

# ***The Sentinel***

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

***Week ending 1 November 2014***

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

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

*David R. Curry  
Editor &  
Founding Director  
GE2P2 – Center for Governance, Evidence, Ethics, Policy, Practice*

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

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## ***:: 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.*

## **[Secretary-General Hails Launch of Global Media Campaign to Halt Harmful Practices, 'Our Generation' Must Eradicate Female Genital Mutilation](#)**

30 October 2014  
SG/SM/16297-WOM/2008  
Press Release

*Following are UN Secretary-General Ban Ki-moon's remarks at the launch of The Guardian's Global Media Campaign to end female genital mutilation, in Nairobi today:*

*I am delighted to be here at the launch of this Global Media Campaign against female genital mutilation (FGM). It recognizes the critical role of media around the world in adding their*

voices and reach to help end FGM in a generation. With its anti-FGM campaigns in the United Kingdom, the United States, Gambia and now Kenya, The Guardian has demonstrated its commitment to bringing an end to this brutal practice. I commend the Kenyan Government for intensifying its efforts to end FGM.

Change can happen through sustained media attention on the damaging public health consequences of FGM, as well as on the abuse of the rights of hundreds of thousands of women and girls around the world. In the United Kingdom, where over 20,000 girls are at risk of FGM, activist Fahma Mohamed secured a commitment from the Government to write to all schools warning about the dangers of the practice. I was delighted to be able to meet her even quickly in London earlier this year. In the United States, where risks are similarly high in certain diaspora communities, a Guardian campaign led by FGM survivor Jaha Dukereh led the Government to promise to carry out the first national survey on FGM prevalence.

In both cases, sustained public pressure — which media support helped generate — brought about concrete results. I look forward to engaging with media outlets across Africa and beyond on how to report on this issue better and draw attention to its devastating impacts.

I am also delighted to announce the launch of two initiatives that will help to support media outlets in Kenya and across the continent. A new, joint UNFPA [United Nations Population Fund]-Guardian International FGM Reporting Award will be granted annually to an African reporter who has demonstrated innovation and commitment in covering FGM. The competition winner — who will have submitted reportage on FGM — will spend two months training and working in The Guardian's head offices in London. I'd like to thank The Guardian for your strong initiative and support.

In Kenya, five joint UNFPA-Guardian FGM Reporting Grants will be awarded to a number of the country's leading media houses to help support their reporting on FGM. Not only do we hope to support the Kenyan media in bringing the issue of FGM to national and global attention, but we hope to create a media model that can be reproduced in other countries.

We will walk hand in hand with the African-led Girl Generation campaign that is set to roll out across 10 countries, reflecting the growing momentum to end this practice — a momentum that cannot be ignored. The mutilation of girls and women must stop in this generation — our generation. Men and boys must also be encouraged to support the fight against FGM — and they should be praised when they do.

The good news is that entire communities in Kenya and elsewhere in Africa and around the world have decided to end FGM. This means that girls like Aissatou in Senegal, Mariam in Burkina Faso, Desta in Ethiopia, Samira in Sudan and Hawa in Djibouti, together with their sisters in London and Rome, no longer have to be subjected to this violation of their human rights. Nancy Tomee, a Pokot girl from Kenya found the courage to say no to FGM when she was 13. Nancy's courage to resist the practice has changed her life. She graduated from high school this year and is a powerful advocate and role model for other girls.

Ending FGM is part of the UN's unwavering campaign for the health, human rights and empowerment of women and girls. We salute the girls and women who have fought against FGM and reclaimed their bodies. We now need them to be the norm rather than the exception. With your help and with your support, and with this campaign, we will succeed.

And I count on your strong engagement and commitment. Thank you

## [\*\*The Global Gender Gap Report 2014\*\*](#)

World Economic Forum - Insight Report  
October 2014 :: 395 pages

PDF

RICARDO HAUSMANN, Harvard University  
LAURA D. TYSON, University of California, Berkeley  
YASMINA BEKHOUCHE, World Economic Forum  
SAADIA ZAHIDI, World Economic Forum

*Through the Global Gender Gap Report 2014, the World Economic Forum quantifies the magnitude of gender-based disparities and tracks their progress over time. While no single measure can capture the complete situation, the Global Gender Gap Index presented in this Report seeks to measure one important aspect of gender equality: the relative gaps between women and men across four key areas: health, education, economy and politics.*

[Excerpt from introductory content]

The Global Gender Gap Index was first introduced by the World Economic Forum in 2006 as a framework for capturing the magnitude of gender-based disparities and tracking their progress. This year is the 9th edition of the Index, allowing for time-series analysis on the changing patterns of gender equality around the world and comparisons between and within countries.

The Index benchmarks national gender gaps on economic, political, education and health criteria, and provides country rankings that allow for effective comparisons across regions and income groups. The rankings are designed to create greater awareness among a global audience of the challenges posed by gender gaps and the opportunities created by reducing them. The methodology and quantitative analysis behind the rankings are intended to serve as a basis for designing effective measures for reducing gender gaps.

...This year's country analysis includes more detailed information on country performance over time, particularly for those countries that have been included in the Index since 2006. Next, we provide information on the key trends that can be observed through almost a decade of data for the 111 countries that have been covered since the first Index, by analysing data along issue, income and regional lines. The fourth part of this chapter lays out the latest research on the benefits of gender equality, including links between gender gaps and the economic performance of countries. In the fifth and final part, we provide information on the policy and business implications of the gender gap and the best practices currently in use for addressing it.

The Country Profiles contained in Part 2 of this Report give a more detailed picture of the relative strengths and weaknesses of each country's performance compared with that of other nations and relative to its own past performance. The first page of each profile contains key demographic and economic indicators as well as detailed information on the country's performance in 2014, including a comparison within its income group. The second page of the Country Profiles shows the trends between 2006 and 2014 on the overall Index and four subindexes, as well as over 50 gender-related variables that provide a fuller context for the country's performance. These variables include information on employment & leadership; science, technology and research; health; marriage and childbearing; the childcare ecosystem; and information on rights and norms.

**Human population reduction is not a quick fix for environmental problems**

Corey J. A. Bradshaw<sup>1</sup> and Barry W. Brook

Author Affiliations

Edited by Paul R. Ehrlich, Stanford University, Stanford, CA, and approved September 15, 2014  
*PNAS - Proceedings of the National Academy of Sciences of the United States of America* (Accessed 1 November 2014) <http://www.pnas.org/content/early/>

### *Significance*

The planet's large, growing, and over-consuming human population, especially the increasing affluent component, is rapidly eroding many of the Earth's natural ecosystems. However, society's only real policy lever to reduce the human population humanely is to encourage lower per capita fertility. How long might fertility reduction take to make a meaningful impact? We examined various scenarios for global human population change to the year 2100 by adjusting fertility and mortality rates (both chronic and short-term interventions) to determine the plausible range of outcomes. Even one-child policies imposed worldwide and catastrophic mortality events would still likely result in 5–10 billion people by 2100. Because of this demographic momentum, there are no easy ways to change the broad trends of human population size this century.

### *Abstract*

The inexorable demographic momentum of the global human population is rapidly eroding Earth's life-support system. There are consequently more frequent calls to address environmental problems by advocating further reductions in human fertility. To examine how quickly this could lead to a smaller human population, we used scenario-based matrix modeling to project the global population to the year 2100. Assuming a continuation of current trends in mortality reduction, even a rapid transition to a worldwide one-child policy leads to a population similar to today's by 2100. Even a catastrophic mass mortality event of 2 billion deaths over a hypothetical 5-y window in the mid-21st century would still yield around 8.5 billion people by 2100. In the absence of catastrophe or large fertility reductions (to fewer than two children per female worldwide), the greatest threats to ecosystems—as measured by regional projections within the 35 global Biodiversity Hotspots—indicate that Africa and South Asia will experience the greatest human pressures on future ecosystems. Humanity's large demographic momentum means that there are no easy policy levers to change the size of the human population substantially over coming decades, short of extreme and rapid reductions in female fertility; it will take centuries, and the long-term target remains unclear. However, some reduction could be achieved by midcentury and lead to hundreds of millions fewer people to feed. More immediate results for sustainability would emerge from policies and technologies that reverse rising consumption of natural resources.

### **Children of the Recession: The impact of the economic crisis on child well-being in rich countries**

Innocenti Report Card 12 – 2014 :: 48 pages :: ISBN 978-88-6522-030-6

Fanjul, Gonzalo

A new UNICEF report shows that 2.6 million children have sunk below the poverty line in the world's most affluent countries since 2008, bringing the total number of children in the developed world living in poverty to an estimated 76.5 million.

As the data in this new edition of the Innocenti Report Card series show, in the past five years, rising numbers of children and their families have experienced difficulty in satisfying their most basic material and educational needs. Most importantly, the Great Recession is about to trap a generation of educated and capable youth in a limbo of unmet expectations and lasting vulnerability. League Tables, the flagship tool of the Innocenti Report Card series, rank the change, since the onset of the crisis, in the poverty levels of children and the impact of the recession on youth. The Report also explores the effects of the recession on youth seeking to enter or remain in the labour force in the middle of a recession.

The report ranks 41 countries in the OECD and the European Union according to whether levels of child poverty have increased or decreased since 2008. It also tracks the proportion of 15-24 year-olds who are not in education, employment or training (NEET). The report includes Gallup World Poll data on people's perceptions of their economic status and hopes for the future since the recession began. While early stimulus programmes in some countries were effective in protecting children, by 2010 a majority of countries pivoted sharply from budget stimulus to budget cuts, with negative impact on children, particularly in the Mediterranean region.

"Many affluent countries have suffered a 'great leap backwards' in terms of household income, and the impact on children will have long-lasting repercussions for them and their communities," said Jeffrey O'Malley, UNICEF's Head of Global Policy and Strategy.

[Download Report Card 12 Children of the Recession: The impact of the economic crisis on child well-being in rich countries](#)

[French](#) [Italian](#) [Spanish](#)

### **Report: [State of the African Farmer](#)**

Heifer International and contributors

October 2014 :: 140 pages

PDF: <http://www.heifer.org/join-the-conversation/blog/2014/October/state-of-the-african-farmer.html>

In this report, Heifer and other respected contributors go beyond the numbers and data to discuss the farmer as a person, engaging in agriculture, faced daily with both opportunities and challenges. Contributors include Christian Aid & Catholic Agency for Overseas Development, The United Nations Food and Agriculture Organization, Grameen Foundation, International Development Research Centre, Lutheran World Relief, Michigan State University, ONE and Winrock International.

*[Excerpt]*

#### **CONCLUSION AND RECOMMENDATIONS**

#### **THE WAY FORWARD**

**CONTRIBUTOR - Pierre U. Ferrari is President and CEO of Heifer International.**

The role of agriculture and smallholder farming in the African economy is critical. Agriculture is the sector from which the majority of Africa's populations draw their livelihoods. A robust and highly productive agricultural sector will undoubtedly increase food availability and lower food costs, which translates to food security. Incomes of farm households will increase, impacting poverty rates. Economically speaking, this will in turn stimulate demand for non-farm goods and services, which is a multiplier effect on the broader national economy. In many African countries, this, however, remains an ideal and an aspiration.

The current reality is that food production continues to lag behind fast population growth, which is expected to double by 2050.<sup>1</sup> Farm productivity is still low. An aging population dominates African smallholder agriculture, though Africa has the youngest population in the world. There is massive youth urban migration and an increasing disregard of farming as an enterprise. This has negative implications for the adoption and sustainability of new agricultural approaches.

Women farmers, who are by far the majority, remain on the periphery of most policy initiatives. Research and technological uptake is still the lowest in the world. There are still huge funding gaps for agricultural development. Livestock, despite being a major component of the asset portfolio of most smallholders and playing a key role in crop production, is largely underfunded. Land access continues to be a challenge for many smallholder farmers, especially

women and youth. Market access and participation in the entire commodity value chain needs both policy and strategic intervention. There is a need to resolve it in a manner that balances political, social and economic imperatives.

There is hope, however, that Africa's agricultural potential will be realized. The political will behind the Comprehensive Africa Agriculture Development Programme (CAADP) is a firm foundation for future development. By committing 10 percent of their annual national budgets to funding agriculture, Africa's leaders have taken responsibility and initiative to mobilize their own resources to finance agriculture. External resources are also being mobilized around this commitment.

Much more needs to be done to achieve this goal, but an important beginning has been made. By 2013, 34 African countries had signed the CAADP compacts, while 30 of these had developed formal national agriculture and food security investment plans, which have become their medium term expenditure frameworks for agriculture. The net effect has been improved agricultural planning. On average, public agricultural spending has risen by 7 percent per annum across Africa since 2003. Annual agricultural GDP growth has averaged 4 percent since 2003. However, on a country-by-country basis, the picture is less promising. Fewer than 10 countries have achieved or exceeded the 10 percent annual budget expenditure on agriculture. Only 10 countries have succeeded in realizing 6 percent annual growth in agricultural production. In some countries, agricultural expenditure has actually decreased; in fact, it is estimated that there is an annual shortfall of \$2.9 billion. The 2012 United Nations Millennium Development Goals (MDG) Report states that Africa is 41 percent "off" the first MDG poverty target versus 25 percent in South Asia and 6.1 percent in Latin America.

#### *RECOMMENDATIONS*

The transformation of African smallholder agriculture into a viable commercial enterprise is a multi-stakeholder undertaking. It requires contributions from governments, development partners, multilateral development banks, private sector, financial institutions as well as farmers themselves and community associations. Agricultural support ought to take into account the complex interconnectedness of various factors within the whole gamut of the value chain. For example, Information Communication Technology (ICT) promises to revolutionize agriculture through real time transmission of agricultural information across distances. However, the successful application of ICT depends on other factors that address the rest of the value chain. These include access to inputs, finance and training. There is, therefore, a need for a policy and regulatory framework that is consistent, inclusive and dynamic. The program to transform smallholder farmers from subsistence to commercial farming will not be a short-term process of only a few years; it will be a long haul, taking even decades to become sustainable. A number of key areas are at a critical level of change for smallholder farmers and families in order to improve the status quo:

##### *:: Value Addition*

There is a need to invest in local processing of commodities. This value addition creates employment both at community and national levels. It helps with preservation of perishable products and reduces post-harvest losses.

##### *:: Improvement of Infrastructure*

Poor roads, poor handling and storage facilities and inadequate irrigation infrastructure contribute significantly to both losses and low production. Much of Africa relies on rain-fed agriculture and the development of irrigation systems. Irrigation is a game-changer.

##### *:: Livestock Development*

The majority of smallholder farmers in Africa own and depend on livestock, either as pastoralists, or in integrated/mixed farming. In fact, much of crop production relies on livestock

(draught power, manure); yet government programs favor crop production over livestock. There is need for comprehensive and meaningfully funded plans for livestock production and development, including research, breeding and marketing.

*:: Land*

There is a need to ensure equitable access to land by all smallholder farmers, including women and young people. Beyond access, security of tenure will in turn encourage farmers to make long-term investment decisions. Issues around land have to be resolved in ways that balance social, political and economic demands of communities and countries.

*:: Climate Change*

The devastation in the Sahel is a poignant call to all of Africa to research and plan for both adaptation and mitigation measures. Climate change is a slowly creeping, but deadly disaster. It is a clear threat to humanity and requires urgent attention.

*:: Access to Credit*

Distance, lack of acceptable collateral and the general perception that smallholder farmers are not creditworthy contribute to the inaccessibility of credit, though many small and large scale interventions have dispelled this myth. There is a need to structure and package credit programs that are user-friendly, with farmers' groups and associations being key intermediaries within the lending matrix.

*:: Farmer Associations*

Farmer associations and unions are a major link between farmers and other stakeholders along the value chain. These need to be developed and strengthened as part of the program of transforming smallholder agriculture. The success of the National Smallholder Farmers' Association of Malawi in spearheading the commercialization of smallholder farming is there and is worth replicating across the continent.

*:: Market Access*

Governments in Africa have a responsibility to ensure that smallholder farmers have access to all markets locally, nationally and globally. This calls for the harmonization of agricultural policies with trade policies so that the two are mutually reinforcing and not contradictory.

