

The Sentinel

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

Week ending 27 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:

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

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

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

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:: Journal Watch – Key articles and abstracts from 100+ 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.

Editor's Note:

It was another week of extraordinary and historic action in the Ebola outbreak context. As we have noted, the volume of coverage, comment and analysis driven by the Ebola outbreak is growing and is occurring across sources well beyond those we actively monitor. Reading this issue of *The Sentinel*, you will encounter additional and significant Ebola content throughout.

[UN: High-Level Meeting on Response to Ebola Virus Disease Outbreak](#)

SG/2207

25 September 2014 - AM Meeting

'Every Day, Every Minute, Counts,' Warns World Health Organization Head at High-Level Meeting on Response to Ebola Virus Disease Outbreak

[Excerpt; Editor's text bolding]

With the Ebola virus claiming the lives of 200 people each day, most of them women, world leaders at a high-level Headquarters meeting Thursday implored the international community to swiftly ramp up the response to the epidemic ravaging West Africa before it turned into a humanitarian catastrophe.

"Every day, every minute, counts," said Margaret Chan, Director-General of the World Health Organization (WHO), insisting "We must try harder." Overflowing treatment centres were turning away sick and dying patients. In some areas no treatment beds were available, she said, stressing the need for more centres, as well as community-based care facilities.

United States President Barack Obama agreed. "We are not moving fast enough. We are not doing enough. Right now, everybody has the best of intentions, but people are not putting in the kind of resources that are necessary to put a stop to this epidemic," he said.

The worst ever outbreak of the virus already had caused a collapse of the public health systems in Liberia, Guinea and Sierra Leone — the three most affected countries. If left unchecked, the crisis could quickly become a global threat; stopping it was in everyone's interest. Last week, the Security Council determined that the outbreak was a threat to international peace and security, adopting resolution 2177 (2014) to that effect.

Mr. Obama today called on international organizations to "cut through red tape and mobilize partners on the ground", and on Governments to contribute more critical assets such as air transport, medical evacuation, health-care workers and equipment...

...United Nations Secretary-General Ban Ki-moon said advance teams had already deployed to the three most-affected countries and to the newly formed United Nations Mission for Ebola Emergency Response (UNMEER), based in Accra, Ghana, which would lead the Organization's system-wide response. "We are focusing on stopping the outbreak, treating the infected, providing essential services, preserving stability, and preventing outbreaks in non-affected countries," he said.

The crisis had highlighted the need to strengthen early identification systems and action, he said. The international community should consider forming a stand-by "white coats" corps of medical professionals, backed by WHO expertise and the United Nations logistical capacity.

"Now is the time for a robust and united effort to stop the outbreak. The world can and must stop Ebola — now," he said, warning that while dozens of countries and organizations were making lifesaving contributions, they fell short of the 20-fold increase required....

...Liberian President Ellen Johnson-Sirleaf said "partners and friends, based on understandable fears, have ostracized us, shipping and airline services have sanctioned us and the world has taken some time to fully appreciate and adequately respond to the enormity of our tragedy".

More than 1,700 Liberians had died already, among them 85 health-care workers, she said. Facing perhaps its greatest challenge ever, her nation was fighting back, building and staffing more treatment centres, and moving more aggressively to prevent the disease's spread and to change the behaviour at the local level through community outreach.

"We cannot allow the projection of a worst-case scenario: that over 100,000 of our innocent citizens will die from an enemy disease they did not start and do not understand, that the resulting effect will reverse our gains in malaria control and child and maternal mortality," she said.

Ernest Bai Koroma, President of Sierra Leone, said he had declared a state of emergency, shutting down the country for three days to get more than 27,000 health-care educators into every household in the country and reallocating millions of dollars from other vital services to combat Ebola....

...Alpha Condé, President of Guinea, said the outbreak was a threat to international peace and security. The response should be used to rebuild and strengthen the affected countries' infrastructure so that once the crisis was over they could again foster economic growth and maintain stability....

MSF International President Addresses High-Level UN Meeting on Ebola

September 25, 2014

Remarks by Joanne Liu, International President, Doctors Without Borders/Médecins Sans Frontières (MSF)

Excellencies, ladies and gentlemen.

Generous pledges of aid and unprecedented UN resolutions are very welcome. But they will mean little, unless they are translated into immediate action.

The reality on the ground today is this: the promised surge has not yet delivered.

The sick are desperate, their families and caregivers are angry, and aid workers are exhausted. Maintaining quality of care is an extreme challenge.

Fear and panic have set in, as infection rates double every three weeks. Mounting numbers are dying of other diseases, like malaria, because health systems have collapsed.

Without you, we fall further behind the epidemic's deadly trajectory. Today, Ebola is winning.

Our 150-bed facility in Monrovia opens for just thirty minutes each morning. Only a few people are admitted—to fill beds made empty by those who died overnight.

The sick continue to be turned away, only to return home and spread the virus among loved ones and neighbors.

The isolation centers you have promised must be established NOW.

And other countries must not let a few states carry the load. Complacency is a worse enemy than the virus.

The required response must be hands-on, rigorous and disciplined. And it must not be subcontracted. It is not enough for states to just build isolation centers. While NGOs can manage some, you will have to manage many.

Don't cut corners. Massive, direct action is the only way.

But have no doubt about what you will face. This will be extremely challenging.

Scaling up the response will present huge organizational difficulties. The UN cannot fail in coordinating and leading this effort.

In parallel, an equally massive effort is needed to create a vaccine, an additional tool for cutting the chain of transmission.

But current models of vaccine development will not work. We need incentives for trials and production, along with collaborative research and open source data. A safe vaccine must be accessible, and rapidly delivered to the most affected populations.

There is today a political momentum the world has rarely—if ever—seen.

As world leaders, you will be judged by how you use it.

Thank you.

White House [U.S.] FACT SHEET: Global Health Security Agenda: Getting Ahead of the Curve on Epidemic Threats

The Ebola epidemic in West Africa highlights the urgency for immediate action to establish global capacity to prevent, detect and rapidly respond to biological threats like Ebola. Beginning in his 2011 speech at the United Nations General Assembly, the President has called upon all countries to work together to prevent, detect, and respond to outbreaks before they become epidemics.

The Global Health Security Agenda (GHSa) was launched on February 13, 2014 to advance a world safe and secure from infectious disease threats and to bring together nations from all over the world to make new, concrete commitments, and to elevate global health security as a national leaders-level priority. The G7 endorsed the GHSa in June 2014; and Finland and Indonesia hosted commitment development meetings to spur action in May and August.

On September 26, President Obama, National Security Advisor Rice, Assistant to the President for Homeland Security and Counterterrorism Monaco, and Secretaries Kerry, Hagel, and Burwell will meet with Ministers and senior officials from 44 countries and leading international organizations to make specific commitments to implement the GHSa and to work toward a commitment to assist West Africa with needed global health security capacity within 3 years. Commitments to Action

In 2014, countries developed 11 lines of effort in support of the GHSa – known as Action Packages. The Action Packages are designed to outline tangible, measurable steps required to prevent outbreaks, detect threats in real time, and rapidly respond to infectious disease threats—whether naturally occurring, the result of laboratory accidents, or an act of bioterrorism. The Action Packages include specific targets and indicators that can be used as a basis to measure how national, regional, and global capacities are developed and maintained over the long-term. Since February, countries have made over 100 new commitments to implement the 11 Action Packages. For its part, the United States has committed to assist at least 30 countries over five years to achieve the objectives of the GHSa and has placed a priority for our actions on combating antibiotic resistant bacteria, to improve biosafety and biosecurity on a global basis, and preventing bioterrorism. www.cdc.gov/globalhealth/security

Next Steps: Governance and Tracking

Going forward, 10 countries have agreed to serve on the GHSa Steering Group, which will be chaired by Finland starting in 2015, with representation from countries around the world, including: Canada, Chile, Finland, India, Indonesia, Italy, Kenya, the Kingdom of Saudi Arabia, the Republic of Korea, and the United States. The Steering Group is charged with tracking progress, identifying challenges, and overseeing implementation for achieving the objectives of the GHSa in support of international standards set by the World Health Organization, the Food and Agriculture Organization of the United Nations, and the World Organization for Animal Health. This includes the implementation of internationally agreed standards for core capacities, such as the World Health Organization International Health Regulations, the World Organization for Animal Health Performance of Veterinary Services Pathway, and other global health security frameworks. To provide accountability and drive progress toward GHSa goals, an independent, objective and transparent assessment process will be needed. Independent evaluation conducted over the five-year course of the GHSa will help highlight gaps and needed course corrections to ensure that the GHSa targets are reached.

All nations share a responsibility to provide health security for our world and for accelerating action toward a world safe and secure from all infectious disease threats.

Participating Nations—Australia, Azerbaijan, Canada, Chile, China, Denmark, Ethiopia, Finland, France, Georgia, Germany, Guinea, India, Indonesia, Israel, Italy, Japan, Jordan, Kenya,

Liberia, Malaysia, Mexico, Netherlands, Norway, Pakistan, Peru, Portugal, Republic of Korea, Saudi Arabia, Sierra Leone, Singapore, South Africa, Spain, Sweden, Switzerland, Thailand, Turkey, Uganda, Ukraine, United Arab Emirates, United Kingdom, United States, Vietnam, and Yemen.

WHO responding to unprecedented scale of humanitarian emergencies

September 2014

WHO and health partners are responding to an unprecedented five "Grade 3" priority crises at the same time

[Excerpt]

For the first time ever, WHO is leading the health response to five major humanitarian crises at the same time. More than 60 million people, from West Africa to Iraq, urgently require a wide range of health-care services.

West Africa's Ebola outbreak, and conflict-enflamed humanitarian crises in South Sudan, Central African Republic, Syria and Iraq, have stretched health services to the limit and caused many to collapse. This has required WHO and its health partners to fill increasingly widening gaps to ensure life-saving and routine care for millions of displaced persons and host communities.

"We are dealing with an unprecedented number of multiple humanitarian health crises concurrently. These are more complex and affecting more people than at any point since the end of the Second World War," says Dr Bruce Aylward, Assistant Director-General of WHO's Polio and Emergencies Cluster.

Five highest level crises

The 5 crises have, due to their scale and the emergency health response required, each been categorized as Grade 3 (G3) emergencies, the highest grading determined by WHO as part of its Emergency Response Framework. The ERF grades emergencies across three levels, with Grade 3 being the most serious.

The scale of the emergencies is stark, including:

:: [West Africa Ebola outbreak](#)

22 million people living in the three worst-affected countries – Liberia, Sierra Leone and Guinea – are at risk.

:: [Iraq](#)

20 million people affected, including 1.8 million who are internally displaced.

:: [Syria](#)

10.8 million people inside Syria, including 6.5 million people displaced within the country.

Another 3 million people have fled the conflict to regional neighbours Lebanon, Turkey, Jordan, Iraq and Egypt.

:: [South Sudan](#)

5.8 million people need humanitarian assistance, including 1.3 million who have been displaced.

:: [Central African Republic](#)

2.5 million people are in need, including 425 000 displaced.

"Just two years ago, WHO developed the Emergency Response Framework (ERF) to guide our response in all types of emergencies," explains Dr Aylward. "The ERF ensures that the full resources of the organization are made available to support the response to the most severe crises."

"We are dealing with an unprecedented number of multiple humanitarian health crises concurrently."

"We felt comfortable that the ERF would help us manage two Grade 3 emergencies concurrently, and if we were running 3 responses, we expected to be exiting one before entering the next. But 2 years later, we are managing five Grade 3 emergencies based on their scale, complexity, urgency, and political, social or economic impact. This is unprecedented – not only for WHO, but for all humanitarian partners."

"And these will be long-term, sustained crises, not just a time-limited surge period," he adds....

Security Council Unanimously Adopts Resolution Condemning Violent Extremism, Underscoring Need to Prevent Travel, Support for Foreign Terrorist Fighters

UN Security Council
7272nd Meeting (PM) SC/11580
24 September 2014

[Excerpt from overview]

At a summit presided over by United States President Barack Obama, opened by United Nations Secretary-General Ban Ki-moon and addressed by scores of national leaders, the Security Council this afternoon called on all States to cooperate urgently on preventing the international flow of terrorist fighters to and from conflict zones.

Through resolution 2178 (2014), adopted unanimously during a meeting that heard from over 50 speakers, the Council condemned violent extremism and decided that Member States shall, consistent with international law, prevent the "recruiting, organizing, transporting or equipping of individuals who travel to a State other than their States of residence or nationality for the purpose of the perpetration, planning of, or participation in terrorist acts".

Expressing concern over the establishment of international terrorist networks, the Council underscored the "particular and urgent need" to prevent the travel and support for foreign terrorist fighters associated with the Islamic State in Iraq and the Levant (ISIL), Al-Nusra Front (ANL) and other affiliates or splinter groups of Al-Qaida.

In that context, the Council, through the resolution, decided that all States shall ensure that their legal systems provide for the prosecution, as serious criminal offences, of travel for terrorism or related training, as well as the financing or facilitation of such activities.

Member States, it also decided, shall prevent entry or transit through their territories of any individual about whom that State had credible information of their terrorist-related intentions, without prejudice to transit necessary for the furtherance of judicial processes. It called on States to require airlines to provide passenger lists for that purpose....

UNHCR: Asylum Trends, First half 2014 - Levels and Trends in Industrialized Countries

September 2014 – 36 pages

[Editor's abstract for media release and report content]

This report summarizes patterns and trends in the number of individual asylum claims submitted in Europe and selected non-European countries during the first six months of 2014. The data in this report are based on information available as of 3 September 2014, unless otherwise indicated.

These data cover the 38 European and six non-European States that currently provide monthly asylum statistics to UNHCR. Figures are mostly based on official asylum statistics, reflecting national laws and procedures.

UNHCR's reports on asylum applications in industrialized countries are normally published twice annually.

War, armed conflict, and human rights concerns in a number of countries – notably the Syrian Arab Republic and Ukraine – are among the principal reasons for the upsurge in the number of asylum-seekers in industrialized countries observed during the first half of 2014. An estimated 330,700 new asylum applications were recorded between January and June 2014, some 64,300 claims or 24 per cent more than during the corresponding period of 2013 (266,300 claims). This figure is almost identical to the figures recorded during the preceding six months of July through December 2013 (328,100).

"We are clearly into an era of growing conflict," said UN High Commissioner for Refugees António Guterres. "The global humanitarian system is already in great difficulty. The international community needs to prepare their populations for the reality that, in the absence of solutions to conflict, more and more people are going to need refuge and care in the coming months and years. Unfortunately, it is not clear that the resources and the access to asylum will be available to help them."

Despite the net overall increase in new claims shown in the report, more than two thirds of these were in just six countries – Germany, the United States, France, Sweden, Turkey and Italy.

The number of people applying for refugee status in the 44 industrialized countries covered by the report is just one element in the global picture of forced displacement from wars and conflict. Worldwide, 51.2 million were forcibly displaced as of the end of 2013. Most are either internally displaced within their own countries, or are hosted as refugees in states bordering onto war zones.

