

The Sentinel

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

Week ending 6 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. Comments and suggestions should be directed to:

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

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

:: Week in Review

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

Meeting: UN Ebola Briefing

2 September 2014 :: 1:18 Video

A comprehensive call-to-action for global response to the growing Ebola outbreak in West Africa by UN Deputy Secretary-General Jan Eliasson; Margaret Chan, Director-General, World Health Organization, David Nabarro, UN System Coordinator for Ebola Virus Disease; UNICEF ED Tony Lake; MSF President Joane Liu.

<http://webtv.un.org/watch/the-ebola-outbreak-in-west-africa-briefing-to-member-states/3763544442001>

[Press Conference by Deputy Secretary-General Jan Eliasson at United Nations Headquarters \(2 September 2014\)](#)

Following is an unofficial transcript of the above.
DSG/SM/792

What's missing in the Ebola fight in West Africa: Jim Yong Kim and Paul Farmer

By Jim Yong Kim and Paul Farmer August 31

Washington Post <http://www.washingtonpost.com/>

Jim Yong Kim is president of the World Bank. Paul Farmer is the Kolokotrones University professor at Harvard University. Farmer and Kim, who are infectious disease physicians, co-founded the nonprofit organization Partners in Health.

If the Ebola epidemic devastating the countries of Guinea, Liberia and Sierra Leone had instead struck Washington, New York or Boston, there is no doubt that the health systems in place could contain and then eliminate the disease.

Hospitals would isolate suspected cases. Health workers would be outfitted with proper protective clothing and equipment. Doctors and nurses would administer effective supportive care, including comprehensive management of dehydration, impaired kidney and liver function, bleeding disorders and electrolyte disturbance. Labs would dispose of hazardous materials properly. And a public health command center would both direct the response and communicate clearly to the public about the outbreak.

Ebola is spread by direct physical contact with infected bodily fluids, making it less transmissible than an airborne disease such as tuberculosis. A functioning health system can stop Ebola transmission and, we believe, save the lives of a majority of those who are afflicted. So why isn't this happening in West Africa, where more than 1,500 people have already died?

As international groups pull staff from the three countries, airlines suspend commercial flights and neighboring countries close their borders, some have argued that it will be next to impossible to contain the outbreak — that public health systems are too weak, the cost of providing effective care too high and health workers too scarce.

But Ebola has been stopped in every other outbreak to date, and it can be stopped in West Africa, too. The crisis we are watching unfold derives less from the virus itself and more from deadly and misinformed biases that have led to a disastrously inadequate response to the outbreak.

These biases, tragically, live on, despite evidence that disproves them again and again. Just 15 years ago, Western experts said confidently that there was little that rich countries could do to stop the global AIDS crisis, which was killing millions of people in Africa and elsewhere.

Today, thanks to leadership and advocacy from President George W. Bush, a bipartisan coalition of members in Congress, courageous faith-based organizations and U.S. government researchers such as Tony Fauci and Mark Dybul, more than 10 million Africans are getting life-saving treatment.

The take-no-action argument has been used over the years as an excuse not to mount an effort to control drug-resistant tuberculosis, malaria and many other diseases that afflict primarily the poor.

But the reality is this: The Ebola crisis today is a reflection of long-standing and growing inequalities of access to basic health care. Guinea, Liberia and Sierra Leone do not have the staff, stuff and systems required to halt the outbreak on their own. According to its ministry of health, before the outbreak Liberia had just 50 doctors working in public health facilities serving a population of 4.3 million.

To halt this epidemic, we need an emergency response that is equal to the challenge. We need international organizations and wealthy countries that possess the required resources and knowledge to step forward and partner with West African governments to mount a serious, coordinated response as laid out in the World Health Organization's Ebola response roadmap.

Many are dying needlessly. Historically, in the absence of effective care, common acute infections have been characterized by high mortality rates. What's happening with Ebola in Africa has been no different.

A 1967 outbreak in Germany and Yugoslavia of Marburg hemorrhagic fever — a disease similar to Ebola — had a 23 percent fatality rate. Compare that with an 86 percent rate for cases across sub-Saharan Africa in the years since. The difference is that Germany and Yugoslavia had functioning health systems and the resources to treat patients effectively. The West African countries coping with Ebola today have neither.

With a strong public health response led by the United Nations, the World Health Organization, the United States, Britain, France and other wealthy nations, the virus could be contained and the fatality rate — which, based on the most conservative estimates, exceeds 50 percent in the present outbreak — would drop dramatically, perhaps to below 20 percent.

We are at a dangerous moment in these three West African countries, all fragile states that have had strong economic growth in recent years after decades of wars and poor governance. It would be scandalous to let this crisis escalate further when we have the knowledge, tools and resources to stop it. Tens of thousands of lives, the future of the region and hard-won economic and health gains for millions hang in the balance.

Aid Is Good for the Poor

World Bank

August 2014 WPS6998

Pdf: [http://www-](http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2014/08/05/000158349_20140805102808/Rendered/PDF/WPS6998.pdf)

[wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2014/08/05/000158349_20140805102808/Rendered/PDF/WPS6998.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2014/08/05/000158349_20140805102808/Rendered/PDF/WPS6998.pdf)

Summary:

Aid is good for the poor. This paper uses detailed aid data spanning 60 developing countries over the past two decades to show that social aid significantly and directly benefits the poorest in society, while economic aid increases the income of the poor through growth. This new and unequivocal finding distinguishes the current study from past studies that only utilized aggregate aid data and returned ambiguous results. The paper also confirms that none of the elements of globalization (trade, foreign direct investment, remittances), policies (government expenditure, inflation management), institutional quality, nor other plausibly pro-poor factors have systematic effects on the poor or any other income group, beyond their effects on average incomes. The paper finds that trade and foreign direct investment tend to benefit the richest segments of society more than other income groups. Therefore, the presented evidence suggests that aid can play a crucial role in enabling the poor to benefit more from globalization. These discoveries underscore the need to assist developing countries to find the mix of economic and social aid that jointly promotes the participation of the poor in the development process under globalization. In this manner, aid can make greater strides in spurring development.

Hidden in Plain Sight: A statistical analysis of violence against children

UNICEF

September 2014 :: 206 pages ISBN: 978-92-806-4767-9

pdf: http://www.unicef.org/publications/index_74865.html#

This new report from UNICEF presents the latest statistics on violence against children, drawing on data from 190 countries. By examining global patterns of violence as well as attitudes and social

norms, it sheds light on an issue that has remained largely undocumented. Its objective is to use data to make violence against children and its many ramifications more visible, bringing about a fuller understanding of its magnitude and nature and offering clues to its prevention. While intensified efforts are needed to strengthen the availability of reliable and comprehensive data on the issue, the findings presented here are a clear call for action.

Ending Violence Against Children: Six Strategies for Action

UNICEF

September 2014 :: 68 pages :: ISBN: 978-92-806-4768-6

pdf:

http://www.unicef.org/publications/files/Ending_Violence_Against_Children_Six_strategies_for_action_EN_2_Sept_2014.pdf

This companion publication provides evidence of effective programmes to address violence against children drawn from UNICEF's decades of experience, and informed by key partners. Case studies from around the globe illustrate how well-crafted prevention and response strategies can reduce the prevalence and impact of violence against children. The report is released as part of the **#ENDviolence** global initiative calling for an end to all forms of violence against children. It is directed at government leaders, civil society representatives, the private sector and the international development community

New guidelines for industry on protecting children online

Joint initiative by the International Telecommunication Union and UNICEF

Media Release

Excerpt

GENEVA, 5 September 2014 – The International Telecommunication Union (ITU), UNICEF and partners of the Child Online Protection Initiative, released updated guidelines to strengthen online protection for children...

...The Guidelines for Industry on Child Online Protection provide advice on how the ICT industry can help promote safety for children using the Internet or any technologies or devices that can connect to it, as well as guidance on how to enable responsible digital citizenship, learning and civic participation. The updated version provides guidance specifically aimed at companies that develop, provide or make use of information and communication technologies...

...The Guidelines call for a comprehensive response to the online risks facing children and partnerships across multiple stakeholder groups, including governments, companies, civil society, parents and educators...The Guidelines provide a framework for company action on children's online safety, so we appreciated the opportunity to contribute our expertise to their development...

...The Guidelines were developed in alignment with the UN Guiding Principles on Business and Human Rights and the Children's Rights and Business Principles. They can be accessed online at www.itu.int/en/cop/Pages/guidelines.aspx

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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 6 September 2014]

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

Selected Meetings

[Reaffirming Commitment to Small Island Developing States, Global Leaders Adopt Historic Text in Samoa Pledging Action on Sustainable Development \(4 September 2014\)](#)

Renewing commitment to the sustainable development of small island developing States, world leaders today agreed on a landmark action plan at the conclusion of the United Nations Third International Conference on those nations held in Apia, Samoa.

DEV/3112

Selected Press Releases

[Welcoming Agreement to Hold National Dialogue in Sudan, Secretary-General Urges End to Hostilities, Political Freedoms, Detainees' Release \(5 September 2014\)](#)

SG/SM/16125-AFR/2961

[Convention Might Have Banned Cluster Munitions, but Allegations of Use by Non-States-Parties Persist, Says Secretary-General \(2 September 2014\)](#)

SG/SM/16117-DC/3517

UNICEF [to 6 September 2014]

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

Media Releases [selected]

[New guidelines for industry on protecting children online](#)

GENEVA, 5 September 2014 – The International Telecommunication Union, UNICEF and partners of the Child Online Protection Initiative, released updated guidelines to strengthen online protection for children today.

[Ebola outbreak: UNICEF continues to rush critical supplies to protect health workers and families](#)

GENEVA/DAKAR/FREETOWN/NEW YORK, 5 September 2014 – A cargo plane of UNICEF medical supplies including protective equipment and essential medicine has just landed in Sierra Leone, part of the children's agency's continued drive to tackle the Ebola outbreak in West Africa.

[New global data expose acute prevalence of violence against children: UNICEF](#)

NEW YORK, 4 September 2014 – The largest-ever compilation of data on violence against children shows the staggering extent of physical, sexual and emotional abuse -- and reveals the attitudes that perpetuate and justify violence, keeping it 'hidden in plain sight' in every country and community in the world.

[UNICEF takes part in UN inter-agency mission to Amerli, northern Iraq](#)

ERBIL, Iraq, 3 September 2014 – A team of UNICEF technical officers – including health, water, sanitation and hygiene, protection and emergency experts, was on inter-agency assessment mission today to the town of Amerli in the Salah Al-Din Governorate, northern Iraq.

[Amid ongoing conflict, Iraq successfully implements polio campaign supported by UNICEF and WHO](#)

ERBIL / AMMAN, 1 September 2014 – A mass polio immunization campaign across Iraq earlier this month succeeded in reaching 3.75 out of the 4 million children under the age of 5, despite the ongoing violence sweeping much of the country.

