

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

***Week ending 18 October 2014***

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

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

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

*The Sentinel is also available as a pdf document linked from this page:  
<http://ge2p2-center.net/>*

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- :: Key Agency/IGO/Governments Watch – Selected Updates from 30+ entities*
- :: NGO/Collaborations/Initiatives Watch – Media Releases, Major Initiatives, Research*
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- :: Journal Watch – Key articles and abstracts from 100+ peer-reviewed journals*

***:: Week in Review***

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

***Editor's Note:***

*The pace and complexity of the Ebola/EVD crisis and global response continues to escalate, including wide-ranging response from UN agencies, NGOs and other organizations. Among the many characterizations and calls to action we have encountered, we paused when reading Oxfam's call for "more military" to help address what "...could become the definitive humanitarian disaster of our generation." (see Oxfam content in NGO Watch below).*

*Reading this issue of The Sentinel you will encounter significant Ebola/EVD content throughout, including a number of editorials and analyses in Journal Watch below. Given the extent of Ebola content we include it at the close of this Week in Review section.*

### **UN and HelpAge call to reduce death toll among over-60s in disasters**

*This year's IDDR celebration calls for greater involvement of older persons in disaster management worldwide.*

13 October 2014, GENEVA – The United Nations Office for Disaster Risk Reduction (UNISDR) and HelpAge International today issued a joint call for greater involvement of older persons in disaster management efforts worldwide in order to bring down death tolls among those over 60...

A survey conducted for today's International Day for Disaster Reduction demonstrates that older persons are often excluded or marginalised when disaster management plans are being drawn up at community level. 58% of respondents said they did not know who was responsible for disaster preparedness in their communities and 68% do not participate at all in such activity...

UNISDR and HelpAge International are calling on governments to sign up to Charter 14 for Older People in Disaster Risk Reduction and commit to specific inclusion of older persons in all facets of disaster management planning with a strong emphasis on early warnings and evacuation procedures (<http://www.unisdr.org/2014/iddr/documents/Charter14.pdf>).

UNISDR Head, Margareta Wahlström, said, "The world needs to become more acutely aware of how to protect older persons as the climate changes and the ageing population is exposed to more extreme events. For instance, thousands of people die every year in heat waves and older persons living in poverty are among the most vulnerable. Inclusion of their needs and social protection measures are vital to the success of disaster management in the years ahead."

### **Historic UN biodiversity pact on genetic resources and associated traditional knowledge comes into effect today**

*Implementation of the Nagoya Protocol represents a milestone on the global sustainable development agenda*

Montreal/Pyeongchang 12 October 2014. The Nagoya Protocol on Access to Genetic Resources and the Fair Equitable Sharing of Benefits Arising from their Utilization of the Convention on Biodiversity (CBD) enters into force today, "providing the world with a mechanism to ensure that access to and the sharing of the benefits from the use of genetic resources, and associated traditional knowledge, happen in a context of transparency and with equity."

The fair and equitable sharing of benefits from genetic resources is one of the three main objectives of the CBD, with the other two being the conservation of biological diversity and the sustainable use of its components.

The Nagoya Protocol on Access and Benefit-sharing provides a legal framework to ensure that the access and utilization of genetic resources coming from plants, animals, bacteria or other organisms for commercial, research or other purposes, be created on the basis of access and benefit-sharing agreements between providers and users which entail prior informed consent and mutually agreed terms.

Benefits received in exchange for access to genetic resources can be monetary or non-monetary, including, for instance, technology transfer, joint research or capacity-building

activities. Allowing Parties to fully benefit from their genetic resources generates new opportunities and incentives for conserve and sustainably use biodiversity

The Protocol also addresses issues related to access to and benefit-sharing from the use of traditional knowledge associated with genetic resources held by indigenous and local communities. In this regard, Parties are to take measures to ensure prior informed consent and fair and equitable benefit-sharing with these communities, keeping in mind community laws and procedures as well as customary use and exchange.

"The Nagoya Protocol is central to biodiversity for sustainable development. Its entry into force will create incentives for preserving genetic diversity, biodiversity in general, and associated traditional knowledge. It will provide the conditions for continuous research and development on genetic resources. But most importantly, the Protocol will give us the opportunity to develop an economy that is more sustainable and where the value of natural resources will be truly acknowledged" said Braulio Ferreira de Souza Dias, Executive Secretary of the Convention on Biological Diversity...

"The Protocol will create greater equity and transparency for both providers and users of genetic resources which will enhance the contribution of biodiversity to development, poverty eradication and human well-being," said Achim Steiner, UN Under-Secretary-General and Executive Director of the UN Environment Programme.

### **Principles for Responsible Investment in Agriculture and Food Systems**

UN COMMITTEE ON WORLD FOOD SECURITY Forty-first Session

Rome, Italy, 13-18 October 2014

pdf: <http://www.fao.org/3/a-ml291e.pdf> :: 16 pages

*Plenary of CFS endorses guidance to ensure investment in agriculture and food systems benefits local food security and workers' rights*

Media Release [excerpts]

16 October 2014, Rome -- Governments from around the world have approved a landmark set of principles meant to guide investment in agriculture and food systems, aimed at assuring that cross-border and corporate investment flows lead to improved food security and sustainability and respect the rights of farm and food workers.

...FAO Director-General José Graziano da Silva applauded the agreement, saying that a clear and unified set of principles would "enable larger and more sustainable investment in agriculture while also making all stakeholders responsible for creating the conditions for the principles to be met. The private sector will play an important role in implementing the principles..."

The Principles were hammered out over two years of consultations and negotiations. They build on and are complementary to the Voluntary Guidelines on the Responsible Governance of Tenure of Land, Fisheries and Forests in the Context of National Food Security, endorsed in May 2012 amid heightened global concern about rising food prices and large-scale purchases of agricultural land and operations in developing countries, dubbed "land grabbing" by critics and widely seen as a threat to smallholders.

The Principles are voluntary and non-binding, but represent the first time that governments, the private sector, civil society organizations, UN agencies and development banks, foundations, research institutions and academia have been able to come together and agree on what constitutes responsible investment in agriculture and food systems.

...FAO estimates that an average net investment of \$83 billion a year will be necessary to raise agricultural production by 60% and feed the global population of more than 9 billion

expected by 2050.

The cornerstone of the agreement, Principle 1, states that responsible investment in agriculture and food systems contributes to food security and nutrition, especially for the most vulnerable parts of local populations, and "supports states' obligations regarding the progressive realization of the right to adequate food." That entails increasing sustainable production and productivity of safe, nutritious and culturally acceptable food, reducing food loss and waste, improving income and reducing poverty, enhancing market efficiencies and fairness - in particular taking into account the interests of smallholders.

*From the Background ad Rationale section:*

2. Agriculture and food systems encompass the entire range of activities involved in the production, processing, marketing, retail, consumption, and disposal of goods that originate from agriculture, including food and non-food products, livestock, pastoralism, fisheries including aquaculture, and forestry; and the inputs needed and the outputs generated at each of these steps. Food systems also involve a wide range of stakeholders, people and institutions, as well as the sociopolitical, economic, technological and natural environment in which these activities take place.

3. Addressing the four dimensions of food security and nutrition - availability, access, stability, and utilization – requires a significant increase in responsible investment in agriculture and food systems. Responsible investment in agriculture and food systems refers to the creation of productive assets and capital formation, which may comprise physical, human or intangible capital, oriented to support the realisation of food security, nutrition and sustainable development, including increased production and productivity, in accordance with the Principles outlined in this document. Responsible investment in agriculture and food systems requires respecting, protecting, and promoting human rights, including the progressive realization of the right to adequate food in the context of national food security, in line with the Universal Declaration of Human Rights and other relevant international human rights instruments. Responsible investment can be supplied by a wide range of stakeholders.

4. Given the vital role of smallholders, including those that are family farmers, - women and men - in investing in agriculture and food systems, it is particularly important that their capacity to invest be strengthened and secured. Responsible investment includes priority investments in, by, and with smallholders including those that are small-scale producers and processors, pastoralists, artisans, fishers, communities closely dependent on forests, indigenous peoples, and agricultural workers. To strengthen and secure smallholders' own investments, it is also necessary to engage with and promote responsible investment by other stakeholders in accordance with the following Principles....

*Supporting content:*

- :: [Committee on World Food Security](#)
- :: [Voluntary Guidelines on the Responsible Governance of Tenure](#)
- :: [The State of Food Insecurity in the World 2014](#)

### **German Government, GEF, and UNDP partner to create largest global fund for ICCAs**

Pyeongchang, Republic of Korea - 15 October 2014 - The German Government, the Global Environment Facility (GEF), and the United Nations Development Programme (UNDP) announced a new partnership to create the largest global fund for territories and areas conserved by indigenous peoples and local communities (ICCAs - Indigenous Peoples' and Community Conserved Areas and Territories). The 5-year initiative will be financed as a contribution to the achievement of targets of the Convention on Biological Diversity Aichi 2020

framework, and will work in at least 26 countries at the global level. The contribution for the initiative of 12m Euros (\$16.3M) was selected through a competitive selection process conducted by the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety (BMUB).

## **EBOLA/EVD** [to 18 October2014]

### **UN Security Council, 7279th meeting – Peace and Security in Africa: Ebola**

14 Oct 2014 - 7279th meeting, Peace and security in Africa

Briefing by Anthony Banbury, Special Representative and Head of the United Nations Mission for Ebola Emergency Response (UNMEER) and other presenters.

Video [English]: <http://webtv.un.org/watch/peace-and-security-in-africa-ebola-security-council-7279th-meeting/3839430394001>

### **UN Security Council Press Statement – Ebola (15 October 2014)**

*[Full text; Editor's text bolding]*

On 14 October 2014, the members of the Security Council heard briefings by Special Representative of the Secretary-General for the United Nations Mission for Emergency Ebola Response (UNMEER) Anthony Banbury, as well as Under-Secretary-General for Peacekeeping Operations Hervé Ladsous and Assistant-Secretary-General for Political Affairs Tayé-Brook Zerihoun.

The members of the Security Council reiterated their grave concern about the unprecedented extent of the Ebola outbreak in Africa, which constitutes a threat to international peace and security, as well as the impact of the Ebola virus on West Africa, in particular, Liberia, Guinea and Sierra Leone.

The members of the Security Council recognized the strenuous efforts made by the Member States of the region, especially Guinea, Liberia and Sierra Leone, to lead the ground-level response against the Ebola outbreak, as well as to address the wider political, security, socioeconomic and humanitarian impact of the Ebola outbreak on communities. The members of the Security Council affirmed the importance of preparedness by all Member States to detect, prevent, respond to, isolate and mitigate suspected cases of Ebola within and across borders. They also recalled the International Health Regulations (2005), which aim to improve the capacity of all countries to detect, assess, notify and respond to public health threats.

The members of the Security Council welcomed the swift establishment on 19 September 2014 by United Nations General Assembly resolution 69/1 of UNMEER. They expressed their appreciation for the efforts undertaken by the Mission to provide overall leadership and direction to the operational work of the United Nations System, as mandated by the United Nations General Assembly. They requested that the Secretary-General help to ensure that all relevant United Nations System entities, including the United Nations peacekeeping operations and special political missions in West Africa, within their existing mandates and capacities, collaborate closely and urgently to respond to UNMEER's requests and to provide immediate Ebola response assistance to the governments of the three most affected countries.

The members of the Security Council reiterated their deep and abiding admiration for the first-line responders to the Ebola outbreak in West Africa, including national health and humanitarian relief workers, educators, and those providing burial services, as well as international health and humanitarian relief workers contributed by the Member States of diverse regions and non-governmental and inter-governmental organizations. The members of

the Security Council expressed their condolences to the families of the victims of the Ebola outbreak, including national and international first-line responders, and wished swift recovery to those infected. They also underscored the critical importance of putting in place necessary arrangements, including medical evacuation capacities and treatment and transport provisions, to facilitate the immediate and unhindered deployment of health and humanitarian relief workers in the affected countries.

The members of the Security Council called on the governments of Guinea, Liberia and Sierra Leone to continue to strengthen coordination with all national, regional and international actors, including bilateral partners and multilateral organizations, including the Mano River Union, African Union, Economic Community of West African States, European Union, World Bank Group and the United Nations System, in order to more fully and efficiently utilize all Ebola response assistance.

The members of the Security Council stressed that the response of the international community to the Ebola outbreak has failed to date to adequately address the magnitude of the outbreak and its effects. In this regard, they urged all Member States, and bilateral partners and multilateral organizations, to accelerate and dramatically expand the provision of resources and financial and material assistance, including mobile laboratories; field hospitals; dedicated and trained clinical personnel and services in Ebola Treatment Units and isolation units; therapies, vaccines and diagnostics to treat patients and limit or prevent further Ebola infection or transmission; and personal protective equipment for first-line responders. They further urged Member States and all relevant actors to provide logistical, aeromedical, transport and construction capabilities for the Ebola response. They called on Member States, especially in the region, to facilitate immediately the delivery of such assistance, to the most affected countries.

The members of the Security Council strongly urged Member States, as well as airlines and shipping companies, while applying appropriate public health protocols, to maintain trade and transport links with the most affected countries to enable the timely utilization of all efforts aimed at containing the Ebola outbreak within and across borders of the region. They expressed their continued concern about the detrimental effect of the isolation of the affected countries as a result of trade and travel restrictions imposed on and to the affected countries, as well as acts of discrimination against the nationals of Guinea, Liberia and Sierra Leone.

#### **WHO: [Situation report update - 17 October 2014](#)**

A total of 9216 confirmed, probable, and suspected cases of Ebola virus disease (EVD) have been reported in seven affected countries (Guinea, Liberia, Nigeria, Senegal, Sierra Leone, Spain, and the United States of America) up to the end of 14 October. There have been 4555 deaths. A second EVD--negative sample was obtained from the single confirmed case in Senegal on 5 September (42 days ago). WHO officially declares the Ebola outbreak in Senegal over...

#### **UNMEER [UN Mission for Ebola Emergency Response] [@UNMEER](#) #EbolaResponse**

UNMEER's [website](#) is aggregating and presenting content from various sources, including its own External Situation Reports, press releases, statements and what it titles "developments." Beginning with this issue of *The Sentinel* we will present selected elements of interest from UNMEER External Situation Reports. The full reports are available as a pdf using the link provided by the report date.

[17 October 2014](#)

:: *Key Political and Economic Developments*

1. UN Secretary General Ban Ki Moon made a strong call to turn pledges into action, appealing to the international community to provide the \$1 billion that will enable the crisis response to get ahead of the curve and meet its target of reducing the rate of transmission by December 1st...

2. The UN Ebola Response Operational Planning Conference, arranged by UNMEER in Accra, Ghana (15-18 October) has led inter-agency discussions on putting together a credible operational plan to combat EVD...

*:: Human Rights*

5. UN High Commissioner on Human Rights, Zeid Ra'ad Al Hussein, stated that respect for the rights of survivors and affected communities are at risk of being sacrificed. He also stressed that a disregard for human rights to things like health, education, sanitation and good governance had allowed Guinea, Liberia and Sierra Leone to become fertile ground for the outbreak in the first place.

6. Human Rights Watch has said some EVD quarantines had been ineffective and did not meet human rights standards as they disproportionately impact people unable to evade the restrictions, including the elderly, the poor, and people with chronic illness or disability.

*:: Outreach and Education*

20. The International Federation of the Red Cross and Red Crescent Societies (IFRC)'s report on disasters stated that the current EVD epidemic has shown that culture and beliefs are vital when tackling emergency situations. IFRC Deputy Secretary General Matthias Schmale said that the population should feel we understand their practices and in the case of EVD, funerals are an opportunity to make a community realize no one is against their culture.