All in all, the program of transforming smallholder agriculture and general agricultural development should overcome sectoral limits and be part of a broader rural and national economic development agenda. In this regard, off-farm economic activities should be actively pursued in tandem with the agricultural ones as the two are organically linked.

### **Economics of Salt-induced Land Degradation and Restoration**

Qadir, Manzoor, Quillérou, Emmanuel, Nangia, Vinay, Murtaza, Ghulam, Singh, Murari Thomas, Richard J., Drechsel, Pay, Noble, Andrew D.

*Natural Resources Forum - A United Nations Sustainable Development Journal*

*Early View – Accessed 1 November 2014*

*Abstract*

Food security concerns coupled with the scarcity of new productive land have put productivity enhancement of degraded lands back on the political agenda. In such a context, salt-affected lands are a valuable resource that cannot be neglected nor easily abandoned even with their lower crop yields. This is especially true in areas where significant investments have already been made in irrigation and drainage infrastructure. A review of previous studies shows a very limited number of highly variable estimates of the costs of salt-induced land degradation combined with methodological and contextual differences. Simple extrapolation suggests that the global annual cost of salt-induced land degradation in irrigated areas could be US\$ 27.3

billion because of lost crop production. We present selected case studies that highlight the potential for economic and environmental benefits of 'action' to remediate salt-affected lands compared to taking 'no action'. The findings indicate that it can be cost effective to invest in sustainable land management in countries confronting salt-induced land degradation. Such investments in effective remediation of salt-affected lands should form part of a broader strategy for food security, defined in national action plans. This broader strategy is required to ensure identification and effective removal of barriers to the adoption of sustainable land management, including perverse subsidies. While reversing salt-induced land degradation would require several years, interim salinity management strategies could provide a pathway for effective remediation and further showcase the importance of reversing land degradation and rewards of investing in sustainable land management.

### **ICRC: New e-learning module for health-care professionals in armed conflict and other emergencies**

30 October 2014

A new e-learning module, specifically designed to help health-care personnel understand the effects of violence on health care, their own rights and responsibilities and ethical dilemmas they may face in armed conflicts and other emergencies, was announced by the International Committee of the Red Cross (ICRC).

"Health Care in Danger" is an ICRC-led project "aimed at improving the efficiency and delivery of impartial health care in armed conflict and other emergencies." The International Council of Nurses, the World Medical Association, the International Pharmaceutical Federation, and the International Committee on Military Medicine have joined the project to contribute their expertise and to promote its aims among their members.

The module is intended for all professionals involved in the delivery of health care, whether civilian or military, including doctors, nurses, pharmacists, drivers and hospital administrators.

In addition to producing a number of written and audiovisual documents on the issue of violence against patients and health-care workers, the ICRC is working with the partners to elaborate the ethical principles that must serve as a guide for health-care personnel in conflict situations....

Visit the e-learning module: [www.healthcareindanger.org/elearning](http://www.healthcareindanger.org/elearning)

### **EBOLA/EVD** [to 1 November 2014]

#### **WHO: Ebola Virus Disease (EVD)**

**Situation report - 31 October 2014** 'WHO Roadmap'

#### **HIGHLIGHTS**

- :: There have been 13,567 reported Ebola cases in eight affected countries since the outbreak began, with 4,951 reported deaths.
- :: Intense transmission continues in Guinea, Liberia and Sierra Leone.
- :: All 83 contacts of the health-care worker infected in Spain have completed the 21-day follow-up period.

### **WHO updates personal protective equipment guidelines for Ebola response**

31 October 2014

*[Excerpt from news release]*

As part of WHO's commitment to safety and protection of healthcare workers and patients from transmission of Ebola virus disease, WHO has conducted a formal review of personal protective equipment (PPE) guidelines for healthcare workers and is updating its guidelines in context of the current outbreak.

#### *About the PPE guidelines*

These updated guidelines aim to clarify and standardize safe and effective PPE options to protect health care workers and patients, as well as provide information for procurement of PPE stock in the current Ebola outbreak. The guidelines are based on a review of evidence of PPE use during care of suspected and confirmed Ebola virus disease patients.

The Guidelines Development Group convened by WHO included participation of a wide range of experts from developed and developing countries, and international organizations including the United States Centers for Disease Control and Prevention, Médecins Sans Frontières, the Infection Control Africa Network and others.

"These guidelines hold an important role in clarifying effective personal protective equipment options that protect the safety of healthcare workers and patients from Ebola virus disease transmission," says Edward Kelley, WHO Director for Service Delivery and Safety. "Paramount to the guidelines' effectiveness is the inclusion of mandatory training on the putting on, taking off and decontaminating of PPE, followed by mentoring for all users before engaging in any clinical care..."

### **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." We present a composite below from the week ending 1 November 2014.

#### *UNMEER External Situation Reports*

UNMEER External Situation Reports are issued daily (excepting Saturday) with content organized under these headings:

- *Highlights*
- *Key Political and Economic Developments*
- *Human Rights*
- *Medical*
- *Logistics*
- *Outreach and Education*
- *Resource Mobilisation*
- *Essential Services*
- *Upcoming Events*

The "Week in Review" will present highly-selected elements of interest from these reports. The full daily report is available as a pdf using the link provided by the report date.

#### [31 October 2014](#) |

##### *Key Political and Economic Developments*

1. World Bank Group President Jim Yong Kim announced in Ghana, Accra, an additional \$100 million funding in its Ebola crisis response to speed up deployment of foreign health workers to the three worst-affected countries in West Africa. The announcement increases the World Bank Group's funding for the Ebola fight over the last three months in Guinea, Liberia and Sierra

Leone to more than \$500 million. This additional financing will help set up a coordination hub in close cooperation with the three countries, the WHO, UNMEER, and other agencies to recruit, train and deploy qualified foreign health workers.

5. A UNDP socio-economic impact study on Guinea has shown that economic growth in the country slowed from 4.5 percent to 2.4 percent.

*Human Rights*

6. The WHO reports that survivors of EVD have not found life easy on the other side. Some in the community brand them as "witches" for surviving and a phenomenon called "post-Ebola syndrome" has been noted in survivors, including a range of symptoms such as visual problems, body aches, headaches and extreme fatigue. The latter is making it difficult to take up their former lives, especially if it involved manual work as farmers, laborers and household managers.

*Medical*

7. Médecins Sans Frontières (MSF) urged caution over claims of a slowdown in EVD transmission in Liberia, saying the apparent drop could be due to poor management of the sick. The number of admissions in MSF's 250-bed Monrovia Ebola centre dropped to around 80 yet mandatory cremation of dead bodies and a poor ambulance and referral system could also be the reason for this.

[30 October 2014 |](#)

*Logistics*

9. WFP plans to provide voice services and internet connectivity to approximately 20 ETUs per country. In addition, Common Security Telecommunications services will be provided for the humanitarian community in 15 locations across Guinea, Liberia and Sierra Leone. ET Cluster also plans to deliver 500 mobile phones to support patients isolated from their families in ETUs.

*Essential Services*

15. New (partial) data on severe acute malnutrition admissions in Liberia for the month of September revealed that a total of 325 severely malnourished children under the age of five from seven counties were admitted to UNICEF-supported integrated management of acute malnutrition treatment sites.

*Attachment and Resources*

OCHA EVD fact sheets and 3Ws for Guinea, Liberia and Sierra Leone (recently updated):  
<http://reliefweb.int/maps>

[29 October 2014 |](#)

*Human Rights*

4. Stigmatisation and discrimination of EVD affected people persists. Burial teams in some parts of Liberia face discrimination as community members want landlords to evict them. There are also concerns that these workers cannot go about their daily activities easily which increases food insecurity threatens livelihoods.

*Medical*

5. The WHO reports that 82 people who had contact with a toddler who died of EVD in Mali are being monitored but no new cases of the disease have yet been reported.

7. Switzerland has approved the testing of an experimental EVD vaccine from GlaxoSmithKline on healthy volunteers, some of whom will be travelling to West Africa as medical staff. The trial will be conducted among 120 volunteer participants at the Lausanne University Hospital, with support from the World Health Organization. The volunteers, who include many medical students, will be monitored for six months to determine both the safety and efficacy of the

vaccine. There is a small control group of volunteers among them who will be given a placebo. Volunteers going into the field will not receive the placebo, for ethical reasons.

9. The WHO has reported that many people in the most affected countries have been unable or too frightened to seek medical care. A shortage of labs capable of handling potentially infected blood samples has also made it difficult to track the outbreak.

#### *Essential Services*

16. UNICEF is re-activating essential immunization efforts to curb vaccine-preventable diseases and is in the process of procuring supplies to ensure infection prevention and control in addition to funding training, outreach and field monitoring.

[28 October 2014 |](#)

#### *Highlights*

:: The UN Secretary-General expressed his concern at the imposition of restrictions applying to healthcare workers who have travelled to the most affected countries.

:: UNMEER ECM's for Guinea and Sierra Leone met with the US Ambassador to the United Nations to discuss the Ebola virus disease (EVD) outbreak response and underscored the criticality of concerted action to bring the crisis under control.

:: UNMEER, in cooperation with the Logistics Cluster, air-lifted 1,050 kg of personal protective equipment (PPE) and body bags from Monrovia to Mali in response to the first confirmed case of EVD in that country.

:: UNMEER has commenced the first regular Conakry-Freetown-Monrovia-Accra flight.

#### *Key Political and Economic Developments*

1. The UN Secretary-General expressed his concern at the recent restrictions put in place in several countries and localities applying to people who have travelled to the most affected countries. These restrictions have put particular pressure on health care workers and those who are on the frontline of the EVD response. The Secretary-General stressed that returning health workers are exceptional people who are giving of themselves for humanity. They should not be subjected to restrictions that are not based on science. Those who develop infections should be supported, not stigmatized. The Secretary-General reiterated that the best way for any country to protect itself from EVD is to stop the outbreak at its source in West Africa. This requires considerable international health care worker support and in return for this support, we have an obligation to look after them.

#### *Essential Services*

18. The results of the WFP mobile vulnerability analysis mapping assessment show that in the most affected areas of Guinea, EVD appears to have compounded an already precarious situation of chronic food insecurity. With harvests well underway, Guinea is entering the time of year when rural households should be consuming more. The country is also approaching the market period for cash crops, which, during normal times, leads to increased incomes in rural areas.

19. International Rescue Committee's president David Miliband says that people in the Ebola affected countries are scared to go to health centers because they think they might catch EVD. He said that the health systems in Liberia and neighboring Sierra Leone in particular have been almost shut down by EVD.

20. Efforts to contain malaria may be jeopardised by the strain on health services caused by the EVD crisis. Dr Fatoumata Nafo-Traoré, who heads the Roll Back Malaria Partnership, noted that in 2012.

[27 October 2014 |](#)

### *Key Political and Economic Developments*

1. The UN Secretary-General hosted a global Town Hall to brief UN staff members on measures being taken to protect them from EVD. He stressed that the UN has an obligation to the affected countries to end the epidemic and, at the same time, an obligation to protect its personnel. He said that with EVD prominent in the media, it is important that our messages are based on facts and evidence, and that we must convey a sense of urgency without inciting panic. Strict protocols are in place in the affected countries to protect UN personnel and prevent further transmission, while UN clinics in the three affected countries are being upgraded.

### *Human Rights*

4. LGBT campaigners in Liberia have reported that homosexual people in the capital Monrovia have been harassed, and physically attacked by others blaming them for the EVD outbreak after some religious leaders in Liberia said EVD was a punishment from God for homosexuality.

### *Medical*

8. The Democratic Republic of Congo could be declared Ebola-free in late November, as its two-month EVD outbreak appears to have come to an end. The WHO reported that all contacts have been traced and monitored, and the last one has now tested negative for EVD. There had been 67 cases and 49 deaths.

9. WHO has set out plans for speeding up development and deployment of experimental EVD vaccines, saying up to 1 million doses could be ready for use in West Africa by the middle of 2015.

11. Mauretania has now closed its border with Mali in response to concerns over the spread of EVD.

### *Essential Services*

18. WFP reported that should the EVD epidemic last another 4-5 months, when farmers begin to prepare their land, planting for the 2015 harvest could be affected.

### 26 October 2014 | Weekly Situational Analysis

2. The health consequences of EVD are severe. Yet the longer the outbreak continues, the greater also will be the economic, social and political cost. Concerns grow as to political and social stability, food security and economic livelihoods across all three of the most affected countries - Guinea, Liberia and Sierra Leone. Isolated riots and demonstrations have occurred, restrictions of movement have increased tensions, farm production is anaemic, and reduced trade and economic activity is leading to job losses, including in the international mining sector and service industries.

3. In response to the worsening situation, countries within the region or linked by major air routes, continue to tighten restrictions on travel to and from the affected countries. This is despite clear statements from the WHO, World Bank and others, that such strategies will not contain the spread of EVD, will hinder the humanitarian response to the crisis, and worsen the economic strain on these now increasingly isolated economies.

7. The WHO has now released estimates of the volunteers and health infrastructure required to meet the goal of 70-70-60. It is acknowledged these needs may shift, and require adjustment overtime, as the crisis evolves. Yet projections are a useful way to characterise the potential scale of the EVD response. Up to 4388 beds may be required in 50 Ebola treatment units (ETUs) across Guinea, Liberia and Sierra Leone. There are currently 1126 (25 per cent) beds already in place. An estimated 28 laboratories (12 are operational) are also required for case confirmation supported by up to 20,000 contact tracing workers. A further 230 teams to ensure safe burials may be required.

8. Perhaps the key gap remains the availability of foreign medical teams to manage and staff ETUs. There are currently firm commitments from teams for only 30 of the 50 ETUs required. Safety is the primary obstacle to filling this gap - EVD has so far claimed the lives of 244 health workers. Steps are urgently being taken to try and make operating in EVD affected countries safer for health workers (and other international volunteers). The European Union has announced a medevac operation for international health workers to be put into action on a case-by-case basis. Appropriate in-country treatment facilities for medical staff are also in development, and well advanced in both Liberia (US military) and Sierra Leone (UK military).

*UNMEER site: Statements*

:: [Statement attributable to the Spokesman for the Secretary-General on restrictions applied to travellers from Ebola-affected countries \(27 October 2014\)](#)

*UNMEER site: Press Releases*

:: [World Bank Group Pledges Additional \\$100 million to Speed New Health Workers to Ebola-stricken Countries \(30 October 2014\)](#)

:: [WFP Engineering and Logistics \(29 October 2014\)](#)

:: [Higher Levels of Food-Related Coping Strategies in Guinea \(29 October 2014\)](#)

:: [UN Secretary-General's remarks to the press with the African Union Commission Chairperson and President of the World Bank \(28 October 2014\)](#)

:: [UN Secretary-General's remarks to the press \(27 October 2014\)](#)

:: [UNMEER presents robust plan to aid swift recovery in Ebola-affected countries \(26 October 2014\)](#)

[The "operational framework" was described in general terms. No document link was provided in the announcement.]

:: [UN Aircraft Flies Medical Supplies For The World Health Organization To Mali \(25 October 2014\)](#)

*UNMEER site: Developments*

:: [Mali confirms its first case of Ebola](#)

24 October 2014 - Mali's Ministry of Health has confirmed the country's first case of Ebola virus disease. The Ministry received positive laboratory results, from PCR testing, on Thursday and

*UNMEER site: News*

[Nabarro urges vigilance as Ebola outbreak shows signs of easing in Liberia](#)

31 October 2014 - New York Encouraging signs that the Ebola epidemic in Liberia is easing must not lead to an easing of the international effort to fight the disease, the Secretary-General's Special Envoy on Ebola told reporters Friday.

[World Bank Group adds \\$100 million to fill a 'critical gap' in the anti-Ebola effort](#)

30 October 2014 - The World Bank Group announced on Thursday that it will allocate an additional \$100 million to the international response to the Ebola outbreak in West Africa, bringing its total in pledges over the past three months to more than \$500 million.

[Sierra Leone: for Ebola survivors the pain goes on](#)

29 October 2014 - As the Ebola outbreak grows and spreads, a small but significant group of people is also growing: the Ebola survivors. Emerging shell-shocked from what one described as a "glimpse of hell", the survivors have not found life easy on the other side of the Ebola ward.

### In the battle against Ebola, resources are mounting

28 October 2014 - As resources mount, progress is being made against the Ebola outbreak in West Africa, but the effort requires more work and even more resources, the UN's man in charge of coordinating the effort to halt the disease said Tuesday.