UNHCR [to 6 September 2014]

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

No new digest content identified.

UNOCHA [to 6 September 2014]

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

07 Sep 2014

[Iraq: UN agencies, humanitarian partners reaching millions of Iraqis affected by crisis \[EN/AR\]](#)

Source: International Organization for Migration, World Health Organization, UN Development Programme, UN Office for the Coordination of Humanitarian Affairs, World Food Programme, UN Assistance Mission for Iraq, UN Children's Fund, UN High Commissioner for Refugees

Country: Iraq Up to 1.8 Million – nearly half of them children - have been displaced since January 2014 Baghdad, 7 September 2014 - Despite ongoing violence and displacements across Iraq, UN agencies and humanitarian...

05 Sep 2014

[Democratic Republic of the Congo: Update on the Ebola virus disease in DRC, No. 7 - 3 September 2014](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Democratic Republic of the Congo Update Number of confirmed cases: 58 (+5) o Laboratory-confirmed cases: 13 o Probable cases: 22 (+3) o Suspected cases: 23 (+2) Number of deaths: 31 (53.44% mortality rate), including 6 health professionals. The increase from 13 to 31 deaths can be explained by including people who had died before the outbreak of the epidemics was announced on 24 August 2014. Number of ill health...

02 Sep 2014

[Somalia: Humanitarian Coordinator for Somalia, Philippe Lazzarini Statement to the Media: "Sustained response crucial to prevent a free fall" \[EN/SO\]](#)

Source: UN Office for the Coordination of Humanitarian Affairs, UN Resident and Humanitarian Coordinator for Somalia Country: Somalia (Mogadishu, 2 September 2014): I am deeply concerned by the serious deterioration in the food security situation in Somalia. The new assessment findings by the Food Security and Nutrition Analysis Unit and the Famine Early Warning Systems Network reflect a significant decline, owing to a lethal mix of drought, surging food prices and conflict. Over 1 million...

UNISDR UN Office for Disaster Risk Reduction [to 6 September 2014]

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

Selected News Briefs

2 Sep 2014

[SIDS link climate change and disaster risk](#)

Disaster risk reduction is at the center of a raft of commitments and actions in the outcome document officially adopted today at the conclusion of the four days of the International Conference on Small Island Developing States in Samoa. The outcome document is titled SAMOA – SIDS Accelerated Modalities of Action – Pathway.

2 Sep 2014

[Include animals in revised HFA](#)

The need for animals to be included in disaster risk management planning was highlighted yesterday at the International Conference on Small Island Developing States which heard an appeal for them to be included in the revised Hyogo Framework for Action, the international framework for disaster risk reduction.

WHO & Regionals [to 6 September 2014]

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

[Statement on the WHO Consultation on potential Ebola therapies and vaccines](#)

5 September 2014 --

[Full text; Editor's text bolding]

After 2 days of discussion on potential Ebola therapies and vaccines, more than 150 participants, representing the fields of research and clinical investigation, ethics, legal, regulatory, financing, and data collection, identified several therapeutic and vaccine interventions that should be the focus of priority clinical evaluation at this time.

Currently, none of these vaccines or therapies have been approved for human use to prevent or treat EVD. A number of candidate vaccines and therapies have been developed and tested in animal models and some have demonstrated promising results. In view of the urgency of these outbreaks, the international community is mobilizing to find ways to accelerate the evaluation and use of these compounds.

Safety in humans is also unknown, raising the possibility of adverse side effects when administered. Use of some of these products is demanding and requires intravenous administration and infrastructure, such as cold chain, and facilities able to offer a good and safe standard of care.

The experts determined:

:: There was consensus that the use of whole blood therapies and convalescent blood serums needs to be considered as a matter of priority.

:: Safety studies of the 2 most advanced vaccines identified – based on vesicular stomatitis virus (VSV-EBO) and chimpanzee adenovirus (ChAd-EBO) – are being initiated in the United States of America and will be started in Africa and Europe in mid-September. WHO will work with all the relevant stakeholders to accelerate their development and safe use in affected countries. If proven safe, a vaccine could be available in November 2014 for priority use in health-care workers.

:: In addition to blood therapies and candidate vaccines, the participants discussed the availability and evidence supporting the use of novel therapeutic drugs, including monoclonal

antibodies, RNA-based drugs, and small antiviral molecules. They also considered the potential use of existing drugs approved for other diseases and conditions. Of the novel products discussed, some have shown great promise in monkey models and have been used in a few Ebola patients (although, in too few cases to permit any conclusion about efficacy).

Existing supplies of all experimental medicines are limited. While many efforts are underway to accelerate production, supplies will not be sufficient for several months to come. The prospects of having augmented supplies of vaccines rapidly look slightly better.

The participants cautioned that investigation of these interventions should not detract attention from the implementation of effective clinical care, rigorous infection prevention and control, careful contact tracing and follow-up, effective risk communication, and social mobilization, all of which are crucial for ending these outbreaks.

The recipients of experimental interventions, locations of studies, and study design should be based on the aim to learn as much as we can as fast as we can without compromising patient care or health worker safety, with active participation of local scientists, and proper consultation with communities.

This will require the following crucial elements:

- :: Appropriate protocols must be rapidly developed for informed consent and safe use.
- :: A mechanism for evaluating pre-clinical data should be put in place in order to recommend which interventions should be evaluated as a first priority.

A platform must be established for transparent, real-time collection and sharing of data. A safety monitoring board needs to be established to evaluate the data from all interventions. All of these will require continued ethical oversight.

UN Division for Sustainable Development [to 6 September 2014]

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

No new digest content identified.

UNDP United Nations Development Programme [to 6 September 2014]

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

02 Sep 2014

[Helen Clark: Plenary Speech at the Third International Conference on Small Island Developing States \(SIDS\)](#)

01 Sep 2014

[UN Conference on Small Island Developing States](#)

The Third United Nations Conference on Small Island Developing States (SIDS) is taking place from September 1-4 in Apia, Samoa. SIDS are some of the countries on the frontline in the global fight against human-induced climate change.

UN Women [to 6 September 2014]

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

[Economic Empowerment of Women at the Heart of Sustainable Development - a speech by Lakshmi Puri](#)

Posted on September 4, 2014

Keynote address by UN Women Deputy Executive Director Lakshmi Puri at the Ninth Meeting of Women Speakers of Parliament hosted by the Inter-Parliamentary Union, in Geneva, Switzerland, 4 September 2014.

[Women's Empowerment Principles Gain Strength as 800 Companies Commit to Gender Equality at the Highest Level](#)

Posted on September 4, 2014

UN Global Compact and UN Women have appointed two new co-chairs of the Women's Empowerment Principles Leadership Group: Elizabeth Broderick, Sex Discrimination Commissioner of the Australian Human Rights Commission, and Joe Keefe, Chief Executive Officer of Pax World Funds.

[Ebola outbreak takes its toll on women](#)

Posted on September 2, 2014

Women are on the front lines of the Ebola outbreak in West Africa, with female nurses representing the majority of the medical personnel who have died from the virus.

UNFPA United Nations Population Fund [to 6 September 2014]

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

05 September 2014 - Statement

[UNFPA: The path forward](#)

Statement by the Executive Director at the Second Regular Session of the Executive Board

We also know that in order to make progress, in order to advance a universal sustainable development agenda beyond 2015, we must work towards a common understanding of the universality of human rights. Development can only succeed when human rights are respected.

03 September 2014 - Dispatch

[Ageing population doesn't have to be a 'time bomb,' say experts](#)

CHIANG MAI, Thailand – The catastrophe predicted to result from the rapid ageing of Asian populations is far from inevitable, said experts at a regional conference being held this week in Thailand. Making changes to economic and health policies as well as mindsets can help countries head off disaster by minimizing the burdens and maximizing the contributions of older persons, noted attendees at the conference, which was organized by the HelpAge International with support from UNFPA and the European Union.

DESA United Nations Department of Economic and Social Affairs [to 6 September 2014]

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

[\\$1.9 billion pledged in sustainable development partnerships](#)

4 September 2014, Apia, Samoa

Nearly 300 partnerships between governments, businesses and civil society organizations from all over the world have been registered to support small island developing states bringing the total value of these commitments to over USD \$1.9 billion, the United Nations announced today at the conclusion of the Third International Conference on Small Island Developing States.

[With nearly 3 billion now online, UN-backed forum opens to debate key Internet issues](#)

2 September 2014, Istanbul, Turkey

The ninth annual meeting of the United Nations-backed Internet Governance Forum (IGF) has opened in Istanbul, Turkey with more than 2,500 participants who will debate over the next four days key issues "that could affect every Internet user today and tomorrow.

ILO International Labour Organization [to 6 September 2014]

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

[No new digest content identified]

FAO Food & Agriculture Organization [to 6 September 2014]

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

[Saudi Arabia helps FAO respond to the dire state of food security in Iraq](#)

FAO is scaling-up critical food and agriculture assistance to highly vulnerable rural households in Iraq thanks to a generous \$14.7 million grant from Saudi Arabia. The donation is part of a \$500 million grant that the Kingdom of Saudi Arabia has provided to support Iraqis affected by the recent crisis.

4-09-2014

[Flood-affected Serbian farmers receive EU and FAO aid](#)

European Union assistance to flood-affected Serbian farm households got under way with a first delivery of animal feed here today. Financed by the EU and delivered in partnership with the UN Food and Agriculture Organization (FAO), the assistance forms part of the EU's overall flood recovery package to Serbia valued at €30m.

4-09-2014

[Sustainable development of Small Island Developing States a global litmus test](#)

Coping with climate change should be seen as more than just a question of survival for small island countries - the international community should view it as a challenge to take unified action and notch up efforts to shift to a sustainable model of development.

3-09-2014

[West Africa: Ebola outbreak puts harvests at risk, sends food prices shooting up](#)

Disruptions in food trade and marketing in the three West African countries most affected by Ebola have made food increasingly expensive and hard to come by, while labor shortages are putting the upcoming harvest season at serious risk.

2-09-2014

[Over one million people in Somalia face acute food insecurity as food crisis worsens](#)

The latest findings from a joint assessment by the Food Security and Nutrition Analysis Unit for Somalia (FSNAU), a project managed by Food and Agriculture Organization (FAO) of the United Nations, and the Famine Early Warning Systems Network (FEWS NET), a project funded by the United States Agency for International Development (USAID), and other partners indicate that an estimated 1,025,000 people will be in Crisis and Emergency (IPC Phases 3 and 4).