26. London Mining, which owns an iron ore mine in Sierra Leone and has built an Ebola treatment centre, has reportedly gone bankrupt. The collapse of the company raises concerns about international efforts to combat Ebola.

*:: Essential Services*

28. UNFPA reported that EVD is wiping out gains in safe motherhood made in Guinea, Liberia and Sierra Leone. An estimated 800,000 women in these three countries should give birth in the next 12 months but many pregnant women are afraid to visit or have been turned away from overstretched health facilities. UNFPA says that USD 64.5 million is needed to provide reproductive and maternal health services in the next three months.

29. Some 108,000 children due to sit their secondary school exams have missed them, says the UNICEF education head in Sierra Leone. Teachers are still being paid and the government has just launched a radio education programme aired over a 12-hour period to four different age groups.

[:: OCHA financial tracking of overall contributions to the Ebola response](#)

[16 October 2014](#)

*:: Human Rights*

7. A standard operating procedure (SOP) for enforcing roadblocks and quarantines, drafted with the help of UNDP, has been approved by the Government of Sierra Leone. UNDP will work to scale-up the implementation of the SOP and support the training of 4,000 - 5,000 officers nationwide.

*:: Medical*

14. Fiji will stop sending peacekeeping police officers to Liberia due to the Ebola crisis. The Fiji Police Force will phase out the 27 officers currently stationed in UNMIL after the completion of their one-year tour of duty.

15. Firestone Tire and Rubber Company's production facility in Liberia, which employs more than 8,000 workers, has seen approximately 71 employees, family members, retirees, and

people living in the surrounding communities contract EVD. Firestone's Ebola Treatment Center (ETC) has helped 17 people survive and become a model ETC in the process.

*:: Logistics*

23. Director of operations for Medecins Sans Frontieres, Brice de le Vingne, reports that it is reaching its limit and called on all partners step up efforts against EVD.

*:: Outreach and Education*

24. Social media users in Sierra Leone are turning to chat apps to disseminate information about EVD. Private groups are being set up on WhatsApp, a smartphone instant messaging service, so that information about Ebola can be shared in a space where conversations can take place more freely than on Facebook.

## **UNICEF**

[http://www.unicef.org/media/media\\_71724.html](http://www.unicef.org/media/media_71724.html)

[\*:: UNICEF Ebola response: Survivors to join fight against deadly virus in Sierra Leone\*](#)

GENEVA/KENEMA, Sierra Leone, 15 October 2014 – Thirty-five Ebola survivors are meeting this week in Kenema, one of the epicentres of the Ebola outbreak in Sierra Leone, to share their experience of Ebola, learn how to deal with its psychological aftermath, and find ways to help infected community members.

[\*:: Handwashing one important tool in the Ebola fight – UNICEF\*](#)

NEW YORK, 15 October 2014 – As the world celebrates the seventh Global Handwashing Day, UNICEF said the fight against Ebola further underscores the practice of handwashing in disease prevention.

## **UNFPA** United Nations Population Fund

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

16 October 2014 - Press Release

[\*Ebola Wiping Out Gains in Safe Motherhood\*](#)

UNITED NATIONS, New York — As the world intensifies its response to the Ebola crisis in West Africa, the needs of pregnant women must be addressed urgently to save the lives of mothers and infants, warns UNFPA, the United Nations Population Fund.

14 October 2014 - Dispatch

[\*Sierra Leone's contact tracers work to curtail Ebola outbreak\*](#)

KAILAHUN/NEW YORK – As Ebola infections continue to escalate at an alarming rate in West Africa, UNFPA-trained contact tracers in Sierra Leone are playing a vital role in mitigating the public health crisis. Rapid identification, isolation and care by health workers using strict infection control measures could curtail the outbreak.

## **UNDP** United Nations Development Programme [to 18 October2014]

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

14 Oct 2014

[\*Community Mobilization, Local Investment Needed to Win Fight Against Ebola, says UN\*](#)

West African countries, supported by a well-coordinated international response, can achieve a breakthrough in the battle against Ebola if every effort is made to treat and contain the disease, involve communities and invest in the local economy, said representatives from the United Nations.

13 Oct 2014

[\*UNDP calls for greater community involvement to combat Ebola in West Africa\*](#)

Local associations hold the key to beating Ebola in Sierra Leone, Guinea and Liberia, said UN development officials as they completed their visit to Freetown.

### **UN Women**

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

:: [Women mobilize to halt the spread of Ebola in Sierra Leone](#)

October 13, 2014

Door-to-door volunteers and traditional chiefs are educating and gathering information in their communities on prevention and the impact of the Ebola virus on women.

### **USAID** [to 18 October2014]

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

:: [USAID Administrator Announces \\$142 Million in Humanitarian Assistance Grants and Projects for Ebola Response in West Africa](#)

October 15, 2014

U.S. Agency for International Development (USAID) Administrator Rajiv Shah announced nearly \$142 million in humanitarian projects and grants to combat the Ebola outbreak in West Africa. Shah made the announcement after meeting with President Ellen Johnson Sirleaf of Liberia in the capital city of Monrovia.

### **DFID**

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

*Selected Releases*

:: [Further UK aid supplies arrive in Freetown to tackle Ebola outbreak](#)

12 October 2014 DFID Press release

### **World Bank**

:: [African Finance Ministers Call for Increased Support to West Africa's Ebola Crisis](#)

WASHINGTON, October 14, 2014—Ministers of finance from four African countries on October 11th called on the international community, including the World Bank Group and International Monetary Fund (IMF), to speed up its response to West Africa's Ebola crisis and to further support Sub Saharan Africa's need for improved agriculture, security and increased access to energy and water. The ministers, from Sierra Leone, Guinea-Bissau, Chad and Kenya, spoke during the World Bank-IMF Annual Meetings African Ministers Press Conference.

### **MSF/Médecins Sans Frontières**

[Sierra Leone: MSF Suspends Emergency Pediatric and Maternal Services in Gondama](#)

October 16, 2014

BRUSSELS—Doctors Without Borders/Médecins Sans Frontières (MSF) has made the very difficult decision to temporarily suspend medical activities at its hospital near Bo, Sierra Leone, because of the strain of responding to the Ebola outbreak in the country, the organization said today.

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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 18 October 2014]**

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

*Selected Meetings*

17 October 2014

GA/11571

[Complacency Could Jeopardize Africa's Development Gains, Fight against Malaria, General Assembly Warns, Also Urging Immediate Action to Combat Ebola](#)

Sounding a note of optimism about the progress of African development, the international community should guard against complacency that might lead to backsliding on gains already made, the General Assembly was told today as it debated the New Partnership for Africa's Development as well as the ongoing battle against malaria.

16 October 2014

GA/11570

[General Assembly Elects Angola, Malaysia, Venezuela, New Zealand, Spain as Non-Permanent Members of Security Council for 2015-2016](#)

In three rounds of voting, of which two were restricted, the General Assembly today elected Angola, Malaysia, Venezuela, New Zealand and Spain to serve as non-permanent members of the Security Council for the next two years.

14 October 2014

SC/11601

[Time 'Our Biggest Enemy' in Fight against Ebola, Senior Official Tells Security Council, Pleading for Collective Action](#)

In the Security Council today, officials of the United Nations and affected countries alike continued to sound the alarm on the devastating effects of the Ebola epidemic, pleading for international action that matched the magnitude of the scourge and expressing gratitude for the international aid that had already been delivered or pledged.

13 October 2014

GA/11569

[General Assembly Hails Value of Justice, Contribution of International Tribunals in Advancing International Law, United Nations Principles](#)

The administration of justice could not be measured in monetary terms alone, the General Assembly was told today as the Presidents of the International Residual Mechanism for Criminal Tribunals and the International Criminal Tribunals for Rwanda and for the Former Yugoslavia presented their annual reports.

*Selected Press Releases*

*[website not functioning]*

17 October 2014

SG/SM/16263-DEV/3136-OBV/1391

[Poverty Eradication Must Remain Central to Development, Secretary-General Says at Observance of International Day](#)

Following are UN Secretary-General Ban Ki-moon's remarks of commemoration at the International Day for the Eradication of Poverty observance event, in New York today:

**UNICEF** [to 18 October 2014]

[http://www.unicef.org/media/media\\_71508.html](http://www.unicef.org/media/media_71508.html)

*Media Releases [selected]*

[UNICEF Ebola response: Survivors to join fight against deadly virus in Sierra Leone](#)

GENEVA/KENEMA, Sierra Leone, 15 October 2014 – Thirty-five Ebola survivors are meeting this week in Kenema, one of the epicentres of the Ebola outbreak in Sierra Leone, to share their experience of Ebola, learn how to deal with its psychological aftermath, and find ways to help infected community members.

[Handwashing one important tool in the Ebola fight – UNICEF](#)

NEW YORK, 15 October 2014 – As the world celebrates the seventh Global Handwashing Day, UNICEF said the fight against Ebola further underscores the practice of handwashing in disease prevention.

[Give South Sudan's Children a Healthy Start](#)

JUBA, South Sudan, 14 October 2014 – The South Sudan National and State Ministry of Health, Sanitation and Environment, UNICEF and WFP kicked off a new outreach and a mass-screening campaign today to address the nutrition crisis, which UNICEF says is threatening the lives of hundreds of thousands of children.

**UNHCR** [to 18 October 2014]

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

*Press Releases*

["Investing in the Future" conference opens in Sharjah, UAE: Every minute another child is forced to flee in the Arab World](#)

15 October 2014

**UNOCHA** [to 18 October 2014]

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

[Central African Republic: UN calls for protection of civilians and respect for medical facilities \[EN/FR/SG\]](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Central African Republic (Bangui, 16 October 2014): The Senior Humanitarian Coordinator in the Central African Republic, Claire Bourgeois, is extremely concerned by the loss of lives during a new wave of attacks and violence in the beginning of this week. She also deplores the high number of wounded, the burning of houses and the fact that the victims are compelled to seek refuge in displacement sites....

**UNISDR** UN Office for Disaster Risk Reduction [to 18 October 2014]

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

13 Oct 2014

## [UN and HelpAge call to reduce death toll among over-60s in disasters](#)

The United Nations Office for Disaster Risk Reduction (UNISDR) and HelpAge International today issued a joint call for greater involvement of older persons in disaster management efforts worldwide in order to bring down death tolls among those over 60.

## [South Africa's pledge for older persons](#)

RUSTENBURG, SOUTH AFRICA, 14 October 2014 – Senior government figures and several mayors from across South Africa have marked International Day for Disaster Reduction by signing a unique national pledge to implement minimum standards to both engage older persons in disaster

## **WHO & Regionals**

:: [WHO Director-General's speech to the Regional Committee for the Western Pacific](#) 13 October 2014

:: [Address to the Sixth Session of the Conference of the Parties to WHO FCTC](#) 13 October 2014

:: [Tobacco treaty makes significant progress](#)

18 October 2014 -- The sixth session of the Conference of the parties (COP6) to the WHO Framework Convention on Tobacco Control (FCTC) concluded today in Moscow. Despite increased efforts by tobacco industry to undermine the WHO FCTC, several landmark decisions were passed in the course of the six-day session, regarded as one of the most successful in the WHO FCTC's history. [Read the press release](#)

## [WHO - Global Alert and Response \(GAR\) - Disease outbreak news](#)

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia [16 October 2014](#)

The National IHR Focal Point of Saudi Arabia (SAU) has reported additional laboratory-confirmed cases of infection with Middle East respiratory syndrome coronavirus (MERS-CoV) to WHO...

## **UNAIDS** [to 18 October 2014]

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

*No new digest content identified.*

## **UNDP** United Nations Development Programme [to 18 October 2014]

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

17 Oct 2014

## [Message from UNDP Administrator Helen Clark on International Day for the Eradication of Poverty](#)

Each year on International Day for the Eradication of Poverty, we can recommit to that goal, and, in the words of the UN Secretary-General's message for this day this year, plan for a world where no-one is left behind.

17 Oct 2014

## [New UNDP report highlights the role that cash transfers can play in preventing HIV](#)

-- Today, on the International Day for the Eradication of Poverty, UNDP has released a new report on cash transfers and HIV prevention.

17 Oct 2014

[International Day for the Eradication of Poverty](#)

Each year on International Day for the Eradication of Poverty, we can recommit to that goal, and, in the words of the UN Secretary-General's message for this day this year, plan for a world where no-one is left behind.

15 Oct 2014

[German Government, GEF, and UNDP partner to create largest global fund for ICCAs](#)

Germany has donated \$16 million for the creation of a global fund for areas conserved by indigenous peoples and local communities known as ICCAs.

14 Oct 2014

[Helen Clark: Speech on "Biodiversity in the Post-2015 UN Development Agenda and Sustainable Development Goals: Next Steps" at the Side-Event to the Conference of State Parties to the Convention on Biological Diversity \(CBD\), COP-12](#)

Pyeongchang, Republic of Korea

14 Oct 2014

[Community Mobilization, Local Investment Needed to Win Fight Against Ebola, says UN](#)

West African countries, supported by a well-coordinated international response, can achieve a breakthrough in the battle against Ebola if every effort is made to treat and contain the disease, involve communities and invest in the local economy, said representatives from the United Nations.

13 Oct 2014

[UNDP calls for greater community involvement to combat Ebola in West Africa](#)

Local associations hold the key to beating Ebola in Sierra Leone, Guinea and Liberia, said UN development officials as they completed their visit to Freetown.

**UN Division for Sustainable Development** [to 18 October 2014]

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

*A new website with improved navigation was launched last week; No new digest content identified.*

**UN Women** [to 18 October 2014]

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

[Synergies between sustainable development and gender equality undeniable, policy change needed: UN report](#)

October 16, 2014

Ahead of the International Day for the Eradication of Poverty on 17 October, UN Women today released its new report, the World Survey on the Role of Women in Development 2014: Gender Equality and Sustainable Development.

[At dawn of post-2015 agenda, we cannot afford to leave rural women behind — Lakshmi Puri](#)

October 16, 2014

Speech by UN Women Deputy Executive Director Lakshmi Puri at a panel discussion for International Day of Rural Women at UN Headquarters in New York, 15 October 2014.

[UN Women launches gender equality course for UN staff](#)

October 15, 2014

In the lead up to the 20th anniversary of the Beijing Declaration and Platform for Action, a landmark for women's rights and gender equality, UN Women is launching an online course to help inform and educate UN staff on gender issues.

[Transnational corporations have important role to play in women's empowerment — Phumzile Mlambo-Ngcuka](#)

October 15, 2014

Speech by UN Women Executive Director Phumzile Mlambo-Ngcuka at the World Investment Forum in Geneva, Switzerland, 14 October 2014.

[Istanbul Convention a promising framework for combatting violence against women — Phumzile Mlambo-Ngcuka](#)

October 15, 2014

Speech by UN Women Executive Director Phumzile Mlambo-Ngcuka at the Future Policy Awards in Geneva, 14 October 2014.

[Rural women need to be at the heart of all development efforts — Phumzile Mlambo-Ngcuka](#)

October 14, 2014

Message by UN Women Executive Director Phumzile Mlambo-Ngcuka on the occasion of the International Day of Rural Women, 15 October 2014.

["Together, we can make 2030 an expiry date for gender inequality" — Executive Director](#)

October 14, 2014

Speech by UN Women Executive Director Phumzile Mlambo-Ngcuka at the Inter-Parliamentary Union Assembly in Geneva on 14 October, 2014.

[Press release: Inspirational US policy wins prestigious international prize on ending violence against women](#)

October 14, 2014

Future Policy Award 2014: Duluth Model is world's best policy / Exemplary laws from Burkina Faso and Austria win silver / Vision Award goes to Istanbul Convention.

