

The Sentinel

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

Week ending 22 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:

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

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:: 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.

25 years of the Convention on the Rights of the Child: Joint statement by Plan International and partners

On the occasion of the 25th anniversary of the Convention on the Rights of the Child: Stepping up the global effort to advance the rights of every child. This statement is issued jointly by Plan International, UNICEF, Child Rights Connect, ChildFund Alliance, the NGO Committee on UNICEF, Save the Children, SOS Children's Villages and World Vision.

20 November 2014 [Full text]

When the international community adopted the Convention on the Rights of the Child 25 years ago, we made this commitment to the world's children: that we would do everything in our power to promote and protect their rights.

The commitment was not only to some children, but to all children. It was not only to advance some of their rights, but all their rights – including their right to survive and to thrive, to grow and to learn, to have their voices heard and heeded, and to be protected from discrimination and violence in all its manifestations.

It was a commitment to be honored not only in times of peace and prosperity, but also, and especially, in times of conflict, crisis, and catastrophe.

The commitment to realise the rights of all children was grounded in the conviction that it was both the right thing to do and the strategic thing to do. For by advancing the rights of children today, we help them become adults who will be able to assume responsibility for future generations – in turn, helping build a more prosperous, peaceful, and just world.

From this commitment and conviction, a global movement was born. With the Convention as its framework and foundation, and the best interests of children as its focus, it has brought together organisations and individuals, activists and governments, the private sector and private donors, religious and cultural leaders, communities and families, individuals and children themselves. Visionaries and pragmatists alike – including Malala Yousafzai and Kailash Satyarthi, the 2 child rights champions who share this year's Nobel Peace Prize – they have helped change the world.

Progress across the world

25 years since the Convention was adopted, progress is apparent in every region of the world. Infant mortality rates have declined, while school enrollment has risen. Today, the world is winning the battle against extreme poverty; and more than 2.1 billion people now have access to improved drinking water sources and sanitation facilities.

What once was a shared value – making sure children are cared for – is now a legal obligation to act always in the best interests of children, considering child rights in every context and holding ourselves accountable for advancing those rights for every child. Where once eyes took no notice or turned away when violence scarred or took the life of a child, now voices are raised around the world to demand an end to violence against children whenever and wherever it occurs.

Celebrating this 25th anniversary today, we are inspired by the children who are growing up healthy, strong, and ready to realise the aspirations of the Convention. At the same moment, we are engaged in global discussions on a new development agenda for the post-2015 years. These discussions are driven by a recognition of how much more must be done to reduce the inequities that endanger children today and threaten their hopes for the future.

Millions left out and behind

For even as we celebrate the progress, we cannot ignore the millions of children, in every country of the world, who are being left out and left behind. Trafficked, forced into early marriage, exploited, abducted, terrorised; having babies when they are still children; dying in pregnancies and childbirths; unregistered and unvaccinated; without access to health services, adequate nutrition, and learning opportunities; discriminated against because of their gender or their religion, their ethnicity or disabilities, their color or their sexuality; living in poverty; living without parental care; living on society's margins. Their capabilities diminished and their choices limited. Their rights to survival, protection, freedom and identity violated.

We simply cannot – and will not leave these children behind. Because of what is at stake – the lives and futures of the world's children, and thus, the future of the world – we must find new ways to reach the children we have not yet reached.

There is hope to be found and nurtured, we are certain, in the human spirit that crosses and defies all divisions in its search for transformation. This is the spirit that speaks to us as we recommit our efforts to make the world a just and better place for all children.

The world has not stood still these past 25 years. There is new science to inform our interventions and our programmes. New technologies that offer new opportunities for young people to know their world. Other innovations that change how we communicate and at what speed. A new accountability to children and young people and new expectations for transparency by governments and civil society.

New challenges

But there are also new challenges – from the impact of climate change, to the ravages of conflict and crises, to the effects of population growth.

It is time for the international community to recommit itself to the immutable rights enshrined in the Convention of the Rights of the Child – and to act, with urgency, to advance those rights, for every child.

Moving forward, we will challenge ourselves in country by country, city by city, village by village, to do even more for children through sustained political commitment, strategic investments, and actions that match our words.

Thus our celebration on this anniversary day is a call - to those who have already done so much and those who have yet to join the cause: to speed up our efforts and expand our sphere of influence and our circle of activists. It is, most urgently, a call for innovation in what we do, how we do it, with whom and how quickly - so that, soon, all children everywhere will finally and fully enjoy their innate and inalienable rights.

UN Refugee Agency calls on States to end the immigration detention of children on the 25th anniversary of the Convention on the Rights of the Child.

20 November 2014

Press Release, 20 November 2014

It's 25 years since the international community adopted the Convention on the Rights of the Child (CRC), a major treaty setting out the rights of all children. With its 194 accessions, the CRC is the most widely ratified human rights treaty of all time. Among its provisions, Article 22 requires States to provide special protection for refugee children. Yet thousands of children are being detained by immigration authorities worldwide, with damaging effects on their health and wellbeing. UNHCR calls for an end to this harmful practice and for an ethic of care, not enforcement, to guide all interactions with asylum-seeking and refugee children.

"Children who arrive in another country in search of international protection are extremely vulnerable and have specific needs. We should treat them first and foremost as children, not as illegal aliens", said UN High Commissioner for Refugees Antonio Guterres. Even if they are detained together with their families, "this detention has a devastating effect on the physical, emotional and psychological development of these children," he said.

Recent studies have indicated that detained children frequently suffer from developmental delays and emotional problems, including insomnia, appetite loss and behavioral difficulties.

But as the number of people forcibly uprooted rises, so the detention of children for immigration related purposes remains all too common. Although it is difficult to obtain precise

figures, UNHCR estimates that thousands of children are in detention for this reason worldwide every day.

In all too many countries, children may face months in detention, often together with adult strangers in substandard conditions.

"The practice of putting children in immigration detention is in violation of the CRC in many respects and it should be stopped," he said.

As part of its Global Strategy – Beyond Detention, launched in Geneva in June this year, the UN Refugee Agency has made ending the detention of asylum-seeking children a corporate priority

On the 25th anniversary of the CRC, UNHCR renews its call to governments to end the detention of children and to explore child-appropriate alternative care arrangements, welcoming the steps taken by a number of governments to do so...

Countries vow to combat malnutrition through firm policies and actions

Second International Conference on Nutrition, Rome

Ministers and top officials from over 170 countries endorse political Declaration and Framework for Action to tackle hunger and obesity

19 November 2014, Rome - In a major step towards eradicating malnutrition worldwide, over 170 countries today made a number of concrete commitments and adopted a series of recommendations on policies and investments aimed at ensuring that all people have access to healthier and more sustainable diets.

Ministers and senior officials responsible for health, food or agriculture and other aspects of nutrition adopted the Rome Declaration on Nutrition, and a Framework for Action, which set out recommendations for policies and programmes to address nutrition across multiple sectors. The move came at the opening, in Rome, of the Second International Conference on Nutrition (ICN2), organized by the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO).

The Rome Declaration on Nutrition enshrines the right of everyone to have access to safe, sufficient and nutritious food, and commits governments to preventing malnutrition in all its forms, including hunger, micronutrient deficiencies and obesity.

The Framework for Action recognizes that governments have the primary role and responsibility for addressing nutrition issues and challenges, in dialogue with a wide range of stakeholders-including civil society, the private sector and affected communities. Building on the Declaration's commitments, goals and targets, the Framework sets out 60 recommended actions that governments may incorporate into their national nutrition, health, agriculture, education, development and investment plans and consider when negotiating international agreements to achieve better nutrition for all.

Rome Declaration on Nutrition

Second International Conference on Nutrition Rome, 19-21 November 2014

pdf: 6 pages <http://www.fao.org/3/a-ml542e.pdf>

Excerpts

1. We, Ministers and Representatives of the Members of the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO), assembled at the Second International Conference on Nutrition in Rome from 19 to 21 November 2014, jointly organized by FAO and WHO, to address the multiple challenges of malnutrition in all its forms and identify opportunities for tackling them in the next decades....

3. Reaffirming the right of everyone to have access to safe, sufficient, and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger consistent with the International Covenant on Economic, Social and Cultural Rights and other relevant United Nations instruments.

4. Acknowledge that malnutrition, in all its forms, including undernutrition, micronutrient deficiencies, overweight and obesity, not only affects people's health and wellbeing by impacting negatively on human physical and cognitive development, compromising the immune system, increasing susceptibility to communicable and noncommunicable diseases, restricting the attainment of human potential and reducing productivity, but also poses a high burden in the form of negative social and economic consequences to individuals, families, communities and States....