2-09-2014

UNCTAD [to 6 September 2014]

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

[Fourth International Consumer Protection Forum, hosted by UNCTAD and Colombian consumer protection agency, tackles advertising and the law](#)

05 Sep -

UNCTAD and Colombia's Superintendence of Industry and Commerce (SIC) hosted the fourth International Consumer Protection Forum, devoted to the issue of advertising and the law, in Bogotá on 26–27 August.

[Occupation of Palestinian territory jeopardizes economic viability of two-state solution, UNCTAD report says](#)

03 Sep -

UNCTAD's Report on Assistance to the Palestinian People 2014 details how Palestinian economic deterioration, which is largely rooted in the territory's occupied status, has resulted in weak growth, a precarious fiscal position, forced dependence on the Israeli economy, mass unemployment, wider and deeper poverty, and greater food insecurity.

[UNCTAD hears SIDS leaders' call for special international support measures](#)

03 Sep -

A high-level panel discussion on SIDS and the question of graduation from Least Developed Country status, jointly organized by the United Nations Conference on Trade and Development (UNCTAD) and the United Nations Development Programme (UNDP), took place on 2nd September 2014 at the Third International Conference on Small Island Developing States.

[UNCTAD Secretary-General reiterates long-standing commitment to private sector development in Small Island Developing States](#)

02 Sep -

UNCTAD Secretary-General Mukhisa Kituyi, in a High-level dialogue on private sector partnership in Apia, Samoa on 31st August 2014, recalled the 40-year history of UNCTAD support to productive capacity-building and trade development in the SIDS.

[Impact of trade policy on poverty examined in new UNCTAD book](#)

01 Sep -

A novel collaborative approach between academics and policymakers examines the impact of trade policy on poor people in eight developing and transition countries in a new book published by the UNCTAD Virtual Institute (Vi).

WIPO (World Intellectual Property Organization) [to 6 September 2014]

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

No new digest content identified.

CBD (Convention of Biological Diversity) [to 6 September 2014]

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

No new digest content identified.

USAID [to 6 September 2014]

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

Selected Press Releases

[U.S. Global Development Lab Launches Three Public-Private Partnerships to Grow Impact Investing and Create Pathways to Scale](#)

September 4, 2014

Today, at the Social Capital Markets conference (SOCAP), the U.S. Agency for International Development (USAID) announced three public-private partnerships to catalyze private investment towards early-stage enterprises and foster financially sustainable enterprise incubation in developing countries. The U.S. Global Development Lab (Lab) is partnering with Village Capital, Shell Foundation, and Unitus Seed Fund to drastically scale-up these efforts and combined will leverage nearly \$40 million with a \$6.3 million investment made by the Lab.

DFID [to 6 September 2014]

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

Selected Releases

[Featherstone: UK pledges further support for humanitarian crisis in South Sudan](#)

2 September 2014 DFID Press release

ECHO [to 6 September 2014]

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

[EU announces €140m package in response to Ebola virus outbreak](#)

Fri, 05/09/2014 - 12:00

European Commission Press release Brussels, 5 September 2014 The European Commission has today announced €140m of funding for the countries currently affected by the Ebola virus in West Africa: Guinea, Sierra Leone, Liberia, and Nigeria.

OECD [to 6 September 2014]

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

No new digest content identified.

World Trade Organisation [to 6 September 2014]

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

No new digest content identified.

IMF [to 6 September 2014]

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

No new digest content identified.

World Bank [to 6 September 2014]

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

[Forum Highlights Importance of Global Standards to Advance Responsible Digital Finance](#)

September 3, 2014

PERTH, September 3, 2014 — The fifth annual Responsible Finance Forum took place on August 28-29, 2014 in Perth, Australia, convening over 100 industry, government and private sector leaders to discuss how digital financial services can be delivered in a transparent, fair and safe manner. Focusing exclusively on the use of technology to provide financial services and products for the poor, the Forum enabled participants to share specific approaches that private and public sector actors can take to address emerging risks from the expansion of digital financial services.

Participants noted that unreliability of digital financial services and inadequate customer recourse mechanisms can dampen the trust in such services among the poor and thus limit their uptake and usage. Results from a global survey taken ahead of the Forum revealed that a majority of respondents believed that global principles, standards and codes of conduct for responsible digital finance are needed. There was broad consensus among the participants at the Responsible Finance Forum to explore the development of such guidance as part of a multi-year global dialogue among all stakeholders...

...The Forum also marked the launch of the [live web-platform](#), a one stop shop for sharing and accessing knowledge, discussing and collaborating on responsible finance. The [RFF Platform](#) will provide a central space for stakeholders and practitioners to advance responsible finance and move towards the goal of full finance inclusion by 2020, responsibly...

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:: NGO/Collaborations/Initiatives Watch

Beginning 6 September 2014, we will monitor media releases announcing key initiatives and new research from a growing number of global NGOs, collaborations, and initiatives across the human rights, humanitarian response and development spheres of action. This Watch section is intended to be indicative, not exhaustive.

Amref Health Africa [to 6 September 2014]

[Over 200 Patients Benefit from Amref Health Africa Outreach](#)

1 Sep 2014

Amref Health Africa South Sudan believes that the Outreach Programme can greatly help to address the backlog of surgical cases in state hospitals, as many patients cannot afford to access private medical services available in Juba or out of the country.

The latest Amref Health Africa clinical and surgical outreach mission provided in Warrap State handled 270 cases, including 151 operations. The number has more than doubled from the last outreach mission, which was conducted barely three months ago, underlining the need for increased frequency of the service.

The four-day outreach to Kuajok State Hospital, which has no dental surgeon, also benefited patients with dental problems....

Aravind Eye Care System [to 6 September 2014]

No new digest content identified.

BRAC [to 6 September 2014]
No new digest content identified.

CARE International [to 6 September 2014]
<http://www.care-international.org/news/press-releases.aspx>
No new digest content identified.

Danish Refugee Council [to 6 September 2014]

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

[Ebola jeopardizes humanitarian work in Liberia](#) (04.09.14)

Liberia is now the worst affected country by the Ebola virus. The total number of cases has passed 1000. The virus itself is not the only problem. In an emergency situation like this, the most vulnerable part of the population is also the most exposed and this crisis seriously challenges the humanitarian efforts, says the Danish Refugee Council.

.. "The epidemic in West-Africa is not yet under control and Liberia lacks the resources and capacity to ensure containment and handling the humanitarian consequences of the crisis. Basic medical needs are not covered, there are no proper mechanisms in place to help families who are quarantined, the availability of food is becoming a problem and the prices are increasing," says Martine Villeneuve Country Director for the Danish Refugee Council in Liberia.

Many International NGOs have closed their offices, suspended their activities or are working from remote countries. The number of expatriates continues to decrease, but humanitarian needs are growing...

Casa Alianza [to 6 September 2014]
Covenant House [to 6 September 2014]
No new digest content identified.

ECPAT [to 6 September 2014]
[ECPAT announces 6th International Assembly](#)

Posted on 09/05/2014, 11:15

ECPAT International has announced that its 6th International Assembly will take place in Paris, France on 2-3 December 2014.

Handicap International [to 6 September 2014]
September 03, 2014
[Governments must protect citizens](#)

Takoma Park, MD—As the North Atlantic Treaty Organization (NATO) prepares for a summit in Wales on September 4 and 5, as part of plans to wind down military operations in Afghanistan, Handicap International calls on all International Security Assistance Force (ISAF) troop-contributing nations to immediately mark and clear areas contaminated by explosive remnants of war (ERW). The countries should provide non-discriminating and impartial

assistance to all the victims of the conflict by financing mine action activities through United Nations pooled funds.

Military bases and firing ranges are now being closed at a rapid rate, but have not been systematically cleared of ERW stored, abandoned or used by military personnel. Furthermore, all the maps of land contaminated by ISAF operations are not yet being made available and people are not sufficiently aware of the risks they face, hampering efforts to prevent further civilian casualties. ERW from ISAF's operations now contaminate hundreds of square miles of land, posing a threat to Afghan lives. According to the United Nations Assistance Mission in Afghanistan (UNAMA), the number of reported civilian casualties of ERW increased dramatically in 2013 and 2014....

Heifer International [to 6 September 2014]

No new digest content identified

HelpAge International [to 6 September 2014]

No new digest content identified

International Rescue Committee [to 6 September 2014]

September 5, 2014 | Blog Post

[Risk of disease is high as thousands of Nigerians seek refuge in schools](#)

More than 30,000 Nigerians have sought refuge in empty schools in northeastern Nigeria after fleeing new waves of violence in the past week. Since last week, 312 cases of diarrhea and 16 deaths have been reported.

September 3, 2014 | Blog Post

[Working together to end child labor in Tanzania](#)

Thirteen-year-old Hamadi lives in the seaport town in Tanga, a region in northern Tanzania near the Kenyan border. He dropped out of school when he was 10 to join his father and uncles who are fishermen.

ICRC - International Committee of the Red Cross

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

[Central African Republic: Aid for more than 14,000 people in Kaga Bandoro](#)

Bangui (ICRC) – More than 14,000 people living in the Kaga Bandoro area, in the north-central part of the Central African Republic, have been given seed, farm tools, food and basic household essentials.

2014-09-04

News Release

[Iraq: More than a million victims of fighting receive ICRC help](#)

Geneva/Baghdad (ICRC) – Ongoing fighting in different parts of Iraq has caused the displacement of over 1.5 million people. The International Committee of the Red Cross (ICRC) has delivered food, drinking water

2014-09-04

News Release

[Jordan: ICRC president discusses regional humanitarian challenges](#)

Geneva/Amman (ICRC) – Peter Maurer, the president of the International Committee of the Red Cross (ICRC), today completed a two-day visit to Jordan. He met with Prince El Hassan Bin Talal and with Abdullah

2014-09-01

IRCT [to 6 September 2014]

News

[IRCT members in Latin America gather to define regional strategy on torture](#)

04 September 2014

Seventeen IRCT members and other anti-torture organisations in Latin America joined this year's IRCT regional meeting, which was held in Paraguay from 18 to 21 of August.

Some of the issues discussed at the meeting included the current human rights situation in the region, the access to justice and rehabilitation and the creation of national laws designed to censor and control the work of human rights organisations.

The group of organisations expressed great concern with the increasing levels of violence, practice of torture and other human rights breaches in their countries, most of which are committed by the states. They also condemned the criminalisation of social protests, which has enabled authorities to target those taking part in demonstrations against injustice and human rights violations....

The IRCT members issued a statement in which they reaffirmed the need for human rights institutions to remain independent of government while also urging governments to ensure the well-being of their citizens and to repeal laws that diminish fundamental rights of men and women free....