[Teamwork fosters business growth and women's economic empowerment in Albania](#)

October 14, 2014

With the support of UN Women, an economic empowerment project in Albania is helping rural women cultivate their business skills and increase their income by forming cooperatives.

[Women mobilize to halt the spread of Ebola in Sierra Leone](#)

October 13, 2014

Door-to-door volunteers and traditional chiefs are educating and gathering information in their communities on prevention and the impact of the Ebola virus on women.

[Member States must be a leading example for the advancement of women — Executive Director](#)

October 13, 2014

Speech by UN Women Executive Director Phumzile Mlambo-Ngcuka at the Third Committee meeting on the advancement of women at UN Headquarters in New York on 13 October 2014.

**UNFPA** United Nations Population Fund [to 18 October 2014]

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

16 October 2014 - Press Release

[Ebola Wiping Out Gains in Safe Motherhood](#)

UNITED NATIONS, New York — As the world intensifies its response to the Ebola crisis in West Africa, the needs of pregnant women must be addressed urgently to save the lives of mothers and infants, warns UNFPA, the United Nations Population Fund.

15 October 2014 - Dispatch

[Child marriage takes a brutal toll on Syrian girls](#)

DAMASCUS, Syria – “No girls want this life,” said Nour,\* a 12-year-old girl from Aleppo, in Syria, who was married to a 30-year-old man earlier this year. “Teenage Syrian girls are being forced into early marriages to save their families.” Child marriage has long been a concern in parts of Syria. But since the conflict started three years ago, the numbers of child marriages have sharply increased. Many people are now displaced and living in cramped shelters. The majority of them are unemployed, and families are spending their meagre savings just to survive.

14 October 2014 - Dispatch

[Sierra Leone's contact tracers work to curtail Ebola outbreak](#)

KAILAHUN/NEW YORK – As Ebola infections continue to escalate at an alarming rate in West Africa, UNFPA-trained contact tracers in Sierra Leone are playing a vital role in mitigating the public health crisis. Rapid identification, isolation and care by health workers using strict infection control measures could curtail the outbreak.

13 October 2014 - Dispatch

[Displaced Iraqi women, youth receive psychosocial support](#)

DUHOK, Iraq – Sixteen-year-old Nada\* was already struggling to care for her family when her community was attacked by the Islamic State of Iraq and the Levant (ISIL, also known as ISIS). She is among the 1.8 million Iraqis displaced since the beginning of the year. Ensuring the dignity and protection of affected women and young people remains a priority for UNFPA, which is supporting a variety of services, including psychosocial support, for those affected

**DESA** United Nations Department of Economic and Social Affairs [to 18 October 2014]

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

[Ban declares eradication of poverty a 'most fundamental obligation'](#)

17 October 2014, New York

Amid pronounced increases in global inequality, the United Nations marked the International Day for the Eradication of Poverty today with calls to accelerate efforts in eliminating poverty in all its forms.

[Renewing commitments to end poverty](#)

16 October 2014, New York

The global community is making important strides to reduce extreme poverty. However, despite substantial progress, about one in five people worldwide still lives on less than \$1.25 a day. To renew commitments, show solidarity and make sure no one is left behind, the United Nations will commemorate the 2014 International Day for the Eradication of Poverty at UN Headquarters in New York on 17 October.

**ILO International Labour Organization** [to 18 October 2014]

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

News item

[Guy Ryder: better jobs and higher wages can reverse slow-growth trap](#)

17 October 2014

ILO Director-General warns of “slow-growth trap” for global economy and urges leaders to reverse the trend through a renewed focus on higher wages and better jobs.

ECLAC / ILO Report

[Unemployment could fall to 6.0% in Latin America and the Caribbean despite limited job creation](#)

15 October 2014

ECLAC-ILO study says employment formalization has contributed to a reduction in income inequality.

18th American Regional Meeting

[ILO Director-General calls for the Americas to work towards social justice](#)

13 October 2014

Guy Ryder warns the informal economy poses a formidable challenge to moving towards fair and sustainable development in the Americas and says it is not about the quantity, but the quality of jobs, at the opening of the 18th American Regional Meeting of the ILO.

18th American Regional Meeting

[Guy Ryder: Formalization of the informal economy a priority for the Americas](#)

13 October 2014

ILO Director-General tells American Regional Meeting that 47 per cent informality rate is still steep.

**FAO Food & Agriculture Organization** [to 18 October 2014]

<http://www.fao.org/news/archive/news-by-date/2014/en/>

[Putting family farmers first to eradicate hunger](#)

Nine out of 10 of the world’s 570 million farms are managed by a family, making the family farm a crucial agent of change in pursuing sustainable food security and eradicating hunger in the future, according to a new U.N. report released today. Family farms produce about 80 percent of the world’s food. Their prevalence and output mean they “are vital to the solution of the hunger problem” afflicting more than 800 million people, FAO Director-General José Graziano da Silva wrote in the introduction to FAO’s new State of Food and Agriculture 2014 report.

16-10-2014

### [Supporting family farms key for healthy food systems](#)

While substantial progress has been made in the fight against hunger in recent years, more than 800 million people remain hungry and efforts need to be increased to reach the global target of cutting the percentage of hungry people in half by 2015, said FAO Director-General Jose Graziano da Silva at the annual World Food Day.

16-10-2014

### [Principles for responsible agriculture and food investments are approved](#)

Governments from around the world today approved a landmark set of principles meant to guide investment in agriculture and food systems around the world, aimed at assuring that cross-border and corporate investment flows lead to improved food security and sustainability and respect the rights of farm and food workers.

16-10-2014

### [China pledges \\$50 million to FAO in support of South-South cooperation](#)

China has announced a \$50 million donation to FAO to support the Organization's program of "South-South cooperation" to improve food security and promote sustainable agricultural development over the next five years.

15-10-2014

### [Partnerships are crucial to fighting malnutrition](#)

Marking the first in a series of three public discussions leading up to the Second International Conference on Nutrition (ICN2) in November, Nancy Stetson, US Special Representative for Global Food Security, stressed the importance of partnerships at a US-led Dialogue on Nutrition.

15-10-2014

### [Thomson Reuters Foundation and FAO launch global food security news platform](#)

The Thomson Reuters Foundation, the corporate charity of the world's biggest news and information provider, and the UN Food and Agriculture Organization (FAO) today launched a comprehensive global news section dedicated to food issues.

15-10-2014

### [CFS to endorse principles for responsible investments in agriculture and food systems](#)

The 41st session (CFS 41) the Committee is expected to adopt a set of principles for responsible investment in agriculture and food systems that have been in development for the past two years. During CFS 41, one policy roundtables will focus on the issue of food losses and waste while the other deals with the increasingly critical contribution made by fish to food security and to healthy diets.

13-10-2014

### [Countries agree on key policy commitments to fight malnutrition globally](#)

Reaching an important milestone in the fight against global malnutrition, countries today agreed on policies aimed at ensuring that people around the world have access to healthier diets. Representatives of FAO and World Health Organization (WHO) member countries reached consensus on a political Declaration and a voluntary Framework for Action including more than 50 recommendations.

12-10-2014

**UNESCO** [to 18 October 2014]

<http://en.unesco.org/>

16 October 2014

[UNESCO Dakar supports West Africa's exceptional World Heritage](#)

13 October 2014 Natural Sciences Sector

[New partnership targets improved information on marine biodiversity](#)

*A new collaboration between the Global Biodiversity Information Facility (GBIF) and the Intergovernmental Oceanographic Commission of UNESCO (IOC) aims to improve the volume and quality of information available to policy makers for conservation and sustainable use of the ocean's biological resources. The two institutions have signed a Letter of Agreement which recognizes IOC-UNESCO as a GBIF Affiliate.*

The agreement promotes and facilitates closer collaboration between GBIF and IOC-UNESCO's International Oceanographic Data and Information Exchange/Ocean Biogeographic Information System (IODE/OBIS), specializing in marine biodiversity data. Recognizing the two initiatives as complementary with common goals on the management, publication and use of biodiversity data, the agreement's specific goals include:

Working together to maximize the quantity, quality, completeness and fitness for use of marine biodiversity data accessible through OBIS and GBIF

Developing solutions to enable all marine datasets mobilized through the OBIS and GBIF communities to be available via the web platforms of both networks

Cooperating to improve the fitness for use of marine biodiversity data in research and assessment

Encouraging collaboration between GBIF and OBIS nodes and identifying joint opportunities to enhance capacity

Coordinating approaches to global biodiversity science/policy institutions such as IPBES and CBD, recognizing the special role of IODE/OBIS in meeting the requirements of policy makers and researchers for data and information on marine biodiversity.

**UNCTAD** [to 18 October 2014]

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

15 Oct 2014 - [UNCTAD calls for increased investment to close financing gaps in infrastructure and climate change adaptation](#)

13 Oct 2014 - [Report finds substantial progress on sustainability initiatives at 55 stock exchanges](#)

13 Oct 2014 - [Corporate actions and targeted policies can support gender equality in developing countries](#)

12 Oct 2014 - [Private sector urged to invest in sustainable development at World Investment Forum](#)

**WIPO** World Intellectual Property Organization [to 18 October 2014]

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

*No new digest content identified.*

**CBD** Convention on Biological Diversity [to 18 October 2014]

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

[Secretariat of the Convention on Biological Diversity Launches Initiative on Global Biodiversity Impact Indicators for Commodity Production](#)

Pyeongchang, 16 October 2014. Understanding that the impacts of agricultural commodity production on biodiversity are immense and that food commodity production has the largest environmental impact of any human activity, the Secretariat of the Convention on Biological Diversity launched the Initiative on Biodiversity Impact Indicators for Commodity Production on World Food Day. The initiative includes partners such as WWF, IUCN, the World Business Council for Sustainable Development, and others.

[Renewing Partnership between the International Tropical Timber Organization and the Secretariat of the Convention on Biological Diversity](#)

Pyeongchang, 15 October 2014 – The secretariats of the Convention on Biological Diversity (CBD) and the International Tropical Timber Organization (ITTO) renewed an agreement today to continue to closely collaborate over the coming six years. The first Memorandum of Understanding, signed in 2010 in the framework of the International Year of Biodiversity, was renewed after the successful implementation of its original five-year agreement, with an extended six year period of 2015-2020.

[Nagoya Protocol on genetic resources and associated traditional knowledge comes into effect today](#)

12 October 2014

The Nagoya Protocol on Access to Genetic Resources and the Fair Equitable Sharing of Benefits Arising from their Utilization, of the Convention on Biodiversity (CBD) enters into force today, providing the world with a mechanism to ensure that access to and the sharing of the benefits from the use of genetic resources, and associated traditional knowledge, happen in a context of transparency and with equity.

**USAID** [to 18 October 2014]

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

[USAID Administrator Announces \\$142 Million in Humanitarian Assistance Grants and Projects for Ebola Response in West Africa](#)

October 15, 2014

U.S. Agency for International Development (USAID) Administrator Rajiv Shah announced nearly \$142 million in humanitarian projects and grants to combat the Ebola outbreak in West Africa. Shah made the announcement after meeting with President Ellen Johnson Sirleaf of Liberia in the capital city of Monrovia.

**DFID** [to 18 October 2014]

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

*Selected Releases*

[Further UK aid supplies arrive in Freetown to tackle Ebola outbreak](#)

12 October 2014 DFID Press release

**ECHO** [to 18 October 2014]

[http://ec.europa.eu/echo/index\\_en.htm](http://ec.europa.eu/echo/index_en.htm)

[World Food Day 2014: EU to continue fight against hunger globally](#)

16/10/2014

On the occasion of this year's World Food Day, Humanitarian Aid Commissioner Georgieva and Development Aid Commissioner Piebalgs took stock on the achievements and remaining challenges on fight against hunger in a common statement. They recognised...

[International Day for Disaster Reduction 2014](#)

13/10/2014

Today marks the International Day for Disaster Reduction (IDDR), a day in which we recognise the importance of disaster preparedness that help save lives and reduce losses. It is also an opportunity to reflect on the risks and dangers in one's...

**OECD** [to 18 October 2014]

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

*No new digest content identified*

**African Union** [to 18 October 2014]

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

*Website not functioning at editorial deadline*

**ASEAN**

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

[ASEAN Commits to Biodiversity Conservation](#)

PYEONGCHANG, 17 October 2014 - The environment ministers of the ten ASEAN Member States reiterated their countries' commitment to biodiversity conservation in a statement read at the ongoing Twelfth Meeting of the Conference of the Parties (COP12) to the Convention on Biological Diversity (CBD). The statement was read by Dr. Thet Thet Zin, Deputy Union Minister, Ministry of Environmental Conservation and Forestry, Republic of the Union of Myanmar.

[Working Together towards Rabies-free ASEAN](#)

16 October 2014 HA NOI, 15 October 2014 - In accordance with the recent global observance of the World Rabies Day on 28 September, ASEAN demonstrated its continued support in accelerating the goal of a "Rabies-free ASEAN by 2020" through the endorsement of the ASEAN Rabies Elimination Strategy (ARES). This document was jointly endorsed by the 36th ASEAN Ministerial Meeting on Agriculture and Forestry (AMAF) and the 12th ASEAN Health Ministers Meeting (AHMM) that were respectively held in Nay Pyi Taw, Myanmar and Ha Noi, Viet Nam.

This joint endorsement of ARES is clearly a manifestation of ASEAN's resolve and commitment for the elimination of rabies, which is a widespread, neglected and under-reported zoonosis with an almost 100% case fatality rate in animals and humans. This disease causes a significant social and economic burden in many countries worldwide. Every year, between 50,000 and

70,000 people die of rabies in various conditions. The majority of rabies cases globally occur among children.

[ASEAN Enhances Mobility of Skilled Labour through Qualifications Reference Framework](#)

13 October 2014

MANILA, 13 October 2014 - Following endorsement of the ASEAN Qualification Reference Framework (AQRF) by the ASEAN Economic Ministers and the ASEAN Education Ministers in August and September 2014, respectively, the Task Force on AQRF met in Manila last week to progress the discussion of the AQRF implementation.

AQRF, a common reference framework, functions as a device to enable comparisons of qualifications of skilled labour across ASEAN Member States. The framework, among others, supports recognition of qualification, promote quality of education and learning, and facilitate labour mobility. It addresses all education and training, including formal, non-formal and informal learning. Noting that ASEAN Member States are at different stages of development, each country is expected to voluntarily comply with the AQRF at their own capacity and start the referencing process by 2016 and at the latest by 2018.

[ASEAN focuses on 'resilience' during Day for Disaster Management](#)

12 October 2014.

BANDAR SERI BEGAWAN, 12 October 2014 – Focusing on the theme “Peoples of ASEAN, Step Up and Be Counted for Community Disaster Resilience! Resilience is for Life!” ASEAN culminates its commemoration of the ASEAN Day for Disaster Management (ADDM) with regional ceremonies hosted today by the Government of Brunei Darussalam.

The Director of Brunei Darussalam’s National Disaster Management Centre and Chair of the ASEAN Committee on Disaster Management, Pg Dato Paduka Hj Rosli Bin Pg Hj Chuchu, said in his welcome remarks that it is important for “communities to realise their role in increasing their resilience to disasters as frontliners in disaster response as well as in the long-term recovery and rehabilitation efforts. By equipping them with the right knowledge, communities can step up and take the lead in promoting community-based activities in disaster risk reduction and raise their level of awareness and engagement.”