[The full Asylum Trends report is available here.](#)

WHO Statement: [Prevention and elimination of disrespect and abuse during childbirth](#)

pdf [English:

http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1

Overview

Every woman has the right to the highest attainable standard of health, including the right to dignified, respectful care during pregnancy and childbirth. However, across the world many women experience disrespectful, abusive, or neglectful treatment during childbirth in facilities. These practices can violate women's rights, deter women from seeking and using maternal health care services and can have implications for their health and well-being.

WHO Statement

A new WHO statement illustrates a commitment to promoting the rights of women and to promoting access to safe, timely, respectful care during childbirth. It calls for greater co-operation among governments, healthcare providers, managers, professional associations, researchers, women's advocates, international organizations and women themselves to end disrespect and abuse during facility-based childbirth.

The WHO statement calls for:

:: [Greater support from governments and development partners for research and action](#)

:: [Programmes to improve the quality of maternal health care, with a strong focus on respectful care](#)

:: [Greater emphasis on the rights of women to dignified, respectful healthcare through pregnancy and childbirth](#)

:: The generation of data related to respectful and disrespectful care practices, systems of accountability and meaningful professional support
:: The involvement of all stakeholders, including women, in efforts to improve quality of care and eliminate disrespectful and abusive practices

Online system enhances transparency of humanitarian financing in South Sudan

[Excerpt]

Juba, 25 September 2014: So far in 2014, donors have contributed close to US\$1.2 billion for humanitarian action in South Sudan, including over \$980 million for projects in the South Sudan Crisis Response Plan.

To enhance transparency of the flow of resources for humanitarian action in South Sudan and other emergencies around the world, the United Nations maintains an online system called the Financial Tracking Service (<http://fts.unocha.org/>). This public system tracks donations in real-time, specifying which organization has received resources for which projects. For South Sudan, the system has been in operation since the country gained independence in 2011.

Users of the Financial Tracking Service can download pre-prepared tables detailing donors and recipients of funds; create customized searches or focus on specific sectors or organizations; and compare financing flows between different crises across the globe. Though internet-based, the system makes it easy to create, print and share tables with financial information in other formats.

Visit the Financial Tracking Service on: <http://fts.unocha.org/>. For information on South Sudan, click on "Republic of South Sudan - Crisis Response Plan 2014".

UNISDR: Climate Summit boost for resilient cities

[Excerpt]

NEW YORK, 25 September 2014 – This week's UN Climate Summit has generated commitments to raise \$2 billion of in-kind and direct support for cities threatened by extreme weather events fuelled by climate change.

The Resilient Cities Acceleration Initiative, backed by the Rockefeller Foundation and other partners in the Medellin Collaboration for Urban Resilience, aims to double its estimated \$2 billion annual investment in urban resilience by 2020...

...The Climate Summit commitments also include a plan to assist 500 local governments to develop resilience action plans by 2020 with the deployment of funding and technical support...

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:: 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 27 September 2014]
<http://www.un.org/en/unpress/>

Selected Meetings

[Leaders Sound Alarm in General Assembly Debate on Unprecedented Mix of Challenges in Middle East, Taking 'Terror to a New Era and a New Level' \(26 September 2014\)](#)

GA/11563

['Every Day, Every Minute, Counts,' Warns World Health Organization Head at High-Level Meeting on Response to Ebola Virus Disease Outbreak \(25 September 2014\)](#)

SG/2207

[Security Council Unanimously Adopts Resolution Condemning Violent Extremism, Underscoring Need to Prevent Travel, Support for Foreign Terrorist Fighters \(24 September 2014\)](#)

SC/11580

[Two-Day World Conference on Indigenous Peoples Concludes with Resounding Support for Outcome Document, High Expectations for Sweeping Change \(23 September 2014\)](#)

GA/11558

[As World Leaders Come Together for Historic Climate Summit, Secretary-General Urges Commitment to Meaningful, Universal Agreement \(23 September 2014\)](#)

ENV/DEV/1457

Selected Press Releases

[On International Day, Secretary-General Encourages Governments to Ensure Older People's Full Participation in Society \(26 September 2014\)](#)

SG/SM/16217-OBV/1379

[Secretary-General Says We Have Opportunity to Help Central African Republic, 'and an Obligation to Act', at High-Level Meeting \(26 September 2014\)](#)

SG/SM/16215-AFR/2979

[At 'Ending Aids by 2030' Event, Deputy Secretary-General Says, Despite Remarkable Progress, Global Actions Needed to Close Treatment Gap for 22 Million People \(25 September 2014\)](#)

DSG/SM/808-AIDS/193

[Ending Homophobia, Transphobia Is Great Human Rights Cause, Secretary-General Says in Video Message to Lesbian, Gay, Bisexual, Transgender Ministerial Event \(25 September 2014\)](#)

SG/SM/16208-HR/5216

[Secretary-General Says Ending All Preventable Deaths of Women, Children in One Generation Possible, Calling Opportunity 'Smartest Investment We Can Make' \(25 September 2014\)](#)

SG/SM/16207-WOM/2003

[Deputy Secretary-General, at Headquarters Event, Urges Universal Abolition of Death Penalty, Moratorium on Executions \(25 September 2014\)](#)

DSG/SM/807-HR/5215

[Governments, International Community Must Better Protect Health-Care Workers, Facilities during Armed Conflict, Deputy Secretary-General Tells High-level Event \(25 September 2014\)](#)
DSG/SM/805-IHA/1345

UNICEF [to 27 September 2014]

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

Media Releases [selected]

[As 25th anniversary of the Convention on the Rights of the Child approaches, UNICEF asks: Is the world a better place for children?](#)

NEW YORK, 26 September 2014 – Looking ahead to the 25th anniversary of the Convention on the Rights of the Child (CRC) on November 20, UNICEF today released new trend data and essays that ask a critical question: “Is the world a better place for children?”

[First batch of 50,000 household protection kits arrives in Liberia](#)

MONROVIA, Liberia, 25 September 2014 – With Ebola cases in Liberia spiralling upwards – now over 3,500 cases – UNICEF’s first shipment of new household protection kits landed in the Liberian capital on Wednesday.

[Myanmar Military releases more than 100 children from armed forces](#)

YANGON, Myanmar 25 September, 2014 – The Myanmar Armed Forces (“Tatmadaw”) released 109 children today, demonstrating its continued commitment to professionalize its security forces, ensuring that they become and remain ‘child free’.

[Significant new pledges announced but more resources still required for children affected by the Syria crisis](#)

NEW YORK, 24 September 2014 – UNICEF welcomes \$347 million in new funding commitments to the No Lost Generation Initiative announced at a meeting held at UNICEF House today.

[Increased investment in education and protection helps safeguard the future of a generation of children affected by Syria crisis](#)

NEW YORK, 24 September 2014 – Over the last year, an additional 770,000 children affected by the Syria crisis benefitted from some form of education and almost 660,000 children received psychological support.

[No Lost Generation Initiative: One Year On](#)

NEW YORK, 23 September, 2014 - Press briefing following a high-level meeting on the No Lost Generation Initiative. Progress and achievements of the initiative to date and the objectives for 2014/15, plus major new donor commitments will be announced.

[Leaders pledge to put early child development at the centre of sustainable development](#)

NEW YORK, 23 September 2014 – Today, world leading scientists and economists, along with high-level representatives from business, civil society, academia, UN agencies and a host of countries, committed to making early childhood development central to sustainable development at a breakfast meeting for champions of early childhood development (ECD), on the occasion of the United Nations General Assembly.

[UNICEF lauds commitment to child rights by World Conference on Indigenous Peoples](#)

NEW YORK, 23 September 2014 – As the first World Conference on Indigenous Peoples concluded today in New York, UNICEF said the commitment to children's rights in the outcome document signified a major step forward for indigenous children.

[Child malnutrition emergency in South Sudan](#)

JUBA, South Sudan, 23 September 2014 – Tens of thousands of children under the age of five remain at risk of malnutrition-related death in South Sudan, despite temporary improvements in the food security situation that were released today by the Integrated Food Security Phase Classification (IPC) group of experts.

UNHCR [to 27 September 2014]

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

[UNHCR statement on Australia-Cambodia agreement on refugee relocation](#) – 26 September 2014

[Europe, North America, parts of Asia-Pacific seeing rising refugee claims from Syria, Iraq and other conflict zones - UNHCR report](#) – 26 September 2014

[UNHCR airlifts urgent aid into Turkey to help refugees fleeing ISIS](#) – 25 September 2014

UNOCHA [to 27 September 2014]

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

25 Sep 2014

[South Sudan: International community calls on leaders of South Sudan to put their people first and end the conflict](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: South Sudan (New York, 25 September 2014) Millions of people hit by conflict and severe food insecurity need urgent help in South Sudan. World leaders, aid chiefs and other senior representatives came together today at the United Nations to raise awareness of the urgency of the humanitarian situation and call for a peaceful solution to the crisis. Nearly two million people have been forced from their homes by violence...

25 Sep 2014

[South Sudan: Online system enhances transparency of humanitarian financing in South Sudan](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: South Sudan (Juba, 25 September 2014): So far in 2014, donors have contributed close to US\$1.2 billion for humanitarian action in South Sudan, including over \$980 million for projects in the South Sudan Crisis Response Plan. To enhance transparency of the flow of resources for humanitarian action in South Sudan and other emergencies around the world, the United Nations maintains an online system called the Financial...

24 Sep 2014

[South Sudan: Humanitarian community in South Sudan launches planning for 2015](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: South Sudan (Juba, 24 September 2014) United Nations agencies and non-governmental organizations are launching

the planning for the 2015 aid operation in South Sudan at the beginning of October. The planning is to take place in close collaboration with South Sudanese people and institutions and authorities at the local, state and national levels in order to help inform the aid community's response to the ongoing crisis...

23 Sep 2014

[World: As The World Faces More Disasters, Strengthening National Capacity Is Essential: UN Humanitarian Chief Valerie Amos](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Dominican Republic, World (New York, 23 September 2014) Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Valerie Amos, and Her Excellency Ms. Zoraima Cuello of the Dominican Republic, today signed a joint statement on regional and international humanitarian issues.

UNISDR UN Office for Disaster Risk Reduction [to 27 September 2014]

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

Selected News Briefs

26 Sep 2014

[Climate Summit boost for resilient cities](#)

This week's UN Climate Summit has generated commitments to raise \$2 billion of in-kind and direct support for cities threatened by extreme weather events fuelled by climate change

24 Sep 2014

[UN-convened coalition considers financial reporting rules on disaster resilience](#)

A major initiative to examine climate risk stress testing for banking and securities regulation and accounting practices was unveiled at the UN Climate Summit in New York by public and private sector organisations working together in response to the increasing frequency and severity of extreme weather events.

23 Sep 2014

[UN recognition for disaster resilience apps](#)

Software developers from around the world were recognized today at the UN Climate Summit for their ingenuity in devising life-saving apps for use in reducing the impact of extreme weather events on cities and coastal communities.

UNDP United Nations Development Programme [to 27 September 2014]

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

26 Sep 2014

[Helen Clark: Speech at Poaching and Illicit Wildlife Trafficking: Towards Joint Action by the International Community](#) United Nations, New York

26 Sep 2014

[Japan pledges support to help African countries recover from disaster](#)

The government announced today that it will donate US\$ 2 million to a United Nations programme to help African nations prepare for disasters. The money will go to the United Nations Development Programme's (UNDP) 'Preparedness for Resilient Recovery' project, which

is working to help Angola, Burkina Faso, Cape Verde, Niger and Rwanda, to better manage and prepare for recovery before disasters occur.

25 Sep 2014

[Urgent action needed on Ebola to prevent reversal of years of development gains](#)

Massive assistance for affected countries is needed to prevent Ebola from shutting down economies and reversing years of development efforts, said Helen Clark, UNDP Administrator, at a high-level event at the United Nations on the deadly disease.

25 Sep 2014

[Helen Clark: Keynote Speech at the High-Level Side Event on "Reducing Risks from Water Related Disasters: A Must for the Post-2015 Development Agenda"](#)

United Nations, New York

25 Sep 2014

[Helen Clark: Statement at the High-Level Meeting on Response to the Ebola Virus Disease Outbreak](#)

United Nations, New York

25 Sep 2014

[Helen Clark: Speech at Mahbub Ul Haq Award Ceremony Honouring Gro Harlem Brundtland](#)

United Nations, New York

25 Sep 2014

[Dr. Gro Harlem Brundtland receives the Mahbub ul Haq Award for Human Development](#)

The United Nations Development Programme (UNDP) presented the Mahbub ul Haq Award for Human Development to Dr. Gro Harlem Brundtland, the first woman Prime Minister of Norway and currently Deputy Chair of The Elders, at a ceremony in New York today. The award is given to an eminent personality who has demonstrated outstanding commitment and contributions to furthering the cause of human development world-wide.

24 Sep 2014

[Helen Clark: Keynote Speech on the "The Transformative Potential of REDD+: A Global Legacy in the Making"](#)

United Nations, New York

24 Sep 2014

[In DRC, an Atlas to boost renewable energies](#)

With 600 interactive maps, the Atlas, created by UNDP, Netherlands Development Organization SNV and the Congolese Ministry of Water Resources and Electricity, will inform policy-making on decentralizing energy and encourage further investment in this sector.

24 Sep 2014

[Helen Clark: Speech at the Open Government Partnership \(OGP\) High-Level Side Event on "Theme: Citizen Action, Responsive Government" 69th session of the UN General Assembly](#)

United Nations, New York

24 Sep 2014

Helen Clark: Opening Speech at the United Nations General Assembly High Level Event on Post-2015 on "Ending Poverty: Why Strong, Accountable Institutions Matter"

Ford Foundation, New York

23 Sep 2014

Helen Clark: Opening speech at the Climate Summit Forests Pavilion United Nations

United Nations, New York

23 Sep 2014

Star-studded event in New York honours indigenous community groups from around the world

Twenty-six local and indigenous community groups from across the developing world were presented with the Equator Prize as a kick-off to the UN Secretary-General's Climate Summit at Lincoln Center in New York on Monday 22 September.

23 Sep 2014

Largest ever Social Good Summit brings together 70+ global Meetups

As the two-day Social Good Summit came to a close, UNDP's global network of country offices held an unprecedented number of meetups around the world.

UN Division for Sustainable Development [to 27 September 2014]

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

No new digest content identified.

UN Women [to 27 September 2014]

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

Women and girls in Iraq face heightened security and health risks, new gender alert shows

Posted on September 26, 2014

The emergence of the Islamic State armed opposition groups across parts of Iraq in June 2014 has caused widespread violence and insecurity, internally displacing 1.8 million people across the region this year alone. According to a new Gender Alert on the humanitarian crisis in Iraq, the impact on women and girls has been particularly marked; nevertheless, they have been marginalized in the overall humanitarian response.

As front-line caretakers in Ebola crisis, women and girls need gender-based humanitarian response, Gender Alert says

Posted on September 26, 2014

As of 18 September, 5,335 suspected and confirmed cases of Ebola have been reported in the West African nations of Guinea, Liberia and Sierra Leone, where transmission of the disease is widespread. The combined death toll in these countries has reached 2,622, setting the mortality rate at 49 per cent. As front-line healthcare workers and caretakers in their communities, women face a greater risk of contracting the disease.

