwork.com/issue.aspx>

Editorial | September 10, 2014

[Open Access to Clinical Trials Data](#)

Harlan M. Krumholz, MD, SM1; Eric D. Peterson, MD, MPH2,3

[+] [Author Affiliations](#)

JAMA. 2014;312(10):1002-1003. doi:10.1001/jama.2014.9647.

Excerpt

Well-conducted randomized clinical trials (RCTs) are the gold standard for evaluating the safety and efficacy of medical therapeutics. Yet most often, a single group of individuals who conducted the trial are the only ones who have access to the raw data, conduct the analysis, and publish the study results. This limited access does not typically allow others to replicate the trial findings. Given the time and expense required to conduct an RCT, it is often unlikely that others will independently repeat a similar experiment. Thus, the scientific community and the public often accept the results produced and published by the original research team without an opportunity for reanalysis. Increasingly, however, opinions and empirical data are challenging the assumption that the analysis of a clinical trial is straightforward and that analysis by any other group would obtain the same results.[1](#)- [3](#)...

Medical News & Perspectives | September 10, 2014

[Largest-Ever Outbreak of Ebola Virus Disease Thrusts Experimental Therapies, Vaccines Into Spotlight](#)

Tracy Hampton, PhD

JAMA. 2014;312(10):987-989. doi:10.1001/jama.2014.11170.

As efforts to successfully contain the largest outbreak of Ebola virus disease in history prove elusive, the mounting number of cases and deaths has brought research to develop much-needed treatments and protective vaccines into the spotlight. Although the approval process for drugs and vaccines is typically slow and deliberate, the latest outbreak, declared by the World Health Organization (WHO) on August 8 as an international health emergency, has galvanized regulatory officials to consider proposals for providing as-yet unproven treatments under special emergency New Drug Applications.

JAMA Pediatrics

September 2014, Vol 168, No. 9
<http://archpedi.jamanetwork.com/issue.aspx>
[Reviewed earlier]

Journal of Community Health

Volume 39, Issue 4, August 2014
<http://link.springer.com/journal/10900/39/4/page/1>

[Reviewed earlier]

Journal of Development Economics

Volume 110, In Progress (September 2014)

<http://www.sciencedirect.com/science/journal/03043878/110>

[Reviewed earlier]

Journal of Global Ethics

Volume 10, Issue 1, 2014

<http://www.tandfonline.com/toc/rjge20/current#.U2V-Elf4L0I>

Tenth Anniversary Forum: The Future of Global Ethics

[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)

Volume 25, Number 3, August 2014

http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.25.3.html

[Reviewed earlier]

Journal of Humanitarian Logistics and Supply Chain Management

Volume 4 issue 1 - Current Issue

<http://www.emeraldinsight.com/journals.htm?issn=2042-6747&volume=4&issue=1>

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 16, Issue 5, October 2014

<http://link.springer.com/journal/10903/16/4/page/1>

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 12, Issue 3, 2014

<http://www.tandfonline.com/toc/wimm20/current#.UyWnvIUWNdc>

[Reviewed earlier]

Journal of Infectious Diseases

Volume 210 Issue 13 September 15, 2014

<http://jid.oxfordjournals.org/content/current>

[Emergency Settings: Be Prepared to Vaccinate Persons Aged 15 and Over Against Measles](#)

Reinhard Kaiser

Advance Access 10.1093/infdis/jiu463

[Initial text]

In their landmark article on measles prevention in emergency settings, Toole and colleagues recommended in 1989 that all children aged 6 months to 5 years should be immunized with measles vaccine at the time they enter an organized camp or settlement [1]. In 2000, Salama and colleagues documented substantial mortality during a famine emergency in Ethiopia, with measles and malnutrition as major contributing factors. In a retrospective study of mortality, measles alone, or in combination with wasting, accounted for 35 (22.0%) of 159 deaths among children younger than 5 years and for 12 (16.7%) of 72 deaths among children aged 5–14 years. The setting was a rural population without routine childhood immunization and exposure to natural measles virus infection [2]. The authors concluded that measles vaccination, in combination with vitamin A distribution, should be implemented in all types of complex emergencies. Vaccination coverage should be 90% and extended to children up to age 12–15 years [2]. A vaccination age range up to 14 years was included in the World Health Organization (WHO)/United Nations Children's Fund (UNICEF) statement to reduce measles mortality in emergencies [3], and the revised SPHERE project guidelines [4]. However, since then, the discussion about target age groups has increasingly included the potential need to vaccinate adults. As early as 2000–2001, Kamugisha and colleagues documented 21% of measles cases that were 16 years and older in a major outbreak in Tanzanian camps with refugees from Burundi [5]. The authors concluded that in some emergency settings, achieving population immunity adequate to prevent virus transmission may require vaccinating persons older than 15 years, and the selection of target age groups for vaccination should consider measles epidemiology in source and refugee populations [5]. A recent review documented additional measles outbreaks in emergencies that included adult cases [6], and the recommendation to review the measles epidemiology to inform decisions about vaccination target age groups has increasingly become standard in emergency [7, 8] and nonemergency settings [9]. This shift in recommendations has been a result of the changing epidemiology of measles in Africa [10].

Journal of International Development

August 2014 Volume 26, Issue 6 Pages 749–938

<http://onlinelibrary.wiley.com/doi/10.1002/jid.v26.6/issuetoc>

[Reviewed earlier]

Journal of Medical Ethics

September 2014, Volume 40, Issue 9

<http://jme.bmj.com/content/current>

[Reviewed earlier]

The Journal of Law, Medicine & Ethics

Summer 2014 Volume 42, Issue 2 Pages 124–274

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2014.42.issue-2/issuetoc>

Special Issue: SYMPOSIUM: Brain Science in the 21st Century: Clinical Controversies and Ethical Implications

[Reviewed earlier]

Journal of Policy and Complex Systems

Volume 1, Issue 1, pages 4-21 Spring 2014

<http://www.ipsonet.org/publications/open-access/policy-and-complex-systems/policy-and-complex-systems-volume-1-issue-1-spring-2014>

[Reviewed earlier]

Journal of Public Health Policy

Volume 35, Issue 3 (August 2014)

<http://www.palgrave-journals.com/jphp/journal/v35/n3/index.html>

[Reviewed earlier]

Journal of the Royal Society – Interface

October 6, 2014; 11 (99)

<http://rsif.royalsocietypublishing.org/content/current>

[Reviewed earlier]

Journal of Sustainable Development

Vol 7, No 4 (2014)

<http://www.ccsenet.org/journal/index.php/jsd/issue/current>

[Reviewed earlier]

Knowledge Management for Development Journal

Vol 10, No 1 (2014)

<http://journal.km4dev.org/journal/index.php/km4dj/index>

[Reviewed earlier]

The Lancet

Sep 13, 2014 Volume 384 Number 9947 p929 – 1070 e38

<http://www.thelancet.com/journals/lancet/issue/current>

Editorial**[The silver bullet of resilience](#)**

[The Lancet](#)

The irony of September being [US National Preparedness month](#) was not lost as Médecins sans Frontières (MSF) made an uncharacteristic global [call for rapid deployment of civil and military medical assets](#) with expertise in biohazard containment to west Africa. With 42% of all reported Ebola infections occurring in the past month, and more than 2000 reported deaths, local health systems and international organisations were not prepared for the scale and speed of the current outbreak. MSF called for countries such as the UK and USA to deploy disaster response teams with medical and logistical experts for water and sanitation, building of mobile laboratories, isolation centres, hospitals, crematoriums, and the establishment of dedicated air bridges to move personnel and equipment between countries. On Sept 7, the US government

announced that their military would be mobilised to set up isolation units and equipment, and provide security for public health workers.