### Ebola fighter: 'We are on the right track'

27 October 2014 - Monrovia, Liberia The man overseeing international efforts to combat the Ebola outbreak in West Africa said Friday that more resources are needed, but he was confident that the virus would be defeated.

\* \* \* \*

### **:: 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 1 November 2014]**

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

*Selected Meetings*

30 October 2014

SC/11622

#### Amid Unrelenting Violence, Syria's Warring Parties Must Increase Aid Agencies' Access into Hard-to-Reach Areas, Top Relief Official Tells Security Council

The United Nations and its partners continued to deliver life-saving assistance to millions of people in Syria, but much more must be done by the parties to the conflict to ensure rapid, unhindered access to the hardest-to-reach areas, a senior United Nations relief official told the Security Council today.

28 October 2014

SC/11617

#### In Presidential Statement, Security Council Urges States to Bolster Protection, Empowerment of Displaced Women, Girls

The Security Council today urged States, other parties to conflicts and the United Nations system to step up measures to protect and empower displaced women and girls and those facing threats of violent extremism, ahead of a day-long debate on women, peace and security.

*Selected Press Releases*

30 October 2014

SG/SM/16297-WOM/2008

#### Secretary-General Hails Launch of Global Media Campaign to Halt Harmful Practices, 'Our Generation' Must Eradicate Female Genital Mutilation

Following are UN Secretary-General Ban Ki-moon's remarks at the launch of The Guardian's Global Media Campaign to end female genital mutilation, in Nairobi today:

SG/SM/16281

[Concerned about Travel Restrictions on Health Workers in Ebola-Affected States, Secretary-General Says 'We Have an Obligation to Look after Them'](#)

The following statement was issued today by the Spokesman for UN Secretary-General Ban Ki-moon.

**UNICEF** [to 1 November 2014]

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

*Media Releases [selected]*

[UNICEF reaching "forgotten children" in Central African Republic](#)

BANGUI, 31 October 2014 – UNICEF is rushing critical supplies to thousands of children forced to flee their homes in Central African Republic (CAR), amid worsening violence and increased attacks against aid workers.

[#EbolaResponse: Emergency health equipment flown to Guinea under UNICEF-EU partnership](#)

BRUSSELS/ZARAGOZA, Guinea Conakry, 29 October 2014 – A cargo plane transporting 14 ambulance cars took off today from Zaragoza airport in Spain to Guinea Conakry, part of UNICEF's efforts to send in life-saving health equipment to the Ebola-affected country. This is the third cargo airlift funded by a €1 million contribution from the European Commission's Humanitarian Aid budget.

[2.6 million more children plunged into poverty in rich countries during Great Recession](#)

ROME/GENEVA/NEW YORK, 28 October 2014 – A new UNICEF report shows that 2.6 million children have sunk below the poverty line in the world's most affluent countries since 2008, bringing the total number of children in the developed world living in poverty to an estimated 76.5 million

**UNHCR** [to 1 November 2014]

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

*No new digest content identified.*

**UNOCHA** [to 1 November 2014]

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

01 Nov 2014

[China: China is key to shaping future of Global Humanitarian Action: Emergency Relief Coordinator Valerie Amos](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: China, World (Beijing, 31 October 2014): Emergency Relief Coordinator and Under-Secretary-General for Humanitarian Affairs, Valerie Amos, concluding a two-day mission to China today said that the world can learn a great deal from China's experience in building disaster management and response capacity. "We have a very close relationship with China and I have had very useful discussions with Government...

31 Oct 2014

[South Africa: Eastern and Southern Africa Regional Consultation: Vital step in shaping future of humanitarian action: Emergency Relief Coordinator Valerie Amos](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: South Africa (Pretoria, 28 October 2014): Emergency Relief Coordinator and Under-Secretary-General for Humanitarian Affairs, Valerie Amos, concluding a two-day visit to South Africa today said that learning from the experiences of the region will be vital in the global effort to reform humanitarian action. "Humanitarian needs around the world are growing as a result of conflicts, natural disasters and other factors.

27 Oct 2014

[World: Pacific humanitarians meet to strengthen disaster response](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Cook Islands, Fiji, Nauru, Samoa, Solomon Islands, Tonga, Vanuatu, World (Suva, 28 October 2014): Humanitarians from across the Pacific have gathered in Suva today to strengthen disaster response and coordination in the region. More than 120 participants are attending the 7th Pacific Humanitarian Team (PHT) Regional Meeting from 28-30 October 2014. The annual meeting is organized by the United Nations Office for the...

27 Oct 2014

[Iraq: Remarks to the press following joint OCHA-OIC mission to Iraq](#)

Source: UN Office for the Coordination of Humanitarian Affairs, Organisation of Islamic Cooperation Country: Iraq Rashid Khalikov, Director Geneva, Office for the Coordination of Humanitarian Affairs (OCHA) Geneva, 27 October 2014 As delivered I am pleased to tell you about our mission to Iraq with His Excellency Hesham Youssef, Assistant Secretary-General for Humanitarian Affairs for the Organization of Islamic Cooperation. We have just returned from a mission there last week. It lasted...

**UNISDR** UN Office for Disaster Risk Reduction [to 1 November 2014]

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

[South East Europe builds resilience to natural hazards](#)

27 Oct 2014

A new cross-border multi-hazard early warning system will be developed in the Western Balkans and Turkey to increase resilience to floods, landslides, droughts and heat-waves which often hit the region and to build on the lessons learnt from the devastating floods of May 2014.

**WHO & Regionals**

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

- [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Qatar](#) 31 October 2014

- [Human infection with avian influenza A\(H7N9\) virus – China](#) 29 October 2014

**UNAIDS** [to 1 November 2014]

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

[UNAIDS welcomes new indications of effectiveness of antiretroviral medicines in preventing HIV among men who have sex with men](#)

Independent monitoring bodies of two PrEP trials recommend offering antiretroviral medicines to all study participants  
29 October 2014

**UNDP** United Nations Development Programme [to 1 November 2014]

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

01 Nov 2014

[Boosting crisis response and financing key for Africa's continued progress](#)

While an increasing number of Africans are enjoying higher living standards, countries in Sub-Saharan Africa should redouble efforts to ensure crises such as the current Ebola outbreak in West Africa do not reverse development achievements, according to a report released here today during the African Economic Conference.

31 Oct 2014

[Helen Clark: Remarks at the launch of "Towards a Global Partnership for Development: The UN and Mexico's South-South Cooperation"](#)

Mexico City, Mexico

31 Oct 2014

[On visit to Kenya's iHub, UN Secretary-General calls for use of ICT to tackle emerging development challenges](#)

Mobile technologies and the Internet are opening new channels of interaction and can be used for gathering, disseminating and analyzing information, which can accelerate action to protect natural resources, combat climate change and help vulnerable people.

30 Oct 2014

[HIV response in Eastern Europe cannot succeed without civil society](#)

Cooperation between government and civil society is essential in fulfilling the rights of people living with HIV. Rights gaps include breach of confidentiality, stigma and discrimination, and criminalization of the behavior of key populations, concluded an international dialogue today in Tbilisi, Georgia, in which bottlenecks and obstacles to universal access to prevention, treatment and care were addressed.

30 Oct 2014

[UNDP Innovation Summit: Updating Development in Asia-Pacific](#)

The United Nations Development Programme (UNDP) kicked off today a two-day interactive conference on innovative thinking

30 Oct 2014

[Helen Clark: Speech at the 7th Ministerial Forum for Development in Latin America and the Caribbean](#)

Mexico City, Mexico

29 Oct 2014

[Ebola survivors given safety net in Sierra Leone](#)

Solidarity kits are part of the UNDP's response to the Ebola crisis, including food and basic household and personal items to kick-start the survivors' return to a normal life.

28 Oct 2014

[U.S. pledges \\$10 million to UNDP's response to Syria crisis](#)

In her address to the "Conference on the Syrian Refugee Situation – supporting stability in the region," hosted today in the German capital Berlin, United Nations Development Programme (UNDP) Associate Administrator, María Eugenia Casar, argued that the scale and protracted nature of the Syria crisis do not only necessitate more international solidarity, but also a shift in the way the international community collectively addresses its devastating impacts.

27 Oct 2014

[Helen Clark: Keynote Address at the Conrad N. Hilton Humanitarian Prize Dinner: New Partners for a New Development Agenda](#)

Waldorf Astoria Hotel, New York, New York

**UN Division for Sustainable Development** [to 1 November 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 1 November 2014]

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

[Youth leaders join UN Women Civil Society Advisory Group](#)

Date : October 31, 2014

UN Women has appointed three youth representatives from around the world to support its Global Civil Society Advisory Group (GCSAG) in engaging youth on gender equality and women's empowerment. The Advisory Group is a consultative forum composed of 25 civil society professionals who provide their expertise to UN Women's Executive Director on ways to advance gender equality and women's empowerment. Established in 2012, it assists in strengthening UN Women's partnerships...

[UN launches Ebola Gender Mainstreaming Strategy in Sierra Leone](#)

Date : October 30, 2014

To ensure that the needs of women and girls are addressed within the UN's overall response to the devastating Ebola Virus Disease, the United Nations Country Team in Sierra Leone launched an Ebola Gender Mainstreaming Strategy in early October. It includes an Advisory Board whose main task is to advise UNMEER on how to tackle the gender dimensions of Ebola.

[First Global Forum on Youth Policies connects the dots between gender equality and youth](#)

Date : October 30, 2014

"Nothing for youth, without youth" was the clarion call emerging from the First Global Forum on Youth Policies that took place in Baku, Azerbaijan, from 28 to 30 October. The Forum gathered more than 700 participants, including youth leaders, policy experts, UN officials and the largest gathering of ministers and government representatives working on youth issues since the World Conference of Ministers Responsible for Youth in 1998, in Lisbon.

[ITU, UN Women celebrate power of technology to transform women's lives](#)

Date : October 29, 2014

Seven outstanding individuals and organizations that are harnessing the power of information and communication technologies (ICTs) to boost gender empowerment were honoured on 28 October as recipients of the first-ever Gender Equality Mainstreaming–Technology (GEM-TECH) Awards.

[It is time to renew commitments to refugee and displaced women — Phumzile Mlambo-Ngcuka](#)

Date : October 28, 2014

Full Statement of UN Women Executive Director Phumzile Mlambo-Ngcuka at the Security Council Open Debate on Women, Peace and Security, 28 October 2014, in New York.

[Press release: As nature of conflicts change, UN Women urges swifter action to protect targets of violence](#)

Date : October 28, 2014

(New York) With the worst levels of displacement since the Second World War, UN Women Executive Director Phumzile Mlambo-Ngcuka today at the UN Security Council called upon UN Member States to address the violent extremism that is on the rise and threatens the lives and futures of women and girls worldwide.

[Development agenda must protect rights of Muslim women facing new challenges — Lakshmi Puri](#)

Date : October 27, 2014

Statement by UN Women Deputy Executive Director Lakshmi Puri at the Fifth Ministerial Conference of the Organization of Islamic Cooperation (IOC) on Women's Role in Development of IOC Member States, 20-21 October 2014, in Baku, Azerbaijan.

**UNFPA** United Nations Population Fund [to 1 November 2014]

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

31 October 2014 - Press Release

[UNFPA Executive Director concludes Horn of Africa Mission with a pledge to scale up efforts on gender-based violence](#)

UNITED NATIONS, New York, 31 October 2014 -- Dr. Babatunde Osotimehin, Executive Director of UNFPA, the United Nations Population Fund, today concluded a mission to the Horn of Africa with the United Nations Secretary-General, Ban Ki-Moon, and the World Bank President, Dr. Jim Kim. The mission visited Ethiopia, Djibouti, Somalia and Kenya to spotlight the issues that threaten the region's security and development.

28 October 2014 - Dispatch

[Dignity kits meet hygiene needs of displaced women and girls in Iraq](#)

DUHOK, Iraq – In crisis situations, the needs for shelter, food and security are rightly given urgent attention. Yet the specific needs of women and girls are too often overlooked. Some 1.8 million people are internally displaced in Iraq, and a total of 5.2 million people are in need of humanitarian assistance. Among them, women and girls have heightened needs – including a heightened need for protection from gender-based violence and special health and hygiene needs.

**DESA** United Nations Department of Economic and Social Affairs [to 1 November 2014]

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

[Briefing examines sharp appreciation of USD and severe tolls of Ebola](#)

31 October 2014, New York

What are some of the economic effects of the sharp appreciation of the US dollar and the severe Ebola outbreak in West Africa? These are some of the many economic trends across the globe studied in the latest issue of the World Economic Situation and Prospects (WESP) Monthly Briefing released by UN DESA's Development Policy and Analysis Division (DPAD).

[Youth share their voices at UN General Assembly](#)

30 October 2014, New York

Youth unemployment is increasing according to figures from the International Labour Organization (ILO), with almost 73 million young people looking for work worldwide. Recently addressing the UN General Assembly's Third Committee, youth representatives raised the questions of unemployment and underemployment as the biggest problem facing young people around the world today.

**ILO International Labour Organization** [to 1 November 2014]

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

*Disabilities*

[Mental ill-health at the workplace: Don't let stigma be our guide](#)

31 October 2014

Providing support rather than excluding them from the workplace and keeping them forever on benefits is the best way to help workers experiencing mental disorders.

Labour market

[ILO reveals substantial skills mismatch in Europe](#)

29 October 2014

New ILO study calls on governments and social partners in Europe to provide workers with skills that match those demanded by employers.

**FAO** Food & Agriculture Organization [to 1 November 2014]

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

[Poor rains followed by floods likely to worsen Somalia food crisis, experts warn](#)

After a poor rainy season, parts of southern Somalia are now being hit by severe bouts of floods, further aggravating the already alarming food security situation in the Horn of Africa nation, experts at the Food and Agriculture Organization of the UN (FAO) have warned.

31-10-2014

[G-77 countries call for resolve and solidarity in malnutrition battle](#)

Evo Morales Ayma, current chairman of the Group of 77 and President of the Plurinational State of Bolivia, urged an expansive reading of state's duties to guarantee food, land and access to water for all during a speech during a dialogue on nutrition ahead of ICN2.

30-10-2014

[Central African Republic: farming and families hit by insecurity](#)

Widespread looting and insecurity in the Central African Republic have taken a heavy toll on crops, livestock and fishing.

29-10-2014

#### [Four in one – new discovery on pest fruit flies](#)

The so-called Oriental, Philippine, Invasive and Asian Papaya fruit flies, the study shows, all belong to the same biological species, *Bactrocera dorsalis*, which is causing incalculable damage to horticultural industries and food security across Asia, Africa and the Pacific.

28-10-2014

#### [Beyond the International Year of Family Farming](#)

How can governments, farmers organisations and the private sector seize current global momentum and galvanize concrete action in support of family farmers beyond 2014? This is the central question at the two-day Global Dialogue on Family Farming (GDFF), opened at FAO headquarters today.

27-10-2014

#### **UNESCO** [to 1 November 2014]

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

#### [UNESCO Trains Community Radio Broadcasters in Liberia on Ebola Communication](#)

30 October 2014

#### **UNCTAD** [to 1 November 2014]

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

#### [UNCTAD puts spotlight on landlocked developing countries ahead of UN conference in Vienna](#)

31 October 2014

*Meetings in Geneva and New York consider investment in LLDCs and their participation in regional and global commodity value chains.*

As part of its work to support landlocked developing countries, UNCTAD co-hosted an event in New York on commodity value chains as well as two meetings in Geneva on investment in LLDCs. The meetings came amid preparations for the Second United Nations Conference on Landlocked Developing Countries, to be held 3-5 November in Vienna, where UNCTAD will also be co-hosting two events.

#### **WIPO** World Intellectual Property Organization [to 1 November 2014]

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

*No new digest content identified.*

#### **CBD** Convention on Biological Diversity [to 1 November 2014]

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

31 October 2014

#### [Message for World Cities Day](#)

As cities move forward on implementing the agenda under the Convention, they will show that they can lead the way in sustainably using biodiversity and the ecosystem services it underpins,

as the basis for addressing water and food security, disaster risk reduction, climate change mitigation and adaptation, and other key issues.