Gender balance in politics and decision-making remains a challenge — Lakshmi Puri

Posted on September 26, 2014

Opening statement by UN Women Executive Director Lakshmi Puri at the Equal Futures Partnership Panel at UN Headquarters in New York, 22 September, 2014.

[Post-2015 must advance food security for women — Lakshmi Puri](#)

Posted on September 26, 2014

[Check against delivery] Excellencies, distinguished colleagues and friends. Let me start by saying that women and girls are critical for food security, in all of its areas – production, availability, access and utilization. In many countries, women form the backbone of the agricultural sector and food production systems, making up the bulk of the agricultural labourers. Eight out of 10 agricultural workers in Africa are women and in Asia six out of 10 are women. Rural women often...

[UfM Secretariat and UN Women join forces to promote gender equality and women's empowerment in the Euro-Mediterranean region](#)

Posted on September 25, 2014

The Secretary General of the UfM, Fathallah Sijilmassi, and the Executive Director of UN Women, Phumzile Mlambo-Ngcuka, signed a partnership agreement to work closer and undertake joint initiatives to effectively contribute towards women's socio-economic empowerment in the region.

[We have an opportunity to fine-tune instruments to advance the rights of indigenous women — Executive Director](#)

Posted on September 25, 2014

Opening remarks by UN Women Executive Director Phumzile Mlambo-Ngcuka at the high-level side event, "Affirming the Beijing and Lima Plans of Action for Indigenous Women and Girls", at UN Women Headquarters in New York, 23 September, 2014.

[Early childhood development must include commitment to gender equality — Lakshmi Puri](#)

Posted on September 25, 2014

Speech by UN Women Deputy Executive Director Lakshmi Puri at Breakfast of Champions for Early Childhood Development event, at UN Headquarters in New York, 23 September, 2014.

[Voices of indigenous women and girls in the post-2015 agenda](#)

Posted on September 24, 2014

A high-level panel discussion today, against the backdrop of the first-ever World Conference on Indigenous Peoples (22-23 September), reaffirmed the need to include indigenous women in the post-2015 agenda and renew commitment to achieving the Beijing Declaration and Lima Plan of Action.

[Making it happen – financing gender equality and women's rights in the post-2015 development agenda](#)

Posted on September 23, 2014

Remarks by UN Women Deputy Executive Director of Policy and Programme, John Hendra, at the 69th UN General Assembly side event "Making it happen – financing gender equality and women's rights in the post-2015 development agenda" on 22 September 2014, New York.

UNAIDS

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

[Countries ready to "Fast Track" response to end the AIDS epidemic by 2030](#)

25 September 2014

[UNAIDS appoints Victoria Beckham as International Goodwill Ambassador](#)

25 September 2014

UNFPA United Nations Population Fund [to 27 September 2014]

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

26 September 2014 - Dispatch

[Leaders pledge to help end preventable maternal, newborn and child deaths within a generation](#)

UNITED NATIONS, New York – By improving access to essential sexual and reproductive health services – including voluntary family planning and safe delivery care – preventable maternal, newborn and child deaths could be eliminated within a generation. This was the central message of a high-level event hosted by United Nations Secretary-General Ban Ki-moon at UN Headquarters yesterday, where donors pledged hundreds of millions of dollars in support of the Every Woman Every Child movement.

25 September 2014 - Dispatch

[Youth Envoy shines spotlight on young people's development priorities](#)

UNITED NATIONS, New York – The future of global development is high on the agenda as world leaders convene at the United Nations in New York for the 69th Session of the UN General Assembly. Young people – their needs and their priorities – must be included in these plans, UNFPA's Executive Director, Dr. Babatunde Osotimehin, said at a high-level event this morning.

24 September 2014 - Dispatch

[Universal quality education impossible without upholding girls' and young people's rights](#)

UNITED NATIONS, New York – Gender equality and the rights of young people are essential requirements for delivering quality education to all, said heads of state, leading education advocates and United Nations principals at a high-level event held at the UN today, during the 69th session of the UN General Assembly.

24 September 2014 - Dispatch

[UNFPA programme to help turn climate information into action](#)

UNITED NATIONS, New York – World leaders committed to take decisive action to address global climate change at yesterday's historic United Nations Climate Summit. Among these commitments, leaders pledged to promote the resilience of vulnerable communities to climate-related disasters; an innovative UNFPA programme will play a key role in these efforts.

DESA United Nations Department of Economic and Social Affairs [to 27 September 2014]

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

[As development goals near deadline, Ban urges global leaders to 'finish the job'](#)

25 September 2014, New York

Great gains have been made in the global effort to achieve the Millennium Development Goals, known worldwide as the "MDGs," but with the deadline fast approaching more must be done to fully meet the targets set for 2015 and beyond, Secretary-General Ban Ki-moon said today.

ILO International Labour Organization [to 27 September 2014]

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

No new digest content identified.

FAO Food & Agriculture Organization [to 27 September 2014]

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

[FAO joins new global efforts targeting Ebola and other infectious diseases](#)

FAO Director-General, José Graziano da Silva today stressed the need for controls on animal health to help curb the spread of Ebola and other infectious diseases dangerous to humans, during discussions hosted by US President Barack Obama.

26-09-2014

[Oceans crucial for our climate, food and nutrition](#)

Better management of the world's ocean resources is crucial to ensuring food global security, FAO Director-General José Graziano da Silva said during a roundtable discussion with U.S. Secretary of State John Kerry.

25-09-2014

[Zero Hunger is not just a dream, says FAO Director-General](#)

The FAO Director-General urged countries to take the "extra step" and take up the UN Secretary-General's Zero Hunger Challenge which seeks to eradicate hunger, food insecurity and malnutrition worldwide. This "should not remain a dream. It is a vision that is within our reach," the FAO chief said.

25-09-2014

[New approaches to food systems needed to cope with climate change](#)

Overcoming climate change is central to achieving a sustainable future for the planet's growing population, and food security must lie at the heart of that effort

23-09-2014

[South Sudan: Progress made, but food security remains fragile](#)

Despite current short-term improvements, 1.5 million people are projected to remain severely food insecure until the end of 2014, which is a fifty percent increase from December 2013.

23-09-2014

UNCTAD [to 27 September 2014]

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

[Cyberlaw adoption in Latin America moves forward](#)

25 Sep 14

Forty representatives from 20 countries in Latin America and the Caribbean attended a regional workshop on e-commerce legislation harmonization held in Guayaquil, Ecuador, from 16 to 19 September.

WIPO World Intellectual Property Organization [to 27 September 2014]

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

No new digest content identified.

CBD Convention of Biological Diversity [to 27 September 2014]

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

[Meeting on the Safe Use of Living Modified Organisms - First of three major United Nations meetings opens Monday](#)

Pyeongchang/Montreal, 26 September 2014 – On Monday, delegates from around the world will convene for the seventh meeting of the Conference of the Parties serving as the meeting of the Parties to the Cartagena Protocol on Biosafety (COP MOP 7).

USAID [to 27 September 2014]

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

Selected Press Releases

[USAID Announces Up to \\$90 Million in Education Funding for Lebanon and Jordan](#)

September 24, 2014

The U.S. Agency for International Development (USAID) today announced up to \$90 million in funding over five years for education programs in Lebanon and Jordan, in support of the No Lost Generation Initiative. The funding will go toward strengthening the school systems, the education curriculum and social cohesion for Lebanese and Jordanian communities, and the Syrian refugees they are hosting.

[USAID Provides \\$10 Million in Food Assistance to Central Americans Affected by Drought and Coffee Rust](#)

September 24, 2014

The U.S. Agency for International Development (USAID) announced a \$10 million award to the UN World Food Program to provide food assistance to close to 220,000 people most severely affected by drought and coffee rust in Guatemala, Honduras, and El Salvador. Secretary John Kerry and USAID Associate Administrator Mark Feierstein announced the U.S. Government support at a meeting with the three foreign ministers in advance of the UN General Assembly.

DFID [to 27 September 2014]

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

Selected Releases

[UK increases support for humanitarian crisis in South Sudan](#)

25 September 2014 DFID Press release

[World must invest in Syria's young, says Greening](#)

23 September 2014 DFID Press release

[The UK is leading the international drive against Ebola in Sierra Leone](#)

23 September 2014 DFID and FCO Press release

British military and humanitarian staff have arrived in Freetown to spearhead the UK's £100 million mission to contain and control the outbreak.

More than 40 military personnel and humanitarian staff have arrived to oversee the construction of the UK's medical facility and assist with the UK's response.

The latest update follows a meeting of the UK's emergency committee COBR this afternoon. Chaired by the Foreign Secretary Philip Hammond from New York, the meeting reviewed progress on the UK's commitment to boost significantly public health provision across Sierra Leone, including support for 700 Ebola treatment beds.

The UK has published an action plan setting out how it will work alongside the United Nations and Sierra Leone, to mobilise international medical teams and support further treatment centres.

- [International call for assistance to combat Ebola from Sierra Leone and UK](#)

PDF, 162KB, 1 page

- [UK action plan to defeat Ebola in Sierra Leone](#)

PDF, 164KB, 3 pages

[Renewed support to reduce emissions through protecting the world's forests](#)

23 September 2014 DFID, DECC and Number 10 Press release

ECHO [to 27 September 2014]

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

[South Sudan: EU increases humanitarian assistance by €20 million](#)

Thu, 25/09/2014 - 12:00

European Commission Press release Brussels, 25 September 2014 The European Commission is responding to the continuing major crisis in South Sudan by increasing its life-saving assistance by a further €20 million to help its most vulnerable people.

[Syria crisis: EU steps up assistance](#)

Tue, 23/09/2014 - 19:00

European Commission Press release Brussels, 23 September 2014 The European Commission is increasing its aid to Syria and neighbouring countries by €215 million, as a four-year civil war shows no signs of abating and the suffering of millions of ordinary people - including new refugees - soars.

OECD [to 27 September 2014]

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

26-September-2014

[How was Life? Global Well-Being Since 1820 - Publication Launch Event - Paris, 2 October 2014 at 11h00](#)

How has people's well-being evolved over the past 200 years? What has happened to real wages? Has inequality increased? How much healthier are we now than in 1820?

African Union [to 27 September 2014]

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

[Statement by the African Union Commission Chairperson, HE Dr. Nkosazana Dlamini Zuma to the High level Meeting on Ebola Response](#)

UNGA, New York. 25 September 2014

Excerpt

...The current Ebola outbreak in parts of West Africa is unprecedented, both in terms of the region where it is occurring and the number of infections and deaths. Its occurrence in countries that have just emerged from conflicts and are still rebuilding their public health systems, as well as public trust and social cohesion, makes this a huge burden. It has a severe impact on health workers and women, who are at the frontline of the disease in these countries. It also adversely affects children, who are often left orphaned, with no families to take care of them.

Our coordinated and urgent responses to the crisis is therefore necessary: to provide the three countries with financial assistance, with equipment, protective clothing, mobile laboratories and other facilities, to be able to track and contain the disease, and to provide treatment to the sick in a secure environment. Most important, as a result of the severe impact on health workers in these countries, they require health personnel (doctors, technicians, clinicians, nurses) that can help with the immediate and urgent interventions.

Many organizations have shown their solidarity by being in the frontline of efforts in these countries, and we must here single out the medical professionals and health workers especially from Médecins Sans Frontières, the Red Cross, Samaritan's Purse, as well as the US Centre for Disease Control. The African Union Ebola Outbreak in West Africa (ASEOWA), has started deploying the first team of medical and other volunteer personnel from various African countries to Liberia. This includes medical specialists from countries such as Uganda and the DRC that have dealt with Ebola before. We shall be sending further teams to Sierra Leone and Guinea, but it is yet a drop in the oceans, we need hundreds more volunteers.

Secondly, we have to ensure that countries in the neighbourhood and other regions have systems in place to prevent and trace infection. The ECOWAS and African Ministers of Health, working with the World Health Organisations, since their first meetings in April this year, have already begun to coordinate national and regional efforts in this regard.

Thirdly, the disease in its current manifestations also place economic burdens on the countries concerned, ranging from fiscal strains with money having to be diverted from other causes to fight the disease, restrictions on informal and cross-border trade, as well as on agriculture. Our comprehensive measures therefore have to also look at this economic dimension and we thank the World Bank and the African Development Bank for their efforts in this regard, but we should all do more in this regard.

The recent Emergency session of the African Union Executive Council noted that we should avoid compounding the burden on the affected states, by taking measures whose impact may lead to worse consequences than the disease itself. It was in this context that the Emergency session called on Member states to lift all travel bans on flights and passengers from the affected countries, and to cooperate to put in place measures at borders to ensure screening. We thank those countries who have already lifted the travel ban, and urged those who have not done so to recommence flights to these countries...

ASEAN

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

[ASEAN Regional Conference Promotes Funding Access for Women Entrepreneurs and Better SME Development](#)

Thursday, 25 September 2014.

HA NOI, 25 September 2014 – Often considered as the backbone of ASEAN economies, many small and medium enterprises (SMEs) are still facing challenges in their start-up, development and expansion to international market. Women entrepreneurs in the region face even more

constraints ranging from lack of access to funds to only being able to access them at less favorable terms; for example, at higher interest rates, a higher share of required collateral for loans, or shorter terms or loan repayment.

A two-day regional conference addressing those issues kicked off yesterday in Ha Noi, Viet Nam. Around 150 participants took part in the conference, which began with a review of an academic paper on SME funding mechanisms by Prof. William J. Scheela, an American finance expert from Bemidji State University; and Dr. Janti Gunawan, an international business partnership consultant from Indonesia. The conference included presentations from public and private sector representatives from Cambodia, Indonesia, Lao PDR, Malaysia, Philippines and Viet Nam as well as representatives from international organisations such as GIZ, the International Labour Organization, the International Finance Corporation, and USAID.

World Trade Organisation [to 27 September 2014]

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

[Azevêdo says success of WTO dispute settlement brings urgent challenges](#)

Director-General Roberto Azevêdo told the Dispute Settlement Body on 26 September that “there is no question that the WTO’s dispute settlement system has been a success”, noting that in just under 20 years, the system has received 482 requests for consultations, much more than the 300 disputes GATT received in 47 years. He also noted that in the first 16 years of the WTO estimates suggest the system handled disputes covering at least US\$1 trillion of trade flows. He said that “while this is welcome, it does create some real challenges”, including the doubling since 2012 of disputes being handled by the Secretariat, and a much higher than expected rate of appeals.

[Speech](#)

IMF [to 27 September 2014]

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

[IMF Executive Board Approves US\\$130 Million in Immediate Assistance to Guinea, Liberia, and Sierra Leone in Response to the Ebola Outbreak](#)

Press Release No. 14/441

September 26, 2014

The Executive Board of the International Monetary Fund (IMF) today approved—in an expedited decision supported by a joint statement of all Directors—emergency financial assistance to Guinea, Liberia, and Sierra Leone totaling US\$130 million to help respond to the Ebola outbreak. The IMF financing will be made available to the three countries immediately, in the amounts of US\$41 million for Guinea, US\$49 million for Liberia and US\$40 million for Sierra Leone. This emergency financing comes in addition to the assistance provided under existing programs for these countries. It will help cover part of the immediate balance of payments and fiscal needs currently estimated at about US\$100 million for each country.