Delayed international action has been largely blamed on the chronic underfunding and inability of WHO to mount an adequate initial response to manage the outbreak. This institutional failure begs first and foremost an urgent rethink of how the world responds to outbreaks, and with whom. The second equally important task is building resilience into health systems.

The notion of resilience is defined as the capacity to adapt and thrive in the face of challenge. For health organisations, this could mean creating more redundancy and organisational slack to respond efficiently to crises. For companies, it might mean rethinking the development pipeline of their products, delinked from profit, to contribute to a better prepared world. For countries and their partners, it means investing in weak health systems, building back the trust of communities, and examining the complex interactions between people and the environment. However, to earn the luxury of a much needed resilience debate for west Africa, countries and international organisations must heed the call to immediately deploy medical assets to contain the Ebola outbreak and offset further deaths.

Global, regional, and national levels of neonatal, infant, and under-5 mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

Haidong Wang, et al.

Summary

Background

Remarkable financial and political efforts have been focused on the reduction of child mortality during the past few decades. Timely measurements of levels and trends in under-5 mortality are important to assess progress towards the Millennium Development Goal 4 (MDG 4) target of reduction of child mortality by two thirds from 1990 to 2015, and to identify models of success.

Methods

We generated updated estimates of child mortality in early neonatal (age 0–6 days), late neonatal (7–28 days), postneonatal (29–364 days), childhood (1–4 years), and under-5 (0–4 years) age groups for 188 countries from 1970 to 2013, with more than 29 000 survey, census, vital registration, and sample registration datapoints. We used Gaussian process regression with adjustments for bias and non-sampling error to synthesise the data for under-5 mortality for each country, and a separate model to estimate mortality for more detailed age groups. We used explanatory mixed effects regression models to assess the association between under-5 mortality and income per person, maternal education, HIV child death rates, secular shifts, and other factors. To quantify the contribution of these different factors and birth numbers to the change in numbers of deaths in under-5 age groups from 1990 to 2013, we used Shapley decomposition. We used estimated rates of change between 2000 and 2013 to construct under-5 mortality rate scenarios out to 2030.

Findings

We estimated that 6·3 million (95% UI 6·0–6·6) children under-5 died in 2013, a 64% reduction from 17·6 million (17·1–18·1) in 1970. In 2013, child mortality rates ranged from 152·5 per 1000 livebirths (130·6–177·4) in Guinea-Bissau to 2·3 (1·8–2·9) per 1000 in Singapore. The annualised rates of change from 1990 to 2013 ranged from –6·8% to 0·1%. 99 of 188 countries, including 43 of 48 countries in sub-Saharan Africa, had faster decreases in child mortality during 2000–13 than during 1990–2000. In 2013, neonatal deaths accounted for 41·6% of under-5 deaths compared with 37·4% in 1990. Compared with 1990, in 2013, rising numbers of births, especially in sub-Saharan Africa, led to 1·4 million more child deaths,

and rising income per person and maternal education led to 0·9 million and 2·2 million fewer deaths, respectively. Changes in secular trends led to 4·2 million fewer deaths. Unexplained factors accounted for only –1% of the change in child deaths. In 30 developing countries, decreases since 2000 have been faster than predicted attributable to income, education, and secular shift alone.

Interpretation

Only 27 developing countries are expected to achieve MDG 4. Decreases since 2000 in under-5 mortality rates are accelerating in many developing countries, especially in sub-Saharan Africa. The Millennium Declaration and increased development assistance for health might have been a factor in faster decreases in some developing countries. Without further accelerated progress, many countries in west and central Africa will still have high levels of under-5 mortality in 2030.

Funding

Bill & Melinda Gates Foundation, US Agency for International Development.

Global, regional, and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

Nicholas J Kassebaum, et al

Summary

Background

The fifth Millennium Development Goal (MDG 5) established the goal of a 75% reduction in the maternal mortality ratio (MMR; number of maternal deaths per 100 000 livebirths) between 1990 and 2015. We aimed to measure levels and track trends in maternal mortality, the key causes contributing to maternal death, and timing of maternal death with respect to delivery.

Methods

We used robust statistical methods including the Cause of Death Ensemble model (CODEm) to analyse a database of data for 7065 site-years and estimate the number of maternal deaths from all causes in 188 countries between 1990 and 2013. We estimated the number of pregnancy-related deaths caused by HIV on the basis of a systematic review of the relative risk of dying during pregnancy for HIV-positive women compared with HIV-negative women. We also estimated the fraction of these deaths aggravated by pregnancy on the basis of a systematic review. To estimate the numbers of maternal deaths due to nine different causes, we identified 61 sources from a systematic review and 943 site-years of vital registration data. We also did a systematic review of reports about the timing of maternal death, identifying 142 sources to use in our analysis. We developed estimates for each country for 1990–2013 using Bayesian meta-regression. We estimated 95% uncertainty intervals (UIs) for all values.

Findings

292 982 (95% UI 261 017–327 792) maternal deaths occurred in 2013, compared with 376 034 (343 483–407 574) in 1990. The global annual rate of change in the MMR was –0·3% (–1·1 to 0·6) from 1990 to 2003, and –2·7% (–3·9 to –1·5) from 2003 to 2013, with evidence of continued acceleration. MMRs reduced consistently in south, east, and southeast Asia between 1990 and 2013, but maternal deaths increased in much of sub-Saharan Africa during the 1990s. 2070 (1290–2866) maternal deaths were related to HIV in 2013, 0·4% (0·2–0·6) of the global total. MMR was highest in the oldest age groups in both 1990 and 2013. In 2013, most deaths occurred intrapartum or postpartum. Causes varied by region and between 1990 and 2013. We recorded substantial variation in the MMR by country in 2013, from 956·8 (685·1–1262·8) in South Sudan to 2·4 (1·6–3·6) in Iceland.

Interpretation

Global rates of change suggest that only 16 countries will achieve the MDG 5 target by 2015. Accelerated reductions since the Millennium Declaration in 2000 coincide with increased

development assistance for maternal, newborn, and child health. Setting of targets and associated interventions for after 2015 will need careful consideration of regions that are making slow progress, such as west and central Africa.

Funding

Bill & Melinda Gates Foundation.

Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

Christopher J L Murray, et al

Summary

Background

The Millennium Declaration in 2000 brought special global attention to HIV, tuberculosis, and malaria through the formulation of Millennium Development Goal (MDG) 6. The Global Burden of Disease 2013 study provides a consistent and comprehensive approach to disease estimation for between 1990 and 2013, and an opportunity to assess whether accelerated progress has occurred since the Millennium Declaration.