Commitment to action

15. We commit to:

a) eradicate hunger and prevent all forms of malnutrition worldwide, particularly undernourishment, stunting, wasting, underweight and overweight in children under five years of age; and anaemia in women and children among other micronutrient deficiencies; as well as reverse the rising trends in overweight and obesity and reduce the burden of diet-related noncommunicable diseases in all age groups;

b) increase investments for effective interventions and actions to improve people's diets and nutrition, including in emergency situations;

c) enhance sustainable food systems by developing coherent public policies from production to consumption and across relevant sectors to provide year-round access to food that meets people's nutrition needs and promote safe and diversified healthy diets;

d) raise the profile of nutrition within relevant national strategies, policies, actions plans and programmes, and align national resources accordingly;

e) improve nutrition by strengthening human and institutional capacities to address all forms of malnutrition through, *inter alia*, relevant scientific and socio-economic research and development, innovation and transfer of appropriate technologies on mutually agreed terms and conditions;

f) strengthen and facilitate contributions and action by all stakeholders to improve nutrition and promote collaboration within and across countries, including North-South cooperation, as well as South-South and triangular cooperation;

g) develop policies, programmes and initiatives for ensuring healthy diets throughout the life course, starting from the early stages of life to adulthood, including of people with special nutritional needs, before and during pregnancy, in particular during the first 1,000 days, promoting, protecting and supporting exclusive breastfeeding during the first six months and continued breastfeeding until two years of age and beyond with appropriate complementary feeding, healthy eating by families, and at school during childhood, as well as other specialized feeding;

h) empower people and create an enabling environment for making informed choices about food products for healthy dietary practices and appropriate infant and young child feeding practices through improved health and nutrition information and education;

i) implement the commitments of this Declaration through the Framework for Action which will also contribute to ensuring accountability and monitoring progress in global nutrition targets;

j) give due consideration to integrating the vision and commitments of this Declaration into the post-2015 development agenda process including a possible related global goal.

16. We call on FAO and WHO, in collaboration with other United Nations agencies, funds and programmes, as well as other international organizations, to support national governments, upon request, in developing, strengthening and implementing their policies, programmes and plans to address the multiple challenges of malnutrition.

17. We recommend to the United Nations General Assembly to endorse the Rome Declaration on Nutrition, as well as the Framework for Action which provides a set of voluntary policy options and strategies for use by governments, as appropriate, and to consider declaring a Decade of Action on Nutrition from 2016 to 2025 within existing structures and available resources.

State of World Population 2014

The Power of 1.8 Billion: Adolescents, youth and the transformation of the future

UNFPA

November 2014 :: 136 pages

ISBN: 978-0-89714-972-3

Download PDF: [English](#) - [Français](#) - [Español](#)

[Excerpt: Introductory message from Irem Tümer, contributing editor]

Calls for investments in young people have increased dramatically in recent years. Meanwhile, more and more countries agree that policies that help young people fulfil their potential can also help drive economic development. This year's The State of World Population is significant because it frames investments in youth not solely as responding to the needs of young people, but also as an imperative for sustainable development. The perspective and data that are being presented in this report can be a very valuable asset for the advocacy and programming of youth-led organizations and youth activists.

[Excerpt from UNFPA Media release]

...“Today's record 1.8 billion young people present an enormous opportunity to transform the future,” says UNFPA Executive Director, Dr. Babatunde Osotimehin. “Young people are the innovators, creators, builders and leaders of the future. But they can transform the future only if they have skills, health, decision-making, and real choices in life,” he adds.

With the right policies and investments in human capital, countries can empower young people to drive economic and social development and boost per-capita incomes, the new UNFPA report states.

The UNFPA Executive Director urges countries in pursuit of a demographic dividend to ensure the gains result in growth that benefits everyone.

“It is too easy to talk about the demographic dividend in terms of money, savings and economic growth, which have so far excluded many,” Dr. Osotimehin says. “The demographic dividend must be harnessed to achieve inclusive growth and offer opportunities and well-being for all.”

In the 1950s and 1960s, several East Asian economies invested heavily in young people's capabilities and in expanding their access to voluntary family planning, enabling individuals to start families later and have fewer children. The result was unprecedented economic growth. The Republic of Korea, for example, saw its per-capita gross domestic product grow about 2,200 per cent between 1950 and 2008.

Nine in ten of the world's young people today live in less developed countries. Because of lagging social services, these countries face greater obstacles to leveraging the advantages that can result from engaging a youthful, productive workforce.

The UNFPA report shows that demographic shifts taking place in about 60 countries are opening a window for a demographic dividend. The size of the dividend depends largely on how those countries invest in young people to realize their full potential.

If sub-Saharan African countries repeated the East Asian experience by making the right investments in young people, enabling them to participate in decisions that affect their lives and adopting policies to bolster economic growth, the region as a whole could realize a demographic dividend amounting to as much as \$500 billion a year, for 30 years.

A demographic dividend of this magnitude has the potential to lift hundreds of millions of people out of poverty and raise living standards and catapult economies forward, the report states. Critical youth investments needed to reap a demographic dividend are those that protect rights, including reproductive rights, improve health, including sexual and reproductive health, and provide skills and knowledge to build young people's capabilities and agency. These investments can also accelerate fertility declines, which can in turn accelerate the demographic transition.

UNDP, Foundation Center, and RPA Partner with Leading Foundations to Engage Philanthropic Sector in Post-2015 Global Development Process

"Post-2015 Partnership Platform for Philanthropy" Created to Transform Collaboration and Impact

20 Nov 2014

Nairobi and New York – As the Millennium Development Goals (MDGs) come to a close and the global aid community embarks on the post-2015 development agenda, opportunities abound to introduce innovation and insight into the way we address the world's most pressing issues. Against this backdrop, the United Nations Development Programme (UNDP), Foundation Center, and a committee of leading foundations guided by Rockefeller Philanthropy Advisors (RPA) have launched a new initiative to facilitate stronger philanthropic input into the changing global development landscape.

The project, known as the Post-2015 Partnership Platform for Philanthropy, will enable philanthropy to understand better the opportunities for engaging in global development goal processes, and help governments and the UN system understand the value philanthropy can bring in driving greater impact for people.

The project aims to help funders have a voice in the post-2015 development agenda, playing a more active role in both planning discussions and the implementation. In doing so, the philanthropic field can serve as a strategic partner in these broader global processes.

Another key objective of the project will be to develop country-level platforms that help inform and identify opportunities for collaboration. Planning workshops in various countries will kick start this process by facilitating the exchange of knowledge and laying the foundation for future engagement in the post-2015 agenda. The first workshop takes place on November 21 in Kenya, with representatives from philanthropic institutions, government, civil society organizations, and other regional and local networks. Additional pilot projects will roll out in Colombia, followed by Ghana, Indonesia, and Cambodia.

"Philanthropy is uniquely positioned to help convene multiple stakeholders and to amplify the voice and action of its civil society grantee partners in shaping and achieving the development targets within each country," said Steven M. Hilton, chairman, president, and CEO of the Conrad N. Hilton Foundation.

This initiative will also deliver a new web portal called www.SDGfunders.org that makes data on philanthropic investments more accessible, in order to help funders track progress, find

partners, and tell their stories.

"The SDGfunders.org website will combine Foundation Center's expertise in the philanthropic sector, data, and technology with the passion and insights of funders dedicated to making a difference," said Bradford K. Smith, president of Foundation Center. "The post-2015 development landscape looks much brighter when funders and other partners have the knowledge tools they need to be strategic and collaborative."

Throughout the project, guidance and input will be provided by leaders from foundation and philanthropy support organizations comprising a **Collaboration Committee, which currently includes the Conrad N. Hilton Foundation, Ford Foundation, The MasterCard Foundation, and WINGS.**

Viewpoint: [Private sector can help Africa to take responsibility for its development](#)

It is welcome news that African business leaders, spurred by the Ebola crisis, are to assist in tackling the continent's challenges

Calestous Juma

The Guardian, 21 November 2014

[\[Full text\]](#)

The decision of African business leaders to join the fight against Ebola brings new assets and capabilities to the task. But it also underscores the limits of the traditional development model, whereby African governments have outsourced their sovereign duty to protect their citizens to international organisations.