**World Trade Organisation** [to 18 October 2014]

[http://www.wto.org/english/news\\_e/news13\\_e/news13\\_e.htm](http://www.wto.org/english/news_e/news13_e/news13_e.htm)

[Azevêdo says Bali impasse paralyzing WTO work, chairs report no progress in consultations](#)

Director-General Roberto Azevêdo, as chair, reported to the Trade Negotiations Committee on 16 October that despite intensive consultations “we have not found a solution to the impasse” more than two months after the deadline on the Trade Facilitation Agreement had passed. “This could be the most serious situation that this organization has ever faced,” he said, and while members should keep working for a solution to the current impasse, “we should also think about our next steps”.

**IMF** [to 18 October 2014]

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

[Press Release: IMF and the Extractive Industries Transparency Initiative Collaborate Toward Improving Transparency of Natural Resources Revenues](#)

October 16, 2014

**World Bank** [to 18 October 2014]

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

[Financing the Post-2015 Agenda: Toward a Shared Vision](#)

The 2014 IMF-World Bank Group Annual Meetings provided the perfect opportunity for finance and development ministers, the private sector, civil society, and multilateral development banks (MDBs) to discuss how to strengthen and leverage their financing frameworks to support the post-2015 agenda, also known as the Sustainable Development Goals (SDGs). With world leaders set to meet in September 2015 to agree on a set of goals to replace the Millennium Development Goals (MDGs), a great deal of energy is being spent deliberating on what the new goals should be. However, with the recent announcement of the Third International Conference on Financing for Development in July 2015 in Addis Ababa, world leaders have also started turning their attention to the critical matter of how to finance the post-2015 agenda. The SDGs will be more ambitious than the MDGs, covering a broad range of interconnected issues, from economic growth to social issues to global public goods.

Date: October 16, 2014

[African Finance Ministers Call for Increased Support to West Africa's Ebola Crisis](#)

WASHINGTON, October 14, 2014—Ministers of finance from four African countries on October 11th called on the international community, including the World Bank Group and International Monetary Fund (IMF), to speed up its response to West Africa's Ebola crisis and to further support Sub Saharan Africa's need for improved agriculture, security and increased access to energy and water. The ministers, from Sierra Leone, Guinea-Bissau, Chad and Kenya, spoke during the World Bank-IMF Annual Meetings African Ministers Press Conference.

Date: October 14, 2014

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***:: NGO/Collaborations/Initiatives Watch***

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

**Amref Health Africa** [to 18 October 2014]

*No new digest content identified.*

**Aravind Eye Care System** [to 18 October 2014]

*No new digest content identified.*

**BRAC** [to 18 October 2014]

*[Undated]*

[Press conference on 8th International Conference of Asian Society of Agricultural Economists'](#)

It is a stylized fact that with rapid rural to urban migration of the population in the process of economic development the farm size gradually expands that facilitates adoption of labor saving technologies and growth of agricultural productivity and marketed surplus for the growing urban population. The history of agricultural development demonstrates that almost all of the present day developed countries in North America and Europe followed that process...

**CARE International** [to 18 October 2014]

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

[Winter puts Syrian Families at Risk of Disease and Death](#)

SYRIA

17 OCTOBER 2014

People affected by the conflict have to survive the upcoming cold winter weather with meagre assistance, CARE supports with blankets, winter clothes and cash assistance.

[Without its Farmers, South Sudan Remains Perilously Close to Famine](#)

SOUTH SUDAN

16 OCTOBER 2014

This year's World Food Day celebrates family farming but CARE International says there's little to celebrate in South Sudan.

**Danish Refugee Council** [to 18 October 2014]

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

[DRC a preferred partner for UNHCR](#) (14.10.14)

Yesterday, UN High Commissioner for Refugees, António Guterres signed a new Memorandum of Understanding with the Danish Refugee Council Secretary General, Andreas Kamm in Geneva.

[DRC assists nearly 6,000 IDPs in Diyalla ahead of the Eid Holidays](#) (13.10.14)

Almost 6,000 internally displaced persons have received core relief items, distributed by the Danish Refugee Council (DRC) in the city of Diyalla, East of Baghdad, ahead of the Eid holidays in Iraq,...

[Casa Alianza](#) [to 18 October 2014]

[Covenant House](#) [to 18 October 2014]

*No new digest content identified*

[ECPAT](#) [to 18 October 2014]

[Stakeholders join forces at INTERPOL annual meeting on Crimes against Children](#)

15 OCTOBER 2014, GLOBAL: In cooperation with the 32nd Meeting of the INTERPOL Specialists Group on Crimes against Children, representatives from Industry, Law Enforcement, Civil Society and the Research community met earlier this month to initiate a new collaborative process in the fight against online Child Sexual Abuse...

**Handicap International** [to 18 October 2014]  
*No new digest content identified*

**Heifer International** [to 18 October 2014]

October 16, 2014

[Recognizing Family Farmers on World Food Day](#)

LITTLE ROCK, Ark.

Today Heifer International is standing with the Food and Agriculture Organization of the United Nations to celebrate World Food Day, a day of action against hunger. The theme, "Family Farming: Feeding the World, Caring for the Earth" is one that highlights our 70 years of experience with family farmers the world over.

**HelpAge International** [to 18 October 2014]

[South Sudan: The forgotten crisis in Jonglei State](#)

Jonglei State has the highest number of internally displaced people and the highest level of food insecurity and malnutrition in famine-threatened South Sudan, according to a joint assessment by HelpAge International and Islamic Relief Worldwide.

Posted: 15 October 2014

[No one should live in fear of getting old: Stop the killing of older people](#)

The killing of older people on alleged witchcraft accusation has been going on for many years. Although it is believed that belief in witchcraft is widespread in Tanzania cutting across societies, class and regions, in the past years this practice was reported to be more practiced in Shinyanga and the Lake zone region.

Posted: 13 October 2014

[UN and HelpAge International call to reduce death toll among over-60s in disasters](#)

13 October 2014, The United Nations Office for Disaster Risk Reduction (UNISDR) and HelpAge International today issued a joint call for greater involvement of older persons in disaster management efforts worldwide in order to bring down death tolls among those over 60.

Posted: 13 October 2014

**International Rescue Committee** [to 18 October 2014]

[200,000 refugees from Burundi awarded citizenship in Tanzania](#)

Posted by The IRC on October 17, 2014

The IRC welcomes the award of full citizenship to Burundian refugees who fled to Tanzania in 1972. The IRC has been working with in Tanzania for over 20 years, providing education, health services and other support to the refugees

[Ebola Crisis: Latest updates from the front lines of the humanitarian response](#)

Posted by The IRC on October 14, 2014

The IRC has been at the forefront of the fight to combat the spread of the deadly Ebola virus since the first cases were diagnosed in Liberia and Sierra Leone in March. Get Ebola crisis updates and commentary from IRC aid workers and others.

[Ebola Crisis: New interview with David Miliband in Liberia \[Video\]](#)

Posted by The IRC on October 14, 2014

Interviewed on Oct. 11 in Monrovia, Liberia, IRC president David Miliband says that people are afraid to go to health centers because they think they might catch Ebola there. He talks about the IRC's work to prevent the spread of the disease and provide medical care.

**ICRC - International Committee of the Red Cross** [to 18 October 2014]

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

[The scope and application of the principle of universal jurisdiction: ICRC statement to the United Nations, 2014](#)

New York, 15 October 2014 ... United Nations, General Assembly, 69th session, Sixth Committee, item 83 of the agenda, statement by the ICRC, New York, 15 October 2014 ... New York, 15 October 2014 ...

15-10-2014 | Statement

[Weapons: ICRC statement to the United Nations, 2014](#)

Finally, the ICRC wishes to address two new technologies of warfare about which there continues to be much debate internationally: autonomous weapons and cyber warfare ... As with any new weapon, means or method of ...

14-10-2014 | Statement

[Peter Maurer on humanitarian diplomacy and principled humanitarian action](#)

And yet, questions arise today about their relevance in addressing new and emerging challenges in a broadening humanitarian agenda ... And yet, questions arise today about their relevance in addressing new and ...

13-10-2014 | Article

**IRCT** [to 18 October 2014]

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 18 October 2014]

[Sierra Leone: MSF Suspends Emergency Pediatric and Maternal Services in Gondama](#)

October 16, 2014

BRUSSELS—Doctors Without Borders/Médecins Sans Frontières (MSF) has made the very difficult decision to temporarily suspend medical activities at its hospital near Bo, Sierra Leone, because of the strain of responding to the Ebola outbreak in the country, the organization said today.

**Mercy Corps** [to 18 October 2014]

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

[Mercy Corps to launch Ebola public health education campaign in Liberia](#)

Liberia, October 16, 2014

Global humanitarian agency and its partners aim to reach 2 million Liberians in six months

Portland, Ore. – Mercy Corps is mounting a community-led public health education campaign in Liberia to raise awareness of prevention practices and change behaviors to reduce transmission of the Ebola virus. In partnership with global health organization PSI and funded by USAID's Office of U.S. Foreign Disaster Assistance, the campaign will build on Mercy Corps' extensive community networks in Liberia cultivated over more than a decade.

"The public health messages reaching communities come primarily from untrusted sources and are not catalyzing the necessary behavior change," says Neal Keny-Guyer, chief executive officer of Mercy Corps. "Treatment alone will not halt the epidemic. We must also ensure that Liberians know how to change their habits in order to slow and ultimately prevent the transmission of this deadly virus."

Mercy Corps is leveraging a network of local and international organizations to identify and empower trusted Liberian community leaders to share accurate and up-to-date public health messages developed by the U.S. Centers for Disease Control and Prevention (CDC) and the United Nations International Children's Emergency Fund (UNICEF). The campaign will focus on the prevention of transmission through good hygiene and guidance on local treatment centers...

### **Operation Smile** [to 18 October 2014]

#### *Upcoming Mission Schedule*

Oct 20 - 24 | Panama City, Panama  
Oct 23 - 31 | Santa Cruz, Bolivia  
Oct 23 - 26 | Isabela, Philippines  
Oct 25 - Nov 2 | Grozny, Russia  
Oct 29 - Nov 4 | Lincang, Yunnan, China  
Nov 2 - 8 | Maesot, Thailand  
Nov 3 - 7 | Vietnam Mega Mission  
Nov 5 - 15 | Guatemala City, Guatemala  
Nov 5 - 8 | Tegucigalpa, Honduras  
Nov 6 - 11 | Nanjing, Jiangsu, China  
Nov 16 - 29 | Jimma, Ethiopia

### **OXFAM** [to 18 October 2014]

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

More military, more medics and more money needed to prevent definitive humanitarian disaster of our generation

18 October 2014

More troops, funding and medical staff are urgently needed if we have a hope of stopping Ebola spiralling out of control, international agency Oxfam warns today.

[World trapped by 'Toxic Triangle' that puts profit for the few ahead of a sustainable future for all](#)

17 October 2014

People around the world are trapped in a 'toxic triangle' made up of short-term financial investors, timid governments and fossil fuel companies, which threatens to push up global temperatures, putting 400 million people at risk of hunger and drought by 2060.

[More needs to be done to stop the spread of Ebola](#)

16 October 2014

Oxfam is warning that the Ebola outbreak in West Africa will not be contained unless more is done to prevent new infections.

[Hungry being squeezed by climate change, rising commodity costs and land exploitation](#)

14 October 2014

Rising food costs, climate change and dramatic changes in land tenure are increasing the reality of hunger and leaving food-insecure people feeling they "are rated as the cheapest of the cheapest".

[Hidden hunger strips away dignity, perpetuates inequality and destroys South Africans' potential to prosper](#)

13 October 2014

One in four people in South Africa do not have enough to eat, and half the population is at risk of hunger, despite the country producing more than enough food.

**Partners In Health** [to 18 October 2014]

Oct 16, 2014

[Dr. Paul Farmer: 'An Ebola Diagnosis Need Not be a Death Sentence'](#)

Oct 15, 2014

[Global Hand Washing Day: A Reflection on Water, Soap, and Infrastructure](#)

Elizabeth Campa, director of WASH and Protection programming at our Haitian sister organization Zanmi Lasante, reflects on the importance of water, soap, and infrastructure in low-resource settings. [Read More ▶](#)

**PATH** [to 18 October 2014]

*No new digest content identified.*

**Plan International** [to 18 October 2014]

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

[Children's needs must be prioritised in wake of Cyclone Hudhud](#)

Plan International is prioritising the needs of children and vulnerable people, as the organisation responds to Cyclone Hudhud in India.

[International Day of the Girl - Girls' education makes it to the top of the class](#)

Plan International today unveils a huge success in its campaign to make girls' education a global priority, which is supported by joint Nobel Peace Prize winner, Malala Yousafzai.

[International Day of the Girl Child: Take action for adolescent girls in the post-2015 agenda](#)

Plan International and partners' statement on the International Day of the Girl.

**Save The Children** [to 18 October 2014]

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

*No new digest content identified.*

**SOS-Kinderdorf International** [to 18 October 2014]

*No new digest content identified.*

**Tostan** [to 18 October 2014]

October 17, 2014

[Raising Awareness About FGC & Child/Forced Marriage in Local Schools](#)

On Wednesday, October 14th Mbolo Birane, a school located in Northern Senegal, hosted an awareness-raising campaign.

**Women for Women International** [to 18 October 2014]

*No new digest content identified.*

**WorldVision** [to 18 October 2014]

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

Oct 16, 2014

[Report challenges thinking on food assistance to hungry](#)

[Telling Our Stories: Leveraging food assistance for a hunger-free world](#) -- a new report to be presented on World Food Day (16 October) -- challenges conventional thinking on food assistance — it's not just about distributing food packages — and gives new ideas to feed the hundreds of millions of children who go to bed hungry each night.

Oct 15, 2014

[South Sudan escapes official famine, but even without a name hunger still kills](#)

South Sudan's food insecurity crisis hasn't worsened to the point of famine, but the threat still looms large with meager crops potentially only delaying life-threatening hunger.

Oct 14, 2014

[Leaders in water business team up to reach 2 million people](#)

Grundfos, the world's leading pump manufacturer, and World Vision — the largest non-governmental provider of clean water in the developing world — announced a new partnership to provide clean water to 2 million people in sub-Saharan Africa over the next five years.

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**EHLRA/R2HC** [to 18 October 2014]

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

*No new digest content identified*

**GAVI** [to 18 October 2014]

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

17 October 2014

[Tanzania to protect 21 million children against measles and rubella](#)

Vaccine Alliance to support week-long campaign against two life-threatening diseases.

**Global Fund** [to 18 October 2014]

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

*No new digest content identified.*

**ODI** [to 18 October 2014]

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

[China slump to be bigger than expected, threatening millions in Africa – new report](#)

News - 15 October 2014

[UN missed opportunity to avert violence in Yemen](#)

News - 15 October 2014

**The Sphere Project** [to 18 October 2014]

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

[A campaign to promote humanitarian messages with cartoons](#)

The Sphere Project office has published a series of six posters and six matching postcards featuring humanitarian messages illustrated with cartoons. The posters and postcards are available in Arabic, English,....

**Start Network** [Consortium of British Humanitarian Agencies] [to 18 October 2014]

[http://www.start-network.org/news-blog/#.U9U\\_O7FR98E](http://www.start-network.org/news-blog/#.U9U_O7FR98E)

*No new digest content identified.*

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### ***:: Foundation/Major Donor Watch***

*Beginning 18 October 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>

OCTOBER 14, 2014

[Agence de Médecine Préventive Wins the 2014 Gates Vaccine Innovation Award for Improving Immunization Programs in Africa](#)

PARIS (October 14, 2014) – The Bill & Melinda Gates Foundation today announced that Agence de Médecine Préventive (AMP) has received the third annual Gates Vaccine Innovation Award in recognition of EPIVAC, an on-the-job training program for district medical officers to improve immunization program performance in 11 Francophone African countries: Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo.