Methods

To estimate incidence and mortality for HIV, we used the UNAIDS Spectrum model appropriately modified based on a systematic review of available studies of mortality with and without antiretroviral therapy (ART). For concentrated epidemics, we calibrated Spectrum models to fit vital registration data corrected for misclassification of HIV deaths. In generalised epidemics, we minimised a loss function to select epidemic curves most consistent with prevalence data and demographic data for all-cause mortality. We analysed counterfactual scenarios for HIV to assess years of life saved through prevention of mother-to-child transmission (PMTCT) and ART. For tuberculosis, we analysed vital registration and verbal autopsy data to estimate mortality using cause of death ensemble modelling. We analysed data for corrected case-notifications, expert opinions on the case-detection rate, prevalence surveys, and estimated cause-specific mortality using Bayesian meta-regression to generate consistent trends in all parameters. We analysed malaria mortality and incidence using an updated cause of death database, a systematic analysis of verbal autopsy validation studies for malaria, and recent studies (2010–13) of incidence, drug resistance, and coverage of insecticide-treated bednets.

Findings

Globally in 2013, there were 1·8 million new HIV infections (95% uncertainty interval 1·7 million to 2·1 million), 29·2 million prevalent HIV cases (28·1 to 31·7), and 1·3 million HIV deaths (1·3 to 1·5). At the peak of the epidemic in 2005, HIV caused 1·7 million deaths (1·6 million to 1·9 million). Concentrated epidemics in Latin America and eastern Europe are substantially smaller than previously estimated. Through interventions including PMTCT and ART, 19·1 million life-years (16·6 million to 21·5 million) have been saved, 70·3% (65·4 to 76·1) in developing countries. From 2000 to 2011, the ratio of development assistance for health for HIV to years of life saved through intervention was US\$4498 in developing countries. Including in HIV-positive individuals, all-form tuberculosis incidence was 7·5 million (7·4 million to 7·7 million), prevalence was 11·9 million (11·6 million to 12·2 million), and number of deaths was 1·4 million (1·3 million to 1·5 million) in 2013. In the same year and in only individuals who were HIV-negative, all-form tuberculosis incidence was 7·1 million (6·9 million to 7·3 million), prevalence was 11·2 million (10·8 million to 11·6 million), and number of deaths was 1·3 million (1·2 million to 1·4 million). Annualised rates of change (ARC) for incidence, prevalence, and death became negative after 2000. Tuberculosis in HIV-negative individuals disproportionately occurs

in men and boys (versus women and girls); 64·0% of cases (63·6 to 64·3) and 64·7% of deaths (60·8 to 70·3). Globally, malaria cases and deaths grew rapidly from 1990 reaching a peak of 232 million cases (143 million to 387 million) in 2003 and 1·2 million deaths (1·1 million to 1·4 million) in 2004. Since 2004, child deaths from malaria in sub-Saharan Africa have decreased by 31·5% (15·7 to 44·1). Outside of Africa, malaria mortality has been steadily decreasing since 1990.

Interpretation

Our estimates of the number of people living with HIV are 18·7% smaller than UNAIDS's estimates in 2012. The number of people living with malaria is larger than estimated by WHO. The number of people living with HIV, tuberculosis, or malaria have all decreased since 2000. At the global level, upward trends for malaria and HIV deaths have been reversed and declines in tuberculosis deaths have accelerated. 101 countries (74 of which are developing) still have increasing HIV incidence. Substantial progress since the Millennium Declaration is an encouraging sign of the effect of global action.

Funding

Bill & Melinda Gates Foundation.

The Lancet Global Health

Sep 2014 Volume 2 Number 9 e488 – 549

<http://www.thelancet.com/journals/langlo/issue/current>

[Reviewed earlier]

The Lancet Infectious Diseases

Sep 2014 Volume 14 Number 9 p779 - 898

<http://www.thelancet.com/journals/laninf/issue/current>

[Reviewed earlier]

Maternal and Child Health Journal

Volume 18, Issue 7, September 2014

<http://link.springer.com/journal/10995/18/7/page/1>

Using the Principles of Complex Systems Thinking and Implementation Science to Enhance Maternal and Child Health Program Planning and Delivery

Charlan D. Kroelinger, Kristin M. Rankin...

Abstract

Traditionally, epidemiologic methodologies have focused on measurement of exposures, outcomes, and program impact through reductionistic, yet complex statistical modeling. Although not new to the field of epidemiology, two frameworks that provide epidemiologists with a foundation for understanding the complex contexts in which programs and policies are implemented were presented to maternal and child health (MCH) professionals at the 2012 co-hosted 18th Annual MCH Epidemiology Conference and 22nd CityMatCH Urban Leadership Conference. The complex systems approach offers researchers in MCH the opportunity to understand the functioning of social, medical, environmental, and behavioral factors within the context of implemented public health programs. Implementation science provides researchers with a framework to translate the evidence-based program interventions into practices and policies that impact health outcomes. Both approaches offer MCH epidemiologists conceptual

frameworks with which to re-envision how programs are implemented, monitored, evaluated, and reported to the larger public health audience. By using these approaches, researchers can begin to understand and measure the broader public health context, account for the dynamic interplay of the social environment, and ultimately, develop more effective MCH programs and policies.

Commentary

Bringing Sexual and Reproductive Health in the Urban Contexts to the Forefront of the Development Agenda: The Case for Prioritizing the Urban Poor

Blessing Mberu¹ , Joyce Mumah¹, Caroline Kabiru¹ and Jessica Brinton¹

African Population and Health Research Centre, APHRC Campus, Manga Close, Off Kirawa Road, Kitisuru, P. O. Box 10787, Nairobi, 00100, Kenya

Published online: 19 December 2013

Abstract

Estimates suggest that over 90 % of population increase in the least developed countries over the next four decades will occur in urban areas. These increases will be driven both by natural population growth and rural–urban migration. Moreover, despite its status as the world's least urbanized region, the urban population in the sub-Saharan Africa region is projected to increase from under 40 % currently to over 60 % by 2050. Currently, approximately 70 % of all urban residents in the region live in slums or slum-like conditions. Sexual and reproductive health (SRH) risks for the urban poor are severe and include high rates of unwanted pregnancies, sexually transmitted infections, and poor maternal and child health outcomes. However, the links between poverty, urbanization, and reproductive health priorities are still not a major focus in the broader development agenda. Building on theoretical and empirical data, we show that SRH in urban contexts is critical to the development of healthy productive urban populations and, ultimately, the improvement of quality of life. We posit that a strategic focus on the sexual and reproductive health of urban residents will enable developing country governments achieve international goals and national targets by reducing health risks among a large and rapidly growing segment of the population. To that end, we identify key research, policy and program recommendations and strategies required for bringing sexual and reproductive health in urban contexts to the forefront of the development agenda.

Efficacy and Effectiveness of Maternal Influenza Vaccination During Pregnancy: A Review of the Evidence

Jill M. Manske

Abstract

Influenza vaccine is universally recommended for pregnant women during any trimester of pregnancy. In light of this recommendation, a comprehensive literature review was conducted to examine the available evidence regarding influenza vaccine efficacy and effectiveness during pregnancy. A comprehensive [Medline](#) search identified potentially relevant articles published between January 1, 1964 and February 1, 2013. Articles were selected that specifically evaluated the efficacy and effectiveness of maternal influenza vaccine in protecting women and infants from influenza infection. These were reviewed with a particular focus on the methods used to confirm influenza infection. Ten of 476 articles met the inclusion criteria. None of the six studies evaluating maternal outcomes were randomized controlled studies using a laboratory-confirmed influenza diagnosis to measure vaccine efficacy. Two studies included reverse-transcriptase polymerase chain reaction confirmation; four relied solely on clinical outcomes. The reported vaccine effectiveness (VE) ranged from –15 to 70 %. Seven studies examined the potential for maternal vaccination to protect infants. Four of these applied some form of laboratory confirmation, with VE ranging from 41 to 91 %. Vaccination against

infectious disease is an unparalleled public health success. However, studies to date demonstrate that influenza vaccine provides only moderate protection from influenza infection in pregnant women. This review found broad heterogeneity among studies, with no uniform outcome measured and little data based on laboratory-confirmed influenza, leading to wide-ranging estimates of effectiveness. Rigorously designed studies assessing clearly defined outcomes are needed to support the development of reasoned public health policy about influenza prevention in this population.