MSF/Médecins Sans Frontières [to 6 September 2014]

September 02, 2014

[Global Bio-Disaster Response Urgently Needed in Ebola Fight](#)

NEW YORK—World leaders are failing to address the worst ever Ebola epidemic, and states with biological-disaster response capacity, including civilian and military medical capability, must immediately dispatch assets and personnel to West Africa, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) announced today in a special briefing at the United Nations organized by the office of the UN Secretary General and the World Health Organization (WHO).

In a [speech](#) delivered to UN member states, MSF International President Dr. Joanne Liu denounced the lack of deployment of resources, which has to date relied on overstretched ministries of health and private nongovernmental organizations to tackle the exceptionally large outbreak. Despite repeated calls by MSF for a massive mobilization on the ground, the international response has been lethally inadequate. Transmission rates have reached levels never before reported in past Ebola outbreaks, and the further spread of the virus will not be prevented without a massive deployment of specialized medical units to bolster epidemic control efforts in affected countries...

Mercy Corps [to 6 September 2014]

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

[The Coca-Cola company contributes \\$200,000 to Mercy Corps' humanitarian effort in Gaza](#)

West Bank and Gaza, September 3, 2014

Donation will help increase access to clean water, food and other essential household supplies

Portland, OR – The Coca-Cola Company has donated \$200,000 to the global humanitarian agency Mercy Corps to support the organization's extensive relief efforts in the Gaza Strip. The largest private aid organization working in Gaza, Mercy Corps has already reached more than 210,000 civilians affected by the recent conflict. The agency is distributing food and hygiene kits, setting up portable water stations across the hardest-hit areas and providing psychosocial support to children...

Operation Smile [to 6 September 2014]

Upcoming Mission Schedule

Sept 4 - 10 | Nanyang, Henan, China

Sept 10 - 20 | Tamatave, Madagascar

Sept 13 - 20 | Asuncion, Paraguay

Sept 15 - Oct 3 | Butaro, Rwanda

Sept 15 - 21 | Fortaleza, Brazil

Sept 17 - 24 | Changzhi, Shanxi, China

Sept 17 - 21 | Cusco, Peru

OXFAM [to 6 September 2014]

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

[Large-scale partnerships with the private sector could undermine Africans' land rights, drive inequality and damage the environment](#)

1 September 2014

After decades of underinvestment, governments in Africa are turning to partnerships with donor aid agencies and large companies or investors to develop the agriculture sector. But this so-called 'mega' public-private partnerships are unproven, risky and represent a dubious use of public funds to fight poverty and food insecurity.

Partners In Health [to 6 September 2014]

Sep 05, 2014

[Dr. Fils-Aime: 'Working in Mental Health Gives Me Hope'](#)

"Working in mental health gives me hope that things will get better," says Dr. Reginald Fils-Aime, who works to treat Haitians with mental disorders humanely and efficiently. [Read More ▶](#)

Sep 05, 2014

[Need to Know: Screening for Depression in Haiti](#)

The Zanmi Lasante Depression Symptom Inventory is a screening tool that helps clinicians identify depression in Haiti. [Read More ▶](#)

PATH [to 6 September 2014]

No new digest content.

Plan International [to 6 September 2014]

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

[Syrian refugee children face poverty and instability in Egypt](#)

2 September 2014: Alexandria: Syrian refugee children sheltering in Egypt are facing increasingly desperate conditions, according to a global child rights charity.

Plan International says stressful family environments, language barriers, lack of access to adequate educational resources and a lack of extended family and community is impacting the wellbeing of Syrian children and youth seeking refuge in the troubled African country.

There are no refugee camps in Egypt and the sense of isolation amongst refugees living in disparate communities across Egypt is exacerbating the problem...

Save The Children [to 6 September 2014]

<http://www.savethechildren.org/site/c.8rKLXMGIpI4E/b.6150563/k.D0E9/Newsroom.htm>

[21 States Lack Plans to Protect Children — and Parents are Unaware](#)

Save the Children's 2014 Disaster Report Card Finds Glaring Gaps in Emergency Preparedness FAIRFIELD, Conn. (Sept. 3, 2014) — Save the Children's [2014 Disaster Report Card](#) finds that 21 states still lack emergency plan requirements for schools and child care providers. At the same time, more than two-thirds of parents of minor children enrolled in child care or school in those states (69 percent) mistakenly assume protections are in place, according to a new national poll featured in the report...

SOS-Kinderdorf International [to 6 September 2014]

[SOS Children's Villages publish data on orphaned children in Africa](#)

02.09.2014 - Assessments undertaken by SOS Children's Villages as part of the Care for ME! campaign lay out in stark facts the deprivations and dangers for many hundreds of thousands of orphaned children in sub-Saharan African countries.

[SOS Children's Villages International opens Gulf Area Office in Dubai](#)

02.09.2014 - The federation of SOS Children's Villages has expanded its operations to the Gulf region, with the aim of raising support within the United Arab Emirates, Kuwait, Qatar, Saudi Arabia, Bahrain and Oman for SOS Children's Villages' work in the region and worldwide.

Tostan [to 6 September 2014]

September 5, 2014

[Launching the Prison Project in Diourbel, Senegal](#)

Since 2003, Tostan has been implementing its [Prison Project](#) in a number of detention facilities in Senegal. This project aims to empower detainees with non-formal education and skills for better reintegration into society.

In 2011, after collaborating with Tostan in Thiès, the director of the Maison d'Arrêt et de Correction (MAC) prison in Diourbel asked Tostan to implement the project in his establishment. Three years later, after several exploratory visits and outreach efforts--and with the approval of the executive management, Tostan has just begun to implement its program in Diourbel.

On Wednesday, September 3, 2014, at the Governor's Office in Diourbel, about sixty people gathered for the launch of Tostan's Prison Project at the local MAC prison. Among them were administrative and prison authorities, religious leaders (Muslims and Christians), Tostan's regional partners (NGOs, associations, etc.), journalists, and the project team, along with other Tostan employees from the national coordination office in Senegal...

Women for Women International [to 6 September 2014]

No new digest content identified.

WorldVision [to 6 September 2014]

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

Sep 3, 2014

[Children 'may never recover' from Syrian conflict, says World Vision](#)

World Vision is urging world leaders not to forget the ongoing suffering of children caused by the Syrian conflict, as refugee numbers surpassed 3 million Friday in what the UN is calling "the biggest humanitarian emergency of our era."

Sep 2, 2014

[The key to drilling wells with staying power in the developing world](#)

UNC study finds World Vision's model of local water committees and usage fees results in nearly 80 percent of wells remaining in use after two decades.

EHLRA/R2HC [to 6 September 2014]

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

[ELRHA announces new Steering Committee members](#)

ODI [to 6 September 2014]

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

[ODI Annual Report 2013-2014: global to local action to make a difference](#)

Publication - September 2014

This is a pivotal moment for international development, as the global community sets out its post-2015 development goals, grapples with climate change and tries to create a more effective humanitarian system. At such a time, there is a premium on evidence-based research that offers practical solutions to real problems. This report outlines our 2013–2014 impact on our five strategic priorities, building on a combination of research, advice, convening and communication.

The Sphere Project [to 6 September 2014]

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

No new digest content identified.

Start Network [Consortium of British Humanitarian Agencies] [to 6 September 2014]

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

Start Fund awarded locally for flooding response in Bangladesh

September 5, 2014

A team of local staff in Bangladesh met yesterday to decide how best to use a £200,000 allocation from the Start Fund for response to the recent flooding. They felt that together Islamic Relief, Oxfam, Christian Aid and CARE International could provide a comprehensive and coordinated response to the disaster.

Heavy rain triggered flooding in north and north-eastern parts of Bangladesh in mid August. The recently conducted Joint Needs Assessment (JNA) reports that 1,867,636 people are affected – roughly a third of the total population in the affected area. The Start Fund alert note provided a snapshot of the humanitarian situation, with many people in need of shelter, safe drinking water, or hygiene facilities.

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:: Foundation/Major Donor Watch

Beginning 6 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>

No new digest content identified.

Conrad N. Hilton Foundation

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

No new digest content identified.

Kellogg Foundation

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

No new digest content identified.

MacArthur Foundation

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

September 3, 2014 - From the field

[Mobility Among Highly Creative People: What Data About MacArthur Fellows Reveal](http://www.macfound.org/News/2014/09/Mobility_Among_Highly_Creative_People_What_Data_About_MacArthur_Fellows_Reveal)

Data compiled for the first time show that creativity blossoms everywhere; MacArthur Fellows were born in 64 countries, 47 states, and Washington, DC, and they are far more mobile than the general population.

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>

[The Rockefeller Foundation Recognizes Small Businesses with Innovative Approaches to Youth Hiring](#)

Sep 04, 2014

The Rockefeller Foundation and the Economist Intelligence Unit announced today the honorees of the Innovations in Youth Hiring: Small Business Program, which aims to recognize small businesses throughout the United States that have adopted a unique and effective business-centered approach to youth hiring.

[Urban Institute and The Rockefeller Foundation Release Evaluation of Rebuild by Design Phase One](#)

Sep 04, 2014

Today, the Urban Institute and The Rockefeller Foundation released an evaluation of the first phase of Rebuild by Design, an initiative of President Obama's Hurricane Sandy Rebuilding Task Force.

Robert Wood Johnson Foundation

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

[New Jersey Has the 39th Highest Adult Obesity Rate in Nation](#)

September 5, 2014 | News Release

New Jersey now has the 39th highest adult obesity rate in the nation, according to The State of Obesity: Better Policies for a Healthier America, a report from the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF).

[Report Finds Adult Obesity Rates Increased in Six States](#)

September 4, 2014 | News Release

Adult obesity in the U.S. remain high. The 2014 annual report, The State of Obesity, shows that obesity rates increased in six states. See the report from Trust for America's Health and the Robert Wood Johnson Foundation.

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.pnppco.com/pn03000.html>

[Reviewed earlier]

American Journal of Preventive Medicine

Volume 47, Issue 3, p233-374 September 2014

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

[New issue; No relevant content]

American Journal of Public Health

Volume 104, Issue S4 (September 2014)

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

[New issue; No relevant content]

American Journal of Tropical Medicine and Hygiene

September 2014; 91 (3)

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

[New issue; No relevant content]

BMC Health Services Research

(Accessed 6 September 2014)

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

[No new relevant content]

BMC Infectious Diseases

(Accessed 6 September 2014)

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

[No new relevant content]

BMC Medical Ethics

(Accessed 6 September 2014)

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

Debate

[The social value of clinical research](#)

Michelle GJL Habets, Johannes JM van Delden and Annelien L Bredenoord

Author Affiliations

BMC Medical Ethics 2014, 15:66 doi:10.1186/1472-6939-15-66

Published: 5 September 2014

***Abstract* (provisional)**

Background

International documents on ethical conduct in clinical research have in common the principle that potential harms to research participants must be proportional to anticipated benefits. The anticipated benefits that can justify human research consist of direct benefits to the research participant, and societal benefits, also called social value. In first-in-human research, no direct benefits are expected and the benefit component of the risks-benefit assessment thus merely exists in social value. The concept social value is ambiguous by nature and is used in numerous ways in the research ethics literature. Because social value justifies involving human participants, especially in early human trials, this is problematic.