The growing complexity of Africa's challenges can hardly be addressed through reliance on the heroic expeditions of foreign volunteers. The outbreak shows that the response demands a level of coordination that can be effectively performed only where there are competent domestic institutions.

This is not to say that international volunteers are not needed. It simply means that their contributions will be more effective where there is local capacity to undertake sovereign duties such as providing security, protecting borders, ensuring food security and safeguarding human health.

Since independence, African countries have outsourced these functions to international organisations. As argued by Amy Sharples in her authoritative book, The Birth of Development, international organisations were created to make the best use of external assistance to improve the welfare of the poor. But their good intentions may have lulled African countries into abdicating some of their key sovereign duties.

The first failure of the outsourcing model was in agriculture. For decades, African countries relied on food aid to respond to famines. Africa is now focusing on feeding itself and using agriculture as a driver for economic development. The turning point was the adoption, in 2003, of the comprehensive Africa agricultural development programme.

The limits of the outsourcing model are evident in the case of Ebola. The admittedly inept handling of the Ebola crisis by the World Health Organisation was a clear sign that international agencies could not provide a substitute for African action. Further, the UN said it did not have the funds to respond to the crisis.

In response, the African Union (AU) called upon African businesses, which have so far committed \$37.4m (£23.9m) to equip, train and deploy 2,000 health workers in Liberia, Sierra Leone and Guinea.

The participation of the private sector has a number of novel features. First, Africa is taking a long-term view of the crisis, including post-outbreak reconstruction. In a statement reflecting

this outlook, the AU said: "While the global response to the crisis has increased in recent weeks, there is still a critical need for additional competencies to care for the infected, strengthen local health systems and prevent the disease from spreading."

Second, the private sector insists on working through the AU as the continent's main political body created by governments. This provides the basis for coordinated approaches, which are missing from chaotic international voluntary activities.

Third, private-sector contributions have been accompanied by critical assessments of the political, managerial and analytical capabilities needed to respond effectively to the crisis. Fourth, one of the most important observations from the roundtable was the importance of mobilising health workers through AU member states, some of which have had prior experience in dealing with Ebola and other infectious diseases, such as polio. This not only helps to strengthen state capacity but also allows the continent to identify gaps in states' ability to respond.

Such an approach is likely to lead to long-term institution-building. This is in contrast with the short-term emergency approaches that often undermine local institutions and are hardly sustained after the crisis is over.

Business leaders are not just donating money. They are also bringing to the task the operational capabilities they utilise in their own daily business activities. It is the focus on competence and accountability that African public institutions often lack.

Fifth, the private sector also showed considerable interest in harnessing scientific and technical knowledge in academic and research institutions. One of the pledges made at the November meeting was to support the creation of an infectious research centre. This pledge provides opportunities to engage African scientists and researchers in addressing Africa's health challenges.

Finally, the private sector has extensive infrastructure and logistical capabilities, which will be harnessed to support the fight against Ebola. This ranges from planes to transport and health workers to mobile telephone platforms for making the best use of individual donations as well as disseminating health information.

The self-interest of African businesses cannot be ignored. The Ebola outbreak has occurred at a time of great economic promise for Africa. The continent has been growing at a faster rate than the world average, and has emerged as a significant destination for foreign direct investment.

Businesses are concerned about the safety of their workers. Their interests are therefore aligned with the responsibility of states to protect the health of their citizens.

The Ebola outbreak is a catastrophe for the affected countries. But it is inspiring novel interactions between government, industry and academia to find solutions to the continent's challenges. It is causing a rebirth of African development that will entail bringing considerable creativity and innovation to the building of robust healthcare systems.

Report: Fast-Track - Ending the AIDS epidemic by 2030

UNAIDS

November 2014 :: 40 pages [Download PDF](#)

Overview

The Joint United Nations Programme on HIV/AIDS (UNAIDS) announced that taking a Fast-Track approach over the next five years will allow the world to end the AIDS epidemic by 2030. The new UNAIDS report outlines, that by taking the Fast-Track approach nearly 28 million new HIV infections and 21 million AIDS-related deaths would be averted by 2030. "We have bent

the trajectory of the epidemic," said Michel Sidibé, Executive Director of UNAIDS. "Now we have five years to break it for good or risk the epidemic rebounding out of control."

The new set of targets that would need to be reached by 2020 include achieving 90-90-90: 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads.

UNAIDS estimates that by June 2014, some 13.6 million people had access to antiretroviral therapy, a huge step towards ensuring that 15 million people have access by 2015, but still a long way off the 90-90-90 targets. Particular efforts are needed to close the treatment gap for children.

Other targets include reducing the annual number of new HIV infections by more than 75%, to 500000 in 2020, and achieving zero discrimination. The targets are firmly based on an approach to leaving no one behind that is grounded in human rights and, if achieved, would significantly improve global health outcomes.

Emergencies Scorecard

UN OCHA: [L3 Emergencies](#) [at 22 November 2014]

The UN and its humanitarian partners are currently responding to four 'L3' emergencies. This is the UN classification for the most severe, large-scale humanitarian crises.

:: [Iraq](#) - The surge in violence between armed groups and government forces has displaced an estimated 1.8 million people across Iraq and left hundreds of thousands of people in need of assistance.

[OCHA Iraq>>](#)

:: [Syria](#) - 10.8 million people, nearly half the population, are in need of humanitarian assistance. An estimated 6.45 million people have been displaced inside the country.

[OCHA Syria>>](#)

:: [CAR Central African Republic](#) - The violence that erupted in December 2013 has displaced hundreds of thousands of people and left 2.5 million in urgent need of assistance.

[OCHA CAR>>](#)

:: [South Sudan](#) - About 1.4 million people are internally displaced as the result of fighting that began in December 2013. 3.8 million people need humanitarian assistance.

[OCHA South Sudan>>](#)

WHO: [Public Health Emergencies of International Concern \(PHEIC\)](#) [at 22 November 2014]

:: [Ebola/EVD](#)

:: [Polio](#)

WHO: [Grade 3 and Grade 2 emergencies](#) [at 22 November 2014]

:: *WHO Grade 3 emergencies*

- [Central African Republic](#)

- [Guinea](#)

- [Iraq](#)

- [Liberia](#)

- [Nigeria](#)

- [Sierra Leone](#)

- [South Sudan](#)

- The Syrian Arab Republic
- :: *WHO Grade 2 emergencies*
- Democratic Republic of the Congo
- Guinea
- Mali
- occupied Palestinian territories
- Philippines
- Ukraine

Please see Ebola/EVD actions and updates across agencies, NGOs, and foundations; in Journal Watch below, and in a more extensive summary at the end of this edition.

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:: Agency/Government/IGO Watch

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

United Nations – Selected Meetings Coverage and Press Releases [to 22 November 2014]

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

Selected Meetings

21 November 2014

SC/11663

[In Presidential Statement, Security Council Hails Successes of Scaled-up Ebola Response, Calls for Stronger Coordination to Identify Gaps, Trace Contacts](#)

While reiterating grave concern about the unprecedented extent of the Ebola outbreak in Africa, the Security Council today noted the international community's "considerable" efforts to scale up its coordinated response, which had led to important progress on the ground.

20 November 2014

SC/11661

[Security Council, Adopting Resolution 2185 \(2014\), Resolves to Make Policing Essential Part of Peacekeeping Mandates, Adequately Funded](#)

The Security Council this morning resolved to make policing an integral part of the mandates of United Nations peacekeeping operations and special political missions, where appropriate, in its first-ever stand-alone resolution on the topic.

Selected Press Releases

21 November 2014

SG/SM/16358-OBV/1405-WOM/2009

[Secretary-General, in Message on International Day for Elimination of Violence against Women, Urges Everyone 'Stand Up to Abusive Behaviour' Everywhere](#)

Following is UN Secretary-General Ban Ki-moon's message for the International Day for the Elimination of Violence against Women, to be observed on 25 November...

19 November 2014

DSG/SM/824-DEV/3153-OBV/1404

[Ending Open Defecation, Says Deputy Secretary-General, Will Transform Lives of Women, Girls Who Daily Risk Sexual Abuse for Not Having Toilets](#)

Following is UN Deputy Secretary-General Jan Eliasson's keynote address, as prepared for delivery, at the opening session of the event marking World Toilet Day, in New York...

19 November 2014

SC/11658-AFR/3023-PKO/453

[Security Council Press Statement on Darfur](#)

19 November 2014

SG/SM/16352-OBV/1402

[Secretary-General, in Message for Universal Children's Day, Urges Recommitment to 'Those Who Have the Least and Need Us the Most'](#)

Following is UN Secretary-General Ban Ki-moon's message for Universal Children's Day, 20 November...