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

June 2014 Volume 92, Issue 2 Pages 167–405

[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1468-0009/currentissue](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1468-0009/currentissue)

[Reviewed earlier]

Nature

Volume 513 Number 7517 pp143-272 11 September 2014

http://www.nature.com/nature/current_issue.html

Nature | Editorial

Ebola: time to act

Governments and research organizations must mobilize to end the West African outbreak.

09 September 2014

After disproportionate media attention on Ebola's negligible risk to people in Western and Asian countries, the focus seems at last to be shifting towards how to stop the outbreak in West Africa. The grim reality is that medical organizations are struggling: the flood of new cases far outpaces available beds and treatment centres. Many of those who are ill are not receiving the basic health care that could keep them alive.

The tragedy is that we know how to stop Ebola. Well-informed communities can reduce the main routes of spread by avoiding unprotected home-based care of infected people and by modifying traditional burial practices. Infection-control measures protect health-care workers. Together with rapid identification and isolation of ill people, and tracing and monitoring of their contacts for 21 days (the maximum incubation period of the disease), such measures have stopped Ebola outbreaks in the past.

But the dysfunctional health-care infrastructure of the three countries at the centre of the outbreak — Guinea, Sierra Leone and Liberia, which are poor and struggling to emerge from years of war — is simply not up to the task. The nations need help, and urgently...

Make diagnostic centres a priority for Ebola crisis

Bottlenecks in testing samples for Ebola leave patients stranded for days in isolation wards and raise fears of seeking treatment, says J. Daniel Kelly.

Sustainable development: The promise and perils of roads

Stephen G. Perz

A global map of the potential economic benefits of roads together with the environmental damage they can inflict provides a planning tool for sustainable development

A global strategy for road building

William F. Laurance, Gopalasamy Reuben Clements, Sean Sloan, Christine S. O'Connell, Nathan D. Mueller+ et al.

The number and extent of roads will expand dramatically this century¹. Globally, at least 25 million kilometres of new roads are anticipated by 2050; a 60% increase in the total length of roads over that in 2010. Nine-tenths of all road construction is expected to occur in developing nations¹, including many regions that sustain exceptional biodiversity and vital ecosystem services. Roads penetrating into wilderness or frontier areas are a major proximate driver of habitat loss and fragmentation, wildfires, overhunting and other environmental degradation, often with irreversible impacts on ecosystems^{2, 3, 4, 5}. Unfortunately, much road proliferation is chaotic or poorly planned^{3, 4, 6}, and the rate of expansion is so great that it often overwhelms the capacity of environmental planners and managers^{2, 3, 4, 5, 6, 7}. Here we present a global scheme for prioritizing road building. This large-scale zoning plan seeks to limit the environmental costs of road expansion while maximizing its benefits for human development, by helping to increase agricultural production, which is an urgent priority given that global food demand could double by mid-century^{8, 9}. Our analysis identifies areas with high environmental values where future road building should be avoided if possible, areas where strategic road improvements could promote agricultural development with relatively modest environmental costs, and 'conflict areas' where road building could have sizeable benefits for agriculture but with serious environmental damage. Our plan provides a template for proactively zoning and prioritizing roads during the most explosive era of road expansion in human history.

New England Journal of Medicine

September 11, 2014 Vol. 371 No. 11

<http://www.nejm.org/toc/nejm/medical-journal>

Perspective

Lessons from a Public Health Emergency — Importation of Wild Poliovirus to Israel

Eran Kopel, M.D., M.P.H., Ehud Kaliner, M.D., M.P.H., and Itamar Grotto, M.D., Ph.D.

N Engl J Med 2014; 371:981-983 [September 11, 2014](#) DOI: 10.1056/NEJMp1406250

Excerpt

Last year, Israel's polio-free status was seriously challenged. On May 28, 2013, a sample obtained during routine supplementary environmental surveillance at a sewage-treatment plant in the South district tested positive for wild poliovirus type 1.¹ Additional analyses retrospectively confirmed that the virus had already been present in February 2013 in samples from sewage-treatment plants near the capital of the South district. The virus found in these samples was closely related to polioviruses that have been circulating in polio-endemic Pakistan since 2012 and to the poliovirus that had been isolated from sewage samples in neighboring Egypt in December 2012.²

This public health emergency posed two major challenges for decision makers in Israel. The first one concerned the sustainability and interpretation of our supplementary environmental surveillance. Since the last poliomyelitis outbreak in Israel in 1988,¹ the country has developed the capacity in our environmental laboratories to detect pathogens such as polioviruses in very low quantities within large volumes of sewage, and we have fully deployed this high-sensitivity detection on a national scale. This system routinely covered approximately 30 to 40% of the population in a representative fashion,² and it was substantially intensified beginning in June 2013, shortly after the detection of the wild poliovirus importation. The number of sewage sites being sampled increased from a range of 8 to 10 per month to 80 per month at the height of the effort, to keep up with poliovirus activity.² The coverage of the sampling was thereby expanded to include as much as 80% of Israel's population, and the sampling frequency was increased from monthly to weekly.

This dramatically enhanced environmental surveillance, which has continued in 2014, has demonstrated the gradual clearance of the imported wild poliovirus since September 2013. Samples at all sampling sites outside the epicenter sites in southern Israel began testing negative quite rapidly, and later, the wild poliovirus gradually disappeared from the epicenter sites themselves — findings that indicated the fading out of human-to-human transmission of the virus and its excretion in feces. The latest surveillance data (from August 14, 2014) confirm the consistently negative results for all tested sites in Israel....

Nonprofit and Voluntary Sector Quarterly

August 2014; 43 (4)

<http://nvs.sagepub.com/content/current>

[Reviewed earlier]

Oxford Monitor of Forced Migration

OxMo Volume 4, No. 1 May 2014

<http://oxmofm.com/current-issue/>

[Reviewed earlier]

The Pediatric Infectious Disease Journal

September 2014 - Volume 33 - Issue 9 pp: 893-996,e219-e246

<http://journals.lww.com/pidj/pages/currenttoc.aspx>

[Reviewed earlier]

PLoS One

[Accessed 13 September 2014]

<http://www.plosone.org/>

Research Article

[The Influence of Compositional and Contextual Factors on Non-Receipt of Basic Vaccines among Children of 12-23-Month Old in India: A Multilevel Analysis](#)

Daouda Sissoko mail, Helen Trottier, Denis Malvy, Mira Johri

Published: September 11, 2014

DOI: 10.1371/journal.pone.0106528

Abstract

Background

Children unreached by vaccination are at higher risk of poor health outcomes and India accounts for nearly a quarter of unvaccinated children worldwide. The objective of this study was to investigate compositional and contextual determinants of non-receipt of childhood vaccines in India using multilevel modelling.