Discussion

Our analysis and interpretation of the concept social value has led to three proposals. First, as no direct benefits are expected for the research participants in first-in-human trials, we believe it is better to discuss a risk- value assessment instead of a risk - benefit assessment. This will also make explicit the necessity to have a clear and common use for the concept social value. Second, to avoid confusion we propose to limit the concept social value to the intervention tested. It is the expected improvement the intervention can bring to the wellbeing of (future) patients or society that is referred to when we speak about social value. For the sole purpose of gaining knowledge, we should not expose humans to potential harm; the ultimate justification of involving humans in research lies in the anticipated social value of the intervention. Third, at the moment only the validity of the clinical research proposal is a prerequisite for research to take place. We recommend making the anticipated social value a prerequisite as well.

BMC Public Health

(Accessed 6 September 2014)

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

[No new relevant content]

BMC Research Notes

(Accessed 6 September 2014)

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

[No new relevant content]

British Medical Journal

06 September 2014(vol 349, issue 7973)

<http://www.bmjjournals.org/content/349/7973>

Editorials

[The 2030 sustainable development goal for health](#)

BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g5295> (Published 26 August 2014) Cite this as: BMJ 2014;349:g5295

Gavin Yamey, evidence to policy initiative lead1, Rima Shretta, malaria elimination initiative deputy lead1, Fred Newton Binka, vice chancellor2

Author affiliations

Must balance bold aspiration with technical feasibility

Excerpt

In the year 2000, 193 countries adopted the millennium development goals (MDGs), a milestone in global development. The eight goals were simple to grasp, measurable, and time bound, ending in 2015. Goals 4, 5, and 6 focused on reducing child, maternal, and infectious disease mortality, respectively, raising health to the top of the global agenda and mobilising new health financing.¹ Although the three health related goals are unlikely to be met, there has been substantial progress towards their achievement, particularly for infectious diseases.²

As the MDGs come to an end, a new set of sustainable development goals (SDGs) will be debated during the UN General Assembly that starts on 24 September 2014. These goals will have a 2030 end date. They could catalyse further transformations in global health.

An intergovernmental open working group is writing the new goals and has just published its first draft.³ Whereas the MDGs were “top-down goals” formulated by policy elites,⁴ the working group deserves credit for drafting the new goals using a bottom-up approach, based on wide ranging consultations. There is much to like in the draft: ...

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/>

Editorials

The 2014 Ebola outbreak: ethical use of unregistered interventions

Ruediger Krech a & Marie-Paule Kieny a

a. World Health Organization, avenue Appia 20, 1211 Geneva 27, Switzerland.

Bulletin of the World Health Organization 2014;92:622. doi:

<http://dx.doi.org/10.2471/BLT.14.145789>

The large number of cases and wide geographical spread distinguish the current 2014 outbreak of Ebola virus disease in west Africa from all known earlier outbreaks.¹ In the past, outbreaks of this disease have been stopped by identifying all cases, tracing all contacts and making sure that those caring for patients use correct protective gear at all times. However, the success of such methods depends on the presence of: (i) functional health systems; (ii) health workers who are trained, paid, willing to be deployed and adequately protected in a dangerous work environment; (iii) experts in public health with the skills needed to manage the tracing of people and monitor the evolution of the disease effectively; and (iv) people with solid skills in social engagement and development who are available to work with at-risk communities.² Such systems and individuals were largely absent from the area where the current outbreak of Ebola

virus disease is believed to have begun – a border area between three countries that all have fragile health systems and that are emerging from the traumas of civil war.

Encouragingly, research efforts over the past decade have led to the development, for the first time, of a range of potential treatments and vaccines that could support efforts to control Ebola virus disease. However, although some of these interventions have proven effective in animal models, none has completed clinical testing in humans – a step that is indispensable for the registration of any medical intervention as proven and safe. Why have there been no clinical trials, given that we have known the Ebola virus for 40 years? Why is there no effective registered vaccine or treatment available? At the onset of the current Ebola outbreak – despite some resources provided by the governments of Canada and the United States of America – substantial financial investment was still needed to evaluate and develop several interventions for the control and treatment of Ebola virus disease. Until now – as seen with several other neglected diseases – this disease has received little attention because it was affecting mostly poor people in poor countries.

The above shortcomings aggravate an ethical dilemma. If the treatments for Ebola virus disease that are currently under development could save lives – as the results of animal studies indicate – should they not be used immediately, since far too many people have already died? On the other hand, if there is a possibility that a treatment might cause substantial adverse effects in humans that have not been seen in animal testing, should it not be withheld?³ On 11 August 2014, the World Health Organization (WHO) convened a consultation to consider and assess the ethical implications of the potential use of unregistered interventions, such as drugs, vaccines and passive immunotherapy, in the current Ebola outbreak. The results of this consultation have been widely discussed in the media.⁴

In summary, the consultation's panel of experts advised WHO that, in the particular circumstances of the current outbreak – and provided certain conditions are met – it would be ethical to offer unproven interventions – with as yet unknown efficacy and adverse effects – for the potential treatment or prevention of Ebola virus disease. One of the conditions that need to be met is that ethical principles must guide the provision of such interventions. For example, there must be transparency about all aspects of care, informed consent, freedom of choice, confidentiality, respect for the person, preservation of dignity, and involvement of the community.

To understand the safety and efficacy of these interventions, the panel of experts advised that – when and if any of the unregistered interventions is used to treat patients – there is a moral obligation to collect and share all of the data generated, including data arising from any treatment provided for compassionate use – i.e. the use of an unregistered drug outside of a clinical trial.⁵

What can we learn from this crisis? Robust health systems are key for controlling disease outbreaks. Let us make sure that development efforts are designed to strengthen health systems. Well trained and motivated health workers are indispensable. They should be paid and receive the support they need to carry out their duties. And, finally, increasing investment into research and development for the treatment, control and prevention of diseases that currently mostly affect poor people and poor countries should be a key priority for policy-makers worldwide. Let us not forget these lessons when the current Ebola outbreak no longer appears on the front pages of our newspapers.

References

Ebola virus disease update – west Africa [Disease Outbreak News, 13 August 2014]. Geneva: World Health Organization; 2014. Available from: http://who.int/csr/don/2014_08_13_ebola [cited 2014 Aug 15].

Key components of a well functioning health system. Geneva: World Health Organization; 2014. Available from: http://who.int/healthsystems/EN_HSSkeycomponents.pdf [cited 2014 Aug 15].

International ethical guidelines for biomedical research involving human subjects. Geneva: Council for International Organizations of Medical Sciences; 2002. Available from: http://www.cioms.ch/publications/layout_guide2002.pdf [cited 2014 Aug 15].

Ethical considerations for use of unregistered interventions for Ebola virus disease (EVD): summary of the panel discussion [WHO statement, 12 August 2014]. Geneva: World Health Organization; 2014. Available from: <http://who.int/mediacentre/news/statements/2014/ebola-ethical-review-summary> [cited 2014 Aug 15].

Ethical considerations for use of unregistered interventions for Ebola virus disease. Report of an advisory panel to WHO. Geneva: World Health Organization; 2014. Available from: <http://www.who.int/csr/resources/publications/ebola/ethical-considerations/en/> [cited 2014 Aug 18].

Perspectives

The Global Vaccine Safety Initiative: enhancing vaccine pharmacovigilance capacity at country level

Christine G Maure a, Alexander N Dodoo b, Jan Bonhoeffer c & Patrick LF Zuber a

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(Submitted: 19 March 2014 – Accepted: 21 March 2014 – Published online: 31 July 2014.)

Bulletin of the World Health Organization 2014;92:695-696. doi:

<http://dx.doi.org/10.2471/BLT.14.138875>

Excerpt

“...The Decade of Vaccines, which was launched in 2010, aims to increase coordination within the vaccine community worldwide. The Global Vaccine Action Plan¹ – the framework endorsed by the World Health Assembly for the Decade of Vaccines – includes a vaccine safety strategy, the Global Vaccine Safety Blueprint.²

The aim of the blueprint is to enhance the safety of vaccines through effective use of pharmacovigilance principles and methods. Its three strategic goals are: to assist LMICs to have at least minimal capacity for vaccine safety activities; to enhance capacity for vaccine safety assessment in countries that introduce newly developed vaccines, that introduce vaccines in settings with novel characteristics, or that manufacture and use prequalified vaccines; and to establish a global support structure for vaccine safety. The blueprint proposes eight complementary strategic objectives. Four of these objectives aim to improve the technical aspects of spontaneous reporting, active surveillance and risk communication; and to ensure the availability of harmonized methods and tools. The remaining four objectives promote the establishment of effective managerial principles to facilitate international collaboration and information exchange relating to vaccine safety monitoring. Implementing the blueprint is a task that requires coordinated participation of vaccine safety stakeholders worldwide. To that end, the World Health Organization (WHO) launched the Global Vaccine Safety Initiative in March 2012.

In its initial phase, the Global Vaccine Safety Initiative is attempting to build a global support structure by linking existing vaccine safety initiatives. Numerous projects are already addressing one or more of the blueprint’s strategic objectives. Some of the top priorities for the initiative

are to identify such projects and engage their sponsors in collaboration, and to help disseminate their products and experiences. Therefore, a Global Vaccine Safety Initiative portfolio of activities has been assembled, where activities are prioritized based on their expected impact, geographical relevance, feasibility, usefulness and sustainability.³ For each activity, the portfolio recognizes the roles of initiators, managers and donors. All stakeholders in global pharmacovigilance can use this portfolio to help identify ongoing efforts, allow for better synergies, minimize duplications and enable resource mobilization...