<http://www.cbd.int/doc/speech/2014/sp-2014-10-31-WCD-en.pdf>

**USAID** [to 1 November 2014]

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

[Study Affirms Impact of USAID Prevention Approach to Crime and Violence in Central America](#)  
October 30, 2014

An impact evaluation released today shows the U.S. Agency for International Development's (USAID) community-based crime and violence prevention programs in Central America help residents feel safer, perceive less crime and murders, and express greater trust in police. The three-year study, considered the gold standard of randomized control trials, was conducted by Vanderbilt University's Latin American Public Opinion Project in Honduras, El Salvador, Guatemala, and Panama.

**DFID** [to 1 November 2014]

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

[UK Minister visits Somalia to promote the rights of women and girls](#)

29 October 2014 DFID Press release

[UK government will match public donations to Ebola appeal](#)

29 October 2014 DFID Press release

**ECHO** [to 1 November 2014]

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

[Speech by Commissioner-elect Stylianides at the Emergency Response Coordination Center](#)

Mon, 27/10/2014 - 16:38

European Commission [Check Against Delivery] Christos Stylianides Commissioner-elect for Humanitarian Aid and Crisis Management Emergency Response Coordination Center Brussels, 27 October 2014

**OECD** [to 1 November 2014]

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

[Women still struggling in labour market in Asia Pacific, says OECD](#)

31 October 2014

Gains in education have helped narrow the gender gap in the labour market in Asia Pacific but many challenges remain, according to a new OECD report.

**African Union** [to 1 November 2014]

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

*No new digest content identified.*

**ASEAN**

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

*No new digest content identified.*

**World Trade Organisation** [to 1 November 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)

*No new digest content identified.*

**IMF** [to 1 November 2014]

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

*No new digest content identified.*

**World Bank** [to 1 November 2014]

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

[World Bank Group Pledges Additional \\$100 million to Speed New Health Workers to Ebola-stricken Countries](#)

ACCRA, October 30, 2014—The World Bank Group announced today an additional \$100 million funding in its Ebola crisis response to speed up deployment of foreign health workers to the three worst-affected countries in West Africa. The announcement increases the World Bank Group's funding for the Ebola fight over the last three months in Guinea, Liberia and Sierra Leone to more than \$500 million. In recent weeks, West African and global development leaders have appealed for a massive coordinated reinforcement of international health teams to the three countries in order to contain the epidemic. The health workers are needed to treat and care for patients, boost local health capacity, manage Ebola treatment centers, and resume essential health services for non-Ebola conditions. Current estimates by the United Nations indicate that about 5,000 international medical, training and support personnel are needed in the three countries over the coming months to respond to the Ebola outbreak,

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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 1 November 2014]

[Amref Health Africa International Health Conference, November 24-26, 2014, Nairobi, Kenya](#)

From November 24-26, Amref Health Africa will be holding its first international conference themed 'From Evidence to Action: Lasting Health Change for Africa' at the Safari Park Hotel in Nairobi, Kenya. The three day...

**Aravind Eye Care System** [to 1 November 2014]

*No new digest content identified.*

**BRAC** [to 1 November 2014]

*No new digest content identified.*

**CARE International** [to 1 November 2014]

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

CARE Staff Safe Amidst Heavy Fighting around Bentiu

SOUTH SUDAN

30 OCTOBER 2014

South Sudan confirms their staffs remain safe as heavy fighting between government and opposition forces continues for a fourth day around the town of Bentiu in Unity state.

CARE International Appoints New Secretary General/CEO

SWITZERLAND

27 OCTOBER 2014

The Chairman of CARE International, Ralph Martens, announced today the appointment of Dr. Wolfgang Jamann as the incoming Secretary General/CEO of CARE International. He is replacing Dr. Robert Glasser who earlier in the year announced his intention to move on from his current position. Dr. Jamann is currently the Secretary General of 'Welthungerhilfe', a leading German aid organization fighting against global hunger and for sustainable food security. He will commence his work at CARE International in March 2015...

**Danish Refugee Council** [to 1 November 2014]

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

DDG clears unexploded ordnance at hospital in Afghanistan (27.10.14)

The Danish Demining Group (DDG) has cleared an area of the Dasht-e Barchi Hospital of unexploded ordnance (UXO) in order to enable construction on the land and the rehabilitation of the maternity ward....

DDG trials Geographic Information System softwares in Afghanistan (27.10.14)

The Danish Demining Group (DDG) is trialing open source Geographic Information System softwares to assist in planning and surveying operations in Afghanistan. This data allows DDG to assess the terrain and surroundings of a minefield making physical surveying easier and to plan operations with a thorough and accurate depiction of the area. This geospatial data is being used in the planning stages of the clearance of Kabul University campus...

**Casa Alianza** [to 1 November 2014]

**Covenant House** [to 1 November 2014]

[Covenant House Awarded \\$1 Million Anonymous Foundation Grant To Support Human Trafficking Survivors](#)

Monday, October 27, 2014 at 2:30 pm

A new, anonymous grant of \$1 million over three years will result in Covenant House New York and LifeWay Network establishing the Aspire Home in New York, a safe house for trafficked youth.

Covenant House New York and LifeWay Network will transform an underutilized property into a therapeutic home with a 10 bed capacity, where these young women can transition from victim to survivor. The home will serve survivors of commercial sexual exploitation and labor and sex trafficking between the ages of 18-24 and offer comprehensive, wrap-around services including mental health and casework services. Survivors can live in the home for up to 18 months. Referrals will be made into through Covenant House New York's main homeless shelter...

**ECPAT** [to 1 November 2014]

*No new digest content identified*

**Fountain House** [to 1 November 2014]

<http://www.fountainhouse.org/blog/fountain-house-receive-15-million-hilton-humanitarian-prize>

[Fountain House to Receive \\$1.5 Million Hilton Humanitarian Prize](#)

... Fountain House to Receive \$1.5 Million Hilton Humanitarian Prize ... has been selected to receive the 2014 Conrad N. Hilton Humanitarian Prize of \$1.5 million. The Conrad N. Hilton Foundation ...

**Handicap International** [to 1 November 2014]

[Berlin Conference: Don't exclude most vulnerable Syrian refugees from humanitarian aid](#)

Posted on October 27, 2014 10:58 AM

Handicap International is calling on States and international organizations attending the Berlin Conference on the Syrian Refugee Situation on October 28, 2014, to ensure that the relief effort is fully inclusive of the most vulnerable people.

"Although people with disabilities, older people, and the sick are at the greatest risk, they find it difficult to access the assistance they need," says Anne Héry, head of advocacy and institutional relations at Handicap International. "Because of the way they operate, international organizations, which deliver general, standardized aid, find it hard to reach them. Vulnerable people caught up in the Syrian crisis—one of the worst ever—must not be forgotten....

**Heifer International** [to 1 November 2014]

[Heifer International Issues 'State of the African Farmer' Report](#)

October 24, 2014 LITTLE ROCK, Ark.

*Report details the important and personal stories of African Farmers*

Heifer International proudly releases its State of the African Farmer report as a contribution to the great debate on agriculture and food security in Africa. It is a compilation of views and

voices of farmers, practitioners, policymakers and academics across Africa and beyond, each speaking from the heart and sharing their experience.

Contributors include Christian Aid & Catholic Agency for Overseas Development, The United Nations Food and Agriculture Organization, Grameen Foundation, International Development Research Centre, Lutheran World Relief, Michigan State University, ONE and Winrock International. [see fuller treatment in *Week in Review* above]

PDF: <http://www.heifer.org/join-the-conversation/blog/2014/October/state-of-the-african-farmer.html>.

### **HelpAge International** [to 1 November 2014]

*No new digest content identified*

### **International Rescue Committee** [to 1 November 2014]

[IRC President David Miliband on The Colbert Report \[VIDEO\]](#)

Posted by The IRC on October 31, 2014

Watch IRC President David Miliband on The Colbert Report talk about our lifesaving work around the world.

### [\*\*A day with Ebola's gravediggers\*\*](#)

Posted by The IRC on October 30, 2014

The IRC's Alicia Fitzpatrick reports from King Tom Cemetery in Freetown, currently one of the two sites of all burials in the capital of Sierra Leone

### [\*\*Ebola: Meet an aid worker on the front lines in West Africa \[VIDEO\]\*\*](#)

Posted by The IRC on October 27, 2014

Emmanuel Boyah is the IRC's primary health manager in Liberia. On a daily basis he confronts the harsh reality of the Ebola outbreak in hard-hit Lofa County

### **ICRC - International Committee of the Red Cross** [to 1 November 2014]

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

[Lack of resources for prisons is having a severe impact on the lives of millions of detainees](#)

Statement : 28 October 2014

*Annual Conference of the International Corrections and Prisons Association (ICPA), statement by Peter Maurer, ICRC president, Windhoek, Namibia, 27 October 2014.*

I am very grateful for the opportunity to address you here today. It is the first time that a President of the International Committee of the Red Cross (ICRC) speaks at the ICPA Annual Conference and therefore a very special moment for my organisation and for myself. I would like to use the time available to explore how we can both -the ICRC and the prisons and corrections professionals - work even closer together in future....

### [\*\*Ethiopia: Enhanced emergency response in Gambella\*\*](#)

With the conflict in South Sudan prompting civilians to seek refuge in Ethiopia, and intercommunal violence generating internal displacement in different parts ...

31-10-2014 | News release

[Ukraine crisis: Striving to reach people in need](#)

Despite the ceasefire in eastern Ukraine, acts of indiscriminate shelling and security incidents continue to put civilians at risk. The approaching winter makes ...

31-10-2014 | News release

[ICRC president completes talks with African Union and Ethiopian leaders](#)

Addis Ababa/Geneva (ICRC) – Peter Maurer, president of the International Committee of the Red Cross (ICRC), today concluded a three-day ...

31-10-2014 | News release

[Armenia: Scholars discuss current challenges of humanitarian action](#)

Yerevan (ICRC) – Some 50 specialists of international law, researchers and representatives of the international community, the Armenian ...

31-10-2014 | News release

[Bangladesh: First national seminar on cricket for the physically disabled](#)

Dhaka (ICRC) – Disabled cricketers, coaches, officials, physiotherapists and other interested persons were informed about cricket for ...

31-10-2014 | News release

[New e-learning module for health-care professionals Geneva \(ICRC\)](#)

A new e-learning module, specifically designed to help health-care personnel understand the effects of violence on health care, their own ...

30-10-2014 | News release

[Namibia: Prison chiefs from around the world seeking better conditions for detainees](#)

At the annual conference of the International Corrections and Prisons Association, which is being held in Windhoek from 26 to ...

29-10-2014 | News release

[Afghanistan: Protecting medical services remains as important as ever](#)

As the conflict in Afghanistan continues to take a heavy toll on civilians, the ICRC is carrying on with its work to improve the protection ...

28-10-2014 | News release

**IRCT** [to 1 November 2014]

[Middle East and North African IRCT members discuss response to the many challenges facing the region](#)

31-10-2014

Twelve members of the International Rehabilitation Council for Torture Victims (IRCT) Middle East and North Africa (MENA) region, and two observers from Sudan and Iraq, will meet in Jordan for their annual regional meeting from 3-6 November 2014, in coordination with the King Hussein Foundation (KHF).

The meeting will address the paradigm change in response to the many challenges and conflicts the region faces, particularly the ongoing Syrian refugee crisis.

The Regional meeting of the IRCT, a Copenhagen-based umbrella organisation that supports the rehabilitation of torture victims and the prevention of torture across more than 140

rehabilitation centres worldwide, will be launched under the patronage of Her Majesty Queen Noor Al Hussein, Founder and Chair of King Hussein and Noor Al Hussein Foundations.

**MSF/Médecins Sans Frontières** [to 1 November 2014]

Press release

[Outdated Policies, Critical Gaps Fueling Global Drug-Resistant TB Crisis](#)

October 30, 2014

BARCELONA/NEW YORK—Outdated policies and practices and critical gaps in care for drug-resistant [tuberculosis](#) (DR-TB) are fueling a worldwide public health crisis, said the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) in a new report, *Out of Step*, released today at the 45th Union World Conference on Lung Health.

Press release

[MSF Begins Malaria Program in Ebola-Ravaged Monrovia, Liberia](#)

October 30, 2014

PARIS/NEW YORK—In order to address a deeply troubling but little-known consequence of the [Ebola](#) outbreak in West Africa, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) has begun distributing antimalarial medicines in Monrovia, Liberia, a crucial medical intervention in a city where the basic health care system has collapsed in recent months.

Press release

[October 29 Statement on Regulations for Health Care Workers Returning From West Africa](#)

October 29, 2014

Doctors Without Borders/Médecins Sans Frontières (MSF) strongly disagrees with blanket forced quarantine for health care workers returning from Ebola affected countries. Such a measure is not based upon established medical science.

Kaci Hickox has carried out important, lifesaving work for MSF in a number of countries in recent years, and we are proud to have her as a member of our organization. MSF respects Kaci's right as a private citizen to challenge excessive restrictions being placed upon her.

Press release

[Ebola: Quarantine Can Undermine Efforts to Curb Epidemic](#)

October 27, 2014

NEW YORK—Forced quarantine of asymptomatic health workers returning from fighting the [Ebola](#) outbreak in West Africa is not grounded on scientific evidence and could undermine efforts to curb the epidemic at its source, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) said today.

Diligent health monitoring of returnees from Ebola-affected countries is preferable to coercive isolation of asymptomatic individuals.

**Mercy Corps** [to 1 November 2014]

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

[Heavy fighting in South Sudan disrupts Mercy Corps humanitarian operations](#)

South Sudan, October 31, 2014

Mercy Corps staff are safe despite renewed heavy fighting in Bentiu

Bentiu, South Sudan – The global humanitarian agency Mercy Corps has temporarily curtailed its humanitarian operations in Bentiu, the capital of Unity State in South Sudan, as widespread fighting erupted this week. Mercy Corps staff have had to seek safety in United Nations bunkers to escape intense gunfire and shelling...

[USAID, Skoll Foundation and Grand Challenges Canada announce joint investment in VisionSpring](#)

October 27, 2014

Washington, D.C. – The U.S. Agency for International Development (USAID), the Skoll Foundation, and Grand Challenges Canada announced today a joint investment in VisionSpring, a pioneering social enterprise, to scale up their innovative business model for providing affordable and appropriate eyeglasses and vision care to people living at the base of the economic pyramid.

**Operation Smile** [to 1 November 2014]

*Upcoming Mission Schedule*

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 1 November 2014]

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

[Ebola: Oxfam warns on gaps in the number of laboratories and more foreign medical teams are needed](#)

31 October 2014

Today (Friday 31st October) marks the half way point in the UN's Ebola response plan for West Africa which aims to bring the outbreak under control by the end of November. Since October 1st, we have seen some positive and encouraging steps. For example, pledges have reached almost \$1 billion and several nations have offered military and other support.

[Chocolate companies offer "mixed-bag" on women's rights](#)

31 October 2014

Leading chocolate companies Mars, Mondelez International and Nestle have made some progress on their 2013 promises to improve gender equality in their cocoa supply chains but significant gaps still remain, according to an independent evaluation published today.

[Number of billionaires doubles since financial crisis as inequality spirals out of control](#)

29 October 2014

Rising inequality could set the fight against poverty back by decades, Oxfam warned today as it published a new report showing that the number of billionaires worldwide has more than doubled since the financial crisis.

[Mistrust and confusion are allowing Ebola to thrive in West Africa](#)

27 October 2014

Mistrust, rumor and myths about the origin and spread of Ebola are allowing the disease to thrive, the aid agency Oxfam is warning.

**Partners In Health** [to 1 November 2014]

*No new digest content identified.*

**PATH** [to 1 November 2014]

[Positive clinical results indicate vaccine candidate is highly efficacious against bacterial diarrhea](#)

Press release | October 27, 2014

Vaccine/adjvant combination against a leading cause of bacterial diarrhea shows great promise for saving children's lives

**Plan International** [to 1 November 2014]

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

[What Ebola and icebergs have in common](#)

29/10/2014

Today, Ebola is to the world what the iceberg was to Titanic, blogs Plan's West Africa Regional Director, Adama Coulibaly.