Methods and Findings

We studied characteristics of unvaccinated children using the District Level Health and Facility Survey 3, a nationally representative probability sample containing 65 617 children aged 12–23 months from 34 Indian states and territories. We developed four-level Bayesian binomial regression models to examine the determinants of non-vaccination. The analysis considered two outcomes: completely unvaccinated (CUV) children who had not received any of the eight

vaccine doses recommended by India's Universal Immunization Programme, and children who had not received any dose from routine immunisation services (no RI). The no RI category includes CUV children and those who received only polio doses administered via mass campaigns. Overall, 4.83% (95% CI: 4.62–5.06) of children were CUV while 12.01% (11.68–12.35) had received no RI. Individual compositional factors strongly associated with CUV were: non-receipt of tetanus immunisation for mothers during pregnancy (OR = 3.65 [95% CrI: 3.30–4.02]), poorest household wealth index (OR = 2.44 [1.81–3.22] no maternal schooling (OR = 2.43 [1.41–4.05]) and no paternal schooling (OR = 1.83 [1.30–2.48]). In rural settings, the influence of maternal illiteracy disappeared whereas the role of household wealth index was reinforced. Factors associated with no RI were similar to those for CUV, but effect sizes for individual compositional factors were generally larger. Low maternal education was the strongest risk factor associated with no RI in all models. All multilevel models found significant variability at community, district, and state levels net of compositional factors.

Conclusion

Non-vaccination in India is strongly related to compositional characteristics and is geographically distinct. Tailored strategies are required to overcome current barriers to immunisation.

Research Article

[The Impact of Disability on the Lives of Children; Cross-Sectional Data Including 8,900 Children with Disabilities and 898,834 Children without Disabilities across 30 Countries](#)

Hannah Kuper mail, Adrienne Monteath-van Dok, Kevin Wing, Lisa Danquah, Jenny Evans, Maria Zuurmond, Jacqueline Gallinetti

Published: September 09, 2014

DOI: 10.1371/journal.pone.0107300

Abstract

Background

Children with disabilities are widely believed to be less likely to attend school or access health care, and more vulnerable to poverty. There is currently little large-scale or internationally comparable evidence to support these claims. The aim of this study was to investigate the impact of disability on the lives of children sponsored by Plan International across 30 countries.

Methods and Findings

We conducted a cross-sectional survey including 907,734 children aged 0–17 participating in the Plan International Sponsorship Programme across 30 countries in 2012. Parents/guardians were interviewed using standardised questionnaires including information on: age, sex, health, education, poverty, and water and sanitation facilities. Disability was assessed through a single question and information was collected on type of impairment. The dataset included 8,900 children with reported disabilities across 30 countries. The prevalence of disability ranged from 0.4%–3.0% and was higher in boys than girls in 22 of the 30 countries assessed – generally in the range of 1.3–1.4 fold higher. Children with disabilities were much less likely to attend formal education in comparison to children without disabilities in each of the 30 countries, with age-sex adjusted odds ratios exceeding 10 for nearly half of the countries. This relationship varied by impairment type. Among those attending school, children with disabilities were at a lower level of schooling for their age compared to children without disabilities. Children with disabilities were more likely to report experiencing a serious illness in the last 12 months, except in Niger. There was no clear relationship between disability and poverty.

Conclusions

Children with disabilities are at risk of not fulfilling their educational potential and are more vulnerable to serious illness. This exclusion is likely to have a long-term deleterious impact on their lives unless services are adapted to promote their inclusion.

Research Article

Parents' Knowledge, Risk Perception and Willingness to Allow Young Males to Receive Human Papillomavirus (HPV) Vaccines in Uganda

Wilson Winstons Muhwezi mail, Cecily Banura, Andrew Kampikaho Turiho, Florence Mirembe

Published: September 09, 2014

DOI: 10.1371/journal.pone.0106686

Abstract

The Ministry of Health in Uganda in collaboration with the Program for Appropriate Technology for Health (PATH) supported by Bill and Melinda Gates Foundation in 2008–2009 vaccinated approximately 10,000 girls with the bivalent humanpapilloma virus (HPV) vaccine. We assessed parent's knowledge, risk perception and willingness to allow son(s) to receive HPV vaccines in future through a cross-sectional survey of secondary school boys aged 10–23 years in 4 districts. 377 questionnaires were distributed per district and 870 were used in analysis. Parents that had ever heard about cervical cancer and HPV vaccines; those who would allow daughter(s) to be given the vaccine and those who thought that HPV infection was associated with genital warts were more willing to allow son(s) to receive the HPV vaccine. Unwilling parents considered HPV vaccination of boys unimportant ($p = 0.003$), believed that only females should receive the vaccine ($p = 0.006$), thought their son(s) couldn't contract HPV ($p = 0.010$), didn't know about HPV sexual transmissibility ($p = 0.002$), knew that males could not acquire HPV ($p = 0.000$) and never believed that the HPV vaccines could protect against HPV ($p = 0.000$). Acceptance of HPV vaccination of daughters and likelihood of recommending HPV vaccines to son(s) of friends and relatives predicted parental willingness to allow sons to receive HPV vaccines. Probable HPV vaccination of boys is a viable complement to that of girls. Successfulness of HPV vaccination relies on parental acceptability and sustained sensitization about usefulness of HPV vaccines even for boys is vital.

Research Article

The Effect of Measles on Health-Related Quality of Life: A Patient-Based Survey

Dominic Thorrrington mail, Mary Ramsay, Albert Jan van Hoek, W. John Edmunds, Roberto Vivancos, Antoaneta Bukasa, Ken Eames

Published: September 09, 2014

DOI: 10.1371/journal.pone.0105153

Abstract

Background

Measles is a highly contagious and potentially fatal illness preventable through vaccination. Outbreaks in the UK and many other European countries have been increasing over recent years, with over 3,207 laboratory-confirmed cases reported by Public Health England from January 2012 to the end of June 2013. To aid rational decision making regarding measles control versus other use of healthcare resources, it is important to measure the severity of measles in units that are comparable to other diseases. The standard metric for this in the UK is the quality-adjust life year (QALY). To our knowledge, the impact of measles on health-related quality of life (HRQoL) in terms of QALYs has not been quantified.

Methods and Findings

Individuals with confirmed measles were sent questionnaires requesting information on the short-term impact of the illness on their HRQoL using the EuroQol EQ-5D-3L questionnaire.

HRQoL was reported for the day the questionnaire was received, the worst day of infection and at follow-up three weeks later. 507 questionnaires were sent to individuals with confirmed measles with 203 returned (40%). The majority of respondents were not vaccinated. The mean time off work or school was 9.6 days. The mean duration of perceived illness was 13.8 days. The mean number of QALYs lost was 0.019 (equivalent to 6.9 days). The overall burden of disease in terms of QALYs lost in England based on the total number of confirmed cases in the twelve month period from 1st June 2012 was estimated to be 44.2 QALYs.

Conclusion

The short-term impact of measles infection on HRQoL is substantial, both at the level of the individual patient and in terms of the overall disease burden. This is the first attempt to quantify QALY-loss due to measles at a population level, and provides important parameters to guide future intervention and control measures.