UNICEF [to 22 November 2014]

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

Media Releases [selected]

[In West Africa, countries at risk of Ebola remain on high alert: UNICEF](#)

DAKAR/GENEVA/NEW YORK, 21 November 2014 – With new Ebola cases in Mali and a continuing surge in Sierra Leone, UNICEF is stepping up efforts to help other West African countries at risk prepare for potential outbreaks.

[Raise your voice with UNICEF and Imagine a better world for children](#)

NEW YORK, 20 November, 2014 – During a musical event at the United Nations General Assembly today, UNICEF will unveil the #IMAGINE project as part of celebrations for the 25th anniversary of the Convention on the Rights of the Child.

[Innovation can drive change for most disadvantaged children - UNICEF Report](#)

NEW YORK, 20 November 2014 – Urgent action is needed to prevent millions of children from missing out on the benefits of innovation, UNICEF said in a new report launched on the 25th anniversary of the Convention on the Rights of the Child. Connectivity and collaboration can fuel new global networks to leverage innovation to reach every child, according to the children's agency.

[Lack of toilets dangerous for everyone, UNICEF says](#)

NEW YORK, 19 November 2014 – Slow progress on sanitation and the entrenched practice of open defecation among millions around the world continue to put children and their communities at risk, UNICEF warned on World Toilet Day.

[Statement on the death of Marcel Rudasingwa, former UNICEF Representative in Kenya](#)

NEW YORK/CONAKRY/KIGALI/NAIROBI, 18 November 2014 - UNICEF mourns the sudden death of our colleague and friend, Mr. Marcel Rudasingwa.

[IKEA Foundation contributes US\\$31.5 million to UNICEF](#)

NEW YORK/LEIDEN, 18 November 2014 – To mark the 25th anniversary of the Convention on the Rights of the Child, IKEA Foundation is boosting its commitment to children with six new grants to UNICEF, amounting to US \$31.5 million (€24.9 million).

[Scotland and England unite to protect children from Ebola](#)

LONDON, UK, 16 November 2014 - An urgent television appeal to help protect children in danger from the deadliest ever Ebola outbreak will be broadcast during the England v Scotland international on Tuesday night to raise money for Unicef's Emergency Ebola Appeal.

UNHCR [to 22 November 2014]

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

[UNHCR launches new airlift to ensure Iraqi displaced are warm this winter](#)

21 November 2014

[UN Refugee Agency calls on States to end the immigration detention of children on the 25th anniversary of the Convention on the Rights of the Child.](#)

20 November 2014

UNOCHA [to 22 November 2014]

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

21 Nov 2014

[Democratic Republic of the Congo: DR Congo: Top humanitarian official calls for "more, sustained attention" to crisis in Katanga](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Democratic Republic of the Congo (Pweto, northern Katanga, 20 November 2014):

Three years after a cycle of violence started displacing and affecting the livelihoods of over half a million people in the Democratic Republic of Congo's mineral-rich Katanga Province, there is an urgent need for greater attention on its humanitarian crisis, the United Nations' top humanitarian official said today...

20 Nov 2014

[Sudan: Sudan: South Darfur - Who Does What Where \(3Ws\) as of October 2014](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Sudan
Visualization of actors/roles.

18 Nov 2014

[Iraq: Under-Secretary-General Valerie Amos Statement to the Security Council on Iraq New York, 18 November 2014 \[EN/AR\]](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Iraq

Mr. President, Humanitarian conditions in Iraq continue to deteriorate and 5.2 million people are now in need of assistance throughout the country. Several hundred thousand people were displaced in Anbar Governorate at the start of the year. The number of IDP's is now over 2 million across the country and the rate of displacement continues to rise. In the past ten weeks alone, over 200,000 more people have been...

UNISDR UN Office for Disaster Risk Reduction [to 22 November 2014]

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

[Negotiations continue on new DRR framework](#)

20 Nov 2014

Work is to continue on the negotiation of the post-2015 framework for disaster risk reduction following two days of debate and discussion at the 2nd Preparatory Committee (PrepCom) for the Third UN World Conference on Disaster Risk Reduction which concluded in Geneva yesterday evening.

[UN Member States negotiate on managing disasters and climate risks](#)

17 Nov 2014

Over 150 UN Member States are expected in Geneva today to negotiate the text of a new agreement on disaster and climate risk management almost ten years after the first such agreement was adopted following the Indian Ocean tsunami which claimed over 220,000 lives.

[UN Secretary-General urges action to reduce disaster risk](#)

17 Nov 2014

The United Nations Secretary-General Ban Ki-moon today issued a call for action "to save lives, preserve livelihoods and reduce economic losses" as negotiations progress towards a new agreement on disaster and climate risk management.

WHO & Regionals

[Please see more extensive Ebola/EVD coverage at the end of this edition]

[WHO Director-General addresses the Second International Conference on Nutrition](#)

19 November 2014

[Global Alert and Response \(GAR\) - Disease Outbreak News \(DONs\)](#)

:: [Plague – Madagascar 21 November 2014](#)

[Excerpt]

21 November 2014 - On 4 November 2014, WHO was notified by the Ministry of Health of Madagascar of an outbreak of plague. The first case, a male from Soamahatamana village in the district of Tsiroanomandidy, was identified on 31 August. The patient died on 3 September. As of 16 November, a total of 119 cases of plague have been confirmed, including 40 deaths. Only 2% of reported cases are of the pneumonic form.

Cases have been reported in 16 districts of seven regions. Antananarivo, the capital and largest city in Madagascar, has also been affected with 2 recorded cases of plague, including 1 death. There is now a risk of a rapid spread of the disease due to the city's high population density and the weakness of the healthcare system. The situation is further complicated by the high level of resistance to deltamethrin (an insecticide used to control fleas) that has been observed in the country.

Public health response

The national task force has been activated to manage the outbreak. With support from partners – including WHO, the Pasteur Institute of Madagascar, the "Commune urbaine d'Antananarivo" and the Red Cross – the government of Madagascar has put in place effective strategies to control the outbreak. Thanks to financial assistance from the African Development Bank, a 200,000 US dollars response project has been developed. WHO is providing technical

expertise and human resources support. Measures for the control and prevention of plague are being thoroughly implemented in the affected districts. Personal protective equipment, insecticides, spray materials and antibiotics have been made available in those areas...

- :: [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Saudi Arabia 21 November 2014](#)
- :: [Human infection with avian influenza A\(H7N9\) virus – China 18 November 2014](#)

News releases

- :: [Worldwide action needed to address hidden crisis of violence against women and girls](#)
21 November 2014
- :: [Countries vow to combat malnutrition through firm policies and actions](#) 19 November 2014
- :: [UN reveals major gaps in water and sanitation – especially in rural areas](#) 19 November 2014

WHO Regional Offices

WHO African Region AFRO

No new digest content identified.

WHO Region of the Americas PAHO

- :: ['No child should die from a preventable cause,' says PAHO/WHO on Universal Children's Day](#)
In the Americas, under-5 mortality has fallen more than two-thirds since 1990, but not all children have benefited equally from this progress

Washington, D.C., 19 November, 2014 (PAHO/WHO) — Despite impressive progress in child survival in the Americas over the past quarter-century, vulnerable children—especially those from indigenous, rural and low-income families—remain more likely to die before age 5 than other children.

On Universal Children's Day, celebrated on November 20 each year, the Pan American Health Organization/World Health Organization (PAHO/WHO) is calling on its member countries to address inequities in child health so that no child dies from a preventable cause, regardless of their ethnicity, their family's income level, or where they live...

- :: [PAHO, OAS and IDB explore joint action on outbreak response in the Americas](#)

Washington, D.C., 18 November 2014 (PAHO/WHO) – The Director of the Pan American Health Organization/World Health Organization (PAHO/WHO), Dr. Carissa F. Etienne, met this week with Secretary-General of the OAS José Miguel Insulza and President of the Inter-American Development Bank Luis Alberto Moreno to explore joint action to strengthen the capacity of countries in the Americas to respond to disease outbreaks and epidemics.

In their meeting, at IDB headquarters in Washington, D.C., the heads of the three inter-American organizations discussed the health and economic challenges posed to the region by new diseases such as chikungunya, which was first detected in the Caribbean in December 2013, and Ebola, which to date has only been reported in one country of the Western Hemisphere, the United States.