“The Ebola outbreak in Guinea, Liberia, and Sierra Leone has already cost too many lives,” said IMF Managing Director Christine Lagarde. “This humanitarian crisis could also have deep economic consequences. The governments of Guinea, Liberia and Sierra Leone requested IMF support to enhance their efforts to contain this unprecedented epidemic that is disproportionately affecting the most vulnerable in their populations. The IMF is working hard with the authorities of the affected countries and their development partners to ensure that the

outbreak is quickly brought under control and to assist the economic rebuilding effort that must follow.”

The Ebola Outbreak affecting the three countries has created a significant social and humanitarian crisis, and has so far proven difficult to contain despite efforts by the respective governments and their development partners. It is also having an acute macroeconomic and social impact on the three already-fragile countries. The crisis is still unfolding, but preliminary IMF estimates indicate that growth could decline by at least 3-3½ percent in Liberia and Sierra Leone and by about 1½ percent in Guinea in 2014. Inflationary pressures have flared up in the affected countries, and significant fiscal financing needs have emerged as the outbreak has caused sharp declines in tax revenues and Ebola-related spending had to be increased substantially. Additional and sizeable budget support from bilateral and multilateral development partners is urgently needed to avoid painful domestic adjustment measures and help eradicate the disease...

World Bank [to 27 September 2014]

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

[Speech by World Bank Group President Jim Yong Kim at the High-Level Meeting on Response to the Ebola Virus Disease Outbreak](#)

September 25, 2014

Thank you very much, Deputy Secretary General, Excellencies, President Condé of Guinea and, online, President Johnson Sirleaf from Liberia, President Koroma of Sierra Leone, ladies and gentlemen. I spoke to all three of the leaders yesterday, I spoke to friends and colleagues who just returned from the region, and I first want to thank all of the three leaders for their courage and determination in the face of this epidemic. But I just want to also give you a bit of my sense, as an infectious disease doctor, of what I see as the seriousness of this epidemic. I have spent most of my adult life fighting very, very complicated, difficult epidemics, like drug-resistant tuberculosis in some of the poorest countries in the world. I have been involved in the treatment of HIV, again in some of the poorest countries in the world. But I have never seen anything close to the challenge that we're facing. The speed, complexity and the magnitude of the response that is required is unlike anything we've...

[WBG Approves US\\$750,000 to prevent Ebola in Guinea-Bissau](#)

DAKAR, September 25, 2014 - The World Bank has approved financing to the Government of Guinea-Bissau for a health contingency plan that would help prevent the spread of the Ebola virus to the country. Although it has no recorded cases of Ebola to date, the new funding of US\$750,000 responds to an urgent request from the government for financing of an Ebola action plan prepared by the Ministry of Public Health, in collaboration with the World Health Organization (WHO). According to Philippe Auffret, World Bank Task Team Leader of the project, "this support is to finance an information campaign through the Government's existing community-driven Project and finance health measures including training of health staff on Ebola...

[World Bank Group to Nearly Double Funding in Ebola Crisis to \\$400 Million](#)

September 25, 2014

Significant new assistance planned for hardest-hit countries WASHINGTON, September 25, 2014—Following alarming evidence of the spread of the Ebola epidemic in West Africa, the World Bank Group today announced that it will nearly double its financing to \$400 million to

help the worst-affected countries address the emergency and build stronger health systems for the years ahead. This represents \$170 million in new funding. With today's announcement, the Bank will put \$230 million toward the emergency response and \$170 million for medium- and long-term projects. The new resources – which the World Bank's Board of Executive Directors will consider in the coming weeks – will be targeted at rapidly increasing the health care workforce and purchasing needed supplies in order to bring care and treatment to all parts of the affected countries. The funding also is aimed at building a stronger health care system because it will aim to train cadres of health workers to bolster care at a community level...

* * * *

:: *NGO/Collaborations/Initiatives Watch*

Beginning 27 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. We will not include fund raising content.

Amref Health Africa [to 27 September 2014]

No new digest content identified.

Aravind Eye Care System [to 27 September 2014]

No new digest content identified.

BRAC [to 27 September 2014]

[BRAC commits to massive scale-up in girls' education](#)

Global anti-poverty leader pledges to invest at least \$280 million to reach 2.7 million additional girls and train 75,000 teachers by 2019

[Undated announcement]

BRAC, already a global leader in providing opportunity for the world's poor, has boosted its commitment to girls' education in low-income countries with a five-year pledge to reach 2.7 million additional girls through primary and pre-primary schools, teacher training, adolescent empowerment programmes, scholarships and other programmes.

These commitments make BRAC a leading partner in CHARGE, the Collaborative for Harnessing Ambition and Resources for Girls Education, a global collaborative of more than 30 partners working to advance the "second generation" of global girls' education. The initiative was announced today by Hillary Rodham Clinton, former US secretary of state; Chelsea Clinton, Clinton Foundation vice-chair; and Julia Gillard, former prime minister of Australia, at the 10th Clinton Global Initiative Annual Meeting in New York.

"We have always used an approach to development that puts power in the hands of the poor themselves, especially women and girls," says Sir Fazle Hasan Abed, the founder and chairperson of BRAC, who joined other leaders at Clinton Global Initiative today to launch the initiative. "Educated girls turn into empowered women, and as we have seen in my native

Bangladesh and elsewhere, the empowerment of women leads to massive improvements in quality of life for everyone, especially the poor."

BRAC is already the world's largest private, secular education provider, with 1.3 million boys and girls now enrolled in 43,500 primary and pre-primary schools and 311,000 participants in its adolescent development programmes. Formerly Bangladesh Rural Advancement Committee, BRAC is now active in a dozen countries, serving the poor through the empowerment of women and girls with tools such as microfinance, education, healthcare and a full-fledged university, BRAC University in Dhaka.

This commitment significantly expands BRAC's existing education programmes by reaching an additional 1.3 million girls directly in BRAC schools, roughly 636,000 additional girls through teacher training in government schools, and 714,000 more through various other programmes, including adolescent empowerment, gender harassment awareness, mentorship programmes, and scholarships.

BRAC estimates the investments needed to fulfill these commitments will be more than \$280 million, over half of which has already been raised from partnerships with AusAid, UK Aid and The MasterCard Foundation...

CARE International [to 27 September 2014]

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

[Aid to South Sudan is saving lives, yet millions remain in desperate need](#)

SOUTH SUDAN

24 SEPTEMBER 2014

With harvesting season approaching, CARE International has called for urgent action to reduce needless deaths from hunger and malnutrition.

Danish Refugee Council [to 27 September 2014]

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

[DRC reaches 3000 people in the city of Ramadi in Anbar](#) (23.09.14)

More than 3,000 internally displaced persons have received core relief items, distributed by the Danish Refugee Council (DRC) in the city of Ramadi, in Anbar Governorate where fighting have caused...

Casa Alianza [to 27 September 2014]

Covenant House [to 27 September 2014]

No new digest content identified.

ECPAT [to 27 September 2014]

No new digest content identified

Handicap International [to 27 September 2014]

September 23, 2014

[U.S. Prohibits Landmines—With One Exception](#)

Takoma Park, Maryland — Handicap International welcomes today's [Obama Administration statement](#), promising the United States "will not use [anti-personnel landmines] outside of the Korean Peninsula, where our actions are governed by the unique situation there." The statement adds that the U.S. will "diligently undertake to destroy stockpiles of these landmines that are not required for the defense of the Republic of Korea."

The Administration's latest statement echoed a goal set in [June 2014](#), by stating it will work to "be compliant with and ultimately ... join the Ottawa Convention."

"We congratulate the Obama administration on this vital step forward towards the U.S. becoming compliant with the Ottawa Treaty," says Elizabeth MacNairn, executive director of Handicap International U.S. "However, we urge the U.S. government to find alternatives to landmines on the Korean Peninsula. Given that the U.S. has repeatedly acknowledged the serious humanitarian consequences of using of antipersonnel landmines, it is illogical and immoral for the U.S. to continue using mines in any country. The inevitable loss of innocent lives is an outrage."...

[Heifer International](#) [to 27 September 2014]

No new digest content identified

[HelpAge International](#) [to 27 September 2014]

No new digest content identified

[International Rescue Committee](#) [to 27 September 2014]

24 Sep 2014

[South Sudan: No time for complacency, says the International Rescue Committee](#)

23 Sep 2014

[Protection of Syrian civilians must be world's priority, humanitarian and human rights groups demand](#)

[Discriminated against and marginalized, the men who clean up Haiti's pit latrines](#)

Posted by Anna Kim on September 26, 2014

Bayakous are the men in Haiti who empty pit latrines for a living without benefit of health and safety standards, the protection of the law, or even fixed prices. Here is their story.

[The IRC's work with Syrian women and girls \[PHOTO ESSAY\]](#)

Posted by Kulsoom Rizvi on September 25, 2014

Women and girls fleeing Syria bear the brunt of the more than three-year conflict, yet their needs are often overlooked, and their voices lost. The IRC has been working to make sure they can quickly and safely access emergency supplies, medical care, counseling and other social services. Take a look at our work in photos.

["Famine" or "food crisis" in South Sudan? Saving lives matters more than labels](#)

Posted by The IRC on September 24, 2014

Although famine has been averted in South Sudan, the IRC expresses concern with how the world's newest country will cope in 2015.

|
[Five things you need to know about the IRC's Ebola response \[VIDEO\]](#)

Posted by The IRC on September 23, 2014

IRC epidemiologist Ruwan Ratnayake talks about the IRC's emergency response to the Ebola outbreak.

ICRC - International Committee of the Red Cross [to 27 September 2014]

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

[Syria and Iraq: ICRC calls for better compliance with humanitarian law](#)

News release

26 September 2014

The International Committee of the Red Cross is appealing to all parties involved in the Syria and Iraq conflicts to uphold the fundamental principle of human dignity, to spare the civilian population the effects of the hostilities and to facilitate neutral, independent and impartial humanitarian activities....

[New York: ICRC and WHO urge concrete steps to better protect health care in conflict](#)

News release

25 September 2014

Geneva/New York (ICRC) – The International Committee of the Red Cross (ICRC) and the World Health Organization (WHO) are seeking stronger action by States to protect people providing or receiving health care in conflict situations...

[Somalia: Urgent food aid for 36 000 displaced people](#)

News release

23 September 2014

Nairobi (ICRC) – The International Committee of the Red Cross (ICRC), assisted by the Somali Red Crescent Society, just completed a distribution of food to over 36,000 displaced people in the town of Beletweyne, in the central part of the country. In addition, 4,000 children under five years of age and 860 pregnant women were provided with one-month supplies of therapeutic nutritional products...

IRCT [to 27 September 2014]

No new digest content identified

MSF/Médecins Sans Frontières [to 27 September 2014]

[MSF Urges Prime Minister Modi to Resist US Political Pressure to Restrict Global Access to Medicines](#)

September 26, 2014

As Indian prime minister Narendra Modi makes his first official visit to the US, MSF is urging the Indian government to resist US pressure to drop the use of public health safeguards in its intellectual property laws.

[The Field: A Monthly Newsletter from MSF](#) September 2014

Updates on Ebola, Syria, South Sudan, and More

Mercy Corps [to 27 September 2014]

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

[Mercy Corps applauds Congressional interest in global food security](#)

September 24, 2014

Feed the Future legislation is a smart step; Congress must support a holistic approach to hunger

Portland, OR – The global humanitarian organization Mercy Corps applauds the strong bipartisan leadership of Senators Casey, Johanns, Coons, Isakson, Cardin and Boozman and Representatives Chris Smith and Betty McCollum for their attention to improving global food security. With more than 800 million hungry men, women and children around the world, it is vital that Congress support efforts to help families access nutritious food and develop sustainable solutions to food insecurity...

Operation Smile [to 27 September 2014]

Upcoming Mission Schedule

Oct 2 - 10 | Monterrey, Mexico
Oct 10 - 18 | Abraminch, Ethiopia
Oct 10 - 17 | Fengkai, Guangdong, China
Oct 11 - 19 | Kottayam, Kerala, India
Oct 16 - 22 | Handan, Hebei, China
Oct 17 - 26 | Lubumbashi, DRC
Oct 17 - 19 | Lima, Peru
Oct 20 - 24 | Panama City, Panama
Oct 23 - 31 | Santa Cruz, Bolivia
Oct 25 - Nov 2 | Grozny, Russia
Oct 29 - Nov 4 | Lincang, Yunnan, China

OXFAM [to 27 September 2014]

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

[Arms Trade Treaty set to enter into force before end of year as number of ratifications tops 50](#)

Published:

25 September 2014

Now governments have the chance to change the arms trade for good, and if rigorously implemented this treaty will save lives.

Martin Butcher, Arms and Conflict Policy Advisor at Oxfam

Argentina, St Lucia, Portugal, Senegal, and Uruguay are amongst latest states to announce ratification - triggering 90-day countdown

Seven more states will ratify the Arms Trade Treaty today – bringing the overall total to over 50 and triggering the countdown to entry into force.

Fifty states are required to ratify the treaty before the 90-day countdown to entry into force could begin. Today, seven states including, Argentina, The Bahamas, The Czech Republic, St Lucia, Portugal, Senegal, and Uruguay will ratify at a special ceremony at the United Nations headquarters, in New York, taking the number of ratifying states to 52...

Partners In Health [to 27 September 2014]
[Ebola: Countries Need 'Staff, Stuff, and Systems'](#)

September 24, 2014

Last week PIH Co-founder Dr. Paul Farmer, PIH Chief Medical Officer Dr. Joia Mukherjee, and a small team of clinicians traveled to Liberia to assess the Ebola outbreak and determine how PIH can best respond to this historic challenge. Upon returning, Drs. Farmer and Mukherjee penned the following opinion piece for [The Boston Globe](#).

PATH [to 27 September 2014]
[PATH names new leader for Maternal, Newborn, and Child Health and Nutrition program](#)

Announcement | September 25, 2014

Dr. Cyril Engmann has extensive experience leading international maternal and newborn health initiatives

Plan International [to 27 September 2014]
<http://plan-international.org/about-plan/resources/media-centre>
No new digest content identified.

Save The Children [to 27 September 2014]
<http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6150563/k.D0E9/Newsroom.htm>

[Save the Children Builds Its First Ebola Treatment Center in Liberia](#)

FAIRFIELD, Conn. (Sept. 27, 2014) — A 70-bed Save the Children-built treatment center has now opened its doors in Liberia and is being run by the International Medical Corps (IMC). Bong county – where the center is located – is one of the five counties in Liberia worst affected by the outbreak, which experts claim could claim up to 1.4 million lives by January.

"We only have a few weeks to stop the spread of the disease spiraling out of control and, for those affected, it's imperative that care and treatment are made more widely available," says Mercy Gichuhi, Country Director for Save the Children in Liberia...