Research Article

Costs and Cost-Effectiveness of 9-Valent Human Papillomavirus (HPV) Vaccination in Two East African Countries

Sorapop Kiatpongsan mail, Jane J. Kim

Published: September 08, 2014

DOI: 10.1371/journal.pone.0106836

Abstract

Background

Current prophylactic vaccines against human papillomavirus (HPV) target two of the most oncogenic types, HPV-16 and -18, which contribute to roughly 70% of cervical cancers worldwide. Second-generation HPV vaccines include a 9-valent vaccine, which targets five additional oncogenic HPV types (i.e., 31, 33, 45, 52, and 58) that contribute to another 15–30% of cervical cancer cases. The objective of this study was to determine a range of vaccine costs for which the 9-valent vaccine would be cost-effective in comparison to the current vaccines in two less developed countries (i.e., Kenya and Uganda).

Methods and Findings

The analysis was performed using a natural history disease simulation model of HPV and cervical cancer. The mathematical model simulates individual women from an early age and tracks health events and resource use as they transition through clinically-relevant health states over their lifetime. Epidemiological data on HPV prevalence and cancer incidence were used to adapt the model to Kenya and Uganda. Health benefit, or effectiveness, from HPV vaccination was measured in terms of life expectancy, and costs were measured in international dollars (I\$). The incremental cost of the 9-valent vaccine included the added cost of the vaccine counterbalanced by costs averted from additional cancer cases prevented. All future costs and health benefits were discounted at an annual rate of 3% in the base case analysis. We conducted sensitivity analyses to investigate how infection with multiple HPV types, unidentifiable HPV types in cancer cases, and cross-protection against non-vaccine types could affect the potential cost range of the 9-valent vaccine. In the base case analysis in Kenya, we found that vaccination with the 9-valent vaccine was very cost-effective (i.e., had an incremental cost-effectiveness ratio below per-capita GDP), compared to the current vaccines provided the added cost of the 9-valent vaccine did not exceed I\$9.7 per vaccinated girl. To be considered very cost-effective, the added cost per vaccinated girl could go up to I\$5.2 and I\$16.2 in the worst-case and best-case scenarios, respectively. At a willingness-to-pay threshold of three times per-capita GDP where the 9-valent vaccine would be considered cost-effective, the thresholds of added costs associated with the 9-valent vaccine were I\$27.3, I\$14.5 and I\$45.3 per vaccinated girl for the base case, worst-case and best-case scenarios, respectively.

In Uganda, vaccination with the 9-valent vaccine was very cost-effective when the added cost of the 9-valent vaccine did not exceed I\$8.3 per vaccinated girl. To be considered very cost-effective, the added cost per vaccinated girl could go up to I\$4.5 and I\$13.7 in the worst-case and best-case scenarios, respectively. At a willingness-to-pay threshold of three times per-capita GDP, the thresholds of added costs associated with the 9-valent vaccine were I\$23.4, I\$12.6 and I\$38.4 per vaccinated girl for the base case, worst-case and best-case scenarios, respectively.

Conclusions

This study provides a threshold range of incremental costs associated with the 9-valent HPV vaccine that would make it a cost-effective intervention in comparison to currently available HPV vaccines in Kenya and Uganda. These prices represent a 71% and 61% increase over the price offered to the GAVI Alliance (\$5 per dose) for the currently available 2- and 4-valent vaccines in Kenya and Uganda, respectively. Despite evidence of cost-effectiveness, critical challenges around affordability and feasibility of HPV vaccination and other competing needs in low-resource settings such as Kenya and Uganda remain.

PLOS Currents: Disasters

[Accessed 13 September 2014]

<http://currents.plos.org/disasters/>

[No new relevant content]

PLoS Medicine

(Accessed 13 September 2014)

<http://www.plosmedicine.org/>

[No new relevant content]

PLoS Neglected Tropical Diseases

(Accessed 13 September 2014)

<http://www.plosntds.org/>

[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America

(Accessed 13 September 2014)

<http://www.pnas.org/content/early/>

[No new relevant content]

Prehospital & Disaster Medicine

Volume 29 - Issue 04 - August 2014

<https://journals.cambridge.org/action/displayIssue?jid=PDM&tab=currentissue>

[Reviewed earlier]

Public Health Ethics

Volume 7 Issue 2 July 2014

<http://phe.oxfordjournals.org/content/current>

Justifying the initiation and continued provision of public health interventions in humanitarian settings

A. M. Viens*

Southampton Law School, University of Southampton and Joint Centre for Bioethics, University of Toronto

Maxwell J. Smith

Joint Centre for Bioethics, University of Toronto and Dalla Lana School of Public Health, University of Toronto

Cécile M. Bensimon

Joint Centre for Bioethics, University of Toronto

Diego S. Silva

Author Affiliations

Joint Centre for Bioethics, University of Toronto and Centre for Research on Inner City Health, St. Michael's Hospital

First published online: September 4, 2014

Abstract

Médecins Sans Frontières is not morally required to continue providing the same therapeutic and preventative interventions for lead poisoning in Nigeria in the face of conditions that negatively impact on the achievement of their objectives. Nevertheless, Médecins Sans Frontières may have reasons to revise their objectives and adopt different interventions or methods.

Qualitative Health Research

September 2014; 24 (9)

<http://qhr.sagepub.com/content/current>

[Reviewed earlier]

Refugee Survey Quarterly

Volume 33 Issue 3 September 2014

<http://rsq.oxfordjournals.org/content/current>

[Reviewed earlier]

Resilience: International Policies, Practices and Discourses

Volume 2, Issue 2, 2014

<http://www.tandfonline.com/toc/resi20/current#.U3im6SjDU1w>

[Reviewed earlier]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)

July 2014 Vol. 36, No. 1

http://www.paho.org/journal/index.php?option=com_content&view=article&id=148&Itemid=261&lang=en

[Reviewed earlier]

Risk Analysis

August 2014 Volume 34, Issue 8 Pages 1359–1579

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-8/issuetoc>

[Reviewed earlier]

Science

12 September 2014 vol 345, issue 6202, pages 1209-1416

<http://www.sciencemag.org/current.dtl>

Editorial

Ebola's perfect storm

Peter Piot

Peter Piot is director and professor of Global Health at the London School of Hygiene & Tropical Medicine, London, UK.

The devastating Ebola epidemic in West Africa is the result of a perfect storm: dysfunctional health services as the result of decades of war, low public trust in government and Western medicine, traditional beliefs and even denials about the cause or existence of the virus, and burial practices that involve contact with contagious Ebola-infected corpses. There are now five affected West African countries: Guinea, Liberia, Nigeria, Sierra Leone, and most recently, Senegal. Ebola has killed around 2000 and infected more than 3500, with over 40% of cases occurring within the past few weeks. The World Health Organization (WHO) predicts that 20,000 may become infected. This fast pace of Ebola's spread is a grim reminder that epidemics are a global threat and that the only way to get this virus under control is through a rapid response at a massive global scale—much stronger than the current efforts.

In Depth

Infectious Disease

Ebola vaccines racing forward at record pace

Jon Cohen

Experimental Ebola vaccines started human tests last week and beginning in November may be rolled out to as many as 10,000 people in West Africa. The two vaccines being tested first must prove safe and capable of stimulating relevant immune responses in small trials taking place in four countries. No vaccine has ever moved more quickly into widespread use. Many issues remain on how to determine whether the vaccines actually protect people from Ebola. Because the vaccines are in short supply, they also will only be offered to health care workers and other first-line responders. One vaccine is being manufactured by a collaboration between the U.S. National Institute of Allergy and Infectious Diseases and GlaxoSmithKline, and the other is being made by NewLink Genetics.