The leaders agreed to explore the possible establishment of an inter-American fund for outbreak preparedness, which would support strengthening for surveillance systems and health services to ensure rapid and effective response to outbreaks in the region.

They also agreed that the three organizations would contribute to strengthening country capacities to respond to disease and other health risks in the framework of the International Health Regulations (IHR), an international legal instrument that has been signed by WHO Member States to help prevent and respond to public health risks that can cross borders and threaten countries around the world...

WHO South-East Asia Region SEARO
World Toilet Day 2014

Inadequate sanitation is impacting health and economies of countries in South-East Asia. Good sanitation is proven to prevent water sources being contaminated, protect the environment, prevent infectious diseases and help reduce malnutrition, stunting and mental stress.

- [The health and economic cost of poor sanitation - Dr Poonam Khetrapal Singh](#)
- [World Toilet Day 2014 - Improving sanitation would deliver enormous economic benefits](#)

WHO European Region EURO

- :: [Consultation on sustainable access to vaccines in middle-income countries](#) 24–25 November 2014, Istanbul, Turkey
- :: [Workshop on immunization financing and graduation from GAVI support](#) 25–28 November 2014, Istanbul, Turkey

WHO Eastern Mediterranean Region EMRO

- :: [Haemophilus influenzae vaccine introduced in all national immunization programmes](#)
20 November 2014

WHO Western Pacific Region WPRO

- :: [Let's use antibiotics responsibly](#)

ANILA, 21 November 2014 - Antimicrobial resistance (AMR) is a global public health threat. The rapid rise and spread of AMR—especially antibiotic resistance—places the well-being of the Western Pacific Region's 1.8 billion people at risk. During Antibiotic Awareness Week (17–23 November 2014), the World Health Organization (WHO) urges everyone to use antibiotics responsibly, so these drugs can continue to protect our families and communities from harmful bacteria...

- :: [WHO leads meeting to strengthen health security in the Pacific](#)

20 November 2014 SUVA, Fiji – Health leaders from 21 Pacific island countries and areas will meet in Nadi, Fiji to discuss progress in the implementation of the International Health Regulations (IHR) in the Pacific. Preparedness to respond to the deadly Ebola virus, should the virus be imported into the Pacific region by a traveller returning from West Africa, will be a key item for discussion...

UNAIDS [to 22 November 2014]

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

[UNAIDS reports that reaching Fast-Track Targets will avert nearly 28 million new HIV infections and end the AIDS epidemic as a global health threat by 2030](#)

18 November 2014 | [PDF](#)

[Botswana High Court rules in favour of registration of LGBTI civil society organization](#)

18 November 2014 [PDF](#)

[UNAIDS to launch new Fast-Track report ahead of World AIDS Day 2014](#)

17 November 2014 | [PDF](#)

UNDP United Nations Development Programme [to 22 November 2014]

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

21 Nov 2014

[Enhancing Climate Resilience of the Vulnerable Communities and Ecosystems in Somalia](#)

The Government of Somalia, in partnership with the United Nations Development Programme (UNDP), is set to begin an innovative project enhancing climate resilience of vulnerable communities and ecosystems through a US\$8 million initiative.

20 Nov 2014

[UNDP, Foundation Center, and RPA Partner with Leading Foundations to Engage Philanthropic Sector in Post-2015 Global Development Process](#)

20 Nov 2014

[Ebola is throwing Liberian economy into a dangerous downspin](#)

Liberia could experience negative GDP growth for the first time since the war ended 11 years ago unless urgent action is taken to stimulate the economy. Liberia was one of the fastest growing economies in the world last year, but recent projections show that the country's growth could be going backwards in 2015.

20 Nov 2014

[COP 20: UN Climate Change Conference, Lima](#)

The 20th session of the Conference of the Parties (COP20) and the 10th session of the Conference of the Parties serving as the Meeting of the Parties to the Kyoto Protocol (CMP10) will be hosted by the Government of Peru, in Lima, Peru.

19 Nov 2014

[UNDP Launches first Lexicon of Electoral Terminology in three languages](#)

The United Nations Development Programme (UNDP) launched in Cairo its first trilingual (Arabic, English and French) Lexicon of Electoral Terminology. With close to 500 entries, the lexicon provides clear and accurate explanations of key concepts and terms in the field of elections. The Lexicon documents the most widely accepted electoral terms in Arabic accounting for regional language variations in the eight participating countries: Egypt, Iraq, Jordan, Lebanon, Libya, Palestine, Tunisia and Yemen.

19 Nov 2014

[Ebola response must include socio-economic recovery, says UNDP](#)

Participants at the Global South South Development Expo 2014, highlighted the contributions of countries in the global South to the Ebola response under the umbrella of South-South cooperation. They analyzed different mechanisms for scaling-up of such solutions, creating space for future partnerships between solution seekers and providers.

18 Nov 2014

[Helen Clark: Video Message to the International Parliamentary Conference on Growth and Development at the Houses of Parliament](#)

London, UK

18 Nov 2014

[Building a New Collaborative Global Partnership for Sustainable Development](#)

The seventh annual week-long United Nations South-South Development Expo got off to strong start yesterday, with more than 500 delegates from 150 countries convening at the headquarters of the Organization of American States.

17 Nov 2014

[Progress on eliminating ozone-depleting substances in 120 countries, UNDP report](#)

The United Nations Development Programme (UNDP) today released a report showcasing how 120 countries eliminated more than 67,000 tonnes of ozone-depleting substances (ODS) and over 5 billion tonnes of CO2-equivalent greenhouse gas emissions, helping to improve air quality and technological practices in such sectors as refrigeration and air conditioning, solvents, and foams.

UN Division for Sustainable Development [to 22 November 2014]

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

No new digest content identified.

UN Women [to 22 November 2014]

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

[Latin America and the Caribbean reaffirm commitment to the Beijing Declaration and Platform for Action](#)

Date : [November 22, 2014](#)

Santiago - After two days of rigorous and productive discussions during the Latin America and Caribbean Special Session on the Beijing Declaration and Platform for Action, delegations from 21 countries unanimously reaffirmed the region's commitment to the Platform for Action, and the goal to remove barriers that prevent women's active participation in all spheres of public and private life.

[UN Women calls for clean cooking solutions for women at Cookstoves Future Summit](#)

Date : [November 20, 2014](#)

At the Cookstoves Future Summit in New York from 20-21 November, UN Women is calling on Governments, multilateral agencies and civil society organizations to commit to advancing gender equality by improving women's access to clean cooking solutions

[In Palestine, specialized prosecutors ensure women survivors' access to justice](#)

Date : [November 20, 2014](#)

UN Women is working with the Attorney General's Office in Palestine on a human-rights-based approach to handling cases of domestic and gender-based violence, by training public prosecutors in line with international standards and developing operating procedures.

[In Fiji first responders train to address sexual violence in disasters](#)

Date : [November 20, 2014](#)

Because the risk of violence against women and girls increases in the aftermath of a disaster, UN Women is supporting training for first responders and disaster-risk-reduction planners in Fiji to prevent, recognize and address violence in emergencies across the Pacific.

[Join the conversation for 25 November: #Orangehood in #16days](#)

Date : November 20, 2014

Orange your profile picture to show your support! Join the conversation and Orange your Neighbourhood in 16 Days on social media! Hashtags: #orangeurhood; #16days Join the 'Orange Your World' Event page on Facebook and post photos and actions happening in your country for the 16 Days of Activism. Orange your Facebook wall, Instagram and Twitter accounts with a variety of images, banners and promotional material . A social media package with sample messages in English...

[Media advisory: UN commemoration of the International Day to End Violence against Women, 25 November 2014: "Orange YOUR Neighbourhood"](#)

Date : November 19, 2014

This year's theme to mark the International Day to End Violence against Women, 25 November, and the 16 Days of Activism against Gender Violence is "Orange Your Neighbourhood". The colour orange, bright and optimistic, has been designated by the UN Secretary-General's campaign UNiTE to End Violence against Women to symbolize a better future without this pervasive human rights violation that affects as many as one in three women and girls worldwide. The iconic Empire State Building, the UN Secretariat building and large screens in Times Square in New York will be lit orange to mark the day, along with the official commemoration event at UN Headquarters.