[Save the Children Action Network Welcomes Announcement to Support Creation of Global Financing Facility](#)

WASHINGTON, D.C. (Sept. 25, 2014) — Save the Children Action Network welcomes today's announcement to support the creation of a Global Financing Facility (GFF) by the World Bank Group and the Governments of Canada, Norway and the United States.

"With less than 500 days left until the Millennium Development Goals 2015 deadline, one of the biggest obstacles we're facing is additional resources," said Mark Shriver, president of Save the Children Action Network. "The creation of the GFF, complemented by increased bilateral assistance from the U.S. and other nations, is a significant step forward in narrowing the resource gap towards ending preventable maternal, newborn and child deaths within a generation."...

[Ebola Crisis at a "Tipping Point:" 2.5 Million Children under 5 Live in Affected Areas](#)

FAIRFIELD, Conn. (Sept. 24, 2014) – As President Obama highlighted the threat of Ebola in West Africa – and the threat of rapidly crossing borders – this morning at the UN General Assembly in New York, Save the Children is working in Liberia, Guinea and Sierra Leone to help prevent the spread of the virus, and warning that the next few weeks are critical in preventing new cases of the deadly virus.

"The Ebola crisis is now at a tipping point, as the numbers of cases are likely to increase dramatically in coming weeks. We are especially concerned for the 2.5 million children under the age of 5 living in areas affected by Ebola," said Carolyn Miles, president and CEO of Save the Children. "We must address this threat to these millions of children posed by Ebola, as well as other illnesses that are going untreated as a result of this outbreak."...

SOS-Kinderdorf International [to 27 September 2014]

[Liberia: SOS Medical Centre loses co-worker to Ebola](#)

26.09.2014 - Monrovia medical centre closed for one week as precaution; closest co-workers remain under observation

[Children's equality and Post-2015 development](#)

25.09.2014 - To build support amongst world leaders to address inequality in the Post-2015 framework, SOS Children's Villages and other leading child-focused agencies hosted a side event for the 69th UN General Assembly.

Tostan [to 27 September 2014]

September 24, 2014

[Sharing a meal across continents while eating locally](#)

On Saturday September 20, 2014, Tostan was invited to participate in an event called "The Meal." This event allows for men and women from 50 countries worldwide to sit down and share a meal together, using Skype video conferencing to connect with others. This is Tostan's first time participating in the annual event...

Women for Women International [to 27 September 2014]

No new digest content identified.

WorldVision [to 27 September 2014]

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

Sep 23, 2014

[As airstrikes in Syria begin, World Vision urges international leaders to protect affected children](#)

As news breaks about airstrikes in Syria, World Vision is gravely concerned about the impact of the Syrian crisis on a generation of children. 1.5 million children have now fled Syria. Twice that number remain, many under direct threat of violence.

Sep 23, 2014

[UN Climate Summit should champion approaches that ensure livelihoods of most vulnerable, says World Vision](#)

World Vision is at the UN Climate Summit in New York, calling for action to help millions of rural farm families adopt climate-smart agricultural practices that will make it possible for them to reliably produce more nutritious and environmentally sustainable crops.

Sep 23, 2014

Success of new global poverty goals hinges on one factor, says World Vision

New York, NY (September 23, 2014) — Ending global poverty depends on reaching the most vulnerable children says a new report, Stop at Nothing: Post-2015 Goals for Children (PDF), released today by World Vision to coincide with the UN General Assembly[External Link](#) in New York.

The report explains that while Millennium Development Goals brought better health and living standards to hundreds of millions of people, design flaws meant over a billion people on the margins of society — particularly vulnerable children — were passed over, ignored by the targets and unable to benefit from the tide that lifted their neighbors.

“The success of ‘post-2015’ targets that replace the Millennium Development Goals must be measured by their ability to reach the poorest and most vulnerable children in the hardest places to live,” says World Vision’s director of public policy, Kirsty Nowlan. “And leaders gathered this week at the UN General Assembly in New York must stop at nothing to see that happen.”

The report says issues affecting children should be a priority within the new framework, because healthy, cared-for and educated children become productive adults and contribute to healthy, peaceful and productive societies, breaking the poverty cycle...

EHLRA/R2HC [to 27 September 2014]

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

No new digest content identified

GAVI [to 27 September 2014]

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

[Gavi Executive Committee requests options for supporting Ebola vaccine](#)

[French]

Vaccine Alliance to explore potential role in speeding up access to an approved vaccine

26 September 2014

Global Fund [to 27 September 2014]

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

[Ecobank Expands Partnership with Global Fund](#)

23 September 2014

JUBA, South Sudan - Ecobank Group and the Global Fund to Fight AIDS, Tuberculosis and Malaria are expanding a partnership to include South Sudan after collaborating since 2011 on capacity-building programs for Global Fund implementers in Cote d’Ivoire and Nigeria.

Building on this successful experience, the two parties announced in Juba they have concluded a three to five years' agreement to formalize Ecobank's support for the Global Fund's work and programs in a number of countries in Africa, including South Sudan.

The Global Fund program in South Sudan is being implemented through the United Nations Development Programme (UNDP) and Population Services International (PSI)...

[Landmark HIV Diagnostic Access Program Will Save \\$150m](#)

26 September 2014

Roche has announced a major Global Access Program to sharply lower the price of HIV viral load tests in low- and middle-income countries. This new initiative creates a ceiling price of US\$9.40 per test, and will reduce Roche's average price by more than 40% in low- and middle-income countries. When fully implemented, the Global Access Program is projected to save more than US\$150 million in costs over the next five years.

By increasing access to viral load testing, this new deal will dramatically improve the quality of HIV treatment services and strengthen capacity to achieve the global goal of ensuring that 90% of all people receiving antiretroviral therapy achieve viral suppression. The high price of viral load testing – is an important reason why less than one in four people on antiretroviral therapy currently have access to viral load testing...

ODI [to 27 September 2014]

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

[How the EU can help developing countries trade out of poverty](#)

News - 26 September 2014

As the proposed new EU Trade Commissioner, Cecilia Malmström, prepares for her hearing with the International Trade Committee on 29 September, Trade Out of Poverty and the Overseas Development Institute (ODI) are calling for trade policy to look beyond EU commercial interests and stimulate economic growth in developing countries.

Trade Out of Poverty and ODI outline how the incoming EU Trade Commissioner can help the world's poorest nations trade out of poverty in: [10 priorities for the EU Trade Commissioner](#).

Trade Out of Poverty co-chair Rt Hon Peter Lilley MP:

"It is both hypocritical and self-defeating for the EU to give aid to developing countries while simultaneously blocking their trade – especially as trade is such a crucial part of the route from poverty to prosperity.

The EU has taken welcome steps to remove barriers facing poor countries' exports, but there is still much to be done. The EU's trade with the poorest countries remains pitifully low and largely stagnant. They account for a seventh of the world's population but only one fortieth of EU imports. The scope for growth is immense. The EU must recognise that expanding trade is a "win-win" tool that benefits rich and poor countries alike – the more the poorest countries can export to us the more they will buy from us."...

[Education crisis threatens to push out-of-school Syrian refugee children into arms of militant groups such as ISIS](#)

News - 23 September 2014

The Sphere Project [to 27 September 2014]

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

[Christine Knudsen appointed Sphere Project Director](#)

26 September 2014

The Sphere Board has appointed Christine Knudsen as Sphere Project Director. Knudsen will take up her new position on 1 November 2014. Knudsen brings 17 years of experience...

[Cast your vote in the final consultation on the Core Humanitarian Standard](#)

24 September 2014

The third version of the Core Humanitarian Standard (CHS) on Quality and Accountability will be available for consultation from 29 September to 17 October.

Start Network [Consortium of British Humanitarian Agencies] [to 27 September 2014]

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

No new digest content identified.

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:: Foundation/Major Donor Watch

Beginning 27 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>

No new digest content identified.

Ford Foundation

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

No new digest content identified.

William and Flora Hewlett Foundation

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

[The William and Flora Hewlett Foundation Announces \\$5 Million in Emergency Funding for Ebola Response](#)

Sep 25, 2014

MENLO PARK, Calif.— The William and Flora Hewlett Foundation today announced it has committed \$5 million in grant funding to help contain the West African outbreak of the Ebola virus...

...Recent days have seen several large-scale commitments of funding to halt the spread of the virus, and Hewlett Foundation staff consulted with experts in government, international development agencies, and nonprofit organizations working in the region to decide where the Foundation's funds could do the most good...

...The Hewlett Foundation's grants will support organizations working on high-priority public health measures, including the use of mass media for prevention messages; operation of Ebola treatment centers; and community-based outreach. Organizations that will receive grants as part of the Ebola response fund include the CDC Foundation, the UN Foundation, Humanitarian

OpenStreetMap Team (HOT), International Medical Corps, Population Services International, the GlobalGiving Foundation, and Capital for Good.

Conrad N. Hilton Foundation

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

No new digest content identified.

Kellogg Foundation

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

No new digest content identified.

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>

[RWJF Statement Regarding Announcement by the Alliance for a Healthier Generation and American Beverage Association](#)

September 23, 2014 | News Release

RWJF released a statement regarding the announcement by the Alliance for a Healthier Generation and American Beverage Association for continued action toward reducing the beverage calories consumed by people across the United States.

[Nursing Improvements Could Boost Outcomes for 7 Out of 10 Critically Ill Black Babies](#)

September 23, 2014 | News Release

Researchers found that nurse understaffing and practice environments were worse at hospitals with higher concentrations of black patients, contributing to adverse outcomes for very low birth weight infants born in those facilities.

Wellcome Trust

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

No new digest content identified.

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:: 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 4, p375-530, e7-e10 October 2014

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

Increasing Childhood Influenza Vaccination

A Cluster Randomized Trial

Mary Patricia Nowalk, PhD, RD, Chyongchiou Jeng Lin, PhD, Kristin Hannibal, MD, Evelyn C. Reis, MD, Gregory Gallik, DO, Krissy K. Moehling, MPH, Hsin-Hui Huang, MD, MPH, Norma J. Allred, PhD, David H. Wolfson, MD, Richard K. Zimmerman, MD, MPH, MA

Abstract

Background

Since the 2008 inception of universal childhood influenza vaccination, national rates have risen more dramatically among younger children than older children and reported rates across racial/ethnic groups are inconsistent. Interventions may be needed to address age and racial disparities to achieve the recommended childhood influenza vaccination target of 70%.

Purpose

To evaluate an intervention to increase childhood influenza vaccination across age and racial groups.

Methods

In 2011–2012, a total of 20 primary care practices treating children were randomly assigned to the intervention and control arms of a cluster randomized controlled trial to increase childhood influenza vaccination uptake using a toolkit and other strategies including early delivery of donated vaccine, in-service staff meetings, and publicity.

Results

The average vaccination differences from pre-intervention to the intervention year were significantly larger in the intervention arm (n=10 practices) than the control arm (n=10 practices); for children aged 9–18 years (11.1 pct pts intervention vs 4.3 pct pts control, $p<0.05$); for non-white children (16.7 pct pts intervention vs 4.6 pct pts control, $p<0.001$); and overall (9.9 pct pts intervention vs 4.2 pct pts control, $p<0.01$). In multi-level modeling that accounted for person- and practice-level variables and the interactions among age, race, and intervention, the likelihood of vaccination increased with younger age group (6–23 months); white race; commercial insurance; the practice's pre-intervention vaccination rate; and being in the intervention arm. Estimates of the interaction terms indicated that the intervention

increased the likelihood of vaccination for non-white children in all age groups and white children aged 9–18 years.

Conclusions

A multi-strategy intervention that includes a practice improvement toolkit can significantly improve influenza vaccination uptake across age and racial groups without targeting specific groups, especially in practices with large percentages of minority children.

American Journal of Public Health

Volume 104, Issue 10 (October 2014)

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

Integrating Health Into Disaster Risk Reduction Strategies: Key Considerations for Success

Osman Dar, Emmeline J. Buckley, Sakib Rokadiya, Qudsia Huda, Jonathan Abrahams

American Journal of Public Health: October 2014, Vol. 104, No. 10: 1811–1816.

Abstract

The human and financial costs of disasters are vast. In 2011, disasters were estimated to have cost \$378 billion worldwide; disasters have affected 64% of the world's population since 1992. Consequently, disaster risk reduction strategies have become increasingly prominent on national and international policy agendas. However, the function of health in disaster risk reduction strategies often has been restricted to emergency response.

To mitigate the effect of disasters on social and health development goals (such as risk reduction Millennium Development Goals) and increase resilience among at-risk populations, disaster strategies should assign the health sector a more all-encompassing, proactive role. We discuss proposed methods and concepts for mainstreaming health in disaster risk reduction and consider barriers faced by the health sector in this field.

American Journal of Tropical Medicine and Hygiene

September 2014; 91 (3)

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

[Reviewed earlier]

BMC Health Services Research

(Accessed 27 September 2014)

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

Research article

A framework for community ownership of a text messaging programme to improve adherence to antiretroviral therapy and client-provider communication: a mixed methods study

Lawrence Mbuagbaw, Renee-Cecile Bonono-Momnougui, Lehana Thabane, Charles Kouanfack, Marek Smieja, Pierre Ongolo-Zogo BMC Health Services Research 2014, 14:441 (26 September 2014)

Abstract (provisional)

Background

Mobile phone text messaging has been shown to improve adherence to antiretroviral therapy and to improve communication between patients and health care workers. It is unclear which

strategies are most appropriate for scaling up text messaging programmes. We sought to investigate community acceptability and readiness for ownership (community members designing, sending and receiving text messages) of a text message programme among a community of clients living with human immunodeficiency virus (HIV) in Yaounde, Cameroon and to develop a framework for implementation.

Methods

We used the mixed-methods sequential exploratory design. In the qualitative phase we conducted 10 focus group discussions (57 participants) to elicit themes related to acceptability and readiness. In the quantitative phase we explored the generalizability of these themes in a survey of 420 clients. Qualitative and quantitative data were merged to generate meta-inferences.

Results

Both qualitative and quantitative strands showed high levels of acceptability and readiness despite low rates of participation in other community led projects. In the qualitative strand, compared to the quantitative strand, more potential service users were willing to pay for a text messaging service, preferred participation of health personnel in managing the project and preferred that the project be based in the hospital rather than in the community. Some of the limitations identified to implementing a community-owned project were lack of management skills in the community, financial, technical and literacy challenges. Participants who were willing to pay were more likely to find the project acceptable and expressed positive feelings about community readiness to own a text messaging project.

Conclusion

Community ownership of a text messaging programme is acceptable to the community of clients at the Yaounde Central Hospital. Our framework for implementation includes components for community members who take on roles as services users (demonstrating clear benefits, allowing a trial period and ensuring high levels of confidentiality) or service providers (training in project management and securing sustainable funding). Such a project can be evaluated using participation rate, clinical outcomes, satisfaction with the service, cost and feedback from users.