Complexity

July/August 2014 Volume 19, Issue 6 Pages fmi–fmi, 1–108
<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v19.6/issuetoc>
Special Issue: Special Issue on Complexity Science and Social Policy
[Reviewed earlier]

Conflict and Health

[Accessed 6 September 2014]
<http://www.conflictandhealth.com/>
[No new relevant content]

Cost Effectiveness and Resource Allocation

(Accessed 6 September 2014)
<http://www.resource-allocation.com/>
[No new relevant content]

Developing World Bioethics

August 2014 Volume 14, Issue 2 Pages ii–viii, 59–110
<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2014.14.issue-2/issuetoc>
[Reviewed earlier]

Development in Practice

Volume 24, Issue 4, 2014
<http://www.tandfonline.com/toc/cdip20/current>
Special issue on climate change adaptation and development

Disability and Rehabilitation: Assistive Technology

Volume 9, Number 5 (September 2014)
<http://informahealthcare.com/toc/idt/current>
SPECIAL SECTION: Technology Transfer of Hearing Aids to Low and Middle Income Countries (LMICs)
[Reviewed earlier]

Disaster Medicine and Public Health Preparedness

Volume 8 - Issue 03 - June 2014

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

[Reviewed earlier]

Disaster Prevention and Management

Volume 23 issue 4 - Latest Issue

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

[Reviewed earlier]

Disasters

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

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

Papers

Changing tracks as situations change: humanitarian and health response along the Liberia–Côte d'Ivoire border

Katharine Derderian*

Article first published online: 5 SEP 2014

DOI: 10.1111/disa.12078

Abstract

In recent years, protracted crises and fragile post-conflict settings have challenged the co-existence, and even the linear continuum, of relief and development aid. Forced migration has tested humanitarian and development paradigms where sudden-onset emergencies, violence and displacement arise alongside ongoing development work. Drawing on Médecins Sans Frontières interventions in the region from December 2010 to May 2011, this paper examines aid and healthcare responses to displacement in Côte d'Ivoire and Liberia; it focuses on challenges to the maintenance of preparedness for such foreseeable emergencies and to adaptation in response to changing situations of displacement and insecurity. This 'backsliding' from development to emergency remains a substantial challenge to aid; yet, in exactly such cases, it also presents the opportunity to ensure access to medical care that is much more urgently needed in times of crisis, including the suspension of user fees for medical care

Papers

Moderating effects of empathic concern and personal distress on the emotional reactions of disaster volunteers

Ioana A. Cristea^{1,2}, Emanuele Legge³, Marta Prosperi⁴, Mario Guazzelli⁵, Daniel David^{6,7} and Claudio Gentili^{8,*}

Article first published online: 5 SEP 2014

DOI: 10.1111/disa.12075

Abstract

This study examines stress and mood outcomes in community volunteers who undertook one week's worth of post-disaster relief work in L'Aquila, Italy, which had been hit by an earthquake four months earlier. The study team obtained pre- and post-relief work data from 130 volunteers involved in activities such as preparing food for the displaced, cleaning the camps and distributing clean linen. The Perceived Stress Scale, the State-Trait Anxiety Inventory and the Profile of Mood States were administered at the start and at the end of the aid activities. Psychopathological symptoms and empathy were assessed in the beginning, using the

Symptom Checklist 90 Revised and the Interpersonal Reactivity Index, respectively. The results show that, following the assistance work, volunteers displayed decreases in perceived stress, general distress, anxiety and anger, as well as increases in positive emotions. The empathy facets empathic concern and personal distress showed different patterns in modulating the post-disaster relief work adaptation for some of the mood outcomes.

Emergency Medicine Journal

September 2014, Volume 31, Issue 9

<http://emj.bmjjournals.org/content/current>

Review

[Non-resuscitative first-aid training for children and laypeople: a systematic review](#)

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Author Affiliations

Division of Primary Care, School of Community Health Sciences, University Park, Nottingham, UK

Received 16 January 2013

Revised 10 October 2013

Accepted 21 November 2013

Published Online First 18 December 2013

Abstract

Background Relatively little is currently known about the effectiveness of first-aid training for children and laypeople. We have undertaken a systematic review to synthesise the evidence and inform policy and practice in this area.

Methods A range of bibliographic databases were searched. Studies were eligible if they used experimental designs, provided first-aid training to laypeople or children and reported first-aid knowledge, skills behaviours or confidence. Studies were selected for inclusion, data extracted and risk of bias assessed by two independent reviewers. Findings were synthesised narratively. **Results** 23 studies (14 randomised controlled trials and 9 non-randomised studies) were included, 12 of which recruited children or young people (≤ 19 years old). Most studies reported significant effects favouring the intervention group; 11 out of 16 studies reported significant increases in first-aid knowledge; 11 out of 13 studies reported significant increases in first-aid skills; 2 out of 5 studies reported significant improvements in helping behaviour; and 2 out of 3 studies reported significant increases in confidence in undertaking first aid. Only one study undertook an economic evaluation; finding an intensive instructor-led course was more effective, but had significantly higher costs than either a less-intensive instructor-led course or a video-delivered course. Most studies were at risk of bias, particularly selection, performance or detection bias.

Conclusions There is some evidence to support provision of first-aid training, particularly for children or young people, but many studies were judged to be at risk of bias. Conclusions cannot be drawn about which first-aid training courses or programmes are most effective or the age at which training can be most effectively provided. Few studies evaluated training in adult laypeople. High-quality studies are required assessing effectiveness and cost-effectiveness of standardised first-aid training to inform policy development and provision of first-aid training.

End of Life Journal

Summer 2014 Vol 4 Issue 2

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

Food Policy

Volume 49, Part 1, In Progress (December 2014)
<http://www.sciencedirect.com/science/journal/03069192>
[Reviewed earlier]

Food Security

Volume 6, Issue 4, August 2014
<http://link.springer.com/journal/12571/6/3/page/1>
[Reviewed earlier]

Forum for Development Studies

Volume 41, Issue 2, 2014
<http://www.tandfonline.com/toc/sfds20/current>
[Reviewed earlier]

Genocide Studies International

Volume 8, Number 1 /2014
<http://utpjournals.metapress.com/content/p01472101mw2/?p=6649d9c03b8e46d9950aa563cab265d2&pi=0>
[Reviewed earlier]

Global Health: Science and Practice (GHSP)

August 2014 | Volume 2 | Issue 3
<http://www.ghspjournal.org/content/current>
[Reviewed earlier]

Global Public Health

Volume 9, Supplement 1, 2014
<http://www.tandfonline.com/toc/rgph20/.Uq0DgeKy-F9#.U4onnCjDU1w>
This Special Supplement is dedicated to all the Afghan and international health workers who sacrificed their lives during the rebuilding of the Afghan health system.
[Reviewed earlier]

Globalization and Health

[Accessed 6 September 2014]
<http://www.globalizationandhealth.com/>
Research

Learning from developing countries in strengthening health systems: an evaluation of personal and professional impact among global health volunteers at Addis Ababa University's Tikur Anbessa Specialized Hospital (Ethiopia)

Heidi Busse¹*, Ephrem A Aboneh² and Girma Tefera¹

Author Affiliations

Globalization and Health 2014, 10:64 doi:10.1186/s12992-014-0064-x

Published: 5 September 2014

Abstract (provisional)

Background

The positive impact of global health activities by volunteers from the United States in low-and middle-income countries has been recognized. Most existing global health partnerships evaluate what knowledge, ideas, and activities the US institution transferred to the low- or middle-income country. However, what this fails to capture are what kinds of change happen to US-based partners due to engagement in global health partnerships, both at the individual and institutional levels. ?Reverse innovation? is the term that is used in global health literature to describe this type of impact. The objectives of this study were to identify what kinds of impact global partnerships have on health volunteers from developed countries, advance this emerging body of knowledge, and improve understanding of methods and indicators for assessing reverse innovation.

Methods

The study population consisted of 80 US, Canada, and South Africa-based health care professionals who volunteered at Tikur Anbessa Specialized Hospital in Ethiopia. Surveys were web-based and included multiple choice and open-ended questions to assess global health competencies. The data were analyzed using IBM SPSS? version 21 for quantitative analysis; the open-ended responses were coded using constant comparative analysis to identify themes.

Results

Of the 80 volunteers, 63 responded (79 percent response rate). Fifty-two percent of the respondents were male, and over 60 percent were 40?years of age and older. Eighty-three percent reported they accomplished their trip objectives, 95 percent would participate in future activities and 96 percent would recommend participation to other colleagues. Eighty-nine percent reported personal impact and 73 percent reported change on their professional development. Previous global health experience, multiple prior trips, and the desire for career advancement were associated with positive impact on professional development.

Conclusion

Professionally and personally meaningful learning happens often during global health outreach. Understanding this impact has important policy, economic, and programmatic implications. With the aid of improved monitoring and evaluation frameworks, the simple act of attempting to measure ?reverse innovation? may represent a shift in how global health partnerships are perceived, drawing attention to the two-way learning and benefits that occur and improving effectiveness in global health partnership spending.

Health and Human Rights

Volume 16, Issue 1

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

Climate Justice and the Right to Health – A Special Issue

[Reviewed earlier]

Health Economics, Policy and Law

Volume 9 - Issue 04 - October 2014

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

[No relevant content]

Health Policy and Planning

Volume 29 Issue 6 September 2014

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

[Global health in foreign policy—and foreign policy in health? Evidence from the BRICS](#)

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Accepted July 19, 2013.

Abstract

Amidst the growing literature on global health, much has been written recently about the Brazil, Russia, India, China, South Africa (BRICS) countries and their involvement and potential impact in global health, particularly in relation to development assistance. Rather less has been said about countries' motivations for involvement in global health negotiations, and there is a notable absence of evidence when their motivations are speculated on. This article uses an existing framework linking engagement in global health to foreign policy to explore differing levels of engagement by BRICS countries in the global health arena, with a particular focus on access to medicines. It concludes that countries' differing and complex motivations reinforce the need for realistic, pragmatic approaches to global health debates and their analysis. It also underlines that these analyses should be informed by analysis from other areas of foreign policy.

Human Organization

Volume 73, Number 3 / Fall 2014

<http://sfaa.metapress.com/content/j2q1g276gm72/?p=76f6fdab022e4b4bbf2f1e6c69dbd88c&pi=0>

[How to be a Tribe in the Southern Philippines during the Advent of NGOs and the Invention of The Indigenous](#)

Charles O. Frake¹

¹State University of New York at Buffalo

Abstract

Local peoples, now known as "indigenous," are so known because of a long history of being categorized as primitive, tribal, and exotic, a categorization that served to justify their exploitation, oppression, and poverty. This external categorization and the resulting shared fate of victimization has fostered a sense of shared identity among those who find themselves to be indigenous. And now, partly as the result of world-wide NGO activity, these peoples have been presented with the opportunity of transforming their indigenous status from a stigma of an undercaste into a weapon of struggle against oppression. But to do so, they, and those who hope to help them, must validate their status as qualified members of this artificial category

that was created to oppress them. Rallying one's political struggle around the image of indigeneity has its dangers. It is an image embedded in notions of primitiveness, of backwardness, of the "tribal." It is a commitment to being different, to being "the other." This may seem romantic and noble to anthropologists and some NGOs but not necessarily to those who must live under that image while still finding ways to muster the power for effective political action in the modern world. In the long run, it remains to be seen whether embracing an indigenous identity will carry enough political clout, moral force, and personal satisfaction in the everyday world to offset the disadvantages of the associations of "backwardness" that still come with the image of indigeneity.