[Message of the Executive Director on the occasion of the International Day for the Elimination of Violence against Women, 25 November](#)

Date : November 19, 2014

Message of the Executive Director on the occasion of the International Day for the Elimination of Violence against Women

[New global initiative to close gender gap in science and technology](#)

Date : November 18, 2014

Global women leaders in tech participate in IGNITE

[Cambodia takes multi-pronged approach to confronting gender-based violence](#)

Date : November 17, 2014

To strengthen its policies and evidence base, UN Women supported the participatory formulation of Cambodia's 2nd National Action Plan to Prevent and Respond to Violence against Women.

UNFPA United Nations Population Fund [to 22 November 2014]

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

18 November 2014 - Statement

[Statement of the Executive Director on The State of World Population 2014 report](#)

Welcome to the launch of The State of World Population 2014, "The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future." Never before have there been so many young people. Never again is there likely to be such potential for economic and social progress...

18 November 2014 - Press Release

[World's 1.8 Billion Young Can Propel Socioeconomic Development, New UNFPA Report Shows](#)

UNITED NATIONS, New York—Developing countries with large youth populations could see their economies soar, provided they invest heavily in young people's education and health and protect their rights, according to The State of World Population 2014, published today by UNFPA, the United Nations Population Fund. The potential economic gains would be realized through a "demographic dividend," which can occur when a country's working age population is larger than the population that is dependent and younger, the report shows....

DESA United Nations Department of Economic and Social Affairs [to 22 November 2014]
<http://www.un.org/en/development/desa/news.html>

[Harnessing transport investments while reducing pollutants for sustainable future](#)

18 November 2014, New York

With trillions of dollars expected to be invested in transport infrastructure and air pollutants and greenhouse gas emissions rising, UN Secretary-General Ban Ki-moon tasked his High-level Advisory Group on Sustainable Transport with finding viable solutions to promote public health and safety, environmental protection and economic growth through sustainable transport.

ILO International Labour Organization [to 22 November 2014]

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

G20 Leaders' Summit - Brisbane

[No sustainable recovery without more and better jobs](#)

16 November 2014

[Global jobs challenge top of G20's priorities](#)

16 November 2014

FAO Food & Agriculture Organization [to 22 November 2014]

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

[New global momentum to eradicate malnutrition](#)

The time is now for bold action to shoulder the challenge of Zero Hunger and ensure adequate nutrition for all, FAO Director-General José Graziano da Silva said today in closing remarks to the Second International Conference on Nutrition (ICN2).

21-11-2014

[Pope Francis urges solidarity and concrete action in global nutrition challenge](#)

Pope Francis tells delegates from 172 countries at the Second International Conference on Nutrition to view food, nutrition and the environment as global public issues and warned that when "solidarity is lacking in one country, it's felt around the world."

20-11-2014

[Countries vow to combat malnutrition through firm policies and actions](#)

Ministers and senior officials responsible for health, food or agriculture and other aspects of nutrition adopted the Rome Declaration on Nutrition, and a Framework for Action, which set out recommendations for policies and programmes to address nutrition across multiple sectors.

19-11-2014

[Lawmakers from over 170 countries are urged to push on nutrition commitments](#)

The meeting was organized in Rome by the Inter-Parliamentary Union (IPU) which represents lawmakers from over 170 countries. The event held under the title "Parliaments for better nutrition" served as a forum for an exchange of views on key nutrition challenges and opportunities ahead of the Second International Conference on Nutrition (ICN2).

18-11-2014

17-11-2014

[Little book, big data](#)

FAO has published a comprehensive pocketbook of nutrition-related data covering all regions of the world ahead of the Second International Conference on Nutrition (ICN2) taking place in Rome this week.

17-11-2014

UNESCO [to 22 November 2014]

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

[Director-General participates in Chief Executives Board briefing on UN response to the Ebola crisis](#)

22 November 2014

[From Exclusion to Empowerment: Role of ICT for Persons with Disabilities -UNESCO conference, New Delhi 24-26 November](#)

21 November 2014

[UNESCO launches a manual on freedom of expression and public order](#)

19 November 2014

On 4 November 2014, during the celebration of the International Day to End Impunity for Crimes against Journalists, UNESCO's project Office in Tunisia launched a manual on freedom of expression and public order, which has been prepared within the framework of the project, Training security forces on freedom of expression, freedom of the press and the protection of journalists.

The manual aims to give members of the security forces the tools that would enable them to both accomplish maintenance of order in compliance with human rights, and interact in a professional manner with journalists while guaranteeing their security.

At the regional celebration of the International Day, civil society representatives and media professionals coming from North African countries - Mauritania, Morocco, Algeria, Tunisia and Libya - discovered the new manual, which is a reference in terms of security sector reform, specifically regarding human rights, freedom of expression and security of journalists.

The project under which the manual has been produced is the first of its kind in the Arab world...

[Manual \[French\]](#)

[The Second African Forum on Science, Technology and Innovation issues the Ministerial Statement of Rabat](#)

18 November 2014

The [Second Ministerial Forum on Science, Technology and Innovation](#) concluded in Rabat on 17 October by issuing the [Ministerial Statement of Rabat](#) signed by over 20 African Ministers or

their representatives in Science and Technology, Higher Education, or of Industry. The Statement of Rabat is a reaffirmation of Africa's commitment to further entrench STI into the heart of political dialogue and into their national action plans and regional initiatives. The Statement comes two years after its predecessor, the Nairobi Ministerial Declaration, which was signed in 2012 in Nairobi at the First Ministerial Forum on STI in Africa...

WIPO World Intellectual Property Organization [to 22 November 2014]

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

No new digest content identified.

CBD Convention on Biological Diversity [to 22 November 2014]

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

20 November 2014

[Compendium on Protected Area Governance and Management launched at 6th World Parks Congress](#)

A new compendium providing the latest and best professional information needed for protected area practitioner capacity development was released this week in the margins of the 6th IUCN World Parks Congress.

ITU International Telecommunications Union [to 22 November 2014]

http://www.itu.int/net/pressoffice/press_releases/index.aspx?lang=en#.VF8FYcl4WF8

[ITU standards will enhance television viewing experience](#)

World Television Day highlights role of TV in global communication

Geneva, 21 November 2014 – Today is World Television Day. Television is recognized as a major tool in informing, channelling and affecting public opinion. Its impact and influence on world public opinion and decision-making cannot be denied and today Television represents a symbol for communication and globalization in the contemporary world...

... "ITU is currently working on developing new standards that will dramatically enhance the television viewer's experience, in terms of both visual and audio quality," said ITU Secretary-General Hamadoun I. Touré. "ITU is developing industry-leading standards for the next generation of television that will be available in very high definition as well as high performance dynamic video streaming." ..

[Eight social ICT start-ups win ITU Telecom World 2014 Young Innovators Competition](#)

Geneva, 18 November 2014 – ITU Telecom has announced the winners of its fourth annual Young Innovators' Competition. Open to young social entrepreneurs between ages 18 and 30 from around the world, the competition sought innovative digital solutions with positive social impact to four challenges, focusing on developmental issues and technologies. The winners will be heading to ITU Telecom World 2014, the leading networking, solutions showcasing and knowledge-sharing event for the global ICT community in Doha, Qatar, 7-11 December.

From over 822 entries for four Challenges from 99 countries worldwide, submitted on a dedicated platform powered by Crowdicity, eight start-ups and concepts were selected on the basis of social impact and potential for business success:

Challenge 1 on Local Digital Content with Challenge Partner Ooredoo

:: TeleMuseum – Lorna Okeng, Uganda: online virtual museum preserving and digitalizing African local content, oral traditions, and culture in cinema

:: Incept – Safouan Ben Jha, Tunisia: interactive, multilingual augmented reality app for museums and historic sites

Challenge 2 on Open Source Technologies for Disaster Management

:: Social Media Coordination (SoMeC) – Hemant Purohit, India: web app to identify social media influencers and improve disaster response coordination

:: NAJI – Your Mobile Is Your Saviour – Sahar Pakseresht, Iran: app and bracelet using body sensor networks to locate people missing in natural disasters

Challenge 3 on Smart Cities & Climate Change with Challenge Partner WHO

:: Making Sense of Sensor Technology – Vratul Kumar, India: wireless smart sensor technology applied to waste disposal networks

:: Matti – Jeisson Díaz, Colombia: GPS-based social app to raise awareness on recycling and climate change

Challenge 4 on the Internet of Things with Challenge Partner IEEE IoT Initiative

:: Unplugged – Marvin Arnold, USA: developing a secure decentralized information exchange platform to rival the Internet

:: CONNECTED ECO – Fatoumata Kebe, France/Mali: solar-powered sensor providing real-time analysis of soil conditions and irrigation needs

USAID [to 22 November 2014]

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

[USAID Provides Humanitarian Food Assistance to Conflict-Affected Ukrainians](#)

November 21, 2014

The United States Agency for International Development (USAID) announced a \$3 million contribution to the U.N. World Food Program's (WFP) emergency operation in Ukraine to assist 120,000 Ukrainians affected by the ongoing conflict.