[Encounters during the Ebola awareness campaign](#)

27/10/2014

Young people are taking action across West Africa to fight the Ebola outbreak. Saatah, a 16-year-old Plan volunteer from Liberia, blogs about her experiences in affected villages.

**Save The Children** [to 1 November 2014]

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

[Mandatory Quarantines in N.J., N.Y. and Ill. May Hinder Ebola Response Efforts, says Save the Children Media Contact](#)

Phil Carroll 267.992.6356

FAIRFIELD, Conn. (Oct. 26, 2014) — While we respect the decisions of New Jersey Gov. Chris Christie, New York Gov. Andrew Cuomo and Illinois Gov. Pat Quinn to order a mandatory, 21-day quarantine for all doctors and other travelers who have had contact with Ebola victims in West Africa, we caution that decisions made at this level should be rooted in science and not motivated by fear. Combatting this epidemic requires the assistance of thousands of additional health workers, and this decision has the potential of discouraging gravely needed personnel from deploying to the region. The best way to keep people safe from the virus worldwide is by stopping it at the source: in West Africa. To do that we need people to be able to deploy to help, and we need officials to take that into consideration when they restrict travel or impose quarantines.

Here at Save the Children, staff who return from the region are asked to undergo an in-country risk assessment process to categorize their level of exposure to Ebola. Upon their return, all staff will be monitored in accordance with current CDC guidelines. A decision about when they can return to work will be made on a case-by-case basis. At this time, no

international Save the Children staff have any exposure, during the course of their official duties, to patients who have been confirmed to have Ebola Virus Disease. We need to ensure that staff who volunteer to do the noble work of serving those affected by this disease in West Africa do not fear stigmatization or discrimination upon their return home.

**SOS-Kinderdorf International** [to 1 November 2014]

[Sustainable help one year after Typhoon Haiyan](#)

30.10.2014 - "We've already gone past the relief stage," says Oscar Garol, Village Director of SOS Children's Village Tacloban. "Right now, we're focusing on giving help that goes beyond dole-outs, to giving help that can really make an impact for the people of Tacloban."

[Liberia SOS Medical Centre Ebola death](#)

26.09.2014 - The SOS Children's Villages community has suffered a second, tragic loss as a result of the Ebola virus. Monrovia medical centre was closed for one week as precaution; closest co-workers remain under observation.

**Tostan** [to 1 November 2014]

*No new digest content identified.*

**Women for Women International** [to 1 November 2014]

*No new digest content identified.*

**WorldVision** [to 1 November 2014]

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

*No new digest content identified.*

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**EHLRA/R2HC** [to 1 November 2014]

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

*No new digest content identified*

**END Fund**

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

*No new digest content identified*

**GAVI** [to 1 November 2014]

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

[Pentavalent vaccine introductions represent historic milestone for immunisation in India](#)

01 November 2014

Rollouts in Madhya Pradesh and Rajasthan start two-phase process which will add 5-in-1 vaccine to routine immunisation programmes in every Indian state.

**Global Fund** [to 1 November 2014]

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

[Johannes Hunger Appointed as Head of Strategic Information](#)

31 October 2014

The Global Fund to Fight AIDS, Tuberculosis and Malaria announced the appointment of Johannes Hunger, an expert on strategic and policy planning in global health, as Head of Strategic Information.

Mr. Hunger now leads the Global Fund team that coordinates reporting and analysis of results, and provides strategic direction on impact modelling and assessment, cost-effectiveness, and demand forecast. In his new position, starting 27 October, Mr. Hunger also oversees monitoring of the Global Fund's key performance indicators related to impact...

**ODI** [to 1 November 2014]

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

*No new digest content identified.*

**The Sphere Project** [to 1 November 2014]

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

*No new digest content identified.*

**Start Network** [Consortium of British Humanitarian Agencies] [to 1 November 2014]

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

[Talent Development Project to launch next week in East Africa](#)

October 30, 2014

We are thrilled to announce that the DEPP project Talent Development: Building national and regional capacity in the humanitarian sector will launch in Kenya on November 7th.

The launch will be marked by an opening event in Kenya for a group of key stakeholders including Start Network members and other local and national humanitarian organisations. It will be followed by another launch event in Ethiopia on November 10th. Kenya and Ethiopia are key focus areas for this project, which will eventually be rolled out across three regions, including Jordan and Bangladesh.

Talent Development is one of the projects from the Start Build portfolio that forms part of the DFID Disaster and Emergencies Preparedness Programme (DEPP). This is a ground-breaking three-year programme that will invest £40m to improve the quality and speed of humanitarian response in countries at risk of natural disaster or conflict related humanitarian emergencies. It will do this by increasing and strengthening the capacity of the humanitarian system, with a focus on local humanitarian workers at the national level. The DEPP has identified networks critical to developing preparedness capacity, pre-selecting the Start Network and CDAC Network to deliver the majority of the DEPP programme...

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

*Beginning 1 November 2014, we will monitor media releases announcing key initiatives and new research from a growing number of global foundations and donors engaged in the human rights, humanitarian response and development spheres of action. This Watch section is not intended to be exhaustive, but indicative.*

#### **BMGF (Gates Foundation)**

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

*No new digest content identified.*

#### **Ford Foundation**

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

*No new digest content identified.*

#### **William and Flora Hewlett Foundation**

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

*No new digest content identified.*

#### **Conrad N. Hilton Foundation**

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

October 28, 2014

[Fountain House/ Clubhouse International Receives \\$1.5 Million Conrad N. Hilton Humanitarian Prize](#)

#### **Kellogg Foundation**

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

*No new digest content identified.*

#### **MacArthur Foundation**

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

*No new digest content identified.*

#### **David and Lucile Packard Foundation**

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

*No new digest content identified.*

#### **Rockefeller Foundation**

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

*No new digest content identified.*

#### **Robert Wood Johnson Foundation**

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

[United Way of Northern New Jersey and Partners Help Youth Thrive with RWJF Grant](#)

October 29, 2014 | News Release

United Way of Northern New Jersey, along with partners, are working to promote school culture and address mental health needs in 17 northern New Jersey public schools following Hurricane Sandy.

### **Wellcome Trust**

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

[Wellcome Trust appoints Simon Chaplin as new Director of Culture & Society](#) The Wellcome Trust is today pleased to announce the appointment of Dr Simon Chaplin as Director of Culture & Society. Dr Chaplin, who was previously Head of the Wellcome Library, succeeds Clare Matterson, who took on the new role of Director of Strategy earlier this month. 29 October 2014.

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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 1 November 2014)

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

### ***Research article***

#### **Can a community health worker and a trained traditional birth attendant work as a team to deliver child health interventions in rural Zambia?**

Kojo Yeboah-Antwi, Davidson H Hamer, Katherine Semrau, Karen Z Waltensperger, Gail Snetro-Plewman, Chilobe Kambikambi, Amon Sakala, Stephen Filumba, Bias Sichamba, David R Marsh  
BMC Health Services Research 2014, 14:516 (27 October 2014)

### ***Abstract***

#### **Background**

Teaming is an accepted approach in health care settings but rarely practiced at the community level in developing countries. Save the Children trained and deployed teams of volunteer community health workers (CHWs) and trained traditional birth attendants (TBAs) to provide essential newborn and curative care for children aged 0–59 months in rural Zambia. This paper assessed whether CHWs and trained TBAs can work as teams to deliver interventions and ensure a continuum of care for all children under-five, including newborns.

#### **Methods**

We trained CHW-TBA teams in teaming concepts and assessed their level of teaming prospectively every six months for two years. The overall score was a function of both teamwork and taskwork. We also assessed personal, community and service factors likely to influence the level of teaming.

#### **Results**

We created forty-seven teams of predominantly younger, male CHWs and older, female trained TBAs. After two years of deployment, twenty-one teams scored “high”, twelve scored “low,” and fourteen were inactive. Teamwork was high for mutual trust, team cohesion, comprehension of team goals and objectives, and communication, but not for decision making/planning. Taskwork was high for joint behavior change communication and outreach services with local health workers, but not for intra-team referral. Teams with members residing within one hour’s walking distance were more likely to score high.

#### **Conclusion**

It is feasible for a CHW and a trained TBA to work as a team. This may be an approach to provide a continuum of care for children under-five including newborns.

## **BMC Infectious Diseases**

(Accessed 1 November 2014)

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

[No new relevant content]

## **BMC Medical Ethics**

(Accessed 1 November 2014)

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

[No new relevant content]

## **BMC Public Health**

(Accessed 1 November 2014)

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

### **Research article**

#### **The double burden household in sub-Saharan Africa: maternal overweight and obesity and childhood undernutrition from the year 2000: results from World Health Organization Data (WHO) and Demographic Health Surveys (DHS)**

Janet M Wojcicki BMC Public Health 2014, 14:1124 (31 October 2014)

*Abstract* (provisional)

### **Background**

Previous studies have characterized an increasing trend of double burden households, or households with individuals experiencing both undernutrition and obesity, in countries undergoing a nutrition transition. Although most prior studies indicate the prevalence of double burden households is highest in middle-income countries, there is some support for an increase in double burden households in sub-Saharan African countries as well.

### **Method**

Using data from the Demographic Health Surveys (DHS) and the World Health Organization (WHO), the prevalence of double burden households in sub-Saharan African countries was calculated and the associations between prevalence of overweight/obese adults and underweight, stunted and wasted children were evaluated at the country level. Restricted analyses and frequencies were calculated using urban-only datasets. Surveys from 28 African countries were available using WHO data and 26 from the DHS surveys. Only surveys that were conducted after 2000 were included in analyses.

### **Results**

Using the WHO datasets, there were inverse associations between the prevalence of overweight and obesity in adults and underweight, stunting and wasting in children. Correspondingly, there were positive associations between adult underweight and child underweight, stunting and wasting. These associations were not significant in a smaller sample size using urban-only surveys. The prevalence of double burden households in DHS datasets was low: under 5 percent for obese mothers and underweight, stunted or wasted child pairs with a slightly higher percentage for overweight mothers and children with undernutrition. Restricting the analysis to urban only populations did not increase the frequencies of double burden households significantly.

### **Conclusion**

There was a low prevalence of double burden households in recent data from sub-Saharan Africa. Countries that have a high prevalence of child undernutrition correspondingly have a high prevalence of adult underweight and low prevalence of adult overweight and obesity.

## **BMC Research Notes**

(Accessed 1 November 2014)

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

[No new relevant content]

## **British Medical Journal**

01 November 2014(vol 349, issue 7981)

<http://www.bmjjournals.org/content/349/7981>

[New issue; No relevant content]

## **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 11, November 2014, 773-848

<http://www.who.int/bulletin/volumes/92/11/en/>

### **[Achieving compliance with the International Health Regulations by overseas territories of the United Kingdom of Great Britain and Northern Ireland](#)**

Esther L Hamblion, Mark Salter, Jane Jones & on behalf of the UK Overseas Territories and Crown Dependencies IHR Project Group

doi: 10.2471/BLT.14.137828

*Abstract* [HTML] [Article \[HTML\]](#) [Article pdf, 1.39Mb](#)

The 2005 International Health Regulations (IHR) came into force for all Member States of the World Health Organization (WHO) in June 2007 and the deadline for achieving compliance was June 2012. The purpose of the IHR is to prevent, protect against, control – and provide a public health response to – international spread of disease. The territory of the United Kingdom of Great Britain and Northern Ireland and that of several other Member States, such as China, Denmark, France, the Netherlands and the United States of America, include overseas territories, which cover a total population of approximately 15 million people. Member States have a responsibility to ensure that all parts of their territory comply with the IHR. Since WHO has not provided specific guidance on compliance in the special circumstances of the overseas territories of Member States, compliance by these territories is an issue for self-assessment by Member States themselves. To date, no reports have been published on the assessment of IHR compliance in countries with overseas territories. We describe a gap analysis done in the United Kingdom to assess IHR compliance of its overseas territories. The findings and conclusions are broadly applicable to other countries with overseas territories which may have yet to assess their compliance with the IHR. Such assessments are needed to ensure compliance across all parts of a Member States' territory and to increase global health security.

### ***LESSONS FROM THE FIELD***

#### **[Establishing an early warning alert and response network following the Solomon Islands tsunami in 2013](#)**

Augustine Bilve, Francisco Nogareda, Cynthia Joshua, Lester Ross, Christopher Betcha, Kara Durski, Juliet Fleischl & Eric Nilles

doi: 10.2471/BLT.13.133512

*Abstract* [HTML] [Article \[HTML\]](#) [Article pdf, 1.0](#)

Problem

On 6 February 2013, an 8.0 magnitude earthquake generated a tsunami that struck the Santa Cruz Islands, Solomon Islands, killing 10 people and displacing over 4700.

Approach

A post-disaster assessment of the risk of epidemic disease transmission recommended the implementation of an early warning alert and response network (EWARN) to rapidly detect, assess and respond to potential outbreaks in the aftermath of the tsunami.

#### Local setting

Almost 40% of the Santa Cruz Islands' population were displaced by the disaster, and living in cramped temporary camps with poor or absent sanitation facilities and insufficient access to clean water. There was no early warning disease surveillance system.

#### Relevant changes

By 25 February, an EWARN was operational in five health facilities that served 90% of the displaced population. Eight priority diseases or syndromes were reported weekly; unexpected health events were reported immediately. Between 25 February and 19 May, 1177 target diseases or syndrome cases were reported. Seven alerts were investigated. No sustained transmission or epidemics were identified. Reporting compliance was 85%. The EWARN was then transitioned to the routine four-syndrome early warning disease surveillance system.

#### Lesson learnt

It was necessary to conduct a detailed assessment to evaluate the risk and potential impact of serious infectious disease outbreaks, to assess whether and how enhanced early warning disease surveillance should be implemented. Local capacities and available resources should be considered in planning EWARN implementation. An EWARN can be an opportunity to establish or strengthen early warning disease surveillance capabilities.

### **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 1 November 2014]

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

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

(Accessed 1 November 2014)

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

[No new relevant content]

### **Developing World Bioethics**

December 2014 Volume 14, Issue 3 Pages ii–iii, 111–167

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2014.14.issue-3/issuetoc>

### **[Developing Ethical Awareness in Global Health: Four Cases for Medical Educators \(pages 111–116\)](#)**

Mary White and Jessica Evert

Article first published online: 1 OCT 2012 | DOI: 10.1111/dewb.12000

[Abstract](#)

**Why Restrictions on the Immigration of Health Workers Are Unjust (pages 117–126)**

Javier Hidalgo

Article first published online: 22 NOV 2012 | DOI: 10.1111/dewb.12006

Abstract

**Alternatives of Informed Consent for Storage and Use of Human Biological Material for Research Purposes: Brazilian Regulation (pages 127–131)**

Gabriela Marodin, Paulo Henrique Condeixa de França, Jennifer Braathen Salgueiro, Marcia Luz da Motta, Gyselle Saddi Tannous and Anibal Gil Lopes

Article first published online: 21 DEC 2012 | DOI: 10.1111/dewb.12012

Abstract

**Disease Control Priorities for Neglected Tropical Diseases: Lessons from Priority Ranking Based on the Quality of Evidence, Cost Effectiveness, Severity of Disease, Catastrophic Health Expenditures, and Loss of Productivity (pages 132–141)**

Elisabeth Marie Strømme, Kristine Bærøe and Ole Frithjof Norheim

Article first published online: 31 MAY 2013 | DOI: 10.1111/dewb.12016

Abstract

**Collaborative International Research: Ethical and Regulatory Issues Pertaining to Human Biological Materials at a South African Institutional Research Ethics Committee (pages 150–157)**

Aslam Sathar, Amaboo Dhai and Stephan van der Linde

Article first published online: 31 MAY 2013 | DOI: 10.1111/dewb.12018

Abstract

**Promoting Research Integrity in Africa: An African Voice of Concern on Research Misconduct and the Way Forward (pages 158–166)**

Francis Kombe, Eucharia Nkechinyere Anunobi, Nyanyukweni Pandeni Tshifugula, Douglas Wassenaar, Dimpho Njadingwe, Salim Mwalukore, Jonathan Chinyama, Bodo Randrianasolo, Perpetua Akindeh, Priscilla S. Dlamini, Felasoa Noroseheno Ramiandriso and Naina Ranaivo

Article first published online: 17 APR 2013 | DOI: 10.1111/dewb.12024

Abstract

**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/idd/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>

[Reviewed earlier]

## **Disaster Prevention and Management**

Volume 23 Issue 5

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

[Reviewed earlier]

## **Disasters**

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

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

[Reviewed earlier]

## **Emergency Medicine Journal**

November 2014, Volume 31, Issue 11

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

### **Review**

#### **Development of hospital disaster resilience: conceptual framework and potential measurement**

Shuang Zhong<sup>1</sup>, Michele Clark<sup>1</sup>, Xiang-Yu Hou<sup>1</sup>, Yu-Li Zang<sup>2</sup>, Gerard Fitzgerald<sup>1</sup>

Author Affiliations

<sup>1</sup>Centre for Emergency and Disaster Management, School of Public Health and Social Work, Queensland University of Technology, Brisbane, Australia

<sup>2</sup>School of Nursing, Shandong University, Jinan, Shandong Province, P. R. China

Published Online First 12 September 2013

### **Abstract**

#### **Objective**

Despite 'hospital resilience' gaining prominence in recent years, it remains poorly defined. This article aims to define hospital resilience, build a preliminary conceptual framework and highlight possible approaches to measurement.