Ethiopian Labor Migrants and the "Free Visa" System in Qatar

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¹English and Socio-linguistics, Carnegie Mellon University in Qatar

²Carnegie Mellon University in Qatar

³University of Puget Sound, Tacoma, Washington

Abstract

Labor migrants in Qatar and neighboring states are regulated and governed by the kafala, or sponsorship system. By law, all foreign migrants are locked to a particular sponsor-employer for the duration of their stay. While the kafala has been a central feature in analyses of migration throughout the region, little attention has been devoted to the informal and widespread "free visa" system that has arisen in the shadows of the kafala. Through a mixed methods approach utilizing the region's first representative sample of low-income labor migrants, a focus group with "free visa" holders in the Ethiopian community, and a set of semi-structured interviews with Ethiopian migrants, this paper explores the experiences and perspectives of Ethiopian migrants in the "free visa" system in Qatar. The "free visa" is neither free nor legal, and it produces significant vulnerabilities for transnational migrants who work under this arrangement. While those vulnerabilities characterize the lived experience of "free visa" holders, many transnational migrants opt for the "free visa" in order to secure the freedom to choose their employer and abandon exploitative situations. We conclude that the "free visa" system can be understood as a byproduct of the strictures of the sponsorship system.

Human Rights Quarterly

Volume 36, Number 3, August 2014

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

[Reviewed earlier]

Human Service Organizations Management, Leadership & Governance

Volume 38, Issue 3, 2014

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

[Reviewed earlier]

Humanitarian Exchange Magazine

Issue 61 May 2014

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

[Reviewed earlier]

IDRiM Journal

Vol 4, No 1 (2014)

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

[Reviewed earlier]

Infectious Diseases of Poverty

[Accessed 6 September 2014]

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

[No new relevant content]

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>

Elder abuse and neglect in disasters: Types, prevalence and research gaps

Review Article

Pages 38-47

Gloria M. Gutman, Yongjie Yon

Abstract

A systematic review of literature and of information from key organizations was conducted to provide an overview of what is known about elder mistreatment in disaster situations, identify research gaps and to discuss possible policy interventions. While there has been growth in recent years in research on prevalence, incidence and risk factors for morbidity and mortality of seniors in disasters and on elder abuse, research specifically on elder abuse and neglect in disaster situations was limited and only 19 articles were found. The types of abuse most commonly addressed in these articles were financial (theft in shelters and contractor fraud), neglect (primarily abandonment), and physical abuse (domestic violence). Evidence was mainly anecdotal except for contractor fraud, where some prevalence data were available. Research is needed to fill the substantial information gaps. Increase in use of services has been employed to document increases in child abuse and domestic violence during and after disasters. The same methodology could be employed for elder abuse and neglect. Research on best practices (shelter-in-place vs. evacuation) is needed for end-of-life care patients and frail elders in institutional settings. Training and awareness programs for first responders are also needed so

that they can better recognize seniors who may have come from abusive environments and to prevent abuse from occurring in emergency housing to which seniors are relocated.

A method to improve trust in disaster risk managers: Voluntary action to share a common fate

Original Research Article

Pages 59-66

Kazuya Nakayachi, Taku Ozaki

Abstract

In this study, the effect of voluntary action to share a common fate on trust was empirically examined. Voluntary actions to share a common fate involve decisions by risk managers that place them at an equal risk as the public during times of disaster. Participants included 118 housewives who were randomly assigned to one of the three conditions: voluntary sharing of a common fate, passive sharing of a common fate, and non-sharing of a common fate. The results of the analysis indicated that trust ratings of risk managers in the voluntary condition were greater than were the ratings in the other two conditions; moreover, the trust ratings in the passive and non-sharing conditions were at equally low levels. Furthermore, the results indicated that perceived value similarity for trust had a high explanatory power in both the passive and non-sharing conditions. These results suggested that risk managers can improve their trust by voluntarily sharing the fate of the general public. The results also indicated that when trust level is low, individual differences in trust are explained by the perception that the values are shared between risk managers and the public. Finally, the relationship between trust in risk managers and the forecast of risk reduction was discussed.

International Journal of Infectious Diseases

Vol 25 Complete | August 2014 | Pages 1-206

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

[New issue: No relevant content]

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_nO92MXxyI

[Reviewed earlier]

International Migration Review

Summer 2014 Volume 48, Issue 2 Pages 283–574

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

[Reviewed earlier]

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

JAMA
September 3, 2014, Vol 312, No. 9
<http://jama.jamanetwork.com/issue.aspx>
[No relevant content]

JAMA Pediatrics
September 2014, Vol 168, No. 9
<http://archpedi.jamanetwork.com/issue.aspx>
Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors
Angela Diaz, MD, MPH; Ellen Wright Clayton, MD, JD; Patti Simon, MPH
Health care professionals who routinely interact with young people have an important role to play in preventing, identifying, and responding to commercial sexual exploitation and sex trafficking of minors. These crimes—which include any sexual activity with someone younger than 18 years in exchange for something of value—occur every day in the United States and have serious, long-term consequences for individuals who have experienced this violence and exploitation. Unfortunately, pediatricians may not recognize children and adolescents who are at risk or who may be abused. A recent report from the Institute of Medicine and the National Research Council sheds light on these crimes and provides recommendations designed to increase awareness, advance understanding, and support efforts to prevent and respond to this abuse.

Integrating Curricula on Human Trafficking Into Medical Education and Residency Training
Aimee M. Grace, MD, MPH; Roy Ahn, MPH, ScD; Wendy Macias Konstantopoulos, MD, MPH
Today in the United States, human trafficking occurs in cities, suburbs, and rural areas across all 50 US states.¹ “Severe forms” of human trafficking are defined under the US Trafficking Victims Protection Act of 2000 as the following: (1) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age or (2) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. According to data collected by the US Human Trafficking Reporting System between January 2008 and July 2010, 83% of confirmed sex trafficking victims were US citizens, and 95% of confirmed labor trafficking victims were foreign-born nationals. Moreover, 87% of sex trafficking victims were younger than 25 years, compared with 38% of labor trafficking victims.²

Journal of Community Health
Volume 39, Issue 4, August 2014
<http://link.springer.com/journal/10900/39/4/page/1>
[Reviewed earlier]

Journal of Development Economics

Volume 110, In Progress (September 2014)

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

[Reviewed earlier]

Journal of Global Ethics

Volume 10, Issue 1, 2014

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

Tenth Anniversary Forum: The Future of Global Ethics

[Reviewed earlier]

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

Volume 25, Number 3, August 2014

<http://muse.jhu.edu/journals/journal of health care for the poor and underserved/toc/hpu.25.3.html>

[Reviewed earlier]

Journal of Humanitarian Logistics and Supply Chain Management

Volume 4 issue 1 - Current Issue

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

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 16, Issue 5, October 2014

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

Screening and Vaccines in an Urban Primary Care Practice: A Retrospective Chart**Review**

Barbara Waldorf, Christopher Gill, Sondra S. Crosby

Abstract

In the United States, 38.5 million people are foreign-born, one in three arriving since 2000. Health issues include high rates of hepatitis B, human immunodeficiency virus infection, parasitic infections, and M. tuberculosis. We sought to determine rates of provider adherence to accepted national guidelines for immigrant and refugee health screening and vaccines done at the primary care clinics at Boston Medical Center. Randomized, retrospective chart review of foreign born patients in the primary care clinics. We found low screening and immunization rates that do not conform to CDC/ACIP guidelines. Only 43 % of immigrant patients had tuberculosis screening, 36 % were screened for HIV and hepatitis B, and 33 % received tetanus vaccinations. Organizational changes incorporating multi-disciplinary approaches such as creative use of nursing staff, protocols, standing orders, EMR reminders, and web based educational tools can contribute to better outcomes by identifying patients and improving utilization of guidelines.

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 6 September 15, 2014

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

[Reviewed earlier]

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.bmjjournals.com/content/current>

[Reviewed earlier]

The Journal of Law, Medicine & Ethics

Summer 2014 Volume 42, Issue 2 Pages 124–274

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

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

[Reviewed earlier]

Journal of Policy and Complex Systems

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

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 35, Issue 3 (August 2014)

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

[Reviewed earlier]

Journal of the Royal Society – Interface

October 6, 2014; 11 (99)

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

[Reviewed earlier]

Journal of Sustainable Development

Vol 7, No 4 (2014)

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

[Reviewed earlier]

Knowledge Management for Development Journal

Vol 10, No 1 (2014)

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

[Reviewed earlier]

The Lancet

Aug 30, 2014 Volume 384 Number 9945 p715 - 828

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

[New issue; No relevant content]

The Lancet Global Health

Sep 2014 Volume 2 Number 9 e488 – 549

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

[Reviewed earlier]

The Lancet Infectious Diseases

Sep 2014 Volume 14 Number 9 p779 - 898

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 18, Issue 6, August 2014

<http://link.springer.com/journal/10995/18/6/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 7516 pp6-136 4 September 2014

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

[Reviewed earlier]

New England Journal of Medicine

August 28, 2014 Vol. 371 No. 9

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

Original Article

Influenza Vaccination of Pregnant Women and Protection of Their Infants

Shabir A. Madhi, M.D., Ph.D., Clare L. Cutland, M.D., Locadia Kuwanda, M.Sc., Adriana Weinberg, M.D., Andrea Hugo, M.D., Stephanie Jones, M.D., Peter V. Adrian, Ph.D., Nadia van Niekerk, B.Tech., Florette Treurnicht, Ph.D., Justin R. Ortiz, M.D., Marietjie Venter, Ph.D., Avy Violari, M.D., Kathleen M. Neuzil, M.D., Eric A.F. Simões, M.D., Keith P. Klugman, M.D., Ph.D., and Marta C. Nunes, Ph.D. for the Maternal Flu Trial (Matflu) Team

N Engl J Med 2014; 371:918-931 September 4, 2014 DOI: 10.1056/NEJMoa1401480

Background

There are limited data on the efficacy of vaccination against confirmed influenza in pregnant women with and those without human immunodeficiency virus (HIV) infection and protection of their infants.

Methods

We conducted two double-blind, randomized, placebo-controlled trials of trivalent inactivated influenza vaccine (IIV3) in South Africa during 2011 in pregnant women infected with HIV and during 2011 and 2012 in pregnant women who were not infected. The immunogenicity, safety, and efficacy of IIV3 in pregnant women and their infants were evaluated until 24 weeks after birth. Immune responses were measured with a hemagglutination inhibition (HAI) assay, and influenza was diagnosed by means of reverse-transcriptase–polymerase-chain-reaction (RT-PCR) assays of respiratory samples.