**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>

October 13, 2014

[Hilton Foundation Announces Continued Partnership with Corporation for Supportive Housing](#)

**Kellogg Foundation**

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

[W.K. Kellogg Foundation announces endowment commitment for Mississippi Civil Rights Museum](#)

Oct. 14, 2014

Endowment will create education programs for children and families in the state and region

**MacArthur Foundation**

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

October 14, 2014

[12 Chicago Arts Groups Receive MacArthur Grants for International Collaborations](#)

**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>

[Rockefeller Foundation to Host Convening in Impact Sourcing As a Business Model for Advancing Youth Employment in Africa](#)

Oct 15, 2014

The conference will showcase the business case for Impact Sourcing in catalyzing more jobs for youth in the BPO sector as well as explore the positive benefits that it has had on the lives of Africa's youth.

**Robert Wood Johnson Foundation**

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

[Robert Wood Johnson Foundation Launches Initiative to Access How Data Can Be Used to Improve Health](#)

October 16, 2014 | News Release

News release regarding new RWJF initiative to learn how people across sectors think data can be used to improve health.

[Robert Wood Johnson Foundation Awards Ten Research Grants to Guide States As They Implement Health Reform](#)

October 15, 2014 | News Release

RWJF grantees to provide timely research to help guide states as they implement various coverage provisions of health reform, including Medicaid expansion and the launch of new health insurance marketplaces.

**Wellcome Trust**

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

*No new digest content identified.*

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**;; Journal Watch**

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

**American Journal of Disaster Medicine**

Winter 2014, Volume 9, Number 1

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

Volume 47, Issue 4, p375-530, e7-e10 October 2014

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

[Reviewed earlier]

**American Journal of Public Health**

Volume 104, Issue 11 (November 2014)

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

[Reviewed earlier]

## **American Journal of Tropical Medicine and Hygiene**

October 2014; 91 (4)

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

[Reviewed earlier]

## **BMC Health Services Research**

(Accessed 18 October 2014)

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

[No new relevant content]

## **BMC Infectious Diseases**

(Accessed 18 October 2014)

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

[No new relevant content]

## **BMC Medical Ethics**

(Accessed 18 October 2014)

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

### ***Research article***

#### **[Ethical issues in the export, storage and reuse of human biological samples in biomedical research: perspectives of key stakeholders in Ghana and Kenya](#)**

Paulina Tindana, Catherine S Molyneux, Susan Bull and Michael Parker

#### **Author Affiliations**

BMC Medical Ethics 2014, 15:76 doi:10.1186/1472-6939-15-76

Published: 18 October 2014

#### ***Abstract* (provisional)**

#### **Background**

For many decades, access to human biological samples, such as cells, tissues, organs, blood, and sub-cellular materials such as DNA, for use in biomedical research, has been central in understanding the nature and transmission of diseases across the globe. However, the limitations of current ethical and regulatory frameworks in sub-Saharan Africa to govern the collection, export, storage and reuse of these samples have resulted in inconsistencies in practice and a number of ethical concerns for sample donors, researchers and research ethics committees. This paper examines stakeholders' perspectives of and responses to the ethical issues arising from these research practices.

#### **Methods**

We employed a qualitative strategy of inquiry for this research including in-depth interviews and focus group discussions with key research stakeholders in Kenya (Nairobi and Kilifi), and Ghana (Accra and Navrongo).

#### **Results**

The stakeholders interviewed emphasised the compelling scientific importance of sample export, storage and reuse, and acknowledged the existence of some structures governing these research practices, but they also highlighted the pressing need for a number of practical ethical concerns to be addressed in order to ensure high standards of practice and to maintain public

confidence in international research collaborations. These concerns relate to obtaining culturally appropriate consent for sample export and reuse, understanding cultural sensitivities around the use of blood samples, facilitating a degree of local control of samples and sustainable scientific capacity building.

#### Conclusion

Drawing on these findings and existing literature, we argue that the ethical issues arising in practice need to be understood in the context of the interactions between host research institutions and local communities and between collaborating institutions. We propose a set of 'key points-to-consider' for research institutions, ethics committees and funding agencies to address these issues.

## **BMC Public Health**

(Accessed 18 October 2014)

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

#### **Research article**

### **Posttraumatic stress disorder and its risk factors among adolescent survivors three years after an 8.0 magnitude earthquake in China**

Yali Tian, Thomas KS Wong, Jiping Li and Xiaolian Jiang

Author Affiliations

BMC Public Health 2014, 14:1073 doi:10.1186/1471-2458-14-1073

Published: 15 October 2014

*Abstract* (provisional)

#### **Background**

Serious and long-lasting psychiatric consequences can be found in children and adolescents following earthquake, including the development of posttraumatic stress disorder (PTSD). Although researchers have been focused on PTSD recently, its prevalence and risk factors after a huge natural disaster are still unclear because of limited sample size. The purpose of this study is to explore the prevalence of posttraumatic stress disorder (PTSD) in adolescent survivors three years after the Wenchuan earthquake, describe PTSD symptoms, and to find out risk factors of PTSD.

#### **Methods**

A total of 4,604 adolescents from three middle schools which located in earthquake-stricken areas were recruited in this study. Instruments included the demographic questionnaire, questionnaire about earthquake exposure, the Social Support Appraisal Scale (SSA), the Posttraumatic stress disorder Checklist-Civilian Version (PCL-C), and the structured clinical interview for DSM-IV Disorders (SCID).

#### **Results**

The prevalence rate of PTSD was 5.7% (frequency: n = 261), and the most commonly occurring symptoms of PTSD were distress at reminders (64.5%), difficulty concentration (59.1%), and being easily startled (58.6%). Loss of houses and property, being injured, deaths of family members, and witness of death are positive risk factors of PTSD, and physical exercise and social support are negative risk factors of PTSD.

#### **Conclusions**

Professional and effective interventions are needed to reduce the development of PTSD among adolescents after the Wenchuan earthquake, especially for those who lost their houses or property and lost their family members, witnessed death, and lacked of social support in the

earthquake. Moreover, injured adolescents and adolescents who lacked of physical exercise also need intervention due to high risk.

## **BMC Research Notes**

(Accessed 18 October2014)

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

### **Technical Note**

#### **[Determinants of access to and use of maternal health care services in the Eastern Cape, South Africa: a quantitative and qualitative investigation](#)**

Mluleki Tsawe and Appunni Sathiya Susuman\*

#### Author Affiliations

Department of Statistics & Population Studies, University of the Western Cape, Cape Town, South Africa

BMC Research Notes 2014, 7:723 doi:10.1186/1756-0500-7-723

#### *Abstract*

#### *Background*

The main aim of the study is to examine whether women in Mdantsane are accessing and using maternal health care services. Accessibility of maternal health care facilities is important in ensuring that lives are saved through the provision and use of essential maternal services. Therefore, access to these health care services directly translates to use – that is, if women cannot access life-saving maternal health care services, then use of such services will be limited.

#### *Findings*

The study makes use of mixed methods to explore the main factors associated with access to and use of maternal health care services in Mdantsane. For the quantitative approach, we collected data using a structured questionnaire. A sample of 267 participants was selected from health facilities within the Mdantsane area. We analyzed this data using bivariate and multivariate models. For the qualitative approach, we collected data from health care professionals (including nurses, doctors, and maternal health specialists) using one-on-one interviews. The study found that women who were aged 35–39, were not married, had secondary education, were government employees, and who had to travel less than 20 km to get to hospital were more likely to access maternal health services. The qualitative analysis provided the insights of health care professionals regarding the determinants of maternal health care use. Staff shortages, financial problems, and lack of knowledge about maternal health care services as well as about the importance of these services were among the major themes of the qualitative analysis.

#### *Conclusion*

A number of strategies could play a big role in campaigning for better access to and use of maternal health services, especially in rural areas. These strategies could include (a) the inclusion of the media in terms of broadcasting information relating to maternal health services and the importance of such services, (b) educational programs aimed at enhancing the literacy skills of women (especially in rural areas), (c) implementing better policies that are aimed at shaping the livelihoods of women, and (d) implementing better delivery of maternal health care services in rural settings.

18 October 2014(vol 349, issue 7979)  
<http://www.bmj.com/content/349/7979>

***Editor's Choice***

**Ebola: will enlightened self interest spur us to act?**

BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g6254> (Published 16 October 2014) Cite this as: BMJ 2014;349:g6254

Fiona Godlee, editor in chief, The BMJ

More than 4400 people are now reported to have died in the Ebola epidemic in west Africa (doi:[10.1136/bmj.g6255](http://dx.doi.org/10.1136/bmj.g6255)), and the US Centers for Disease Control has estimated that as many as 1.4 million people may be infected by the end of January. Fatality rates are reported to be around 50%. Health infrastructure in the three worst affected countries was already struggling but is now close to total collapse. The limited ranks of trained healthcare workers have been decimated by disease, exhaustion, and fear. Almost 200 healthcare workers are known to have died.

The head of the charity Médecins Sans Frontières, Joanne Liu, describes the desperate situation in an interview with The BMJ published this week: "Local doctors have been extremely brave, but we are running out of staff" (doi:[10.1136/bmj.g6151](http://dx.doi.org/10.1136/bmj.g6151)). And she herself is "running out of words to convey the sense of urgency." She acknowledges that the capacity of rich nations to respond to distant crises has been stretched like never before in recent months. This year MSF has deployed more staff in more countries than ever before.

What we now need are well trained and well equipped boots on the ground. Liu wants to see bioterrorism teams that countries set up after 9/11 to be deployed to fight Ebola. Countries with historical links to the region, mainly the United States and United Kingdom, are sending (or promising) troops to set up treatment centres. This week Andy Johnston and Mark Bailey describe Operation Gritrock, which has just sent British army medics to Sierra Leone to set up a treatment centre for health workers (doi:[10.1136/bmj.g6237](http://dx.doi.org/10.1136/bmj.g6237)). But the response of other countries, Liu says, has been slower and hands off. "Everyone is looking for excuses not to deploy because they are so scared," she says.

Perhaps the only real hope for spurring capable countries into action is enlightened self interest. So the fact that the United Nations Security Council has declared the outbreak a threat to international peace and security should help. So too should the now real threat of spread of the disease beyond west Africa. But so far screening at airports is almost the only result (doi:[10.1136/bmj.g6199](http://dx.doi.org/10.1136/bmj.g6199); doi:[10.1136/bmj.g6147](http://dx.doi.org/10.1136/bmj.g6147)). This may be reassuring to travellers and citizens, but our editorialists David Mabey and colleagues say it is false reassurance and a waste of money (doi:[10.1136/bmj.g6202](http://dx.doi.org/10.1136/bmj.g6202)). Previous experience from the severe acute respiratory syndrome (SARS) epidemic should have told us this, they say. Airport screening for SARS in Canada cost \$C17m (£9m; €12m; \$15m) and identified not a single case.

Mabey and colleagues have done the sums for Ebola. With an incubation period of 21 days—and assuming that people who want to make the journey may hide symptoms and signs—screening to prevent people boarding flights is likely to fail, and screening on entry to a country will have "no meaningful effect on the risk of importing Ebola." Far better, they say, to provide clear information to those who may be at risk on how and where to seek care. This would be as effective as screening at a fraction of the cost. In a letter this week Sunday Oluwafemi Oyeyemi and colleagues confirm the need for clear and accurate information on how to prevent and treat Ebola infection (doi:[10.1136/bmj.g6178](http://dx.doi.org/10.1136/bmj.g6178)). Their review of information shared on Twitter within affected countries shows a high prevalence of misleading information, some of which, such as the advice to drink salty water, is known to have killed people. Governments should use Twitter to spread correct information and amend misinformation, they say.

Liu and MSF have been the voice of absolute humanitarian ideals. Many health professionals and military personnel will, as individuals, rise to that same level of moral courage. For the rest, enlightened self interest is not so bad and is better than nothing. But let's spend our resources on the right things. Not airport checks but, as Mabey and colleagues conclude, immediate scaling up of our presence in west Africa, building new treatment centres at a rate that outstrips the epidemic. This would not only help the people in affected countries but reduce the risk of the Ebola virus spreading elsewhere.

### ***Editorials***

#### **Airport screening for Ebola**

BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g6202> (Published 14 October 2014) Cite this as: BMJ 2014;349:g6202

David Mabey, professor, Stefan Flasche, lecturer, W John Edmunds, professor

#### Author affiliations

#### *Will it make a difference?*

On 9 October the UK government announced that "enhanced screening" for Ebola virus disease will be implemented at Heathrow and Gatwick airports and Eurostar terminals. Details of how this will be done are not yet available, but the objectives presumably are to identify people arriving from Sierra Leone, Guinea, or Liberia who may have been exposed to Ebola, assess whether they have symptoms consistent with Ebola, test those who do, and isolate anyone with positive results.

Several practical difficulties will need to be overcome to achieve these objectives. As most direct flights to the UK from Sierra Leone, Guinea, and Liberia have been discontinued because of the epidemic, passengers will be arriving from various European cities, and itineraries will need to be carefully checked to identify passengers arriving from those countries. Those who are identified will be asked to complete a questionnaire stating whether they have been in contact with sick people or have attended funerals in west Africa, and whether they have symptoms such as fever, headache, diarrhoea, or vomiting. People who answer "yes" to any of these questions will presumably be referred to a health official, which is likely to lead to considerable delays; this would not be an incentive to fill in the form honestly. A thermal scanning device may also be used to check passengers' temperature on arrival, but it is unclear what will happen to those found to have a fever. Most will not have Ebola. Even if testing facilities are on site, substantial delays to large numbers of passengers seem inevitable, and isolation of all passengers waiting for their test results may prove challenging.

The World Health Organization recommends that passengers on international flights out of Sierra Leone, Guinea, and Liberia should be screened for evidence of Ebola before boarding their flight. Those with symptoms or a raised temperature should not be allowed on the flight. Clearly, identifying people with Ebola before they board an international flight is a desirable objective. But how well does this system work in practice? Data are not available on the number of passengers denied entry to a flight during the current epidemic, but there are strong incentives for those wishing to fly to deny symptoms even if they have them and to take an antipyretic such as aspirin to bring down their temperature if they have a fever.

#### *Lack of evidence*

Is there any evidence that screening travellers arriving at international airports is an effective way of identifying those with serious infections? The data from Canada, which introduced airport screening during the SARS (severe acute respiratory syndrome) epidemic, are not encouraging. A total of 677 494 people arriving in Canada returned completed questionnaires, of whom 2478 answered "yes" to one or more question. A specially trained nurse referred each of these for in-depth questioning and temperature measurement; none of them had SARS.

Thermal scanners were installed at six major airports. Of the 467 870 people screened, 95 were referred to a nurse for further assessment. None of them was confirmed to have a raised temperature. The cost of this unsuccessful programme was \$CA17m (£9m; €12m; \$15m).<sup>1</sup>

Why was this measure so ineffective, and could it work now? During the SARS epidemic a simple model was used to assess the fraction of cases that could be detected by entrance screening.<sup>2</sup> Assuming that people with symptoms are not allowed to board, entrance screening can only pick up those who develop symptoms while travelling. The longer the incubation period in relation to the flight duration, the lower the chance that this will happen, and the lower the yield from entrance screening. Updating the model using data on Ebola (incubation time  $9.1 \pm 7.3$  days<sup>3</sup>; direct flight from Freetown to London 6.42 hours), we estimate that, if everyone with symptoms was denied boarding, about 7 out of 100 people infected with Ebola travelling to the UK would have symptoms on arrival and hence be detectable by entrance screening (95% confidence interval 3 to 13). The other 93% would enter the UK unimpeded. If passengers arriving via Paris or Brussels (journey time about 13 hours) were not screened in transit, entrance screening in the UK could detect up to 13% of infected people (95% CI 7% to 21%). The majority would still enter the UK before developing symptoms. Only if patients are allowed to fly irrespective of symptoms would entrance screening be able to detect a substantial fraction of cases (43% if there is no direct flight, 95% CI 34% to 53%).