#### **Methods**

Searches were conducted of the commonly used health databases to identify relevant literature and reports. Search terms included 'resilience and framework or model' or 'evaluation or assess or measure and hospital and disaster or emergency or mass casualty and resilience or capacity or preparedness or response or safety'. Articles were retrieved that focussed on disaster resilience frameworks and the evaluation of various hospital capacities.

#### **Result**

A total of 1480 potentially eligible publications were retrieved initially but the final analysis was conducted on 47 articles, which appeared to contribute to the study objectives. Four disaster resilience frameworks and 11 evaluation instruments of hospital disaster capacity were included.

#### **Discussion and conclusion**

Hospital resilience is a comprehensive concept derived from existing disaster resilience frameworks. It has four key domains: hospital safety; disaster preparedness and resources; continuity of essential medical services; recovery and adaptation. These domains were categorised according to four criteria, namely, robustness, redundancy, resourcefulness and rapidity. A conceptual understanding of hospital resilience is essential for an intellectual basis for an integrated approach to system development. This article (1) defines hospital resilience;

(2) constructs conceptual framework (including key domains); (3) proposes comprehensive measures for possible inclusion in an evaluation instrument; and (4) develops a matrix of critical issues to enhance hospital resilience to cope with future disasters.

### **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 suppl 2, 01 October 2014

[http://eurpub.oxfordjournals.org/content/24/suppl\\_2](http://eurpub.oxfordjournals.org/content/24/suppl_2)

Supplement: 7th European Public Health Conference

*Introduction to Glasgow 2014*

We are delighted to introduce this supplement to the European Journal of Public Health which contains the abstracts of papers to be presented at the 7th European Public Health Conference. It includes abstracts for the main part of the conference: plenary sessions; oral sessions (including workshops); pitch sessions; and poster walks.

For Glasgow 2014, we have received a new record in abstracts and workshops: 1025 single abstracts and 75 workshops from 68 countries worldwide. This new record posed an extra challenge to the International Scientific Committee, responsible for the reviewing of the abstracts. The International Scientific Committee of the Glasgow 2014 conference consisted of 59 experts from 20 countries and was chaired by Martin McKee from the UK. We are extremely grateful to them for the hard work this involved. The members of the International Scientific ...

### **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 3, 2014

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

*Special Issue: Nordic Conference for Development Research, 2013*

**Iatrogenic Violence? Lived Experiences of Recipients of Aid that Targets Vulnerable Children in Makete, Tanzania**

Marguerite Daniela\*

Open access

DOI:10.1080/08039410.2014.962601

pages 415-431

Published online: 28 Oct 2014

*Abstract*

Humanitarian aid does not always achieve its intended outcomes but may have unintended side-effects which harm rather than help recipient communities in the long run. In the context of aid, iatrogenic violence refers to circumstances where aid intended to benefit recipients instead causes social disruption. The relations between donor and recipient contribute significantly to the outcomes of aid. This article aims to explore the recipient side of donor-recipient relationships in humanitarian aid targeting children affected by HIV/AIDS in Makete, Tanzania. Specific objectives include exploring (i) the lived experiences of the children who are targeted by the aid, (ii) the lived experiences of related caregivers and community members and (iii) the responses of local leaders, both non-governmental organisation (NGO) officers and local government leaders. Forty-one orphaned children aged 9–18 were involved in 3 one-hour-long participatory activities. From these, 12 were selected for in-depth interviews. Four caregivers of orphaned children and 15 key informants (community leaders and NGO officers) were interviewed. Findings show that the type of aid and method of distribution are determined by the donors and do not fit well with local conditions. Examples of iatrogenic violence include conflict and division between those in the community who receive aid and those who do not, increasing dependency with a corresponding reduction in self-reliance, criteria that exclude the most vulnerable children from aid and passivity and non-participation. Donor-controlled humanitarian aid is causing unintended harm in the recipient communities.

**Communicating What Works Bringing Knowledge into Development Policy**

Carl-Gustav Lindéna\*

DOI:10.1080/08039410.2014.962602

pages 477-500

*Abstract*

This article explores attitudes of social scientists engaged in international development research, mainly development economists, towards the role of communication in influencing development policy. It is based on an international survey of researchers ( $N = 79$ ) as well as in-depth interviews ( $N = 6$ ) with representatives of the same group. Results confirm the two-communities' thesis that researchers and policy-makers are situated in different institutional settings. The article also provides a more nuanced view, how this divide differs across topics or contexts. A common judgement was that research should strive to influence policy and the respondents stressed that they were actively working to make this come true. Still, they also found that the academic reward structure have a negative impact on a more sustained engagement with policy-makers. Researchers will rise in academic rankings based on what they publish in peer-reviewed journals, not because of efforts to improve development policy. Researchers tended to believe that engaging with policy-makers in face-to-face settings would give them the best opportunity to achieve impact, a finding which echoes previous studies. There was broad support for the idea that researchers and policy-makers should get involved in constructive engagement based on mutual respect. Somewhat surprisingly, using specialists

such as communications experts for getting the message through was not regarded highly despite all the promotion going on for development research communication.

### **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 1 November 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/rqph20/.Uq0DqeKy-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 1 November 2014]

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

#### **Debate**

##### **Towards a comprehensive global approach to prevention and control of NCDs**

Martin McKee<sup>1</sup>\*, Andy Haines<sup>2</sup>, Shah Ebrahim<sup>3</sup>, Peter Lampert<sup>3</sup>, Mauricio L Barreto<sup>4</sup>, Don Matheson<sup>5</sup>, Helen L Walls<sup>367</sup>, Sunia Foliaki<sup>5</sup>, J Jaime Miranda<sup>8</sup>, Oyun Chimeddamba<sup>9</sup>, Luis Garcia-Marcos<sup>10</sup>, Paolo Vineis<sup>11</sup> and Neil Pearce<sup>36</sup>

#### **Abstract**

#### **Background**

The “25×25” strategy to tackle the global challenge of non-communicable diseases takes a traditional approach, concentrating on a few diseases and their immediate risk factors.

#### **Discussion**

We propose elements of a comprehensive strategy to address NCDs that takes account of the evolving social, economic, environmental and health care contexts, while developing mechanisms to respond effectively to local patterns of disease. Principles that underpin the comprehensive strategy include: (a) a balance between measures that address health at the

individual and population level; (b) the need to identify evidence-based feasible and effective approaches tailored to low and middle income countries rather than exporting questionable strategies developed in high income countries; (c) developing primary health care as a universal framework to support prevention and treatment; (d) ensuring the ability to respond in real time to the complex adaptive behaviours of the global food, tobacco, alcohol and transport industries; (e) integrating evidence-based, cost-effective, and affordable approaches within the post-2015 sustainable development agenda; (f) determination of a set of priorities based on the NCD burden within each country, taking account of what it can afford, including the level of available development assistance; and (g) change from a universal “one-size fits all” approach of relatively simple prevention oriented approaches to more comprehensive multi-sectoral and development-oriented approaches which address both health systems and the determinants of NCD risk factors.

#### Summary

The 25×25 is approach is absolutely necessary but insufficient to tackle the NCD disease burden of mortality and morbidity. A more comprehensive approach is recommended.

### **Health and Human Rights**

Volume 16, Issue 2 December 2014

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

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

[Reviewed earlier]

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

Volume 9 - Issue 04 - October 2014

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

[Reviewed earlier]

### **Health Policy and Planning**

Volume 29 Issue 7 October 2014

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

#### **Acceptability of conditions in a community-led cash transfer programme for orphaned and vulnerable children in Zimbabwe**

Morten Skovdal<sup>1,2</sup>, Laura Robertson<sup>3</sup>, Phyllis Mushati<sup>4</sup>, Lovemore Dumba<sup>5</sup>, Lorraine Sherr<sup>6</sup>, Constance Nyamukapa<sup>3,4</sup> and Simon Gregson<sup>3,4</sup>

#### Author Affiliations

<sup>1</sup>Institute of Social Psychology, London School of Economics and Political Science, Houghton Street, WC2A 2AE, London, UK, <sup>2</sup>Save the Children, 1 St John's Lane, EC1M 4AR, London, UK, <sup>3</sup>Department of Infectious Disease Epidemiology, School of Public Health, Imperial College London, Praed Street, W2 1NY, London, UK, <sup>4</sup>Biomedical Research and Training Institute, No. 10 Seagrave Road, Avondale, Harare, Zimbabwe, <sup>5</sup>Catholic Relief Services, 95 Park Lane, Harare, Zimbabwe and <sup>6</sup>Department of Infection and Population Health, Royal Free Hospital, Rowland Hill Street, NW3 2PF, University College London, London, UK

Accepted July 8, 2013.

*Abstract*

Evidence suggests that a regular and reliable transfer of cash to households with orphaned and vulnerable children has a strong and positive effect on child outcomes. However, conditional cash transfers are considered by some as particularly intrusive and the question on whether or not to apply conditions to cash transfers is an issue of controversy. Contributing to policy debates on the appropriateness of conditions, this article sets out to investigate the overall buy-in of conditions by different stakeholders and to identify pathways that contribute to an acceptability of conditions.

The article draws on data from a cluster-randomized trial of a community-led cash transfer programme in Manicaland, eastern Zimbabwe. An endpoint survey distributed to 5167 households assessed community members' acceptance of conditions and 35 in-depth interviews and 3 focus groups with a total of 58 adults and 4 youth examined local perceptions of conditions. The study found a significant and widespread acceptance of conditions primarily because they were seen as fair and a proxy for good parenting or guardianship. In a socio-economic context where child grants are not considered a citizen entitlement, community members and cash transfer recipients valued the conditions associated with these grants. The community members interpreted the fulfilment of the conditions as a proxy for achievement and merit, enabling them to participate rather than sit back as passive recipients of aid.

Although conditions have a paternalistic undertone and engender the sceptics' view of conditions being pernicious and even abominable, it is important to recognize that community members, when given the opportunity to participate in programme design and implementation, can take advantage of conditions and appropriate them in a way that helps them manage change and overcome the social divisiveness or conflict that otherwise may arise when some people are identified to benefit and others not.

### **Health and access to care for undocumented migrants living in the European Union: a scoping review**

Aniek Woodward<sup>1,2,\*</sup>, Natasha Howard<sup>1</sup> and Ivan Wolffers<sup>3</sup>

Author Affiliations

<sup>1</sup>Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, Tavistock Place, London, WC1H 9SH, UK, <sup>2</sup>King's International Development Institute and King's Centre for Global Health, King's College London, London, WC2R 2LS, UK and <sup>3</sup>Vrije Universiteit Medical Centre, Amsterdam, 1007 MB, the Netherlands

Accepted July 11, 2013.

#### ***Abstract***

#### **Background**

Literature on health and access to care of undocumented migrants in the European Union (EU) is limited and heterogeneous in focus and quality. Authors conducted a scoping review to identify the extent, nature and distribution of existing primary research (1990–2012), thus clarifying what is known, key gaps, and potential next steps.

#### **Methods**

Authors used Arksey and O'Malley's six-stage scoping framework, with Levac, Colquhoun and O'Brien's revisions, to review identified sources. Findings were summarized thematically: (i) physical, mental and social health issues, (ii) access and barriers to care, (iii) vulnerable groups and (iv) policy and rights.

#### **Results**

Fifty-four sources were included of 598 identified, with 93% (50/54) published during 2005–2012. EU member states from Eastern Europe were under-represented, particularly in single-country studies. Most study designs (52%) were qualitative. Sampling descriptions were generally poor, and sampling purposeful, with only four studies using any randomization.

Demographic descriptions were far from uniform and only two studies focused on undocumented children and youth. Most (80%) included findings on health-care access, with obstacles reported at primary, secondary and tertiary levels. Major access barriers included fear, lack of awareness of rights, socioeconomics. Mental disorders appeared widespread, while obstetric needs and injuries were key reasons for seeking care. Pregnant women, children and detainees appeared most vulnerable. While EU policy supports health-care access for undocumented migrants, practices remain haphazard, with studies reporting differing interpretation and implementation of rights at regional, institutional and individual levels.

#### Conclusions

This scoping review is an initial attempt to describe available primary evidence on health and access to care for undocumented migrants in the European Union. It underlines the need for more and better-quality research, increased co-operation between gatekeepers, providers, researchers and policy makers, and reduced ambiguities in health-care rights and obligations for undocumented migrants.

### **[Does the distribution of healthcare utilization match needs in Africa?](#)**

Igna Bonfrer<sup>1,\*</sup>, Ellen van de Poel<sup>1</sup>, Michael Grimm<sup>2,3</sup> and Eddy Van Doorslaer<sup>1,4</sup>

#### Author Affiliations

<sup>1</sup>Institute of Health Policy & Management, Erasmus University Rotterdam, Burgemeester Oudlaan 50, 3000 DR Rotterdam, The Netherlands, <sup>2</sup>Department of Economics, University of Passau, Innstrasse 29, 94032, Passau, Germany, <sup>3</sup>International Institute of Social Studies, Erasmus University Rotterdam, Kortenaerkade 12, 2518 AX, The Hague, The Netherlands and <sup>4</sup>Erasmus School of Economics, Erasmus University Rotterdam, Burgemeester Oudlaan 50, 3000 DR Rotterdam, The Netherlands

Accepted September 9, 2013.

#### *Abstract*

An equitable distribution of healthcare use, distributed according to people's needs instead of ability to pay, is an important goal featuring on many health policy agendas worldwide. However, relatively little is known about the extent to which this principle is violated across socio-economic groups in Sub-Saharan Africa (SSA). We examine cross-country comparative micro-data from 18 SSA countries and find that considerable inequalities in healthcare use exist and vary across countries. For almost all countries studied, healthcare utilization is considerably higher among the rich. When decomposing these inequalities we find that wealth is the single most important driver. In 12 of the 18 countries wealth is responsible for more than half of total inequality in the use of care, and in 8 countries wealth even explains more of the inequality than need, education, employment, marital status and urbanicity together. For the richer countries, notably Mauritius, Namibia, South Africa and Swaziland, the contribution of wealth is typically less important. As the bulk of inequality is not related to need for care and poor people use less care because they do not have the ability to pay, healthcare utilization in these countries is to a large extent unfairly distributed. The weak average relationship between need for and use of health care and the potential reporting heterogeneity in self-reported health across socio-economic groups imply that our findings are likely to even underestimate actual inequities in health care. At a macro level, we find that a better match of needs and use is realized in those countries with better governance and more physicians. Given the absence of social health insurance in most of these countries, policies that aim to reduce inequities in access to and use of health care must include an enhanced capacity of the poor to generate income.

## **Health Research Policy and Systems**

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

[Accessed 1 November 2014]

### **Research**

#### **How can we establish more successful knowledge networks in developing countries? Lessons learnt from knowledge networks in Iran**

Bahareh Yazdizadeh, Reza Majdzadeh, Ali Alemi and Sima Amrolalaei

#### Author Affiliations

Health Research Policy and Systems 2014, 12:63 doi:10.1186/1478-4505-12-63

Published: 29 October 2014

#### *Abstract* (provisional)

#### **Background**

Formal knowledge networks are considered among the solutions for strengthening knowledge translation and one of the elements of innovative systems in developing and developed countries. In the year 2000, knowledge networks were established in Iran's health system to organize, lead, empower, and coordinate efforts made by health-related research centers in the country. Since the assessment of a knowledge network is one of the main requirements for its success, the current study was designed in two qualitative and quantitative sections to identify the strengths and weaknesses of the established knowledge networks and to assess their efficiency.