In Depth

Interview

Ebola: 'Wow, that is really tough'

Leslie Roberts

The news out of West Africa is grim. By early this week, Ebola cases had topped 4000 and deaths exceeded 2000, and the World Health Organization (WHO) had warned that thousands

more should be expected in Liberia alone in the next few weeks. In an interview with Science on 4 September, WHO's Bruce Aylward, an assistant director-general who is running operations as part of WHO's new \$600 million Ebola emergency plan, talked about why the international community has been slow to respond to the unprecedented epidemic and described the huge gap between the number of cases and the capacity in countries to deal with them. Governments are now keen to help, he says, but are having trouble mobilizing. Relief organizations are used to dealing with wars and natural disasters, not dangerous pathogens, and few have any experience in running the many treatment centers that are required. WHO's just-released plan calls for stopping the outbreak in 6 to 9 months. That goal is still possible, Aylward says, but only if the international community takes immediate action.

Policy Forum

Disaster Management

[A global strategy for protecting vulnerable coastal populations](#)

Edward B. Barbier

Author Affiliations

Department of Economics and Finance, University of Wyoming, Laramie, WY 82071, USA.

The 2014 Working Group II report of the Intergovernmental Panel on Climate Change (IPCC) warns that low-lying coastal areas are increasingly exposed to risks from sea-level rise, flooding, and extreme storm events (1). Low-lying coasts of developing countries in particular face two types of vulnerability: (i) a lack of capacity to respond quickly and effectively to natural disasters and (ii) declining protection for people and property as coastal habitats disappear. A science-based global strategy for protecting coastal populations should address both sources of vulnerability, through investments in short-run emergency response and long-term coastal adaptation.

Special Issue: Global Health

Perspectives

Putting women and girls at the center of development

Melinda French Gates

Science 12 September 2014: 1273-1275.

Abstract

The state of global health in 2014

Jaime Sepúlveda and Christopher Murray

Science 12 September 2014: 1275-1278.

Abstract

Getting essential health products to their end users: Subsidize, but how much?

Pascaline Dupas

Science 12 September 2014: 1279-1281.

Abstract

Models of education in medicine, public health, and engineering

Patricia Garcia, Robert Armstrong, and Muhammad H. Zaman

Science 12 September 2014: 1281-1283.

Abstract

Prioritizing integrated mHealth strategies for universal health coverage

Garrett Mehl and Alain Labrique

Science 12 September 2014: 1284-1287.

Abstract

How to transform the practice of engineering to meet global health needs

Deb Niemeier, Harry Gombachika, and Rebecca Richards-Kortum
Science 12 September 2014: 1287-1290.

[Abstract](#)

Strengthening the evidence base for health programming in humanitarian crises

A. Ager, G. Burnham, F. Checchi, M. Gayer, R. F. Grais, M. Henkens, M. B. F. Massaquoi, R. Nandy, C. Navarro-Colorado, and P. Spiegel

Science 12 September 2014: 1290-1292.

[Abstract](#)

Emerging, evolving, and established infectious diseases and interventions

M. Elizabeth Halloran and Ira M. Longini Jr.

Science 12 September 2014: 1292-1294.

[Abstract](#)

Virus sharing, genetic sequencing, and global health security

Lawrence O. Gostin, Alexandra Phelan, Michael A. Stoto, John D. Kraemer, and K. Srinath Reddy

Science 12 September 2014: 1295-1296.

[Abstract](#)

Monitoring parasite diversity for malaria elimination in sub-Saharan Africa

Anita Ghansah, Lucas Amenga-Etego, Alfred Amambua-Ngwa, Ben Andagalu, Tobias Apinjoh, Marielle Bouyou-Akotet, Victoria Cornelius, Lemu Golassa, Voahangy Hanitriniaina Andrianaranjaka, Deus Ishengoma, Kimberly Johnson, Edwin Kamau, Oumou Maïga-Ascofaré, Dieudonne Mumba, Paulina Tindana, Antoinette Tshefu-Kitoto, Milijaona Randrianarivelosia, Yavo William, Dominic P. Kwiatkowski, and Abdoulaye A. Djimde

Science 12 September 2014: 1297-1298.

[Abstract](#)

Antibiotic effectiveness: Balancing conservation against innovation

Ramanan Laxminarayan

Science 12 September 2014: 1299-1301.

[Abstract](#)

Creating a global observatory for health R&D

Robert F. Terry, José F. Salm Jr., Claudia Nannei, and Christopher Dye

Science 12 September 2014: 1302-1304.

[Abstract](#)

Social Science & Medicine

Volume 118, [In Progress](#) (October 2014)

<http://www.sciencedirect.com/science/journal/02779536/118>

[Reviewed earlier]

Stability: International Journal of Security & Development

[accessed 13 September 2014]

<http://www.stabilityjournal.org/articles>

[Fragile and Conflict-Affected States: Exploring the Relationship Between Governance, Instability and Violence](#)

Sebastian AJ Taylor

Abstract

'Fragile and conflict-affected states' (FCAS) constitute an increasingly important category of aid policy and action. But the category comprises a large and heterogeneous set of countries, problematizing coherent policy response which is often awkwardly split between boilerplate strategy and case-by-case approach. In both respects, efficiency of aid allocations is questionable. There is a need to disaggregate the category into smaller groups of countries, understood according to a more nuanced interpretation of the nature of their fragility. Disaggregation, however, is challenging insofar as it is hard to find a stable reference point internal to the category by which states' relative performance – and causes of performance – can be determined. An alternative approach is to seek a reference point external to the entire FCAS category – for example a multilateral initiative – which allows us to explore systematic differences between those who sign up and those who do not. This research took the UN's Scaling Up Nutrition (SUN) initiative as such a mechanism. Splitting FCAS into two groups – those who had joined SUN within its initial two-year phase and those who had not – we reviewed a range of social, economic, political, institutional and conflict/instability indicators to identify areas of significant difference. An unexpected finding was that while SUN-joiners performed statistically better on governance, there was no difference between joiners and non-joiners on the level of instability and violence they suffered, suggesting that some countries, even at high levels of conflict disruption, can achieve areas of relatively good governance.

Links Between Terrorism, Organized Crime and Crime: The Case of the Sahel Region

Erik Alda, Joseph L Sala

Abstract

Many observers hold that terrorist groups and transnational criminal networks share many of the same characteristics, methods and tactics. There are many examples cited to demonstrate these observations are not coincidental, but indicative of a trend: a trend that is a growing threat to the security interests of many nations. We propose that the intersection of criminal networks and terrorist organizations can be broadly grouped into three categories – coexistence (they coincidentally occupy and operate in the same geographic space at the same time), cooperation (they decide that their mutual interests are both served, or at not least severely threatened, by temporarily working together) and convergence (each begins to engage in behavior(s) that is/are more commonly associated with the other). The activities of these types of organizations in the Sahel region of Africa provide examples of all three categories of interactions. This perceived threat has prompted action and policy choices by a number of actors in the sub-region. But this assessment might not be accurate and may, in fact, be an attempt to force an extra-regional, inappropriate paradigm upon a specific situation and set of circumstances where they do not apply.