People who know they are at risk and develop symptoms will want to seek care immediately, as they will fear for their lives. The priority should be to provide information to all those who may be at risk on how and where to seek care. This would be as effective as screening at a fraction of the cost.

Adopting the policy of "enhanced screening" gives a false sense of reassurance. Our simple calculations show that an entrance screening policy will have no meaningful effect on the risk of importing Ebola into the UK. Better use of the UK's resources would be to immediately scale-up our presence in west Africa—building new treatment centres at a rate that outstrips the epidemic, thereby averting a looming humanitarian crisis of frightening proportions. In so doing, we would not only help the people of these affected countries but also reduce the risk of importation to the UK.

CCBYNC Open access

### **Research**

#### **Using the infrastructure of a conditional cash transfer program to deliver a scalable integrated early child development program in Colombia: cluster randomized controlled trial**

Orazio P Attanasio, Jeremy Bentham chair of economics<sup>1</sup>, Camila Fernández, senior survey researcher<sup>2</sup>, Emla O A Fitzsimons, professor of economics<sup>3</sup>, Sally M Grantham-McGregor, emerita professor of international child health<sup>4</sup>, Costas Meghir, Douglas A Warner III professor of economics<sup>5</sup>, Marta Rubio-Codina, senior research economist<sup>6</sup>

#### Author affiliations

BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g5785> (Published 29 September 2014) Cite this as: BMJ 2014;349:g5785

#### *Abstract*

#### *Objective*

To assess the effectiveness of an integrated early child development intervention, combining stimulation and micronutrient supplementation and delivered on a large scale in Colombia, for children's development, growth, and hemoglobin levels.

#### *Design*

Cluster randomized controlled trial, using a 2×2 factorial design, with municipalities assigned to one of four groups: psychosocial stimulation, micronutrient supplementation, combined intervention, or control.

#### Setting

96 municipalities in Colombia, located across eight of its 32 departments.

Participants 1420 children aged 12-24 months and their primary carers.

Intervention Psychosocial stimulation (weekly home visits with play demonstrations), micronutrient sprinkles given daily, and both combined. All delivered by female community leaders for 18 months.

#### Main outcome measures

Cognitive, receptive and expressive language, and fine and gross motor scores on the Bayley scales of infant development-III; height, weight, and hemoglobin levels measured at the baseline and end of intervention.

#### Results

Stimulation improved cognitive scores (adjusted for age, sex, testers, and baseline levels of outcomes) by 0.26 of a standard deviation ( $P=0.002$ ). Stimulation also increased receptive language by 0.22 of a standard deviation ( $P=0.032$ ). Micronutrient supplementation had no significant effect on any outcome and there was no interaction between the interventions. No intervention affected height, weight, or hemoglobin levels.

#### Conclusions

Using the infrastructure of a national welfare program we implemented the integrated early child development intervention on a large scale and showed its potential for improving children's cognitive development. We found no effect of supplementation on developmental or health outcomes. Moreover, supplementation did not interact with stimulation. The implementation model for delivering stimulation suggests that it may serve as a promising blueprint for future policy on early childhood development.

#### **Feature**

#### **Only the military can get the Ebola epidemic under control: MSF head**

BMJ 2014;349:g6151 (Published 10 October 2014)

[PDF](#)

#### **Operation Gritrock: first UK army medics fly to Sierra Leone**

BMJ 2014;349:g6237 (Published 14 October 2014)

[PDF](#)

#### **Brown Journal of World Affairs**

20.1 Fall–Winter 2013

<http://brown.edu/initiatives/journal-world-affairs/>

[Reviewed earlier]

#### **Bulletin of the World Health Organization**

Volume 92, Number 10, October 2014, 697-772

<http://www.who.int/bulletin/volumes/92/10/en/>

[Reviewed earlier]

#### **Complexity**

September/October 2014 Volume 20, Issue 1 Pages fmi–fmi, 1–73  
<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.1/issuetoc>  
[Reviewed earlier]

### **Conflict and Health**

[Accessed 18 October 2014]  
<http://www.conflictandhealth.com/>

### **Cost Effectiveness and Resource Allocation**

(Accessed 18 October 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 7, 2014  
<http://www.tandfonline.com/toc/cdip20/current>  
[Reviewed earlier]

### **Disability and Rehabilitation: Assistive Technology**

Volume 9, Number 6 (November 2014)  
<http://informahealthcare.com/toc/idt/current>  
[Reviewed earlier]

### **Disaster Medicine and Public Health Preparedness**

Volume 8 - Issue 04 - August 2014  
<http://journals.cambridge.org/action/displayIssue?jid=DMP&tab=currentissue>  
[No new relevant content]

### **Disaster Prevention and Management**

Volume 23 Issue 5  
<http://www.emeraldinsight.com/journals.htm?issn=0965-3562&show=latest>

#### **Perspectives on sustainability in humanitarian supply chains**

Ira Haavisto (HUMLOG Institute, Hanken School of Economics, Helsinki, Finland)  
Gyöngyi Kovács (HUMLOG Institute, Hanken School of Economics, Helsinki, Finland)  
*Abstract*  
Purpose

- The purpose of this paper is to develop a framework for analysing how humanitarian organisations (HOs) address different expectations regarding sustainability.

#### Design/methodology/approach

- Quantitative and qualitative content analysis is used to assess the annual reports (ARs) of HOs for their discussions on sustainability overall, and in relation to contextual expectations, subsystems and supply chains, organisational structure and strategy.

#### Findings

- HOs address sustainability primarily from the perspective of contextual expectations from society and beneficiaries. Some fits between supply chain design and societal expectations are attended to, but fits between programmes and contextual expectations are not discussed explicitly.

#### Research limitations/implications

- ARs express what organisations want to portray of their activities rather than being direct reflections of what occurs in the field, hence the use of ARs for the study delimits its findings. However, HOs rarely publish sustainability reports.

#### Practical implications

- Even though there is a general pursuit of the elusive aim of aid effectiveness, organisational structures need to be further aligned with societal aims as to support these.

#### Social implications

- Beneficiaries are still seen as external to the humanitarian supply chain and humanitarian programmes, though their role may change with the introduction of more cash components in aid, voucher systems, and ultimately, their empowerment through these.

#### Originality/value

- The suggested conceptual framework combines elements of contingency theory with a prior four perspectives model on sustainability expectations. The framework helps to highlight fits between the humanitarian context, operations and programmes as well as misalignments between these.

## **Disasters**

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

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

[Reviewed earlier]

## **Emergency Medicine Journal**

October 2014, Volume 31, Issue 10

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

[Reviewed earlier]

## **Epidemics**

Volume 9, In Progress (December 2014)

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

[Reviewed earlier]

## **End of Life Journal**

Summer 2014 Vol 4 Issue 2

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

[Reviewed earlier]

### **The European Journal of Public Health**

Volume 24 Issue 5 October 2014

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

[Reviewed earlier]

### **Food Policy**

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

<http://www.sciencedirect.com/science/journal/03069192>

[Reviewed earlier]

### **Food Security**

Volume 6, Issue 4, August 2014

<http://link.springer.com/journal/12571/6/4/page/1>

[Reviewed earlier]

### **Forum for Development Studies**

Volume 41, Issue 2, 2014

<http://www.tandfonline.com/toc/sfds20/current>

[Reviewed earlier]

### **Genocide Studies International**

Volume 8, Number 2 /2014

<http://utpjournals.metapress.com/content/w67003787140/?p=8beccd89a51b49fc94adf1a5c9768f4f&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 Health Governance**

[Accessed 18 October 2014]

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

[No new relevant content]

## **Global Public Health**

Volume 9, Supplement 1, 2014

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

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

[Reviewed earlier]

## **Globalization and Health**

[Accessed 18 October 2014]

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

### ***Commentary***

#### **[Accreditation as a path to achieving universal quality health coverage](#)**

Kedar S Mate<sup>1</sup>\*, Anne L Rooney<sup>1</sup>, Anuwat Supachutikul<sup>2</sup> and Girdhar Gyani<sup>3</sup>

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Globalization and Health 2014, 10:68 doi:10.1186/s12992-014-0068-6

#### ***Abstract***

As many low- and middle-income countries (LMICs) pursue health care reforms in order to achieve universal health coverage (UHC), development of national accreditation systems has become an increasingly common quality-enhancing strategy endorsed by payers, including Ministries of Health. This article describes the major considerations for health system leaders in developing and implementing a sustainable and successful national accreditation program, using the 20-year evolution of the Thai health care accreditation system as a model. The authors illustrate the interface between accreditation as a continuous quality improvement strategy, health insurance and other health financing schemes, and the overall goal of achieving universal health coverage

## **Health and Human Rights**

Volume 16, Issue 2 December 2014

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

### ***Papers in Press: Special Issue on Health Rights Litigation***

The following papers are accepted for publication in the forthcoming Special Issue on Health Rights Litigation, guest edited by Alicia Ely Yamin.

#### ***Editorial***

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

Alicia Ely Yamin

#### ***In Memoriam***

#### **[Giulia Tamayo, 1958-2014](#)**

Alicia Ely Yamin

#### ***Selected Articles***

#### **[Sanitation Rights, Public Law Litigation, and Inequality: A Case Study from Brazil](#)**

Ana Paula de Barcellos

[Health Rights in the Balance: The Case Against Perinatal Shackling of Women Behind Bars](#)

Brett Dignam and Eli Y. Adashi

[Litigating the Right to Health: What Can We Learn from a Comparative Law and Health Care Systems Approach](#)

Colleen M. Flood and Aeyal Gross

[Striking a Balance: Conscientious Objection and Reproductive Health Care from the Colombian Perspective](#)

Luisa Cabal, Monica Arango Olaya, and Valentina Montoya Robledo

[Health Rights Litigation and Access to Medicines: Priority Classification of Successful Cases from Costa Rica's Constitutional Chamber of the Supreme Court](#)

Ole Frithjof Norheim and Bruce M. Wilson

## **Health Economics, Policy and Law**

Volume 9 - Issue 04 - October 2014

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

[Reviewed earlier]

## **Health Policy and Planning**

Volume 29 Issue 6 September 2014

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

[Reviewed earlier]

## **Health Research Policy and Systems**

<http://www.health-policy-systems.com/content>

[Accessed 18 October 2014]

### **Research**

#### [A decade of investments in monitoring the HIV epidemic: how far have we come? A descriptive analysis](#)

Tobias Alfven, Lotus McDougal, Luisa Frescura, Christian Aran, Paul Amler and Wayne Gill

[Author Affiliations](#)

Health Research Policy and Systems 2014, 12:62 doi:10.1186/1478-4505-12-62

Published: 16 October 2014

*Abstract* (provisional)

Background

The 2001 Declaration of Commitment (DoC) adopted by the General Assembly Special Session on HIV/AIDS (UNGASS) included a call to monitor national responses to the HIV epidemic. Since the DoC, efforts and investments have been made globally to strengthen countries' HIV monitoring and evaluation (M&E) capacity. This analysis aims to quantify HIV M&E investments, commitments, capacity, and performance during the last decade in order to assess the success and challenges of national and global HIV M&E systems.

Methods

M&E spending and performance was assessed using data from UNGASS country progress reports. The National Composite Policy Index (NCPI) was used to measure government commitment, government engagement, partner/civil society engagement, and data generation, as well as to generate a composite HIV M&E System Capacity Index (MESCI) score. Analyses

were restricted to low and middle income countries (LMICs) who submitted NCPI reports in 2006, 2008, and 2010 (n =78).

#### Results

Government commitment to HIV M&E increased considerably between 2006 and 2008 but decreased between 2008 and 2010. The percentage of total AIDS spending allocated to HIV M&E increased from 1.1% to 1.4%, between 2007 and 2010, in high-burden LMICs.

Partner/civil society engagement and data generation capacity improved between 2006 and 2010 in the high-burden countries. The HIV MESCI increased from 2006 to 2008 in high-burden countries (78% to 94%), as well as in other LMICs (70% to 77%), and remained relatively stable in 2010 (91% in high-burden countries, 79% in other LMICs). Among high-burden countries, M&E system performance increased from 52% in 2006 to 89% in 2010.

#### Conclusions

The last decade has seen increased commitments and spending on HIV M&E, as well as improved M&E capacity and more available data on the HIV epidemic in both high-burden and other LMICs. However, challenges remain in the global M&E of the AIDS epidemic as we approach the 2015 Millennium Development Goal targets.

### **Human Organization**

Volume 73, Number 3 / Fall 2014

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

[Reviewed earlier]

### **Human Rights Quarterly**

Volume 36, Number 3, August 2014

[http://muse.jhu.edu/journals/human\\_rights\\_quarterly/toc/hrq.36.3.html](http://muse.jhu.edu/journals/human_rights_quarterly/toc/hrq.36.3.html)

[Reviewed earlier]

### **Human Service Organizations Management, Leadership & Governance**

Volume 38, Issue 4, 2014

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

[Reviewed earlier]

### **Humanitarian Exchange Magazine**

Issue 61 May 2014

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

[Reviewed earlier]

### **IDRiM Journal**

Vol 4, No 1 (2014)

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

[Reviewed earlier]

**Infectious Diseases of Poverty**

[Accessed 18 October 2014]

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

[No new relevant content]

**International Health**

Volume 6 Issue 3 September 2014

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

[Reviewed earlier]

**International Journal of Epidemiology**

Volume 43 Issue 5 October 2014

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

[Reviewed earlier]

**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/22124209/10/part/PA>

[Reviewed earlier]

**International Journal of Infectious Diseases**

Volume 28, p1 November 2014

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

[No relevant content]

**International Journal of Mass Emergencies & Disasters**

August 2014 (VOL. 32, NO. 2)

<http://www.ijmed.org/issues/32/2/>

[Reviewed earlier]

**International Journal of Sustainable Development & World Ecology**

Volume 21, Issue 4, 2014

[http://www.tandfonline.com/toc/tsdw20/current#.U\\_nO92MXxyI](http://www.tandfonline.com/toc/tsdw20/current#.U_nO92MXxyI)

[Reviewed earlier]

**International Migration Review**

Fall 2014 Volume 48, Issue 3 Pages 577–917

<http://onlinelibrary.wiley.com/doi/10.1111/imre.2014.48.issue-3/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**

October 15, 2014, Vol 312, No. 15

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

[No relevant content]

**JAMA Pediatrics**

October 2014, Vol 168, No. 10

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

[No relevant content]

**Journal of Community Health**

Volume 39, Issue 5, October 2014

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

[Reviewed earlier]

**Journal of Development Economics**

Volume 111, In Progress (November 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.2.5.3.html](http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.2.5.3.html)

[Reviewed earlier]

**Journal of Humanitarian Logistics and Supply Chain Management**

Volume 4 issue 1 - Current Issue

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

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 16, Issue 5, October 2014

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

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 12, Issue 3, 2014

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

[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 210 Issue 7 October 1, 2014

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

[Reviewed earlier]

**Journal of International Development**

October 2014 Volume 26, Issue 7 Pages 939–1096

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

**Research Article**

**SOCIO-ECONOMIC DETERMINANTS OF CHILD IMMUNIZATION IN RURAL ETHIOPIA**

Degnet Abebaw\*

Article first published online: 5 NOV 2013

DOI: 10.1002/jid.2975

***Abstract***

Using cross section data from rural Ethiopia, this paper investigates the socio-economic determinants of child immunization. Results of a generalized ordered logit model show that child immunization is strongly associated with child's age, housing quality, presence of health extension worker in a village, proximity to district capital, access to primary school and ethnic diversity. The paper draws both supply-side and demand-side implications to increase full immunization for children in rural Ethiopia.