BMC Infectious Diseases

(Accessed 27 September 2014)

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

[No new relevant content]

BMC Medical Ethics

(Accessed 27 September 2014)

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

[No new relevant content]

BMC Public Health

(Accessed 27 September 2014)

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

[No new relevant content]

BMC Research Notes

(Accessed 27 September 2014)

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

[No new relevant content]

British Medical Journal

27 September 2014(vol 349, issue 7976)

<http://www.bmj.com/content/349/7976>

Editorials

Ebola in an unprepared Africa

BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g5597> (Published 15 September 2014) Cite this as: BMJ 2014;349:g5597

Oyewale Tomori, professor of virology

Author affiliations

Governments of affected countries need help but must take the lead in protecting their citizens

The 2 year old boy who died in December 2013 in Gueckedou, Guinea, is considered the index case of the current outbreak of Ebola virus disease caused by the Zaire species.¹ Up until 2014, the disease was limited to rural areas of east and central Africa,² but it has now spread to Liberia, Sierra Leone, Nigeria, and Senegal. By 6 September 2014, 4293 cases and 2296 deaths had been reported in the current outbreak,³ which, by the time the outbreak is controlled, is likely to surpass the total number of cases and deaths reported for all 22 Ebola outbreaks that have occurred in Africa since 1976, when the disease was first described.³ The World Health Organization has declared the current outbreak an “out of control” public health emergency of international concern.⁴

One of the reasons for the unprecedented epidemic is that Ebola is spreading in three countries ranked among the poorest in the world. The 2014 Human Development Index ranks Liberia, Guinea, and Sierra Leone at 175, 179, and 183, respectively, of 187 countries.⁵ Whereas Liberia and Sierra Leone are recovering from civil wars, Guinea has been affected by chronic underdevelopment allowed and ignored by successive governments. Around a fifth of the citizens of these three countries live in extreme poverty.⁶ Health facilities and services are wholly inadequate. For example, Liberia has 0.1 physicians, 1.7 nurses and midwives, and eight hospital beds for every 10 000 people.⁷

To date, more than 240 healthcare workers have developed Ebola virus disease in Guinea, Liberia, Nigeria, and Sierra Leone and more than 120 have died.⁸ In addition to fragile health systems, several other contributory factors have compromised our ability to mount an adequate response. Poor disease surveillance and response systems make early detection and control of outbreaks inefficient and unreliable. In addition, unmanned borders artificially separate people of the same ethnic origin and cultural background into different nationalities, resulting in a high level of movement across borders and uncontrolled cross border movement of infected people. The death of healthcare workers has led to a shortage of workers to care for patients with other diseases and hospital closures. Ignorance and misconceptions about the virus’s mode of transmission and customary burial ceremonies complicate the situation further.

Governments of affected countries were initially in denial over the occurrence of the disease. Subsequently, they relinquished responsibility for the care of infected patients to overworked international non-governmental organisations and issued incoherent directives, such as the

closure of markets and borders. The Ebola outbreak has now become so serious that health infrastructure is beginning to collapse and hospitals are closing. Without effective medical care patients are dying not only of Ebola but of malaria, diarrhoea, and other conditions. The medical charity Médecins Sans Frontières recently commented that it will take at least another six months to bring the epidemic under control.⁹ The organisation's president and general director have described the international response to its repeated calls "for more hands-on assistance to control the epidemic and to provide the best possible care to patients" as "slow, derisory, [and] irresponsible."¹⁰

What must be done to stop transmission and control the epidemic?

The current epidemic is beyond the capacity and capability of the affected nations. Ending the Ebola outbreak in west Africa and preventing a global calamity requires commitment and collaboration of national and international governments and agencies. The affected countries need urgent help with strengthening and sustaining basic infection control procedures to stop transmission of disease. These include daily tracking of people who come into contact with sick or dead people and monitoring them for the 21 day incubation period; documentation of historical and ongoing chains of virus transmission to ensure that accurate numbers of cases and deaths are recorded and to provide information on transmission of disease; identification of deaths in the community and ensuring safe burial practices; and improving specimen referral and strengthening laboratory diagnostic capacity. Healthcare workers must be educated on these practices to substantially reduce healthcare associated transmission.

National governments urgently need to communicate with the population to restore confidence and to ensure acceptance of healthcare services. They need to educate people on the community's role in control of the disease and to enumerate government action and efforts in controlling the disease. They must show leadership and assume responsibility for the welfare of their citizens by prioritising the provision of adequate funds for procuring personal protective equipment and hospital supplies and paying salaries to healthcare workers. National professional groups—including medical associations, veterinarians, scientists, the media and non-governmental organisations—must make their expertise available for the service and welfare of their communities. International agencies and governments must also take decisive action, deploying the appropriate resources to contain the epidemic.

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>

[Reviewed earlier]

Conflict and Health

[Accessed 27 September 2014]

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

Research

Development of a scale to measure individuals' ratings of peace

Howard Zucker, Roy Ahn, Samuel Justin Sinclair, Mark Blais, Brett D Nelson and Thomas F Burke

Author Affiliations

Conflict and Health 2014, 8:17 doi:10.1186/1752-1505-8-17

Published: 27 September 2014

Abstract (provisional)

Background

The evolving concept of peace-building and the interplay between peace and health is examined in many venues, including at the World Health Assembly. However, without a metric to determine effectiveness of intervention programs all efforts are prone to subjective assessment. This paper develops a psychometric index that lays the foundation for measuring community peace stemming from intervention programs.

Methods

After developing a working definition of 'peace' and delineating a Peace Evaluation Across Cultures and Environments (PEACE) scale with seven constructs comprised of 71 items, a beta version of the index was pilot-tested. Two hundred and fifty subjects in three sites in the U.S. were studied using a five-point Likert scale to evaluate the psychometric functioning of the PEACE scale. Known groups validation was performed using the SOS-10. In addition, test-retest reliability was performed on 20 subjects.

Results

The preliminary data demonstrated that the scale has acceptable psychometric properties for measuring an individual's level of peacefulness. The study also provides reliability and validity data for the scale. The data demonstrated internal consistency, correlation between data and psychological well-being, and test-retest reliability.

Conclusions

The PEACE scale may serve as a novel assessment tool in the health sector and be valuable in monitoring and evaluating the peace-building impact of health initiatives in conflict-affected regions.

Cost Effectiveness and Resource Allocation

(Accessed 27 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 5-6, 2014

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

Special Issue: Endogenous Development

[This special issue includes 14 articles around this theme with selected articles focused on the experience in Rwanda, Malawi, Nigeria, Ghana, and Somalia.]

[Reviewed earlier]

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]

Epidemics

Volume 8, *In Progress* (September 2014)

<http://www.sciencedirect.com/science/journal/17554365>

[Reviewed earlier]

End of Life Journal

Summer 2014 Vol 4 Issue 2

<http://endoflifejournal.stchristophers.org.uk/current-issue>

[Reviewed earlier]

The European Journal of Public Health

Volume 24 Issue 5 October 2014

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

[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/12571/6/4/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 27 September 2014]

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

Commentary

A call for a moratorium on the .health generic top-level domain: preventing the commercialization and exclusive control of online health information

Mackey TK, Eysenbach G, Liang BA, Kohler JC, Geissbuhler A and Attaran A Globalization and Health 2014, 10:62 (26 September 2014)

Abstract

In just a few weeks, the Internet could be expanded to include a new .health generic top-level domain name run by a for-profit company with virtually no public health credentials - unless the international community intervenes immediately. This matters to the future of global public health as the "Health Internet" has begun to emerge as the predominant source of health information for consumers and patients. Despite this increasing use and reliance on online health information that may have inadequate quality or reliability, the Internet Corporation for Assigned Names and Numbers (ICANN) recently announced it intends to move forward with an auction to award the exclusive, 10 year rights to the .health generic top-level domain name. This decision is being made over the protests of the World Medical Association, World Health Organization, and other stakeholders, who have called for a suspension or delay until key questions can be resolved. However, rather than engage in constructive dialogue with the public health community over its concerns, ICANN chose the International Chamber of Commerce—a business lobbying group for industries to adjudicate the .health concerns. This has resulted in a rejection of challenges filed by ICANN's own independent watchdog and others, such that ICANN's Board decided in June 2014 that there are "no noted objections to move forward" in auctioning the .health generic top-level domain name to the highest bidder before the end of the year. This follows ICANN's award of several other health-related generic top-level domain names that have been unsuccessfully contested. In response, we call for an immediate moratorium/suspension of the ICANN award/auction process in order to provide the international public health community time to ensure the proper management and governance of health information online.

Debate

On the margins of aid orthodoxy: the Brazil-Mozambique collaboration to produce essential medicines in Africa

Russo G, de Oliveira L, Shankland A and Siteo T Globalization and Health 2014, 10:70 (25 September 2014)

Abstract (provisional)

Background

On the back of its recent economic development and domestic success in the fight against HIV/AIDS, Brazil is helping the Government of Mozambique to set up a pharmaceutical factory as part of its South-South cooperation programme. Until recently, a consensus existed that pharmaceutical production in Africa was not viable or sustainable. This paper looks into practicalities and evolution of this collaboration to illustrate the characteristics of Brazilian development cooperation in health, with the aim of drawing lessons for the wider debate on aid and local production of pharmaceuticals in Africa.

Discussion

We show that the project process has been very long and complex, has involved multiple public and private partners, and cost in excess of USD34 million. There have also been setbacks in the process, and although production has already started, it is unclear whether all the project's original objectives will be met.

Summary

The Brazil-Mozambique's pharmaceutical factory experience illustrates positives as well as limitations of Brazil's unorthodox approach to health development cooperation, highlighting its contribution to pushing the boundaries of the debate on local production of pharmaceuticals in resource-poor settings.

Global Health Governance

[Accessed 27 September 2014]

<http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/>

[No new relevant content]

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]

Health Affairs

September 2014; Volume 33, Issue 9

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

[Reviewed earlier]

Health and Human Rights

Volume 16, Issue 2 December 2014

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

Papers in Press: Special Issue on Health Rights Litigation

Editorial

[Promoting Equity in Health: What Role for Courts?](#)

Alicia Ely Yamin

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]

Health Research Policy and Systems

<http://www.health-policy-systems.com/content>
[Accessed 27 September 2014]

Editorial

Four centuries on from Bacon: progress in building health research systems to improve health systems?

Stephen R Hanney¹* and Miguel A González-Block²

* Corresponding author: Stephen R Hanney

Author Affiliations

Health Research Policy and Systems 2014, 12:56 doi:10.1186/1478-4505-12-56

Published: 23 September 2014

Abstract

In 1627, Francis Bacon's New Atlantis described a utopian society in which an embryonic research system contributed to meeting the needs of the society. In this editorial, we use some of the aspirations described in New Atlantis to provide a context within which to consider recent progress in building health research systems to improve health systems and population health. In particular, we reflect on efforts to build research capacity, link research to policy, identify the wider impacts made by the science, and generally build fully functioning research systems to address the needs identified.

In 2014, Health Research Policy and Systems has continued to publish one-off papers and article collections covering a range of these issues in both high income countries and low- and middle-income countries. Analysis of these contributions, in the context of some earlier ones, is brought together to identify achievements, challenges and possible ways forward. We show how 2014 is likely to be a pivotal year in the development of ways to assess the impact of health research on policies, practice, health systems, population health, and economic benefits.

We demonstrate how the increasing focus on health research systems will contribute to realising the hopes expressed in the World Health Report, 2013, namely that all nations would take a systematic approach to evaluating the outputs and applications resulting from their research investment.

Human Organization

Volume 73, Number 3 / Fall 2014

<http://sfaa.metapress.com/content/j2q1g276gm72/?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 4, 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 27 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#.U_n092MXxyI

[Reviewed earlier]

International Migration Review

Fall 2014 Volume 48, Issue 3 Pages 577–917

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

SPECIAL SECTION OF IMMIGRATION POLICY IN AUSTRALIA, CANADA, NEW ZEALAND AND THE UNITED STATES

Original Article**Transnationalism and Ethnic Identification among Adolescent Children of Immigrants in the Netherlands, Germany, England, and Sweden**

Paulien Schimmer¹ and Frank van Tubergen²

Article first published online: 9 APR 2014

DOI: 10.1111/imre.12084

Abstract

Inspired by the emerging literature on transnationalism in the United States, this paper studies the return visits of adolescent children of immigrants in four European countries. Using data from the Children of Immigrants Longitudinal Study, cross-classified multilevel analyses indicate that parental economic resources, ethnic motivations, and political suppression are related to adolescent children of immigrants' return visits. Furthermore, return visits are positively related to adolescents' identification with the origin country and negatively to adolescents' identification with the host country.

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 24, 2014, Vol 312, No. 12

<http://jama.jamanetwork.com/issue.aspx>

[New issue; No relevant content]

JAMA Pediatrics

September 2014, Vol 168, No. 9

<http://archpedi.jamanetwork.com/issue.aspx>

[Reviewed earlier]

Journal of Community Health

Volume 39, Issue 5, October 2014

<http://link.springer.com/journal/10900/39/4/page/1>

Original Paper

[Views on Human Papillomavirus Vaccination: A Mixed-Methods Study of Urban Youth](#)

Melissa K. Miller, [Joi Wickliffe](#), [Sara Jahnke](#)...

Original Paper

[Parents' Decisions About HPV Vaccine for Sons: The Importance of Protecting Sons' Future Female Partners](#)

Christine L. Schuler, [Nancy S. DeSousa](#), [Tamera Coyne-Beasley](#)

Original Paper

[Understanding HPV Vaccine Uptake Among Cambodian American Girls](#)

Victoria M. Taylor, [Nancy J. Burke](#), [Linda K. Ko](#)...

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 7 October 1, 2014

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

[New issue; No relevant content]

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 5 (2014)

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

[New issue; No relevant content]

Knowledge Management for Development Journal

Vol 10, No 1 (2014)

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

[Reviewed earlier]

The Lancet

Sep 27, 2014 Volume 384 Number 9949 p1159 - 1236

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

Editorials**[Women, children, and adolescents: the post-2015 agenda](#)**

The Lancet

Preview |

As the global health community and government representatives gathered in New York this week to review progress towards the Millennium Development Goals (MDGs) and considered their successors the Sustainable Development Goals (SDGs), there is some good news to share and some not so good. Child mortality in under-5-year-olds worldwide has fallen from 12·7 million in 1990 to 6·3 million in 2013. Although the present rate of decrease is still not enough to meet MDG 4 (a reduction of under-5 child mortality by two thirds by the end of 2015), it is still remarkable progress.

[Reducing the number of disaster refugees](#)

The Lancet

Preview |

Natural disasters are inevitable but are the population displacements they cause also unavoidable? 22 million people were made refugees by natural disasters in 2013, according to a report released last week from the Internal Displacement Monitoring Centre and the Norwegian Refugee Council. This number is three-times higher than that for displacements caused by conflicts in 2013.