[USAID Announces \\$125 million in New Financing to Support Clean Cookstoves and Cooking Fuels](#)

November 21, 2014

The U.S. Agency for International Development (USAID) announced today its intention to make available \$125 million in new private sector financing for manufacturers and distributors of clean cookstoves and cooking fuels through two loan guarantee facilities. The announcement, made at the Cookstoves Future Summit hosted by the Global Alliance for Clean Cookstoves, was part of a larger U.S. Government pledge of support of up to \$200 million for clean cookstoves and fuels over the next five years.

[USAID and Volvo Partner on Morocco Workforce Training Academy](#)

November 21, 2014

The U.S. Agency for International Development and Volvo Group announced today a public-private partnership to operate a training academy in Morocco that will promote economic growth, youth employment and gender equality in North and West Africa.

[USAID Announces New Investment for Entrepreneurs in Iraq and Lebanon](#)

November 20, 2014

The U.S. Agency for International Development (USAID) announced today new partnerships with Shell Foundation and Berytech designed to drive inclusive growth and sustainable job creation in Iraq and Lebanon.

DFID [to 22 November 2014]

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

Selected Releases

[NHS volunteers deployed to fight Ebola in Sierra Leone](#)

22 November 2014 DFID and DH Press release

[UK supports global plans to help protect people from cancer and respiratory illnesses](#)

21 November 2014 DFID Press release

[New research funding to strengthen Ebola response](#)

16 November 2014 DFID Press release

ECHO [to 22 November 2014]

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

[Remarks by Commissioner Christos Stylianides and Commissioner Dimitris Avramopoulos at the conclusion of the ARETE 2014 exercise](#)

Thu, 20/11/2014 - 17:21

European Commission - Speech - [Check Against Delivery] 20 November 2014 Campus Vesta, Belgium

The European Commission organised today a field exercise in disaster preparedness. "ARETE 2014" simulated a complex chemical and terrorism situation including hostage-taking.

[Joint Statement on the occasion of the Universal Children's Day and the 25th Anniversary of the Convention on the Rights of the Child](#)

Thu, 20/11/2014 - 12:00

European Commission - Statement Brussels, 20 November 2014 Federica Mogherini, High Representative of the Union for Foreign Affairs and Security Policy and Vice-President of the Commission, Neven Mimica, Commissioner for International Cooperation and Development, Christos Stylianides, Commissioner for Humanitarian Aid and Crisis Management and Věra Jourová, Commissioner for Justice, Consumers...

[The European Union's response to Ebola emergency](#)

Tue, 18/11/2014 - 12:00

European Commission - Fact Sheet Brussels, 18 November 2014 West Africa is currently facing the largest and most complex Ebola epidemic on record. Guinea, Liberia and Sierra Leone are the most affected countries. The disease has already claimed nearly 5,000 lives and has seen over 13,000 cases.

OECD [to 22 November 2014]

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

[G20: OECD to help monitor growth and gender commitments](#)

Leaders of the G20 countries meeting at their Summit in Brisbane, Australia, have called on the OECD and IMF to monitor their commitment to boost economic growth and create jobs.

16-November-2014

African Union [to 22 November 2014]

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

Nov.21.2014

[Africa-Turkey Summit Draft Declaration](#)

Nov.18.2014

[Message of Dr Nkosazana Dlamini Zuma, African Union Commission Chairperson, on good progress on AU-Private Sector Ebola Fund](#)

Nov.18.2014

[A Call to Action: Conservation of Biodiversity, a necessary ingredient to attain sustainable development, reduce poverty and conflict in Africa](#)

ASEAN

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

No new digest content identified.

UNCTAD [to 22 November 2014]

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

[World seaborne trade grew by just 3.8% in 2013, new report reveals](#)

20 Nov 14

The Review of Maritime Transport 2014, covering developments in international seaborne trade, shipping, the world fleet, ports, freight markets, and transport-related regulatory and legal frameworks, is now available. The Review also looks at marginalization of small island developing states.

World Trade Organisation [to 22 November 2014]

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

[Trade rules can play a positive role in addressing nutrition objectives, says DDG Shark](#)

In a statement to the Second International Conference on Nutrition in Rome on 19 November 2014, Deputy Director-General David Shark emphasized the critical importance of multilateral cooperation on nutrition. "The WTO remains more than ever fully committed to participate in and to contribute to this multilateral cooperation," he said.

IMF [to 22 November 2014]

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

No new digest content identified.

World Bank [to 22 November 2014]

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

[Statement by Jim Yong Kim, President, World Bank Group Following the United Nations' Chief Executives Board Meeting on Ebola](#)

Date: November 21, 2014

[New Partnership to Help Bring Clean Cooking to 100 Million Households by 2020](#)

NEW YORK CITY, November 21, 2014 - A major new partnership between the World Bank Group and the Global Alliance for Clean Cookstoves will work to spur a transition to clean cooking for 100 million households, which still use inefficient cookstoves and solid fuels for cooking. The new, five-year Efficient Clean Cooking and Heating Partnership was announced today at the Cookstoves Future Summit in New York – a gathering of leaders from across the international community focused on new efforts to speed up the adoption of clean cooking and end household air pollution from traditional cooking, which takes 4.3 million lives a year in developing countries. The partnership will support in-country programs undertaken by both the Global Alliance for Clean Cookstoves (the Alliance) and the World Bank Group, and will be managed by the World Bank's Energy Sector Management Assistance Program (ESMAP). "This new initiative builds on years of learning and experience by the World Bank Group..."

Date: November 21, 2014

[Nearly Half of Liberia's Workforce No Longer Working since Start of Ebola Crisis](#)

Negative Economic Impacts of Virus Seen Throughout the Country, with Serious Consequences for the Poor and Vulnerable

WASHINGTON, November 19, 2014—Ebola has substantially impacted all sectors of employment in the Liberian economy, in both affected and non-affected counties, according to the most recent round of mobile phone surveys conducted by the World Bank Group in partnership with the Liberian Institute of Statistics and Geo-Information Services and the Gallup Organization. In all, nearly half of those working in Liberia when the Ebola outbreak began are no longer working as of early November 2014. "Even those living in the most remote communities in Liberia, where Ebola has not been detected, are suffering the economic side effects of this terrible disease," said Ana Revenga, Senior Director of the Poverty Global Practice at the World Bank Group..

Date: November 19, 2014

[World Bank Group Approves US\\$285 Million Grant for Ongoing Ebola Crisis Response](#)

November 18, 2014

WASHINGTON, November 18, 2014—The World Bank Group's Board of Executive Directors today approved a US\$285 million grant to finance Ebola-containment efforts underway in Guinea, Liberia and Sierra Leone, as well as to help communities in the three countries cope with the socioeconomic impact of the crisis and rebuild and strengthen essential health services.

The grant is part of the nearly US\$1 billion previously announced by the World Bank Group for the countries hardest hit by the Ebola crisis.

The grant provides additional financing to the Ebola Emergency Response Project approved by the WBG's Board on September 16, 2014, including US\$72 million for Guinea, US\$115 million for Liberia and US\$98 million for Sierra Leone, the three countries most-affected by Ebola.

Today's announcement brings the total financing approved so far from the World Bank Group's International Development Association (IDA)* Crisis Response Window (CRW) for the Ebola

response to US\$390 million. The CRW is designed to help low-income IDA countries recover from severe disasters and crises...

* * * *

:: 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 22 November 2014]

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

Published: 14 May 2014 Denis

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.