Results

The study cohorts included 2116 pregnant women who were not infected with HIV and 194 pregnant women who were infected with HIV. At 1 month after vaccination, seroconversion rates and the proportion of participants with HAI titers of 1:40 or more were higher among IIV3 recipients than among placebo recipients in both cohorts. Newborns of IIV3 recipients also had higher HAI titers than newborns of placebo recipients. The attack rate for RT-PCR–confirmed influenza among both HIV-uninfected placebo recipients and their infants was 3.6%. The attack rates among HIV-uninfected IIV3 recipients and their infants were 1.8% and 1.9%, respectively, and the respective vaccine-efficacy rates were 50.4% (95% confidence interval [CI], 14.5 to 71.2) and 48.8% (95% CI, 11.6 to 70.4). Among HIV-infected women, the attack rate for placebo recipients was 17.0% and the rate for IIV3 recipients was 7.0%; the vaccine-efficacy rate for these IIV3 recipients was 57.7% (95% CI, 0.2 to 82.1).

Conclusions

Influenza vaccine was immunogenic in HIV-uninfected and HIV-infected pregnant women and provided partial protection against confirmed influenza in both groups of women and in infants who were not exposed to HIV. (Funded by the Bill and Melinda Gates Foundation and others; ClinicalTrials.gov numbers, [NCT01306669](https://clinicaltrials.gov/ct2/show/NCT01306669) and [NCT01306682](https://clinicaltrials.gov/ct2/show/NCT01306682).)

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/currrenttoc.aspx>
[No issue; No relevant content]

PLoS One

[Accessed 6 September 2014]
<http://www.plosone.org/>
[No new relevant content]

PLOS Currents: Disasters

[Accessed 6 September 2014]
<http://currents.plos.org/disasters/>

PLoS Medicine

(Accessed 6 September 2014)
<http://www.plosmedicine.org/>

[Oral Cholera Vaccine Development and Use in Vietnam](#)

Dang Duc Anh, Anna Lena Lopez mail, Hung Thi Mai Tran, Nguyen Van Cuong, Vu Dinh Thiem, Mohammad Ali, Jacqueline L. Deen, Lorenz von Seidlein, David A. Sack

Published: September 02, 2014

DOI: 10.1371/journal.pmed.1001712

Summary Points

- :: Vietnam is the first and only country in the world to regularly use oral cholera vaccines (OCVs) in their cholera control program.
- :: From 1998 to 2012, more than 10.9 million doses of the locally produced OCV were deployed in the country through its public health system.
- :: We present an overview of cholera epidemiology in Vietnam and the development and deployment of the OCV.
- :: Since 1997, the number of cholera cases in Vietnam has declined, in association with increased OCV use as well as improvements in socioeconomic and water and sanitation conditions. It is not possible to establish the relative contributions of each of these to the reduction in cholera rates.
- :: Hue, the only province to use OCVs consistently every year, has not reported any cholera case since 2003.

:: As WHO organizes a stockpile of OCV for use in emergencies and recommends the use of OCVs together with traditional means of control, the experience in Vietnam will be helpful to other at-risk countries as they look towards adopting the vaccine in their cholera control programs.

Cholera: A Continuing Public Health Threat

The emergence of cholera in Haiti highlighted the difficulties in containing cholera outbreaks with only safe water, sanitation, hygiene, and appropriate case management. In less developed settings where cholera occurs, these basic needs are often not met or are rapidly overwhelmed during man-made or natural disasters. Prior to the Haitian outbreak, countries in Africa and Asia had borne most of the cholera burden, with an estimated 1.4 billion people at risk, 2.8 million cases, and 100,000 to 200,000 deaths occurring annually [1],[2]; however, because of difficulties in surveillance and differences in reporting systems, only 245,393 cases with 3,034 deaths were reported to the World Health Organization (WHO) in 2012 [1]. This figure does not include the large number of acute watery diarrhoea cases reported in Asia, of which a significant proportion is caused by *Vibrio cholerae*. As cholera continues to be a global public health problem, in 2011, the World Health Assembly called for an integrated and comprehensive approach to cholera control, including oral cholera vaccines (OCVs) [3].

OCVs have been available for more than 20 years, but public health use has been limited. Vietnam is the first and currently the only country in the world to use killed OCVs routinely in its public health program. This article describes the cholera problem in Vietnam and how an oral cholera vaccine was developed and used as a component of a public health strategy against the disease...

PLoS Neglected Tropical Diseases

(Accessed 6 September 2014)

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

Neglected Parasitic Infections and Poverty in the United States

Peter J. Hotez

Viewpoints | published 04 Sep 2014 | PLOS Neglected Tropical Diseases

10.1371/journal.pntd.0003012

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

(Accessed 6 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
September 2014; 24 (9)
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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
5 September 2014 vol 345, issue 6201, pages 1093-1208
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Social Science & Medicine
Volume 118, In Progress (October 2014)
<http://www.sciencedirect.com/science/journal/02779536/118>
[Reviewed earlier]

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[accessed 6 September 2014]

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Sustainability

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

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

Social Investment for Sustainability of Groundwater: A Revealed Preference Approach

by Edna Tusak Loehman

Sustainability **2014**, *6*(9), 5598-5638; doi:[10.3390/su6095598](https://doi.org/10.3390/su6095598)

Received: 4 March 2014; in revised form: 23 July 2014 / Accepted: 31 July 2014 / Published: 27 August 2014

Abstract:

Groundwater is a form of natural capital that is valued for the goods it provides, including ecosystem health, water quality, and water consumption. Degradation of groundwater could be alleviated through social investment such as for water reuse and desalination to reduce the need for withdrawals from groundwater. This paper develops a participatory planning process—based on combining revealed preference with economic optimization—to choose a desired future for sustaining groundwater. Generation of potential groundwater futures is based on an optimal control model with investment and withdrawal from groundwater as control variables. In this model, groundwater stock and aquatic health are included as inter-temporal public goods. The social discount rate expressing time preference—an important parameter that drives optimization—is revealed through the participatory planning process. To implement the chosen future, a new method of inter-temporal pricing is presented to finance investment and supply costs. Furthermore, it is shown that the desired social outcome could be achieved by a form of privatization in which the pricing method, the appropriate discount rate, and the planning period are contractually specified.

Poverty Alleviation through Pro-Poor Tourism: The Role of Botswana Forest Reserves

by Haretsebe Manwa and Farai Manwa

Sustainability **2014**, *6*(9), 5697-5713; doi:[10.3390/su6095697](https://doi.org/10.3390/su6095697)

Received: 11 June 2014; in revised form: 15 August 2014 / Accepted: 18 August 2014 /

Published: 28 August 2014

Abstract:

Both government and international donor agencies now promote the use of tourism to alleviate poverty. The Botswana government has embraced tourism as a meaningful and sustainable economic activity and diversification opportunity, which now ranks second after mining in its contribution to the country's gross domestic product. The study reported in this paper investigates perceptions of stakeholders on the opportunities that would be created for the poor by opening up Botswana's forest reserves for ecotourism. Data was collected through mixed methods involving in-depth interviews with government departments, traditional leaders, quasi-government organisations and the Hospitality and Tourism Association of Botswana. Focus group discussions were also held with village development committees, Chobe Enclave Conservation Trust (CECT) and Kasane, Lesoma and Pandematenga Trust (KALEPA) members, and a consultative national workshop of stakeholders was also held. The findings indicate that

opening up forest reserves for ecotourism has the potential to alleviate poverty among the disadvantaged groups living adjacent to forest reserves through direct (employment, small- and medium-sized enterprises (SMEs)), secondary (linkages/partnerships) and dynamic effects (sustainable livelihoods). The study concludes by cautioning that whilst pro-poor tourism may yield short- and medium-term benefits, in keeping with sustainability objectives, participants in the programme need to be mindful of forestry encroachment and come up with strategies to ensure the sustainability of the Botswana forest reserves.

TORTURE Journal

Latest issue: Volume 24, Supplementum 1, 2014

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

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

[Reviewed earlier]

Tropical Medicine and Health

Vol. 42(2014) No. 2

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

[Reviewed earlier]

UN Chronicle

Vol. LI No. 1 2014 May 2014

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

[Reviewed earlier]

Vulnerable Children and Youth Studies

An International Interdisciplinary Journal for Research, Policy and Care

Volume 9, Issue 3, 2014

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

From Google Scholar+ [to 6 September 2014]

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

New York Times

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

Accessed 6 September 2014

Cuts at W.H.O. Hurt Response to Ebola Crisis

SHERI FINK

3 September 2014

With treatment centers overflowing, and alarmingly little being done to stop Ebola from sweeping through West African villages and towns, Dr. Joanne Liu, the president of Doctors Without Borders, knew that the epidemic had spun out of control.

The only person she could think of with the authority to intensify the global effort was Dr. Margaret Chan, the director general of the World Health Organization, which has a long history of fighting outbreaks. If the W.H.O., the main United Nations health agency, could not quickly muster an army of experts and health workers to combat an outbreak overtaking some of the world's poorest countries, then what entity in the world would do it?

"I wish I could do that," Dr. Chan said when the two met at the W.H.O.'s headquarters in Geneva this summer, months after the outbreak burgeoned in a Guinean rain forest and spilled into packed capital cities. The W.H.O. simply did not have the staffing or ability to flood the Ebola zone with help, said Dr. Chan, who recounted the conversation. It was a fantasy, she argued, to think of the W.H.O. as a first responder ready to lead the fight against deadly outbreaks around the world.

The Ebola epidemic has exposed gaping holes in the ability to tackle outbreaks in an increasingly interconnected world, where diseases can quickly spread from remote villages to cities housing millions of people.

The W.H.O., the United Nations agency assigned in its constitution to direct international health efforts, tackle epidemics and help in emergencies, has been badly weakened by budget cuts in recent years, hobbling its ability to respond in parts of the world that need it most. Its outbreak and emergency response units have been slashed, veterans who led previous fights against Ebola and other diseases have left, and scores of positions have been eliminated — precisely the kind of people and efforts that might have helped blunt the outbreak in West Africa before it ballooned into the worst Ebola epidemic ever recorded...

International Health

Volume 6, Issue 3 Pp. 160-161.

Vaccination in humanitarian crises: satisficing should no longer suffice

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Abstract

There are more possible vaccination interventions to mitigate the adverse health consequences of populations in crises than ever before, but recent reviews suggest delivering these vaccines has been fraught with difficulty. The decision to implement vaccination interventions in crises remains, more often than not, an exercise in satisficing. The sparse credible epidemiologic and effectiveness data in populations affected by crises contributes greatly to decision-making difficulty, as do the limits of vaccine presentations, formulations and storage. Political considerations and lack of decision-making guidance contribute further. Moving forward requires sound effectiveness studies to help ensure that decision-making is based to the degree possible on substance.

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