**The Journal of Law, Medicine & Ethics**

Fall 2014 Volume 42, Issue 3 Pages 280–401

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2014.42.issue-3/issuetoc>

*Special Issue: SYMPOSIUM: Concussions and Sports*

**Journal of Medical Ethics**

October 2014, Volume 40, Issue 10

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

[No relevant content]

**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**

December 6, 2014; 11 (101)

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

[No new relevant content]

**Journal of Sustainable Development**

Vol 7, No 5 October 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**

Oct 18, 2014 Volume 384 Number 9952 p1401 – 1476

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

**Comment****[Controlling Ebola: next steps](#)**

Ranu S Dhillon, Devabhaktuni Srikrishna, Jeffrey Sachs

[Preview /](#)

The Ebola epidemic is paradoxical: it is out of control yet readily controllable. The key to epidemic control is rapid diagnosis, isolation, and treatment of infected individuals.<sup>1</sup> This

approach was used in past Ebola outbreaks through contact tracing, in which anyone exposed to a person with Ebola was monitored, tested if they developed symptoms, and, if positive, securely transported to a health facility for treatment.<sup>2</sup> Moreover, while 60–90% of untreated patients with Ebola die, effective medical care could reduce this rate to below 30%.

### **The Lancet Global Health**

Oct 2014 Volume 2 Number 10 e550 – 615

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

[Reviewed earlier]

### **The Lancet Infectious Diseases**

Oct 2014 Volume 14 Number 10 p899 - 1022

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

[Reviewed earlier]

### **Maternal and Child Health Journal**

Volume 18, Issue 8, October 2014

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

[Reviewed earlier]

### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

September 2014 Volume 92, Issue 3 Pages 407–631

[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 514 Number 7522 pp273-398 16 October 2014

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

#### [Ebola by the numbers: The size, spread and cost of an outbreak](#)

As the virus continues to rampage in West Africa, Nature's graphic offers a guide to the figures that matter.

Declan Butler & Lauren Morello

15 October 2014

Nature | Comment

#### [Ebola: learn from the past](#)

David L Heymann

09 October 2014

Drawing on his experiences in previous outbreaks, David L. Heymann calls for rapid diagnosis, patient isolation, community engagement and clinical trials.

### **New England Journal of Medicine**

October 16, 2014 Vol. 371 No. 16

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

**Perspective**

**Achieving and Maintaining Polio Eradication — New Strategies**

John Modlin, M.D., and Jay Wenger, M.D.

N Engl J Med 2014; 371:1476-1479 October 16, 2014

DOI: 10.1056/NEJMp1407783

It has been nearly 2 years since the last known case of type 3 poliomyelitis occurred in Nigeria, and although it's still too early to celebrate, the disappearance of the second of the three poliovirus serotypes (type 2 transmission was eliminated in 1999) represents a major milestone and proof of principle that global eradication of paralytic poliomyelitis is achievable.

Poliovirus transmission has been identified in 10 countries this year, but more than 75% of the cases have occurred in Pakistan, where antigovernment militants have denied immunization to more than 300,000 children for more than 2 years. This summer, military activities opened some areas to vaccination teams and provided an opportunity to deliver oral polio vaccine (OPV) with other basic health services to displaced children and families, while also creating a risk of dispersal of poliovirus-infected persons more broadly in the region. Multiple supplemental immunization rounds are targeting the other countries with recent transmission of type 1 poliovirus and additional countries that are at risk for reinfection. Given the substantial progress in Nigeria and the small number of polio cases identified elsewhere in Africa in recent months, it is now possible that the continent will be free of polio by the end of the year.

The past decade has brought new partners to the Global Polio Eradication Initiative (GPEI) consortium, new tools for improving immunization and surveillance, a new sense of urgency about completing eradication, and confidence that such a feat is possible. Several factors are making a difference: improvements in planning for supplementary immunization activities, support for delivering other key health interventions through the polio program, innovations such as global-positioning-system mapping, and strategies including the establishment of immunization stations at transit points and the engagement of government, traditional, and religious leaders at all levels. To further reduce the risk of international exportation of polio from countries where it is endemic — exportation accounted for 60% of all polio cases in 2013 — the World Health Organization (WHO) recently designated polio as a public health emergency of international concern under the International Health Regulations and recommended that travelers leaving any country with active transmission receive additional immunization.

As the areas with sustained polio transmission shrink and the genetic diversity of the remaining type 1 polioviruses narrows, global public health authorities are preparing for a phased transition from the live, attenuated OPV to the inactivated polio vaccine (IPV) originally introduced in 1955. Although it may appear counterintuitive to replace OPV, a cheap vaccine easily administered in two oral drops, with IPV, which is at least 10 times as expensive to produce and is given by injection, discontinuation of OPV has always been a component of polio-eradication plans because of the occurrence of vaccine-associated paralytic poliomyelitis in a very small proportion of OPV recipients (<1 per 750,000 recipients in the United States, for example).

There are two additional challenges that make the switch from OPV to IPV necessary, neither of which was anticipated when the World Health Assembly launched the GPEI in 1988. The first is the magnitude of reduced effectiveness of OPV in locations with a high burden of enteric pathogens and diarrheal disease. This limitation can be striking, with seroconversion rates of less than 20% per dose of trivalent OPV (tOPV) in some locations, which leave many children who have received multiple doses still susceptible to polio. The elimination of naturally occurring

type 2 polioviruses allowed for a partial solution to this problem: deployment in supplementary immunization activities of monovalent type 1 vaccine (mOPV1) and bivalent types 1 and 3 vaccine (bOPV), which induced improved immune responses to type 1 and type 3 polioviruses by removing the interfering type 2 OPV viruses from the formulation.

The second problem was uncovered with the development of viral genetic sequencing technology, which revealed that OPV viruses can regain fitness and neurovirulence with continuous person-to-person transmission in areas of low population immunity. Circulating vaccine-derived polioviruses (cVDPVs) were first recognized on Hispaniola in 2000 and have since caused outbreaks and isolated cases of paralytic disease from viruses of all three serotypes in multiple locations. The existence of cVDPVs dictates that all OPV use will need to cease in order to achieve full polio eradication.

A GPEI strategic plan for 2013 through 2018 envisions the complete cessation of circulation of wild-type poliovirus and VDPV followed by coordinated replacement of tOPV with bOPV for an interim period to prevent the generation of new type 2 cVDPVs, which have been responsible for virtually all emergences of VDPV during the past 5 years. The plan calls for the eventual discontinuation of OPV use once eradication of all types is achieved.

However, mathematical models suggest that the global risk of cVDPV reemergence from residual OPV type 2 circulation will be substantial in the first 1 to 3 years after OPV type 2 cessation.<sup>1</sup> To mitigate this risk, the WHO Strategic Advisory Group of Experts on immunization has recommended that all countries that use OPV add at least one IPV dose to the routine immunization of infants in advance of the tOPV–bOPV switch, currently planned for 2016. The recommendation is based on affordability, the ability of a single vaccine dose to prime the immune system to respond to another dose administered during an outbreak, and the likelihood that one dose will moderately reduce the risk of disease among vaccinated children in the event of type 2 cVDPV exposure (one-dose seroconversion would be expected in 40 to 50% of recipients). This strategy enhances immunity to types 1 and 3 in two ways: by improving the immunogenicity of OPV with the removal of type 2 vaccine virus and by enhancing immunity in children who are given both bOPV and IPV during routine infant immunization.<sup>2</sup>

Two recent studies in India have shown that IPV administered to children previously given OPV boosts both humoral neutralizing-antibody levels and intestinal mucosal immunity.<sup>3,4</sup> Attention to intestinal immunity has increased because of uncertainty about the extent to which polio may circulate in populations with only IPV-induced immunity. Unlike primary immunization with OPV, primary immunization with IPV provides only marginal intestinal immunity, as measured by poliovirus excretion after OPV challenge.<sup>5</sup> Outbreaks of wild-type poliovirus have been adequately contained in the Netherlands and other developed countries that use only IPV for routine childhood immunization. However, recent experience in Israel with prolonged circulation of type 1 polioviruses in sewage effluents has generated substantial concern that IPV-induced intestinal immunity may not prevent silent transmission in developing countries despite high immunization rates and that infection could spread extensively before the first clinical case is detected.

In that event, the only realistic approach to control of the outbreak would be widespread immunization of the at-risk population with OPV or a combination of IPV and OPV. But either option requires creating a risk of downstream cVDPV, threatening final eradication. To better prepare for this possible threat, the Bill and Melinda Gates Foundation is supporting the development and clinical evaluation of new genetically stable OPV strains with reduced ability to genetically revert to cVDPVs.

Although our current optimism must be tempered by the tendency of polio to emerge in areas of armed conflict and humanitarian crisis where routine immunization systems have collapsed

and it's difficult to gain access to susceptible children, more of the world's population than ever is living in certified polio-free regions, and we are inexorably approaching the end of polio. Key strategic components of the endgame plan, including the tOPV–bOPV switch and introduction of affordable IPV, are focused on the final obstacles to eradication. Development of improved vaccines will provide additional confidence that eradication can be sustained.

***Original Article***

**Ebola Virus Disease in West Africa — The First 9 Months of the Epidemic and Forward Projections**

WHO Ebola Response Team

N Engl J Med 2014; 371:1481-1495 [October 16, 2014](#) DOI: 10.1056/NEJMoa1411100

**Abstract**

**Background**

On March 23, 2014, the World Health Organization (WHO) was notified of an outbreak of Ebola virus disease (EVD) in Guinea. On August 8, the WHO declared the epidemic to be a "public health emergency of international concern."

[Full Text of Background...](#)

**Methods**

By September 14, 2014, a total of 4507 probable and confirmed cases, including 2296 deaths from EVD (Zaire species) had been reported from five countries in West Africa — Guinea, Liberia, Nigeria, Senegal, and Sierra Leone. We analyzed a detailed subset of data on 3343 confirmed and 667 probable Ebola cases collected in Guinea, Liberia, Nigeria, and Sierra Leone as of September 14.

[Full Text of Methods...](#)

**Results**

The majority of patients are 15 to 44 years of age (49.9% male), and we estimate that the case fatality rate is 70.8% (95% confidence interval [CI], 69 to 73) among persons with known clinical outcome of infection. The course of infection, including signs and symptoms, incubation period (11.4 days), and serial interval (15.3 days), is similar to that reported in previous outbreaks of EVD. On the basis of the initial periods of exponential growth, the estimated basic reproduction numbers ( $R_0$ ) are 1.71 (95% CI, 1.44 to 2.01) for Guinea, 1.83 (95% CI, 1.72 to 1.94) for Liberia, and 2.02 (95% CI, 1.79 to 2.26) for Sierra Leone. The estimated current reproduction numbers ( $R$ ) are 1.81 (95% CI, 1.60 to 2.03) for Guinea, 1.51 (95% CI, 1.41 to 1.60) for Liberia, and 1.38 (95% CI, 1.27 to 1.51) for Sierra Leone; the corresponding doubling times are 15.7 days (95% CI, 12.9 to 20.3) for Guinea, 23.6 days (95% CI, 20.2 to 28.2) for Liberia, and 30.2 days (95% CI, 23.6 to 42.3) for Sierra Leone. Assuming no change in the control measures for this epidemic, by November 2, 2014, the cumulative reported numbers of confirmed and probable cases are predicted to be 5740 in Guinea, 9890 in Liberia, and 5000 in Sierra Leone, exceeding 20,000 in total.

[Full Text of Results...](#)

**Conclusions**

These data indicate that without drastic improvements in control measures, the numbers of cases of and deaths from EVD are expected to continue increasing from hundreds to thousands per week in the coming months.

***Editorial***

**The Ebola Emergency — Immediate Action, Ongoing Strategy**

Jeremy J. Farrar, M.D., Ph.D., and Peter Piot, M.D., Ph.D.

N Engl J Med 2014; 371:1545-1546 [October 16, 2014](#) DOI: 10.1056/NEJMe1411471

The 25th known outbreak of Ebola virus infection is unlike any of the previous epidemics. It has already killed over 2800 people — more than all previous epidemics combined; it's affecting virtually the entire territory of three countries, involving rural areas, major urban centers, and capital cities; it has been going on for almost a year; and it is occurring in West Africa, where no Ebola outbreak had previously occurred. Above all, the epidemic seems out of control and has evolved into a major humanitarian crisis that has finally mobilized the world, with responses ranging from an emergency health mission launched by the United Nations Security Council to proposed military-style interventions and the global provision of emergency aid.

The disintegration of the health care systems in the affected countries is already having a profound impact on the populations' health beyond Ebola, as clinics close or become overwhelmed or nonfunctional. These health system effects will only worsen as the epidemic progresses: West Africa will see much more suffering and many more deaths during childbirth and from malaria, tuberculosis, HIV–AIDS, enteric and respiratory illnesses, diabetes, cancer, cardiovascular disease, and mental health during and after the Ebola epidemic. Indeed, there is a very real danger of a complete breakdown in civic society, as desperate communities understandably lose faith in the established systems.

A report from the Ebola Response Team of the World Health Organization now published in the Journal presents the first comprehensive analysis of epidemiologic surveillance data on the West African epidemic.<sup>1</sup> Though the completeness and quality of the data are uncertain — collecting information under such extreme conditions is an enormous challenge, and the remarkable contribution of the data-collection teams in West Africa must be acknowledged — they provide a convincing case that the epidemic is still expanding, with a conservative projection that there will be close to 20,000 cases by early November. Without a more effective, all-out effort, Ebola could become endemic in West Africa, which could, in turn, become a reservoir for the virus's spread to other parts of Africa and beyond.

Yet despite the vast scale of the current outbreak, the clinical manifestations of Ebola virus disease, the duration of illness, the case fatality rate, and the degree of transmissibility are similar to those in earlier epidemics. It is therefore unlikely that the particularly devastating course of this epidemic can be attributed to biologic characteristics of the virus. It is more likely to be a result of the combination of dysfunctional health systems, international indifference, high population mobility, local customs, densely populated capitals, and lack of trust in authorities after years of armed conflict. Perhaps most important, Ebola has reached the point where it could establish itself as an endemic infection because of a highly inadequate and late global response. Not only did it take more than 3 months to diagnose Ebola as the cause of the epidemic (in contrast to the recent outbreak in the Democratic Republic of Congo, where it took a matter of days), but it was not until 5 months and 1000 deaths later that a public health emergency was declared, and it was nearly another 2 months before a humanitarian response began to be put in place. It is not that the world did not know: Médecins sans Frontières, which has been spearheading the response and care for patients with Ebola, has been advocating for a far greater response for many months. This epidemic, in other words, was an avoidable crisis, and as the Ebola Response Team's article stresses, a prompt response to an emerging outbreak is critical in order to contain it before it becomes too vast in terms of both numbers of cases and geographic reach.

The current Ebola epidemic highlights three transformations required in our approach to rapidly emerging public health emergencies.

First, in today's world, it's important to recognize that if certain conditions are met — biologic shifts in a pathogen, changes in the interactions between humans and our environment, dysfunctional and underresourced health systems, national and international indifference, lack

of effective timely response, high population mobility, local customs that can exacerbate morbidity and mortality, spread in densely populated urban centers, and a lack of trust in authorities — what might once have been a limited outbreak can become a massive, nearly uncontrollable epidemic.