Sustainability

Volume 6, Issue 9 (September 2014), Pages 5512-

<http://www.mdpi.com/2071-1050/6/8>

[Reviewed earlier]

TORTURE Journal

Latest issue: Volume 24, Supplementum 1, 2014

<http://www.irct.org/torture-journal>

Issue Theme: Of death and rebirth: Life histories of Rwandan female genocide survivors

[Reviewed earlier]

Tropical Medicine and Health

Vol. 42(2014) No. 2

https://www.jstage.jst.go.jp/browse/tmh/42/2/_contents

[Reviewed earlier]

UN Chronicle

Vol. LI No. 1 2014 May 2014

<http://unchronicle.un.org/>

[Reviewed earlier]

Vulnerable Children and Youth Studies

An International Interdisciplinary Journal for Research, Policy and Care

Volume 9, Issue 3, 2014

<http://www.tandfonline.com/toc/rvch20/current#.Uzq2bFcWNdc>

[Reviewed earlier]

World Heritage Review

n°72 - June 2014

<http://whc.unesco.org/en/review/72/>

Special Issue - World Heritage in Qatar

Each year, the special issue of World Heritage coinciding with the annual World Heritage Committee session gives us the opportunity to focus on the heritage of a particular country or region. This year the 38th session of the Committee is hosted by the State of Qatar so we are taking a closer look at the cultural and natural heritage of this country, which deserves to be better known.

Yale Human Rights & Development Law Journal

Volume XIV, Issue 2

<http://www.law.yale.edu/academics/YHRDLJcurrentissue.htm>

[Reviewed earlier]

From Google Scholar+ [to 13 September 2014]

Selected content from beyond the journals and sources covered above, aggregated from a range of Google Scholar monitoring algorithms and other monitoring strategies.

Journal of International Humanitarian Legal Studies

Volume 4, Issue 2, pages 197 – 219

[Healthcare on the Battlefield](#)

Brigit Toebes¹

Abstract

During armed conflicts healthcare workers or medical personnel often work under extremely difficult and dangerous circumstances. In such situations doctors and nurses, hospitals and medical units are at a serious risk of being attacked. Medical personnel also face complex ethical dilemmas when it comes to the treatment of patients from all sides of a conflict. This concerns military medical personnel in particular: as members of the armed forces, they face dilemmas of 'dual loyalty' where they may have to choose between the interests of their employer (the military) and the interests of their patients. This contribution looks at these issues from the perspectives of medical ethics, international humanitarian law (ihl), and human rights law (hrl). The article argues that the standards of medical ethics continue to apply during armed conflicts, and that during such situations medical ethics, ihl and hrl are mutually reinforcing. The principle of 'medical neutrality' and the human 'right to health' are positioned as key norms in this field. The article presents a normative framework for the delivery of health care on the battlefield in the form of a set of commitments for actors involved in the conflict, including the belligerent parties and (military) medical personnel.

European Journal of Social Sciences Education and Research

Vol. 1, Nr. 3, September 2014

[PDF] [Assessment of Role in Non-Governmental Organizations and Their Humanitarian Effort in Refugee Camps Worldwide](#)

Festina Balidemaj

University of Minnesota, USA

420 Delaware St SE, Minneapolis, 55455, bali0017@d.umn.edu

Albina Balidemaj

Clemson University, USA

Barre Hall, South Carolina, 29634-0312 abalide@g.clemson.edu

Abstract

The relief and humanitarian effort of non-governmental organizations (NGOs) in refugee camps worldwide requires prompt, coordinated, and effective interventions. As evident by the physicians and nurses make up of NGOs, a significant portion of such effort is focused on health care issues such as treating, managing, and preventing the spread of infectious diseases of refugees. In this literature-based project, the role of pharmacists in the relief efforts of NGOs is examined. Currently, pharmacists represent a small fraction (approx 9%) of the non-governmental organizations' task force, which undermines the invaluable potential of their contributions to the relief efforts. Student pharmacists should also be introduced to the role of non-governmental organizations' humanitarian efforts and the world of opportunities available in helping people under stress while being exposed to different cultures towards their own professional growth.

New Genetics and Society

Volume 33, Issue 3, 2014

[Special Issue: Genetic Identification and the Response to Mass Fatalities](#)

Editorial

[Approaching disaster victim identification](#)

[Jackie Leach Scully](#) & [Robin Williams](#)

pages 233-238

DOI:10.1080/14636778.2014.946988

Published online: 05 Sep 2014

Articles

[Who knows who we are? Questioning DNA analysis in disaster victim identification](#)

[Caroline Bennett](#)

pages 239-256

[Abstract](#)

[Identity, mass fatality and forensic genetics](#)

[Robin Williams](#) & [Matthias Wienroth](#)

pages 257-276

DOI:10.1080/14636778.2014.946005

[Abstract](#)

[Hidden in full sight: kinship, science and the law in the aftermath of the Srebrenica genocide](#)

[Erica Haines](#) & [Victor Toom](#)

pages 277-294

DOI:10.1080/14636778.2014.946004

Published online: 05 Sep 2014

[Abstract](#)

[Ethical considerations in the use of DNA as a contribution toward the determination of identification in historic cases: considerations from the Western front](#)

[Margaret Cox](#) & [Peter Jones](#)

pages 295-312

DOI:10.1080/14636778.2014.946987

Published online: 05 Sep 2014

[Abstract](#)

[Naming the dead: DNA-based identification of historical remains as an act of care](#)

[Jackie Leach Scully](#)

pages 313-332

DOI:10.1080/14636778.2014.946002

Published online: 05 Sep 2014

[Abstract](#)

[Death duty – caring for the dead in the context of disaster](#)

[Simon Woods](#)

pages 333-347

DOI:10.1080/14636778.2014.944260

Published online: 05 Sep 2014

[Abstract](#)

Journal of Development Studies

Published online: 30 Aug 2014

[Intergenerational Consequences of Early Age Marriages of Girls: Effect on Children's Human Capital](#)

[Sheetal Sekhri](#)*a & [Sisir Debnath](#)b

DOI: 10.1080/00220388.2014.936397

Abstract

We use nationally representative data from India on test scores in an instrumental variable framework to identify the effects of early age marriages of girls on the human capital of their

children. Early age marriages reduce mother's educational attainment, which can adversely impact the education outcomes of their children. On the other hand, better marriage prospects of young brides may compensate and improve children's educational outcomes by way of resource provision. Consequently, the effect of early age marriages of girls on their children is theoretically ambiguous and warrants an empirical examination. In our empirical analysis, we use variation in age at menarche to instrument for age at marriage. Our estimates show that a delay of one year in the age at marriage of the mother increases the probability of being able to do the most challenging arithmetic and reading tasks on the administered test by 3.5 percentage points.

Human and Ecological Risk Assessment: An International Journal

Accepted author version posted online: 05 Sep 2014

[Pre-Positioning Disaster Response Facilities and Relief Items](#)

Çiğdem Renkli* & Serhan Durana

DOI: 10.1080/10807039.2014.957940

ABSTRACT

Large-scale disasters cause enormous damage to people living in the affected areas. Providing relief quickly to the affected is a critical issue in recovering the effects of a disaster. Pre-disaster planning has an important role on reducing the arrival time of relief items to the affected areas and efficiently allocating them. In this study, a mixed integer programming model is proposed in order to pre-position warehouses throughout a potential affected area and determine the amount of relief items to be held in those warehouses. Time between the strike of the disaster and arrival of relief items at the affected areas is aimed to be minimized. In addition, using probabilistic constraints, the model ensures that relief items arrive at affected areas within a certain time window with certain reliability. Considering instable fault lines on which Istanbul is located, the proposed model is applied to the Istanbul case for pre-positioning warehouses a priori to the possible expected large-scale earthquake.

#

#

#

#