Series***Midwifery***

Country experience with strengthening of health systems and deployment of midwives in countries with high maternal mortality

Wim Van Lerberghe, Zoe Matthews, Endang Achadi, Chiara Ancona, James Campbell, Amos Channon, Luc de Bernis, Vincent De Brouwere, Vincent Fauveau, Helga Fogstad, Marge Koblinsky, Jerker Liljestrand, Abdelhay Mechbal, Susan F Murray, Tung Rathavay, Helen Rehr, Fabienne Richard, Petra ten Hoope-Bender, Sabera Turkmani

Improvement of maternal and newborn health through midwifery

Petra ten Hoope-Bender, Luc de Bernis, James Campbell, Soo Downe, Vincent Fauveau, Helga Fogstad, Caroline S E Homer, Holly Powell Kennedy, Zoe Matthews, Alison McFadden, Mary J Renfrew, Wim Van Lerberghe

The Lancet Global Health

Oct 2014 Volume 2 Number 10 e550 – 615

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

Ebola: the missing link

Zoë Mullan [a](#)

"Liberia is facing a serious threat to its national existence." So said the country's Defence Minister, Brownie Samukai, earlier this month. For a nation that has only just seen the UN Refugee Agency withdraw after a 14-year civil war in which a quarter of a million people perished, Samukai's words are chilling. Ebola virus entered the country from Guinea in the early part of 2014, and has since killed at least half of the 2218 people reported to have died in the west African outbreak as of Sept 7. After doing little more than spectate for almost 6 months, the world has now risen from the bleachers and set about some action.

The inadequacy of the international community's initial response to this unusually fast-spreading urban outbreak has been lamented at length, as have WHO's weakened capacity in the face of budget and staff cuts, and the lack of an emergency response fund and centralised global command and control structure to enable swift deployment of resources and trained personnel. However, at least we have now caught up with what is actually happening and have begun to monitor it. WHO's regular situation reports have become a must-read and the agency's prediction of an exponential increase in the number of new cases of Ebola virus disease in Liberia is proving tragically accurate. WHO's Ebola Response Roadmap is a useful document and is hard to fault for its practical advice. Donor commitments are starting to arrive. But will data, directions, and donations be enough?

Respected voices such as those of Médecins Sans Frontières (MSF) and Ebolavirus co-discoverer Peter Piot have called for a military response to the coordination of supplies and the building of health centres, for UN peacekeeping forces to be deployed, and for individual Western governments to encourage and enable health workers to offer their assistance on the ground. In the case of Liberia, WHO has warned of the need for "non-conventional interventions", whatever they may be. Amid scenes of men, women, and children prostrate outside treatment centres with no beds; of the exhaustion of national and international health workers alike; and in the face of what seems to be the infuriatingly ponderous nature of global health institutions, it is hard not to issue an impassioned plea for someone, somewhere to "do something".

However, provision of military assistance or even well trained Western medical staff is not a panacea. The imagery conjured up by foreigners in biohazard suits or army camouflage can be powerfully negative, and even associated with the bringing of disease, rather than its banishment, as happened with cholera in Haiti. What is also vital in west Africa right now is the

interface between the essential efforts of the international community and the needs of the populations affected: the entity that converts funds into care, information into understanding, and precautions into safety. In other words, the national governments of Liberia, Sierra Leone, and Guinea.

Some of the governments' responses to the current crisis have been badly misjudged. Most notably, Liberia's efforts to quarantine an affected community in West Point township in the capital Monrovia had disastrous consequences, with a heavy-handed security presence leading to the fatal shooting of a 15-year-old boy. Sierra Leone has threatened a 2-year gaol term on anyone found to be hiding a patient with Ebola virus disease. And, back in Liberia, President Ellen Johnson-Sirleaf's declared 90-day state of emergency included "the suspensions of certain rights and privileges", without stating what these were. None of these actions engenders the trust that is so crucial to the containment of the epidemic. Without trust, families will continue to hide sick loved ones, and health workers and mortuary staff will continue to be attacked. Liberia, Sierra Leone, and Guinea are some of the poorest nations in the world, and two are still in the early stages of recovery from a devastating conflict. The international community must therefore do everything possible to assist with resources, staff, and logistics in the face of this humanitarian catastrophe. But what must not be forgotten is the responsibility of the national authorities to direct and communicate in a way that protects the human rights of those they have been elected to lead. The people of Liberia, and those of other affected countries, must be able to rely on the commitment, transparency, and cohesion of their own governments in times of national crisis.

Rethinking the development of Ebola treatments

Rajesh Gupta [a](#)

In response to the current outbreak, the international community has endorsed the clinical use of unregistered treatments for Ebola.¹ Even with this accelerated pathway to in-human testing and use, radically novel approaches to drug development will be needed to improve the likelihood that a treatment is realised. Bypassing steps in development does not alter the probability of success, and historical patterns in drug development suggest that there is a slim probability of success with the current portfolio of potential Ebola treatments (all of which were in preclinical development prior to the outbreak).

First, preclinical research in drug development can suffer from a lack of replicability, which contributes to high development failure rates.² Second, if preclinical development is successful, the likelihood of successful regulatory approval of all investigational drugs reaching phase 1 is only 10·4%.³ Third, these patterns and low rates are based on therapeutic areas with: (a) robust preclinical and clinical data collected (often) over decades from hundreds to thousands of research and development activities spanning the globe, and (b) socially and politically acceptable clinical development programmes spanning large populations, mainly in resource-wealthy settings with strong clinical trial infrastructure. Ebola stands in stark contrast to such therapeutic areas; thus, one could expect that the likelihood of successful regulatory approval for an Ebola treatment would be lower than these estimates.

Repurposing (use of approved drugs for new indications) or repositioning (use of drugs whose development was not continued for new indications) of existing drugs has been put forward as a method to overcome some of these issues.⁴ Indeed, drug repositioning and repurposing could lead to higher rates of success, with lower costs of development, in a faster timeframe than de novo discovery approaches.⁵ However, these potential advantages are far from certain. Furthermore, drug repurposing/repositioning in and of itself does not remove the need for certain preclinical studies and clinical trials. Drugs still need to be validated and studied in the indications for which they are proposed.

In silico approaches might hold a key to overcoming some of these obstacles. Use of bioinformatics-based high-end computing to simulate drug—disease biological processes provides the ability to bypass time-consuming and costly in vitro and in vivo studies and increase the probability of success of clinical trials.⁶ For Ebola treatments, in silico approaches might offer two specific means to improve the current process and help address some of the critical preclinical and clinical concerns raised at the WHO meeting of international experts to discuss Ebola therapeutics on Sept 5.⁷ First, the number of preclinical compounds already containing clinical data for other therapeutic indications could be considerably increased. Although traditional repositioning methods using in vitro screening have led to initial discoveries for Ebola,⁸ computational screening could provide the needed efficiency to identify candidates more rapidly and accurately than de novo discovery methods. Second, virtual clinical trials could alleviate some of the logistical and ethical issues surrounding the clinical use of unregistered Ebola treatments, including the balance between generating safety data and the need to introduce treatments as soon as possible.⁹ This method would permit non-interventional assessments of pharmacokinetic-pharmacodynamic parameters and allow precise and efficient clinical trial design¹⁰ (the latter being particularly important because the epidemiology and infrequent emergence of Ebola often provides a narrow window of opportunity and limited population size to assess an intervention). There is at least one caveat, though. In silico approaches are dependent on drug and disease process data. Therapeutic Ebola research is heavily funded by the US government under the auspices of threats to national security,¹¹ and international activities are limited to a few research groups. To allow for greater participation of researchers globally, real-time accessibility of crucial data is necessary.⁷

In silico methods are still in development and rapidly evolving, but have been successful in identifying potential candidates for various diseases and the risk of using such methods are very low. Their ability to affect, at scale, drug development processes, costs, and timelines is unknown but likely to be considerable given the private sector's strong interest and investment in this area. Equally likely is that these approaches will be able to affect a wide range of diseases. Although these approaches are currently directed towards diseases with clear revenue streams (eg, inflammatory bowel disease and cancer), such approaches could be used for unprofitable diseases that affect the most underserved populations of the world.

The inequities already posed by a disease of poverty such as Ebola become further exacerbated when novel technologies are used first to explore diseases that are viable commercial opportunities. This does not have to be the pattern moving forward, and Ebola might provide the opportunity to apply new technological approaches to drug development (such as in silico methods) for traditional “market failure” diseases. If the global community is truly committed to rapidly developing a new drug for Ebola, multiple novel approaches, methods, and technologies will need to be used to beat the inherent hurdles of drug development.

¹ Enserink M. Debate erupts on repurposed drugs for Ebola. *Science* 2014; 345: 718-719. [PubMed](#)

² Begley C, Ellis LM. Drug development: raise standards for preclinical cancer research. *Nature* 2012; 483: 531-533. [PubMed](#)

³ Hay M, Thomas DW, Craighead JL, Economidies C, Rosenthal J. Clinical development success rates for investigational drugs. *Nature Biotechnol* 2014; 32: 40-51. [PubMed](#)

⁴ Editorial. New approaches for Ebola therapeutics. *New York Times* Aug 24, 2014.

⁵ Institute of Medicine. Drug repurposing and repositioning: workshop summary. Washington, DC: National Academies Press, 2014. <http://www.iom.edu/Reports/2014/Drug-Repurposing-and-Repositioning.aspx>. (accessed Sept 5, 2014).

- 6 Dudley JT, Deshpande T, Butte A. Exploiting drug-disease relationships for computational drug repositioning. *Brief Bioinform* 2011; 12: 303-311. [PubMed](#)
- 7 WHO. Statement on the WHO Consultation on potential Ebola therapies and vaccines. <http://www.who.int/mediacentre/news/statements/2014/ebola-therapies-consultation/en/>. (accessed Sept 8, 2014).
- 8 Johansen LM, Brannan JM, Delos SE, et al. FDA-approved selective estrogen receptor modulators inhibit Ebola virus infection. *Sci Transl Med* 2013; 190: 90ra79. [PubMed](#)
- 9 Arie S. Ebola: an opportunity for a clinical trial?. *BMJ* 2014; 349: g4997. [PubMed](#)
- 10 Holford N, Ma SC, Ploeger BA. Clinical trial simulation: a review. *Clin Pharmacol Ther* 2010; 88: 166-168. [PubMed](#)
- 11 Enserink M. Ebola drugs still stuck in lab. *Science* 2014; 345: 364-365. [PubMed](#)

The Lancet Infectious Diseases

Oct 2014 Volume 14 Number 10 p899 - 1022

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

Safety and immunogenicity of a candidate tuberculosis vaccine MVA85A delivered by aerosol in BCG-vaccinated healthy adults: a phase 1, double-blind, randomised controlled trial

Iman Satti PhD [a](#), Joel Meyer DM [a](#) Stephanie A Harris BSc [a](#), Zita-Rose Manjaly Thomas MRCP [a](#), Kristin Griffiths PhD [a](#), Richard D Antrobus MBChB [a](#), Rosalind Rowland BM [a](#), Raquel Lopez Ramon RN [a](#), Mary Smith RN [a](#), Sharon Sheehan FRCPath [a](#), Henry Bettinson FRCP [b](#), Prof Helen McShane FRCP [a](#)

Summary

Background

Intradermal MVA85A, a candidate vaccine against tuberculosis, induces high amounts of Ag85A-specific CD4 T cells in adults who have already received the BCG vaccine, but aerosol delivery of this vaccine might offer immunological and logistical advantages. We did a phase 1 double-blind trial to compare the safety and immunogenicity of aerosol-administered and intradermally administered MVA85A

Methods

In this phase 1, double-blind, proof-of-concept trial, 24 eligible BCG-vaccinated healthy UK adults were randomly allocated (1:1) by sequentially numbered, sealed, opaque envelopes into two groups: aerosol MVA85A and intradermal saline placebo or intradermal MVA85A and aerosol saline placebo. Participants, the bronchoscopist, and immunologists were masked to treatment assignment. The primary outcome was safety, assessed by the frequency and severity of vaccine-related local and systemic adverse events. The secondary outcome was immunogenicity assessed with laboratory markers of cell-mediated immunity in blood and bronchoalveolar lavage samples. Safety and immunogenicity were assessed for 24 weeks after vaccination. Immunogenicity to both insert Ag85A and vector modified vaccinia virus Ankara (MVA) was assessed by ex-vivo interferon- γ ELISpot and serum ELISAs. Since all participants were randomised and vaccinated according to protocol, our analyses were per protocol. This trial is registered with ClinicalTrials.gov, number [NCT01497769](#).

Findings

Both administration routes were well tolerated and immunogenic. Respiratory adverse events were rare and mild. Intradermal MVA85A was associated with expected mild local injection-site reactions. Systemic adverse events did not differ significantly between the two groups. Three participants in each group had no vaccine-related systemic adverse events; fatigue (11/24

[46%]) and headache (10/24 [42%]) were the most frequently reported symptoms. Ag85A-specific systemic responses were similar across groups. Ag85A-specific CD4 T cells were detected in bronchoalveolar lavage cells from both groups and responses were higher in the aerosol group than in the intradermal group. MVA-specific cellular responses were detected in both groups, whereas serum antibodies to MVA were only detectable after intradermal administration of the vaccine.

Interpretation

Further clinical trials assessing the aerosol route of vaccine delivery are merited for tuberculosis and other respiratory pathogens.

Funding

The Wellcome Trust and Oxford Radcliffe Hospitals Biomedical Research Centre.

[Treatment outcomes of childhood tuberculous meningitis: a systematic review and meta-analysis](#)

Silvia S Chiang, Faiz Ahmad Khan, Meredith B Milstein, Arielle W Tolman, Andrea Benedetti, Jeffrey R Starke, Mercedes C Becerra

Preview /

Despite treatment, childhood tuberculous meningitis has very poor outcomes. Poor prognosis and difficult early diagnosis emphasise the importance of preventive therapy for child contacts of patients with tuberculosis and low threshold for empirical treatment of tuberculous meningitis suspects. Implementation of consensus definitions, standardised reporting of data, and high-quality clinical trials are needed to clarify optimum therapy.

[Assessment of herd immunity and cross-protection after a human papillomavirus vaccination programme in Australia: a repeat cross-sectional study](#)

A/Prof [Sepehr N Tabrizi](#) PhD [a](#) [b](#) [c](#) [d](#), [Julia M L Brotherton](#) BMed [e](#) [f](#), Prof [John M Kaldor](#) PhD [g](#), [S Rachel Skinner](#) PhD [f](#), [Bette Liu](#) DPhil [h](#), [Deborah Bateson](#) MBBS [i](#), [Kathleen McNamee](#) MBBS [j](#) [k](#), [Maria Garefalakis](#) MBBS [l](#), [Samuel Phillips](#) BSc [a](#) [d](#), [Eleanor Cummins](#) BSc [a](#) [d](#), [Michael Malloy](#) PhD [e](#), Prof [Suzanne M Garland](#) MD [a](#) [b](#) [c](#) [d](#)

Summary

Background

After the introduction of a quadrivalent human papillomavirus (HPV) vaccination programme in Australia in April, 2007, we measured the prevalence of vaccine-targeted and closely related HPV types with the aim of assessing direct protection, cross-protection, and herd immunity.