#### **Methods**

In the qualitative section, semi-structured, in-depth interviews were held with network directors and secretaries. The interviews were analyzed through the framework approach. To analyze effectiveness, social network analysis approach was used. That is, by considering the networks' research council members as 'nodes', and the numbers of their joint articles - before and after the network establishments - as 'relations or ties', indices of density, clique, and centrality were calculated for each network. In the qualitative section, non-transparency of management, lack of goals, administrative problems were among the most prevalent issues observed.

#### **Results**

Currently, the most important challenges are the policies related to them and their management. In the quantitative section, we observed that density and clique indices had risen for some networks; however, the centrality index for the same networks was not as high. Consequently the attribution of density and clique indices to these networks was not possible.

#### **Conclusion**

Therefore, consolidating and revising policies relevant to the networks and preparing a guide for establishing managing networks could prove helpful. To develop knowledge and technology in a country, networks need to solve the problems they face in management and governance. That is, the first step towards the realization of true knowledge networks in health system.

## **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 4, November 2014

[http://muse.jhu.edu/journals/human\\_rights\\_quarterly/toc/hrq.36.4.html](http://muse.jhu.edu/journals/human_rights_quarterly/toc/hrq.36.4.html)

**Cultural Diversity, Legal Pluralism, and Human Rights from an Indigenous Perspective: The Approach by the Colombian Constitutional Court and the Inter-American Court of Human Rights**

Felipe Gómez Isa

**I. INTRODUCTION**

The main objective of this article is to analyze the evolution of human rights from when they first appeared during the Enlightenment in eighteenth century Europe, and to explore how the exclusion and invisibility of indigenous peoples has been a constant throughout. In recent decades, however, the so-called indigenous emergence has radically transformed this landscape. In this new and evolving context, a number of legal instruments have been adopted, both nationally and internationally, which have transformed indigenous peoples into true subjects of both individual and collective rights. The indigenous presence has spurred the quest for a more open, dynamic and inclusive conception of universal human rights. This process culminated in the adoption of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in September 2007.

Second, the way in which the indigenous plurality of many Latin American countries is influencing the increasingly multicultural understanding of human rights will be highlighted; one example is the progressive case law being handed down by the Colombian Constitutional Court (Constitutional Court), which has played a pioneering role in the application of principles deriving from multiculturalism, and another is the Inter-American Court of Human Rights (Inter-American Court). There is no doubt that the interpretation of human rights principles as expounded by these institutions provides us with an interesting road map when it comes to applying these principles to specific contexts, and also when initiating an intercultural dialogue that takes into account indigenous diversity...

**Toward Effective Intervention for Haiti's Former Child Slaves**

Cara L. Kennedy

pp. 756-778 | 10.1353/hrq.2014.0059

**I. INTRODUCTION**

One of the most widespread forms of child slavery worldwide is domestic slavery. Child domestic slavery exists in various forms depending on the cultural context in which it arises, and is driven by common "push" and "pull" factors. "Push" factors include social and economic disparities, social exclusion, lack of educational access and the illusion of opportunity for education and social mobility, loss of parents to illness or conflict, and the perception that the "employer" is extended family and a protected environment. "Pull" factors include low-resource environments where daily demands for household work exceed household members' capacity and cultural norms allow that a child is an appropriate choice to carry this labor. In all of its forms, child domestic slavery poses serious risks to children. Beyond the denial of children's fundamental rights to education, health care, play, and rest, child domestic slavery involves humiliating and degrading treatment; sexual, physical, and verbal abuse; work that exceeds the capacity of children; and insufficient food and accommodation...

**Putting the Puzzle Pieces Together: Human Rights Advocacy and the History of International Human Rights Standards Website**

Carrie Booth Walling, Susan Waltz

pp. 905-914 | 10.1353/hrq.2014.0049

**I. INTRODUCTION**

As human rights professionals with more than thirty years of teaching experience between us, we have often been challenged by our students—and by the activists we encounter—to explain changes we have witnessed in the human rights domain. Questions arise about emerging human rights concerns, about the piecemeal nature of the UN monitoring system, about human rights research methodologies, and about changing views of accountability for human rights standards. Our students have asked us, for example, why it took so long for the domestic abuse of women to be recognized as a human rights concern. And community groups and activists have on occasion pressed us to explain the evolving relationship between human rights and humanitarian law. This short resource note introduces the website Human Rights Advocacy and the History of International Human Rights Standards, hosted by the University of Michigan at <http://humanrightshistory.umich.edu> The open-access website is intended to help human rights learners—of all types and at all stages—to better understand the explosive growth of international human rights standards over the past five decades. It opens up the history of international human rights policy and highlights the role that human rights organizations have played in advocating new treaties and structures for implementation. While international human rights organizations (IHROs) are widely recognized for their advocacy work, the contributions they have made to the development of international human rights norms and standards are not equally appreciated or understood. This website seeks to fill that void. The website serves as a portal for instructors, students, advocates, and researchers interested in the standard-setting advocacy work of the international human rights movement and the intellectual history of contemporary international human rights policy. We hope it will inform current human rights actors about the lesser known history of the emergence and growth of international human rights standards, inspire a new generation of advocates to consider past lessons as they consider new human rights problems, and become a useful resource for instructors and practitioners as a ready link to human rights policy materials...

### **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 1 November 2014]

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

***Editorial***

**Acquired immunity and asymptomatic reservoir impact on frontline and airport ebola outbreak syndromic surveillance and response**

Ernest Tambo and Zhou Xiao-Nong

Author Affiliations

Infectious Diseases of Poverty 2014, 3:41 doi:10.1186/2049-9957-3-41

Published: 29 October 2014

a. *Abstract* (provisional)

The number of surveillance networks for infectious disease diagnosis and response has been growing. In 2000, the World Health Organization (WHO) established the Global Outbreak Alert and Response Network, which has been endorsed by each of the 46 WHO African members since then. Yet, taming the dynamics and plague of the vicious Ebola virus disease (EVD) in African countries has been patchy and erratic due to inadequate surveillance and contact tracing, community defiance and resistance, a lack of detection and response systems, meager/weak knowledge and information on the disease, inadequacies in protective materials protocols, contact tracing nightmare and differing priorities at various levels of the public health system. Despite the widespread acceptance of syndromic surveillance (SS) systems, their ability to provide early warning alerts and notifications of outbreaks is still unverified. Information is often too limited for any outbreak, or emerging or otherwise unexpected disease, to be recognized at either the community or the national level. Indeed, little is known about the role and the interactions between the Ebola infection and exposure to other syndemics and the development of acquired immunity, asymptomatic reservoir, and Ebola seroconversion. Can lessons be learnt from smallpox, polio, and influenza immunity, and can immunization against these serve as a guide? In most endemic countries, community health centers and disease control and prevention at airports solely relies on passive routine immunization control and reactive syndromic response. The frontline and airport Ebola SS systems in West Africa have shown deficiencies in terms of responding with an alarming number of case fatalities, and suggest that more detailed insights into Ebola, and proactive actions, are needed. The quest for effective early indicators (EEI) in shifting the public and global health paradigm requires the development and implementation of a comprehensive and effective community or regional integrated pandemic preparedness and surveillance response systems tailored to local contexts. These systems must have mechanisms for early identification, rapid contact tracing and tracking, confirmation, and communication with the local population and the global community, and must endeavor to respond in a timely manner.

**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 3

<http://www.emeraldinsight.com/toc/ijdrbe/5/3>

### **The role of NGOs in building sustainable community resilience**

Tal Fitzpatrick (Education Policy and Research, Volunteering Queensland, Brisbane, Australia)

Julie Molloy (Social Engagement Initiatives, Volunteering Queensland, Brisbane, Australia)

DOI: <http://dx.doi.org/10.1108/IJDRBE-01-2014-0008>

*Abstract:*

Purpose

– This case study aims to explore the findings and documented impacts of Volunteering Qld's "Step Up" programme which is the largest community resilience building programme led by a non-government organisation (NGO) in Australia.

Design/methodology/approach

– It will describe the programme design and systems that support this type of qualitative work using evidence-based data collected by the project coordinators over the duration of the programme and contextualising these within a broader resilience framework.

Findings

– This case study will demonstrate and advocate for the need to create stronger partnerships and more significant opportunities for the sector to engage in resilience-building activities.

Research limitations/implications

– The scope of this project was limited by organisational capacity to conduct research into its own programme, as it was being delivered and with limited resourcing. There is a significant need for further research into the work of NGOs in the emergency management and disaster resilience and the impacts of these programmes on communities.

Practical implications

– The practical implications of this case study is a recognition that there are inherent challenges for disaster management agencies trying to engage communities in dialogue around planning risk-informed response and recovery plans for disasters.

Social implications

– However, NGOs are ideally placed to work in and with the communities which they service, to educate and support them at all stages of disaster management.

Originality/value

– This is a unique first-hand account of the experience of a NGO delivering community resilience programme in Australia and provides an important insight for practitioners and researchers alike.

## **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>

[Reviewed earlier]

**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 5, 2014

<http://www.tandfonline.com/toc/tsdw20/current#.VFWaWMI4WF9>

[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 22/29, 2014, Vol 312, No. 16

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

[Reviewed earlier]

**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/10900/39/5/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 Epidemiology & Community Health**

December 2014, Volume 68, Issue 12

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

**Microcredit participation and child health: results from a cross-sectional study in Peru**

H Moseson<sup>1</sup>, R Hamad<sup>2</sup>, L Fernald<sup>3</sup>

Author Affiliations

<sup>1</sup>Department of Epidemiology & Biostatistics, University of California, San Francisco, California, USA

<sup>2</sup>Division of General Medical Disciplines, Stanford University, Stanford, California, USA

<sup>3</sup>Division of Community Health and Human Development, School of Public Health, University of California, Berkeley, California, USA

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*Abstract*

**Background**

Childhood malnutrition is a major consequence of poverty worldwide. Microcredit programmes—which offer small loans, financial literacy and social support to low-income individuals—are increasingly promoted as a way to improve the health of clients and their families. This study evaluates the hypothesis that longer participation in a microcredit programme is associated with improvements in the health of children of microcredit clients.

**Methods**

Cross-sectional data were collected in February 2007 from 511 clients of a microcredit organisation in Peru and 596 of their children under 5 years of age. The primary predictor variable was length of participation in the microcredit programme. Outcome variables included height, weight, anaemia, household food security and parent-reported indicators of child health. Multivariate linear and logistic regressions assessed the association between the number of loan cycles and child health outcomes. Pathways through which microcredit may have influenced health outcomes were also explored via mediation analyses.

**Results**

Longer participation in microcredit was associated with greater household food security and reduced likelihood of childhood anaemia. No significant associations were observed between microcredit participation and incidence of childhood illnesses or anthropometric indicators.

Increased consumption of red meat may mediate the association between the number of loan cycles and food security, but not the association with anaemia.

**Conclusions**

The effects of microcredit on the health of clients' children are understudied. Exploratory findings from this analysis suggest that microcredit may positively influence child health, and that diet may play a causal role.

**Journal of Global Ethics**

Volume 10, Issue 1, 2014

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

**Tenth Anniversary Forum: The Future of Global Ethics**

[Reviewed earlier]

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

Volume 25, Number 3, August 2014

[http://muse.jhu.edu/journals/journal\\_of\\_health\\_care\\_for\\_the\\_poor\\_and\\_underserved/toc/hpu.25.3.html](http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.25.3.html)

[Reviewed earlier]

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

Volume 4 issue 1 - Current Issue

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

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 16, Issue 5, October 2014

<http://link.springer.com/journal/10903/16/5/page/1>

[New issue; No relevant content]

**Journal of Immigrant & Refugee Studies**

Volume 12, Issue 4, 2014

<http://www.tandfonline.com/toc/wimm20/current#.VFWeF8I4WF9>

*Special Issue: New Forms of Intolerance in European Political Life*

**Journal of Infectious Diseases**

Volume 210 Issue 10 November 15, 2014

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

[New issue; No relevant content]

**Journal of International Development**

October 2014 Volume 26, Issue 7 Pages 939–1096

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

[Reviewed earlier]

**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*

[Reviewed earlier]

**Journal of Medical Ethics**

November 2014, Volume 40, Issue 11  
<http://jme.bmjjournals.org/content/current>  
[New issue; 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 2 (2014)  
<http://journal.km4dev.org/journal/index.php/km4dj/index>  
[Reviewed earlier]

**The Lancet**

Nov 01, 2014 Volume 384 Number 9954 p1549 – 1640  
<http://www.thelancet.com/journals/lancet/issue/current>

**Editorial**

**WHO AFRO: in need of new leadership**

The Lancet  
*Preview /*

The past 6 months have shone an unprecedented spotlight on health in Africa. Although now is not the time for a detailed review of the failures that led to the current Ebola outbreak in west Africa, enough is known to say that WHO's Regional Office for Africa (WHO AFRO) failed catastrophically in its mandate to monitor emerging health threats on the continent and to signal those threats to the wider international community. It is already known that some WHO

country offices in west Africa simply did not recognise the importance of Ebola or act quickly enough to scale up the agency's global response.

### **Violence against children in Cambodia: breaking the silence**

The Lancet

*Preview /*

"When we arrive at school and it is early and we are alone, it is quiet and we are afraid...", admits a 13-year-old Cambodian girl. School should be a familiar and welcoming place; however, findings from the first-of-its-kind Cambodia's Violence Against Children Survey, coordinated by UNICEF Cambodia, reveal that many children are subjected to violence at the hands of people they know and should trust in places that should feel safe.

### ***The Lancet Commissions***

#### **Culture and health**

A David Napier, Clyde Ancarno, Beverley Butler, Joseph Calabrese, Angel Chater, Helen Chatterjee, François Guesnet, Robert Horne, Stephen Jacyna, Sushrut Jadhav, Alison Macdonald, Ulrike Neuendorf, Aaron Parkhurst, Rodney Reynolds, Graham Scambler, Sonu Shamdasani, Sonia Zafer Smith, Jakob Stougaard-Nielsen, Linda Thomson, Nick Tyler, Anna-Maria Volkmann, Trinley Walker, Jessica Watson, Amanda C de C Williams, Chris Willott, James Wilson, Katherine Woolf

*Preview /*

Planned and unplanned migrations, diverse social practices, and emerging disease vectors transform how health and wellbeing are understood and negotiated. Simultaneously, familiar illnesses—both communicable and non-communicable—continue to affect individual health and household, community, and state economies. Together, these forces shape medical knowledge and how it is understood, how it comes to be valued, and when and how it is adopted and applied.

### **The Lancet Global Health**

Nov 2014 Volume 2 Number 11 e616 – 671

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

[Reviewed earlier]

### **The Lancet Infectious Diseases**

Nov 2014 Volume 14 Number 11 p1023 - 1162

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

#### ***Comment***

#### **Ebola in west Africa: from disease outbreak to humanitarian crisis**

Peter Piot, Jean-Jacques Muyembe, W John Edmunds

*Preview /*

The epidemic of Ebola haemorrhagic fever in west Africa is the 25th known outbreak since 1976,<sup>1</sup> but is fundamentally different from all previous cases. Besides the fact that it is the first Ebola outbreak in west Africa, it is the largest and longest Ebola epidemic, and the first to involve three entire countries and capital cities, with around 5000 cases and 2500 deaths so far.<sup>2</sup> How could it get to this point? The answer is the synergy of several factors that created a perfect storm:<sup>3</sup> a context of decades of civil war leading to a low level of trust in authorities, even when these are working hard to reconstruct the country; dysfunctional health services with a major scarcity of health workers, especially in Liberia and Sierra Leone (another

consequence of armed conflict); strong traditional beliefs in disease causation and even denial of the virus' existence; high-risk traditional funeral practices that amplify transmission, in addition to more recent healing practices in some churches where the bodies of patients with Ebola are touched; a slow and inadequate national and international response (although this is now changing); and high population mobility across borders—something that has not happened around previous outbreaks in central Africa.