Second, classic “outbreak control” efforts are no longer sufficient for an epidemic of this size. Rather, what's required is a large-scale, coordinated humanitarian, social, public health, and medical response, combining classic public health measures with safe and effective interventions including behavioral changes, therapies, and when possible, vaccination. An appropriate response, moreover, requires an appreciation of the culture of the societies in the affected countries and deployment of interventions with the population's consent. Development of interventions in collaboration with the affected communities and rebuilding of trust will be essential to their success. And these integrated efforts will need to be accompanied by much better coordination and real-time, open sharing of information across diverse disciplines and with all the players involved, from civil society, national governments, nongovernmental organizations, and academic institutions to regional and international organizations and, when appropriate, the military.

Third, the development of diagnostic tools, therapies, and vaccines (at least up through the acquisition of phase 1 safety data) for these relatively rare but inevitable and potentially devastating epidemic diseases must be prioritized during interepidemic periods, with an accepted, preapproved, and ethical mechanism for accelerating development and testing such interventions when epidemic situations arise. We believe that in this epidemic, we are reaching the limit of what classic containment can achieve.

Meanwhile, the current Ebola epidemic, which is in grave danger of spiraling out of control, must remain the primary focus of our efforts. We are concerned that without a massive increase in the response, way beyond what is being planned in scale and urgency, alongside the complementary deployment of novel interventions (in particular the use of safe and effective vaccines and therapeutics), it will prove impossible to bring this epidemic under control.

But we must also look to the future. There will be more epidemics and outbreaks of Ebola and other new or reemerging infections. Yet our response to such events remains slow, cumbersome, poorly funded, conservative, and ill prepared. We have been very lucky with the severe acute respiratory syndrome (SARS), H5N1 and H1N1 influenza, and possibly the Middle East respiratory syndrome coronavirus (MERS-CoV), but this Ebola epidemic shows what can happen when luck escapes us. With a different pathogen and a different transmission route, a similar crisis could strike in New York, Geneva, and Beijing as easily as this one has in West Africa.

Despite great improvement over the past decade, there is still a need for better surveillance, sharing of data in real time, and rapid action based on the available information. But we cannot think that surveillance alone will bring such events under control. We have become better at picking these things up; we now must also learn to act more effectively.

## **Nonprofit and Voluntary Sector Quarterly**

October 2014; 43 (5)

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

[Reviewed earlier]

OxMo Volume 4, No. 1 May 2014  
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[Reviewed earlier]

### **The Pediatric Infectious Disease Journal**

October 2014 - Volume 33 - Issue 10 pp: 997-1101,e247-e272  
<http://journals.lww.com/pidj/pages/currenttoc.aspx>  
[New issue; No relevant content]

### **PLoS One**

[Accessed 18 October2014]  
<http://www.plosone.org/>  
[No new relevant content]

### **PLOS Currents: Disasters**

[Accessed 18 October 2014]  
<http://currents.plos.org/disasters/>

#### **Challenges for Resuming Normal Life After Earthquake: A Qualitative Study on Rural Areas of Iran**

October 17, 2014 · Research article

##### *Abstract*

Background and objective:

Growing evidence is indicating that some of disaster affected people face challenges to resume normal life several months after an earthquake. However, there is no sufficient in-depth understanding of complex process of resuming normal life after an earthquake in Iran, as one of the most disaster-prone countries in the world, and in rural areas as a particular setting. This study aimed to explore challenges of return to normalcy in rural earthquake-stricken areas of Iran.

##### Methods:

The study was conducted using qualitative content analysis method (Graneheim approach). Twenty people from the earthquake-stricken areas and seven qualified experts were selected via purposeful sampling .Data was collected through semi-structured interviews, focus group discussions, and field notes from August 2013 to January 2014. Data collection continued to the point of data saturation (no new information was provided by interviewees). Data saturation supported the sample size. Data analysis was based on qualitative content analysis principles.

##### Results:

“Social uncertainty and confusion” was the most prominent challenge of return to the normal life after earthquake, which was categorized into six concepts of social vulnerability, lack of comprehensive rehabilitation plan, incomplete reconstruction, ignorance of local social capital, waste of assets, and psychological problems.

##### Conclusions:

Findings showed that social uncertainty and confusion occurs as a result of negligence of some important social aspects in process of returning to the normal life. This issue, in turn, can greatly interrupt the normal developmental processes. Understanding the challenges of life

recovery after disasters will help policy makers consider social rehabilitation as a key factor in facilitation of return to normal life process after earthquakes.

## **PLoS Medicine**

(Accessed 18 October 2014)

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

### **Treatment of Infections in Young Infants in Low- and Middle-Income Countries: A Systematic Review and Meta-analysis of Frontline Health Worker Diagnosis and Antibiotic Access**

Anne CC Lee, Aruna Chandran, Hadley K. Herbert, Naoko Kozuki, Perry Markell, Rashed Shah, Harry Campbell, Igor Rudan, Abdullah H. Baqui

Research Article | published 14 Oct 2014 | PLOS Medicine 10.1371/journal.pmed.1001741

#### ***Abstract***

#### **Background**

Inadequate illness recognition and access to antibiotics contribute to high case fatality from infections in young infants (<2 months) in low- and middle-income countries (LMICs). We aimed to address three questions regarding access to treatment for young infant infections in LMICs: (1) Can frontline health workers accurately diagnose possible bacterial infection (pBI)?; (2) How available and affordable are antibiotics?; (3) How often are antibiotics procured without a prescription?

#### **Methods and Findings**

We searched PubMed, Embase, WHO/Health Action International (HAI), databases, service provision assessments (SPAs), Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and grey literature with no date restriction until May 2014. Data were identified from 37 published studies, 46 HAI national surveys, and eight SPAs. For study question 1, meta-analysis showed that clinical sign-based algorithms predicted bacterial infection in young infants with high sensitivity (87%, 95% CI 82%–91%) and lower specificity (62%, 95% CI 48%–75%) (six studies, n = 14,254). Frontline health workers diagnosed pBI in young infants with an average sensitivity of 82% (95% CI 76%–88%) and specificity of 69% (95% CI 54%–83%) (eight studies, n = 11,857) compared to physicians. For question 2, first-line injectable agents (ampicillin, gentamicin, and penicillin) had low variable availability in first-level health facilities in Africa and South Asia. Oral amoxicillin and cotrimoxazole were widely available at low cost in most regions. For question 3, no studies on young infants were identified, however 25% of pediatric antibiotic purchases in LMICs were obtained without a prescription (11 studies, 95% CI 18%–34%), with lower rates among infants <1 year. Study limitations included potential selection bias and lack of neonatal-specific data.

#### **Conclusions**

Trained frontline health workers may screen for pBI in young infants with relatively high sensitivity and lower specificity. Availability of first-line injectable antibiotics appears low in many health facilities in Africa and Asia. Improved data and advocacy are needed to increase the availability and appropriate utilization of antibiotics for young infant infections in LMICs.

## **PLoS Neglected Tropical Diseases**

(Accessed 18 October 2014)

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

[No new relevant content]

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

(Accessed 18 October 2014)

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

[No new relevant content]

**Prehospital & Disaster Medicine**

Volume 29 - Issue 05 - October 2014

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

***Special Report***

**Health Care Workers in Danger Zones: A Special Report on Safety and Security in a Changing Environment**

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***Abstract***

Introduction Violence against humanitarian health care workers and facilities in situations of armed conflict is a serious humanitarian problem. Targeting health care workers and destroying or looting medical facilities directly or indirectly impacts the delivery of emergency and life-saving medical assistance, often at a time when it is most needed.

Problem Attacks may be intentional or unintentional and can take a range of forms from road blockades and check points which delay or block transport, to the direct targeting of hospitals, attacks against medical personnel, suppliers, patients, and armed entry into health facilities.

Lack of access to vital health care services weakens the entire health system and exacerbates existing vulnerabilities, particularly among communities of women, children, the elderly, and the disabled, or anyone else in need of urgent or chronic care. Health care workers, especially local workers, are often the target.

Methods This report reviews the work being spearheaded by the Red Cross and Red Crescent Movement on the Health Care in Danger initiative, which aims to strengthen the protections for health care workers and facilities in armed conflicts and ensure safe access for patients. This includes a review of internal reports generated from the expert workshops on a number of topics as well as a number of public sources documenting innovative coping mechanisms adopted by National Red Cross and Red Crescent Societies. The work of other organizations is also briefly examined. This is followed by a review of security mechanisms within the humanitarian sector to ensure the safety and security of health care personnel operating in armed conflicts.

Results From the existing literature, a number of gaps have been identified with current security frameworks that need to be addressed to improve the safety of health care workers and ensure the protection and access of vulnerable populations requiring assistance. A way forward for policy, research, and practice is proposed for consideration.

Conclusion While there is work being done to improve conditions for health care personnel and patients, there need to be concerted actions to stigmatize attacks against workers, facilities, and patients to protect the neutrality of the medical mission.

***Comprehensive Review***

**Child Disaster Mental Health Interventions: Therapy Components**

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*Abstract*

Children face innumerable challenges following exposure to disasters. To address trauma sequelae, researchers and clinicians have developed a variety of mental health interventions. While the overall effectiveness of multiple interventions has been examined, few studies have focused on the individual components of these interventions. As a preliminary step to advancing intervention development and research, this literature review identifies and describes nine common components that comprise child disaster mental health interventions. This review concluded that future research should clearly define the constituent components included in available interventions. This will require that future studies dismantle interventions to examine the effectiveness of specific components and identify common therapeutic elements. Issues related to populations studied (eg, disaster exposure, demographic and cultural influences) and to intervention delivery (eg, timing and optimal sequencing of components) also warrant attention.

*Original Research*

**Making Disaster Care Count: Consensus Formulation of Measures of Effectiveness for Natural Disaster Acute Phase Medical Response**

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*Abstract*

**Introduction**

No standard exists for provision of care following catastrophic natural disasters. Host nations, funders, and overseeing agencies need a method to identify the most effective interventions

when allocating finite resources. Measures of effectiveness are real-time indicators that can be used to link early action with downstream impact.

#### Hypothesis

Group consensus methods can be used to develop measures of effectiveness detailing the major functions of post natural disaster acute phase medical response.

#### Methods

A review of peer-reviewed disaster response publications (2001-2011) identified potential measures describing domestic and international medical response. A steering committee comprised of six persons with publications pertaining to disaster response, and those serving in leadership capacity for a disaster response organization, was assembled. The committee determined which measures identified in the literature review had the best potential to gauge effectiveness during post-disaster acute-phase medical response. Using a modified Delphi technique, a second, larger group (Expert Panel) evaluated these measures and novel measures suggested (or "free-texted") by participants for importance, validity, usability, and feasibility. After three iterations, the highest rated measures were selected.

#### Results

The literature review identified 397 measures. The steering committee approved 116 (29.2%) of these measures for advancement to the Delphi process. In Round 1, 25 (22%) measures attained >75% approval and, accompanied by 77 free-text measures, graduated to Round 2. There, 56 (50%) measures achieved >75% approval. In Round 3, 37 (66%) measures achieved median scores of 4 or higher (on a 5-point ordinal scale). These selected measures describe major aspects of disaster response, including: Evaluation, Treatment, Disposition, Public Health, and Team Logistics. Of participants from the Expert Panel, 24/39 (63%) completed all rounds. Thirty-three percent of these experts represented international agencies; 42% represented US government agencies.

#### Conclusion

Experts identified response measures that reflect major functions of an acute medical response. Measures of effectiveness facilitate real-time assessment of performance and can signal where practices should be improved to better aid community preparedness and response. These measures can promote unification of medical assistance, allow for comparison of responses, and bring accountability to post-disaster acute-phase medical care. This is the first consensus-developed reporting tool constructed using objective measures to describe the functions of acute phase disaster medical response. It should be evaluated by agencies providing medical response during the next major natural disaster.

### **Public Health Ethics**

Volume 7 Issue 2 July 2014

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

[Reviewed earlier]

### **Qualitative Health Research**

October 2014; 24 (10)

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

***Special Issue: Values, Perceptions, & Health***

[Reviewed earlier]

**Refugee Survey Quarterly**

Volume 33 Issue 3 September 2014

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

[Reviewed earlier]

**Resilience: International Policies, Practices and Discourses**

Volume 2, Issue 2, 2014

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

[Reviewed earlier]

**Revista Panamericana de Salud Pública/Pan American Journal of Public Health**

**(RPSP/PAJPH)**

July 2014 Vol. 36, No. 1

[http://www.paho.org/journal/index.php?option=com\\_content&view=article&id=148&Itemid=261&lang=en](http://www.paho.org/journal/index.php?option=com_content&view=article&id=148&Itemid=261&lang=en)

[Reviewed earlier]

**Risk Analysis**

September 2014 Volume 34, Issue 9 Pages 1581–1774

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-9/issuetoc>

[New issue; No relevant content]

**Science**

17 October 2014 vol 346, issue 6207, pages 277-392

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

***In Depth******Infectious Diseases*****[Ebola vaccine trials raise ethical issues](#)**

Jon Cohen, Kai Kupferschmidt

The Ebola virus keeps spreading in West Africa and some researchers say that a vaccine is necessary to halt the epidemic. The two most advanced candidates have recently entered safety trials, and if they do not cause harm and trigger the immune response scientists hope to see, the World Health Organization (WHO) has recommended jumping straight into what amount to phase III efficacy tests in Liberia, Guinea, and Sierra Leone. But difficult questions are now emerging about how to design clinical trials, who should be the first to get the shots, and when to begin mass production. For instance, at a consultation held by WHO, there was broad support for randomized controlled trials. But some, like Doctors Without Borders, say such a trial, in which some subjects are assigned to a control group that doesn't receive the actual vaccine, is unethical.

**Social Science & Medicine**

Volume 120, In Progress (November 2014)

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[Reviewed earlier]

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[accessed 18 October 2014]  
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[No new relevant content]

**Sustainability**  
Volume 6, Issue 9 (September 2014), Pages 5512-  
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[Reviewed earlier]

**TORTURE Journal**  
Latest issue: Volume 24, Supplementum 1, 2014  
<http://www.irct.org/torture-journal>  
*Issue Theme: Of death and rebirth: Life histories of Rwandan female genocide survivors*  
[Reviewed earlier]

**Tropical Medicine and Health**  
Vol. 42(2014) No. 3  
[https://www.jstage.jst.go.jp/browse/tmh/42/3/\\_contents](https://www.jstage.jst.go.jp/browse/tmh/42/3/_contents)  
[Reviewed earlier]

**UN Chronicle**  
Vol.LI No. 2 2014 September 2014  
<http://unchronicle.un.org/>  
[Reviewed earlier]

**Vulnerable Children and Youth Studies**  
An International Interdisciplinary Journal for Research, Policy and Care  
Volume 9, Issue 4, 2014  
<http://www.tandfonline.com/toc/rvch20/current#.Uzg2bFcWNdc>  
[Reviewed earlier]

**World Heritage Review**  
n°72 - June 2014  
<http://whc.unesco.org/en/review/72/>  
*Special Issue - World Heritage in Qatar*  
Each year, the special issue of World Heritage coinciding with the annual World Heritage Committee session gives us the opportunity to focus on the heritage of a

particular country or region. This year the 38th session of the Committee is hosted by the State of Qatar so we are taking a closer look at the cultural and natural heritage of this country, which deserves to be better known.

**Yale Human Rights & Development Law Journal**

Volume XIV, Issue 2

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

[Reviewed earlier]

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