Methods

In this repeat cross-sectional study, we recruited women aged 18–24 years who attended Pap screening between October, 2005, and July, 2007, in three major metropolitan areas of Australia to form our prevaccine-implementation sample. For our postvaccine-implementation sample, we recruited women aged 18–24 years who attended Pap screening in the same three metropolitan areas from August, 2010, to November, 2012. We compared the crude prevalence of HPV genotypes in cervical specimens between the prevaccine and the postvaccine implementation groups, with vaccination status validated against the National HPV Vaccination Program Register. We estimated adjusted prevalence ratios using log linear regression. We estimated vaccine effectiveness both for vaccine-targeted HPV types (16, 18, 6, and 11) and non-vaccine but related HPV types (31, 33, and 45).

Findings

202 women were recruited into the prevaccine-implementation group, and 1058 were recruited into the postvaccine-implementation group. Crude prevalence of vaccine-targeted HPV genotypes was significantly lower in the postvaccine-implementation sample than in the prevaccine-implementation sample (58 [29%] of 202 vs 69 [7%] of 1058; $p<0.0001$).

Compared with the prevaccine-implementation sample, adjusted prevalence ratios for vaccine-targeted HPV genotypes were 0·07 (95% CI 0·04—0·14; $p<0·0001$) in fully vaccinated women and 0·65 (0·43—0·96; $p=0·03$) in unvaccinated women, which suggests herd immunity. No significant declines were noted for non-vaccine-targeted HPV genotypes. However, within the postvaccine-implementation sample, adjusted vaccine effectiveness against vaccine-targeted HPV types for fully vaccinated women compared with unvaccinated women was 86% (95% CI 71—93), and was 58% (26—76) against non-vaccine-targeted but related genotypes (HPV 31, 33, and 45).

Interpretation

6 years after the initiation of the Australian HPV vaccination programme, we have detected a substantial fall in vaccine-targeted HPV genotypes in vaccinated women; a lower prevalence of vaccine-targeted types in unvaccinated women, suggesting herd immunity; and a possible indication of cross-protection against HPV types related to the vaccine-targeted types in vaccinated women.

Funding

Australian National Health and Medical Research Council and Cancer Council Victoria.

Series

Emerging respiratory tract infections

[Surveillance for emerging respiratory viruses](#)

Jaffar A Al-Tawfiq, Alimuddin Zumla, Philippe Gautret, Gregory C Gray, David S Hui, Abdullah A Al-Rabeeah, Ziad A Memish

Summary

Several new viral respiratory tract infectious diseases with epidemic potential that threaten global health security have emerged in the past 15 years. In 2003, WHO issued a worldwide alert for an unknown emerging illness, later named severe acute respiratory syndrome (SARS). The disease caused by a novel coronavirus (SARS-CoV) rapidly spread worldwide, causing more than 8000 cases and 800 deaths in more than 30 countries with a substantial economic impact. Since then, we have witnessed the emergence of several other viral respiratory pathogens including influenza viruses (avian influenza H5N1, H7N9, and H10N8; variant influenza A H3N2 virus), human adenovirus-14, and Middle East respiratory syndrome coronavirus (MERS-CoV).

Emerging respiratory tract infections

[Emerging infectious diseases and pandemic potential: status quo and reducing risk of global spread](#)

Brian McCloskey, Osman Dar, Alimuddin Zumla, David L Heymann

Preview /

Emerging infectious diseases are an important public health threat and infections with pandemic potential are a major global risk. Although much has been learned from previous events the evidence for mitigating actions is not definitive and pandemic preparedness remains a political and scientific challenge. A need exists to develop trust and effective meaningful collaboration between countries to help with rapid detection of potential pandemic infections and initiate public health actions. This collaboration should be within the framework of the International Health Regulations.

Maternal and Child Health Journal

Volume 18, Issue 7, September 2014

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

[Reviewed earlier]

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 7519 pp459-580 25 September 2014

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

Editorial

First response, revisited

The Ebola outbreak in West Africa has starkly exposed major gaps in plans to tackle emerging infectious diseases. Lessons must be learned.

23 September 2014

It is encouraging that the United States last week committed 3,000 military personnel and US\$750 million to lend logistical support to civilian efforts to tackle the Ebola outbreak in West Africa. Civilian efforts also received a major, if belated, boost from United Nations intervention, with a Security Council resolution ([see page 469](#)).

Six months into the outbreak, this massive deployment of the US military and the combined resources of the UN is a damning indictment of the World Health Organization (WHO), the UN's health arm charged with tackling outbreaks of potential international concern.

The international community has debated pandemic planning and outbreak response intensely over the past decade, following the SARS (severe acute respiratory syndrome) epidemic and the increased awareness of the threat of avian flu.

"Strengthening health-care systems everywhere will be the best defence against outbreaks." In 2005, the WHO member states agreed the International Health Regulations (IHR), designed to help the international community to respond better to outbreaks. And last year, the WHO adopted an Emergency Response Framework to guide its own actions.

These frameworks have failed miserably in this outbreak, and the WHO has been slow and, so far, ineffective. There has been some progress in disease surveillance, but the world is little better prepared to quickly stamp out a threatening outbreak than it was a decade ago.

Earlier this month, WHO director-general Margaret Chan told The New York Times: "We are not the first responder ... the government has first priority to take care of their people and provide health care. WHO is a technical agency." Fair enough, but if the WHO is not the first responder to an emergency such as this, then who is? The Ebola outbreak clearly demonstrates that response to such events cannot be left to the non-governmental organizations (NGOs) and governments of some of the poorest countries in the world.

The IHR states that countries must boost their surveillance and outbreak-response capacities, and that individual governments must foot the bill. The aspirations are correct: strengthening health-care systems everywhere will be the best defence against outbreaks of potential international concern. But the reality is that few poor countries have anything that resembles a working outbreak-response system.

Rich countries must make a greater effort to help poor countries to boost their health-care systems to defend against outbreaks, which would also contribute to the UN's Millennium Development Goals of achieving reductions in child and maternal mortality and other causes of

morbidity and mortality. The case is strong for a new global health fund to help build functioning health systems, on the scale of the multibillion-dollar Global Fund to Fight AIDS, Tuberculosis and Malaria.

But building better health-care systems will take time. One immediate step should be to create an international contingency fund. A 2011 independent review of the IHR called for the creation of a pot of at least \$100 million that the WHO could immediately tap in the event of a public-health emergency. But that sensible proposal has been taken nowhere by the WHO's member states. It should be resuscitated, and its size realistically estimated — \$100 million is probably on the low side.

Also lacking is the capacity to quickly deploy medical supplies, emergency field hospitals, and people trained in the many aspects of outbreak response — from surveillance, epidemiology and virology to implementing public-health control measures, patient care and biosafety.

Rapid emergency response to outbreaks must inevitably be done on a case-by-case basis, drawing on the resources of individual country donors, the UN and NGOs. Flexible international plans and agreements should be put in place to allow this. A large reserve corps of appropriately trained staff should also be established. Lack of personnel has been the biggest bottleneck in the Ebola response.

In principle, the WHO should be the body best placed to oversee international response to outbreaks. It has a total budget of \$4 billion for 2014 and 2015, less than many large Western hospitals, but it also spreads itself too thin by trying to do too much. The organization's budget for outbreak response is just \$110 million a year, and funding for preparedness and surveillance is just \$140 million. Moreover, funds have dwindled and the organization has lost vital in-house expertise and talent for responding to outbreaks.

If member states want the WHO to be more active in outbreak response, they must fund it adequately. But the slow and bureaucratic WHO must also demonstrate that it is up to the task, and can spend its money wisely and act fast.

New England Journal of Medicine

September 25, 2014 Vol. 371 No. 13

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

Perspective

Ebola 2014 — New Challenges, New Global Response and Responsibility

Thomas R. Frieden, M.D., M.P.H., Inger Damon, M.D., Ph.D., Beth P. Bell, M.D., M.P.H., Thomas Kenyon, M.D., M.P.H., and Stuart Nichol, Ph.D.

N Engl J Med 2014; 371:1177-1180 September 25, 2014 DOI: 10.1056/NEJMp1409903

[Free full text]

Perspective

The International Ebola Emergency

Sylvie Briand, M.D., Eric Bertherat, M.D., Paul Cox, B.A., Pierre Formenty, M.P.H., Marie-Paule Kieny, Ph.D., Joel K. Myhre, M.A., Cathy Roth, M.B., B.Chir., Nahoko Shindo, Ph.D., and Christopher Dye, D.Phil.

N Engl J Med 2014; 371:1180-1183 September 25, 2014 DOI: 10.1056/NEJMp1409858

[Free full text]

Perspective

Ebola Virus Disease in West Africa — No Early End to the Outbreak

Margaret Chan, M.D.

N Engl J Med 2014; 371:1183-1185 September 25, 2014 DOI: 10.1056/NEJMp1409859

[Free full text]

Perspective

A Good Death — Ebola and Sacrifice

Josh Mugele, M.D., and Chad Priest, R.N., M.S.N., J.D.

N Engl J Med 2014; 371:1185-1187 September 25, 2014 DOI: 10.1056/NEJMp1410301

[Free full text]

Perspective

Interactive Perspective

Ebola Virus Disease — Current Knowledge

Rupa Kanapathipillai, M.B., B.S., M.P.H., D.T.M.&H.

N Engl J Med 2014; 371:e18 September 25, 2014 DOI: 10.1056/NEJMp1410741

[Free full text]

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 27 September 2014]

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

[No new relevant content]

PLOS Currents: Disasters

[Accessed 27 September 2014]

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

Evolution of a Search: The Use of Dynamic Twitter Searches During Superstorm Sandy

September 26, 2014 · Research article

Background:

Twitter has emerged as a critical source of free and openly available information during emergency response operations, providing an unmatched level of on-the-ground situational awareness in real-time. Responders and survivors turn to Twitter to share information and

resources within communities, conduct rumor control, and provide a “boots on the ground” understanding of the disaster. However, the ability to tune out background “noise” is essential to effectively utilizing Twitter to identify important and useful information during an emergency response.

Methods:

This article highlights a two-prong strategy in which the use of a Twitter list paired with subject specific Boolean searches provided increased situational awareness and early event detection during the United States Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) response to Superstorm Sandy in 2012. To maximize the amount of relevant information that was retrieved, the Twitter list and Boolean searches were dynamic and responsive to real-time developments, evolving health threats, and the informational needs of decision-makers.

Conclusion:

The use of a Twitter list combined with Boolean searches led to enhanced situational awareness throughout the HHS response. The incorporation of a dynamic search strategy over the course of the HHS Sandy response, allowed for the ability to account for over-tweeted information, changes in event related conversation, and decreases in the return of relevant information.

PLOS Medicine

(Accessed 27 September 2014)

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

Editorial

The PLOS “Monitoring Universal Health Coverage” Collection: Managing Expectations

The PLOS Medicine Editors mail

Published: September 22, 2014

DOI: 10.1371/journal.pmed.1001732

This week, PLOS Medicine publishes the PLOS Collection “Monitoring Universal Health Coverage” [1], launched on September 22nd at the Rockefeller Foundation as a side event of the United Nations General Assembly in New York City.

The high profile of the Collection launch is fitting for the topic that has emerged as a frontrunner of the post-2015 agenda and the concept of which has been integral to founding United Nations principles: Universal Health Coverage (UHC) is firmly based on the 1948 WHO constitution that declared health a fundamental human right and also on the Health for All agenda set by the Alma-Ata Declaration in 1978 [2].

The subject of several recent WHO World Reports and World Health Assembly resolutions [3]–[5], over the past few years, UHC has been the focus of much work and effort by the international community in order to turn the broad aims of UHC into an actionable framework. The PLOS Collection adds to the global conversation and consensus by providing the technical details and country-level experience of the implementation and of the monitoring and evaluation (M&E) of UHC.

According to the definition used in the PLOS Collection [6], UHC is the desired outcome of health system performance, whereby all people who need the full spectrum of health services (that is, promotion, prevention, treatment, rehabilitation, and palliation) receive them according to need, without resulting in financial hardship (including possible impoverishment caused by out-of-pocket payments) because of any associated health care costs.

Organized by WHO and the World Bank, and externally peer-reviewed by independent experts, the PLOS Collection explains and discusses these essential and interlinked components of UHC and includes an overview [6], five technical papers [7]–[11], and 13 country case studies (from Bangladesh [12], Brazil [13], Chile [14], China [15], Estonia [16], Ethiopia [17], Ghana [18], India [19], Singapore [20], South Africa [21], Tanzania [22], Thailand [23], and Tunisia [24]) on progress towards the M&E of UHC in each country written by national experts. The PLOS Collection includes a summary of each country case study with the full paper of each provided as supplementary information.

PLOS Neglected Tropical Diseases

(Accessed 27 September 2014)

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

Editorial

The NTDs and Vaccine Diplomacy in Latin America: Opportunities for United States Foreign Policy

Peter J. Hotez mail

Published: September 25, 2014

DOI: 10.1371/journal.pntd.0002922

Recently published prevalence estimates of neglected tropical diseases (NTDs) in five Latin American countries—Bolivia, Cuba, Ecuador, Nicaragua, and Venezuela—could suggest a new direction for United States foreign policy in the region.

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

(Accessed 27 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>

[Reviewed earlier]

Qualitative Health Research

October 2014; 24 (10)

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

Special Issue: Values, Perceptions, & Health

[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

26 September 2014 vol 345, issue 6204, pages 1537-1652

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

Infectious Diseases**Testing new Ebola tests**

Gretchen Vogel

As Ebola continues to rage in three West African countries—and projections for the epidemic's growth look increasingly dire—health officials are hoping they will soon have an additional tool to fight the disease: an easy-to-use, fast, and inexpensive diagnostic test for the responsible virus. Several teams are working on prototype kits—small disposable devices resembling home pregnancy tests—that use just a few drops of blood from a fingertip jab and can be carried easily to remote villages or on door-to-door screening campaigns. At least two of the potential diagnostics will undergo their first field trials in Guinea and Sierra Leone in the coming weeks.

Policy Forum***Infectious Disease*****Implementing Pasteur's vision for rabies elimination**

Felix Lankester^{1,2,3,*}, Katie Hampson³, Tiziana Lembo³, Guy Palmer^{1,2}, Louise Taylor⁴, Sarah Cleaveland^{2,3}

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4Global Alliance for Rabies Control, Manhattan, KS 66502, USA.

It has been 129 years since Louis Pasteur's experimental protocol saved the life of a child mauled by a rabid dog, despite incomplete understanding of the etiology or mechanisms by which the miracle cure worked (1). The disease has since been well understood, and highly effective vaccines are available, yet Pasteur's vision for ridding the world of rabies has not been realized. Rabies remains a threat to half the world's population and kills more than 69,000 people each year, most of them children (2). We discuss the basis for this neglect and present evidence supporting the feasibility of eliminating canine-mediated rabies and the required policy actions.

Social Science & Medicine

Volume 120, In Progress (November 2014)

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

[Reviewed earlier]

Stability: International Journal of Security & Development

[accessed 27 September 2014]

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

[Reviewed earlier]

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. 3

https://www.jstage.jst.go.jp/browse/tmh/42/3/_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 4, 2014

<http://www.tandfonline.com/toc/rvch20/current#.Uzg2bFcWNdc>

[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]

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