### **Sustaining rotavirus vaccination in Africa: measuring vaccine effectiveness**

George E Armah, Fred N Binka

[Preview](#) | [Full Text](#) | [PDF](#)

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

Volume 18, Issue 9, November 2014

<http://link.springer.com/journal/10995/18/9/page/1>

### **Household Food Insecurity, Maternal Nutritional Status, and Infant Feeding Practices Among HIV-infected Ugandan Women Receiving Combination Antiretroviral Therapy**

Sera L. Young, Albert H. J. Plenty, Flavia A. Luwedde, Barnabas K. Natamba, Paul Natureeba, Jane Achan, Julia Mwesigwa, Theodore D. Ruel, Veronica Ades, Beth Osterbauer,

#### *Abstract*

Household food insecurity (HHFI) may be a barrier to both optimal maternal nutritional status and infant feeding practices, but few studies have tested this relationship quantitatively, and never among HIV-infected individuals. We therefore described the prevalence of HHFI and explored if it was associated with poorer maternal nutritional status, shorter duration of exclusive breastfeeding (EBF) and fewer animal-source complementary foods. We assessed these outcomes using bivariate and multivariate analyses among 178 HIV-infected pregnant and breastfeeding (BF) women receiving combination antiretroviral therapy in the PROMOTE trial (NCT00993031), a prospective, longitudinal cohort study in Tororo, Uganda. HHFI was common; the prevalence of severe, moderate, and little to no household hunger was 7.3, 39.9, and 52.8 %, respectively. Poor maternal nutritional status was common and women in households experiencing moderate to severe household hunger (MSHH) had statistically significantly lower body mass index (BMIs) at enrollment (21.3 vs. 22.5,  $p < 0.01$ ) and prior to delivery (22.6 vs. 23.8,  $p < 0.01$ ). BMI across time during pregnancy, but not gestational weight gain, was significantly lower for MSHH [adjusted beta (95 % CI)  $-0.79$  ( $-1.56$ ,  $-0.02$ ),  $p = 0.04$ ;  $-2.06$  ( $-4.31$ ,  $0.19$ ),  $p = 0.07$ ], respectively. The prevalence (95 % CI) of EBF at 6 months was 67.2 % (59.7–73.5 %), and the proportion of women BF at 12 months was 80.4 % (73.3–85.7 %). MSHH was not associated with prevalence of EBF at 6 months or BF at 12 months. However, among those women still EBF at 4 months (81.4 % of population), those experiencing MSHH were significantly more likely to cease EBF between 4 and 6 months (aHR 2.38, 95 % CI 1.02–5.58). The prevalence of HHFI, maternal malnutrition, and suboptimal infant feeding practices are high and the causal relationships among these phenomena must be further explored.

### **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 7524 pp535-658 30 October 2014

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

### ***Nature / Editorial***

#### **Call to action - Time to ramp up science's contribution to controlling the Ebola outbreak.**

29 October 2014

Science has so far taken a back seat as the Ebola outbreak has continued to spread. Research has deferred to the need to gear up the public-health response. But there is a growing sense that, unless science can somehow now change the game, the outbreak will be difficult to bring under control.

The Ebola virus has killed more than 4,800 people in six countries, and has affected people in another two, the latest being Mali. There are still not enough medical staff and treatment beds to handle the current caseload. The World Health Organization (WHO) projects that as many as 10,000 new cases could be arising per week by December if the outbreak is not turned around. Enter science. Speeding the development of treatments and vaccines is one area in which the international community is trying to move forward. On 22 October, the US Biomedical Advanced Research and Development Authority and the US Army awarded US\$17.1 million to Profectus BioSciences, a company based in Baltimore, Maryland, that is developing vaccines against Ebola based on vesicular stomatitis virus. It is the third candidate Ebola vaccine to have moved towards or into clinical trials this year. On 24 October, the WHO outlined plans to test the first two — one licensed to NewLink Genetics of Ames, Iowa, the other being developed by GlaxoSmithKline, headquartered in London. These two vaccines have already entered human safety trials and the WHO says that they could be tested in health-care workers and others in West Africa as early as December.

In the meantime, aid agencies such as Médecins Sans Frontières (also known as Doctors Without Borders) and researchers funded by the European Union will test candidate Ebola treatments, including experimental drugs, medicines already approved for other uses that could be made available 'off label', and purified plasma or blood from Ebola survivors.

Beyond treatments and vaccines, scientists have more fundamental questions, about both the Ebola virus behind the current outbreak and other viruses in the family to which it belongs, the filoviruses. This group includes Marburg virus, also capable of causing a lethal haemorrhagic fever, which killed a Ugandan health-care worker on 28 September. A third filovirus outbreak occurred this year in the Democratic Republic of the Congo, where an Ebola outbreak unrelated to that in West Africa has killed 49 people.

The emergence of three filovirus outbreaks this year and the increasing frequency and reach of such outbreaks — which have occurred every year except 2 in the past 21 years — should serve as the clearest warning possible: we urgently need to understand more about the pathology, distribution, epidemiology and clinical aspects of these viruses. A World View on [page 537](#) argues that such science should help to steer the response; a News Feature on [page 554](#) lays out the five most pressing questions about the filoviruses, and says why answering them might help to prevent a future outbreak or even help to bring this one under control.

For instance, new filoviruses have been discovered within the past five years, such as the Lloviu virus discovered in 2011 in bats in Spain. And scientists have learnt that these viruses

have a much more widespread distribution than was suspected. The Reston virus, for example, an ebolavirus that does not seem to harm humans, has turned up in recent years in pigs in both the Philippines and China. Scientists suspect that there are more of these viruses to be found, in more places, and urgently want to understand why some are lethal to humans and others are not — and whether that could change.

It is also not known which animals harbour Ebola virus in the wild, or how the first person infected in the West African outbreak last December contracted the disease. Understanding this is crucial if people are to avoid a possible reservoir in the future.

It has been difficult to answer these questions for many reasons, such as the (fortunate) relative rarity and unpredictability of human filovirus outbreaks. And laboratory studies require highly contained, specialized biosafety-level-4 (BSL-4) labs — of which there are too few around the world.

Thanks to a biodefence building boom over the past decade, there are now 13 such labs planned or operating in the United States. Canada, France, Australia, Germany, the United Kingdom, South Africa, Gabon and Russia are among the select nations that also have such facilities. But there are major research-funding nations, such as Japan, that do not have BSL-4 labs, or do not allow them to perform the highest-containment research because of worries that pathogens could escape and spark lethal local epidemics.

The current Ebola outbreak proves the fallacy of that decision. The world would not be in the position it is today, with the possibility of deploying an Ebola vaccine during the current outbreak, without the existence of both high-containment facilities and money for research on diseases that are, thankfully, rare in developing countries. More of both, in more places, can only hasten our understanding of Ebola and other diseases. Because one thing is clear: whether it is Ebola virus, another filovirus or something completely different, there will be a next time.

#### ***Nature / Column: World View***

#### **Developed nations must not fear sending Ebola help**

The anxiety and stigma associated with Ebola are hampering Australia's willingness and ability to help with the control efforts in Africa, argues [Tim Inglis](#).

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

October 30, 2014 Vol. 371 No. 18

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

#### ***Perspective***

#### **Mounting a Good Offense against Measles**

Walter Orenstein, M.D., and Katherine Seib, M.S.P.H.

N Engl J Med 2014; 371:1661-1663 [October 30, 2014](#) DOI: 10.1056/NEJMp1408696

[Excerpt]

...Measles meets the biologic criteria for eradication. Humans are necessary to maintain the virus in nature, since there is no nonhuman reservoir. There is an effective intervention measure — measles vaccines. Diagnostic tests can confirm whether someone has measles. And proof of principle has been demonstrated by prolonged elimination of indigenous circulation of the virus in the Western Hemisphere.

It may be premature to embark on another global eradication effort until polio eradication is achieved; however, much more can be done to reduce measles transmission in its current reservoirs. We can increase support for improving global routine-immunization programs so that they include two doses of measles vaccine in their schedules and for ensuring that there is adequate vaccine and infrastructure to conduct special mass-vaccination campaigns against

measles. Support is also needed for strengthening the global laboratory network to permit detection and analysis of which measles strains are persisting and which have been eliminated.<sup>5</sup>

We must also overcome vaccine hesitancy. Despite the overwhelming evidence that vaccines — including the measles, mumps, and rubella vaccine — are safe, too many people still believe that greater risk is posed by vaccinating than by not vaccinating. Research is needed on how best to address public concerns about vaccine safety. The lack of apparent measles disease in the United States — which is attributable to the enormous success of the U.S. immunization program — gives a false sense that there is little or no threat. Efforts are also needed to educate the public that measles is a serious disease, which no one need suffer from, and that vaccines are highly effective in preventing it.

In the end, we can best protect our population against measles by ensuring that people eligible for vaccination are vaccinated and by supporting global efforts to go on the offensive against this major cause of the global disease burden.

### ***Perspective***

#### **Ebola Then and Now**

Joel G. Breman, M.D., D.T.P.H., and Karl M. Johnson, M.D.

N Engl J Med 2014; 371:1663-1666 [October 30, 2014](#) DOI: 10.1056/NEJMp1410540

[Excerpt]

In October 1976, the government of Zaire (now the Democratic Republic of Congo [DRC]) asked what was then the U.S. Center for Disease Control, where we worked, to join an international group of scientists in elucidating and controlling an outbreak of an unusually lethal hemorrhagic fever. Just before we arrived in Zaire, our laboratory had used virologic and immunologic tests to identify the cause as a new filovirus, and we brought electron micrographs of the agent.<sup>1</sup> In Zaire, we became, respectively, the chief of surveillance, epidemiology, and control and the scientific director of the International Commission for the Investigation and Control of Ebola Hemorrhagic Fever in Zaire.

The 2013–2014 outbreak of Ebola virus disease (EVD) has much in common with the 1976 outbreak. Both were caused by Zaire ebolavirus <sup>2</sup> and began in rural forest communities, where wild game is hunted for food (though no animal has been implicated as the trigger of these outbreaks). Severely ill patients came to provincial hospitals with systemic illness resembling malaria, typhoid, Lassa fever, yellow fever, or influenza. Unsuspecting hospital staff had contact with patients' blood and body fluids, which amplified the outbreaks. Cases were exported to cities, and chains of transmission were established...

#### **Nonprofit and Voluntary Sector Quarterly**

October 2014; 43 (5)

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

[Reviewed earlier]

#### **Oxford Monitor of Forced Migration**

OxMo Volume 4, No. 1 May 2014

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

[Reviewed earlier]

**The Pediatric Infectious Disease Journal**

October 2014 - Volume 33 - Issue 10 pp: 997-1101,e247-e272

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

[New issue; No relevant content]

**PLoS One**

[Accessed 1 November 2014]

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

[No new relevant content]

**PLOS Currents: Disasters**

[Accessed 1 November 2014]

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

[No new relevant content]

**PLoS Medicine**

(Accessed 1 November 2014)

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

[No new relevant content]

**PLoS Neglected Tropical Diseases**

(Accessed 1 November 2014)

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

[No new relevant content]

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

(Accessed 1 November 2014)

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

**Human population reduction is not a quick fix for environmental problems**

Corey J. A. Bradshaw<sup>1</sup> and Barry W. Brook

Author Affiliations

Edited by Paul R. Ehrlich, Stanford University, Stanford, CA, and approved September 15, 2014  
(received for review June 5, 2014)

***Significance***

The planet's large, growing, and over-consuming human population, especially the increasing affluent component, is rapidly eroding many of the Earth's natural ecosystems. However, society's only real policy lever to reduce the human population humanely is to encourage lower per capita fertility. How long might fertility reduction take to make a meaningful impact? We examined various scenarios for global human population change to the year 2100 by adjusting fertility and mortality rates (both chronic and short-term interventions) to determine the plausible range of outcomes. Even one-child policies imposed worldwide and catastrophic mortality events would still likely result in 5–10 billion people by 2100. Because of this

demographic momentum, there are no easy ways to change the broad trends of human population size this century.

*Abstract*

The inexorable demographic momentum of the global human population is rapidly eroding Earth's life-support system. There are consequently more frequent calls to address environmental problems by advocating further reductions in human fertility. To examine how quickly this could lead to a smaller human population, we used scenario-based matrix modeling to project the global population to the year 2100. Assuming a continuation of current trends in mortality reduction, even a rapid transition to a worldwide one-child policy leads to a population similar to today's by 2100. Even a catastrophic mass mortality event of 2 billion deaths over a hypothetical 5-y window in the mid-21st century would still yield around 8.5 billion people by 2100. In the absence of catastrophe or large fertility reductions (to fewer than two children per female worldwide), the greatest threats to ecosystems—as measured by regional projections within the 35 global Biodiversity Hotspots—indicate that Africa and South Asia will experience the greatest human pressures on future ecosystems. Humanity's large demographic momentum means that there are no easy policy levers to change the size of the human population substantially over coming decades, short of extreme and rapid reductions in female fertility; it will take centuries, and the long-term target remains unclear. However, some reduction could be achieved by midcentury and lead to hundreds of millions fewer people to feed. More immediate results for sustainability would emerge from policies and technologies that reverse rising consumption of natural resources.

**Prehospital & Disaster Medicine**

Volume 29 - Issue 05 - October 2014

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

[Reviewed earlier]

**Public Health Ethics**

Volume 7 Issue 2 July 2014

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

[Reviewed earlier]

**Qualitative Health Research**

October 2014; 24 (10)

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

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

[Reviewed earlier]

**Refugee Survey Quarterly**

Volume 33 Issue 3 September 2014

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

[Reviewed earlier]

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

Volume 2, Issue 2, 2014

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

[Reviewed earlier]

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

August 2014 Vol. 36, No. 2

[http://www.paho.org/journal/index.php?option=com\\_content&view=article&id=150&Itemid=262&lang=en](http://www.paho.org/journal/index.php?option=com_content&view=article&id=150&Itemid=262&lang=en)

[New issue; No relevant content]

**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**

31 October 2014 vol 346, issue 6209, pages 513-668

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

***In Depth******Infectious Diseases*****[The Ebola vaccine underdog](#)**

Jon Cohen

In the race to develop an Ebola vaccine, a small cancer therapy company, NewLink Genetics, has been in the shadows of GlaxoSmithKline (GSK), a big pharma company with lots of experience and far deeper resources. But at a high-level meeting held by the World Health Organization on 23 October, it became clear that NewLink, which is based in Ames, Iowa, by next spring may have more vaccine on hand than GSK, which is based in the United Kingdom. NewLink's projections come with a major caveat: It all depends on dose. Specifically, the NewLink vaccine is made from an Ebola gene stitched into a livestock pathogen, vesicular stomatitis virus (VSV). It's currently unknown whether the vaccine needs 1 million VSV particles per dose or 100 million. Early human studies now under way should answer this question. Charles Link Jr., the CEO of NewLink, has avoided media attention until now, but he spoke with Science at length about the prospects and the caveats.

**Social Science & Medicine**

Volume 120, In Progress (November 2014)

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

[Reviewed earlier]

**Stability: International Journal of Security & Development**

[accessed 1 November 2014]

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

### **Decentralizing the State in Liberia: The Issues, Progress and Challenges**

Ibrahim Al-bakri Nyei

#### *Abstract*

Decentralization reforms have become a major part of governance reform in postwar countries. After emerging from fourteen years of civil conflict, Liberia has begun implementing a wide range of governance reform programs, among which decentralization has become a key issue. Although there is consensus among actors – politicians, government officials and civil society activists - on the need to decentralize governance and service delivery there remain disagreement on the scope, nature and timing of decentralization reforms. Overtime, several steps have been taken towards devolution of power, including the promulgation of relevant policies and the deconcentration of services to the counties. There remain, however, a myriad of issues ranging from structural to legal and procedural issues - constitutional reform, revenue collection and expenditure - actors in Liberia need to better consider while rolling out a decentralization program. This includes taking into account the existing capacity and resources constraints. This article discusses issues and progress towards decentralization in Liberia's governance reform efforts, and sheds light on the challenges in implementing decentralization.

### **Sustainability**

Volume 6, Issue 10 (October 2014), Pages 6488-7481

<http://www.mdpi.com/2071-1050/6/10>

[No relevant content]

### **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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