Aravind Eye Care System [to 22 November 2014]

[Enhancing Eye Care Delivery in the Underserved Regions](#)

LAICO, October 31- November 1

It is estimated that in India over six million cataract surgeries are done annually, resulting in a Cataract Surgical Rate (CSR) of about 5,000. While such a CSR rate is very impressive, especially amongst the developing countries, we have to recognize that about half of the states and districts would be performing less than this average, with some of the districts with very low performance. A more serious implication of this is the fact that the people in those districts, for no fault of theirs are denied the eye care that they need. The time has come to act again to address the disparity in services across districts. The workshop "Serving the Underserved Regions through District Planning 2.0" deliberated on the ground realities and practical challenges faced by underserved districts and develop an appropriate intervention model that could be deployed for enhancing eye care delivery in the states of Assam, Tripura, Rajasthan, Chhattisgarh, Uttar Pradesh, Orissa and Karnataka. The participants included major eye care providers from these states, representatives from Ministry of Health, senior representatives from the National Program for the Control of Blindness (NPCB), Govt. of India and various States as well as heads of INGOs and representatives from V2020. The workshop sponsored by Centre for Innovation in Public Systems (CIPS), Sightsavers, V2020 India and Seva Foundation, USA.

As part of the workshop, Dr. Jayanti S Ravi, a senior IAS officer and Labour Commissioner, Govt. of Gujarat shared her thoughts on Dr. G. Venkataswamy, the founder of Aravind Eye Hospitals, through a blended genre of music and stories. The programme held at Aravind's research institute was truly profound and it gave an opportunity to reflect on Dr. V in a totally philosophical manner.

BRAC [to 22 November 2014]
No new digest content identified.

CARE International [to 22 November 2014]
<http://www.care-international.org/news/press-releases.aspx>
No new digest content identified.

Danish Refugee Council [to 22 November 2014]
<http://drc.dk/news/archive/>
No new digest content identified.

Casa Alianza [to 22 November 2014]
Covenant House [to 22 November 2014]
No new digest content identified.

ECPAT [to 22 November 2014]
No new digest content identified.

Fountain House [to 22 November 2014]
<http://www.fountainhouse.org/blog/fountain-house-receive-15-million-hilton-humanitarian-prize>
No new digest content identified.

Handicap International [to 22 November 2014]
No new digest content identified.

Heifer International [to 22 November 2014]
No new digest content identified.

HelpAge International [to 22 November 2014]
No new digest content identified.

International Rescue Committee [to 22 November 2014]
20 Nov 2014
[IRC Supports President Obama Decision on Temporary Relief for Certain Undocumented Immigrants](http://www.rescue.org/resource/irc-supports-president-obama-decision-temporary-relief-certain-undocumented-immigrants)

20 Nov 2014
[Positive Parenting Programs Reduce Violence in the Lives of Crisis-Affected Children](http://www.rescue.org/resource/positive-parenting-programs-reduce-violence-lives-crisis-affected-children)

- New research shows supporting parents and primary caregivers effective in keeping children safe in post-conflict and displacement situations
- IRC recommends increase in funding for evidence-based parenting programs and research to prevent violence against children in contexts of crisis
- IRC calls on governments, multilateral institutions to reinforce or make explicit commitments to parenting programs as a means of preventing violence against children in humanitarian and development plans

17 Nov 2014

[Chipotle Cultivate Foundation Awards \\$500,000 Grant to the International Rescue Committee](#)

ICRC - International Committee of the Red Cross [to 22 November 2014]

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

[Chad: Displaced people from the Central African Republic living in precarious conditions](#)

The ICRC, in close cooperation with the Red Cross of Chad, has distributed essential items to over 5,000 displaced people ...

19-11-2014 | News release

[Western Balkans: After 15 years, more than 1,600 people still missing in Kosovo](#)

The working group on persons unaccounted for in connection with events in Kosovo between 1998 and 1999 held its 38th session in...

18-11-2014 | News release

[Central African Republic: Civilians still suffering the effects of the conflict](#)

Tensions mounted in Bangui again last weekend when demonstrations by armed men blocked roads, bringing traffic in the capital to a...

17-11-2014 | News release

IRCT [to 22 November 2014]

News

[New issue of Torture Journal highlights long-lasting effects of torture among refugees](#)

19-11-2014

New issue of Torture Journal highlights upcoming methods of identification of torture and the long-lasting effects of torture among refugees and asylum seekers

MSF/Médecins Sans Frontières [to 22 November 2014]

[Democratic Republic of Congo: Intervention for the Ebola Outbreak Comes to an End](#)

November 17, 2014

BOENDE, DEMOCRATIC REPUBLIC OF CONGO/BARCELONA—The Ebola outbreak that began in August in the north of the Democratic Republic of Congo (DRC) is now under control, with no new cases detected after the last confirmed infection on October 4 in the town of Boende, Equateur province, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) said today.

MSF has withdrawn its teams from the affected area after deploying about 70 staff members in response to the outbreak, which is separate from the Ebola outbreak in West Africa.

However, MSF staff members continue to monitor the area, after working for weeks to enhance the capacity of local authorities to respond to any eventuality. According to the World Health Organization, the outbreak in DRC infected 66 people, 49 of whom died.

"At MSF, we try our best to ensure an effective and forceful response in the event of a new outbreak," said José Mas, coordinator of MSF's intervention. "In Congo, we have worked with local authorities to maintain an operational treatment center in Equateur. We have also made a donation of medicines and equipment for water and sanitation, and the staff is the same that has worked during this last outbreak, so they are properly trained."

Closing an Ebola intervention includes two phases. There is a first period of 21 days after the last confirmed case, during which people who had been in contact with the patient are traced. That is followed by a second 21-day buffer period to ensure no additional cases arise. An Ebola outbreak is typically considered over after 42 days without a case...

Mercy Corps [to 22 November 2014]

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

[Mercy Corps tallies costs, benefits of electronic cash transfers in humanitarian crises](#)

DR Congo, November 17, 2014

Global humanitarian agency first to compare cost-efficiency of different e-cash transfer methods in same emergency aid program

A new study by the global humanitarian agency [Mercy Corps](#) examines the relative time and cost required to deliver cash assistance in an emergency setting. ["Cheaper, Faster, Better?"](#) is the first study to directly compare the cost-effectiveness of different electronic cash delivery approaches within the same program.

"Cash provides a reliable way for families in crisis to buy what they need, when they need it," says Sara Murray, electronic cash transfer program manager for Mercy Corps. "Thanks to advances in technology, there are more ways to deliver cash safely and effectively, but it's crucial to select the right method for a given environment."

The study was conducted in the Democratic Republic of Congo (DRC), which has faced years of ongoing conflict, resulting in millions of people being displaced from their homes. More than 70 percent of the DRC's population lives below the poverty line. Funded through a grant from MasterCard, the nine-month study evaluated three cash-transfer methods: physical cash, electronic vouchers (e-vouchers) and mobile money.

While e-vouchers were the most expensive to deploy, given the upfront hardware investment, they proved the fastest and most reliable delivery method. In contrast, mobile money proved highly problematic, taking three times longer to set up than e-vouchers and physical cash distributions. Moreover, the unreliability of the service provider and the dearth of cash-out locations in rural areas posed additional challenges...

Operation Smile [to 22 November 2014]

Upcoming Mission Schedule

Nov 21 - 29 | Colombia

Nov 26 - Dec 2 | Yinjiang, Yunnan, China

Nov 29 - 30 | Bacolod, Philippines

Dec 3 - 7 | Davao, Philippines

Dec 5 - 7 | Lima, Peru

Dec 8 - 13 | Porto Velho, Brazil

Dec 12 - 14 | Cebu, Philippines
Jan 5 - 9 | Ho Chi Minh City, Vietnam
Jan 1 - 18 | Nagercoil, India

OXFAM [to 22 November 2014]

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

[Pledges to Green Climate Fund reach bare minimum but are important step forward](#)

20 November 2014

The announcement of \$9.2 billion in pledges to the Green Climate Fund ahead of the Lima climate summit is welcome but only a bare minimum, says Oxfam.

[Oxfam verdict on the G20 summit](#)

Published:

16 November 2014

The G20's promise to pursue inclusive and sustainable growth is welcome, but its response to the Ebola crisis is dangerously inadequate Oxfam International's Executive Director Winnie Byanyima said

Partners In Health [to 22 November 2014]

Nov 21, 2014

[In Liberia, Rapid Response Teams Look to Get Ahead of Ebola](#)

Nov 14, 2014

[Treating Ebola in Port Loko Town, Sierra Leone](#)

This week Partners In Health nurses began delivering care to Ebola patients at a 106-bed Ebola Treatment Unit (ETU) in Port Loko Town, Sierra Leone. Here, nurse Matthew Rollosson of Tacoma, Wash., has his name written across his chest so clinicians and patients can identify one another while working in the ETU.

Nearly 5,000 Ebola cases have been confirmed by the World Health Organization in Sierra Leone, and Port Loko--located in the country's Northern Province--is one of the hardest-hit areas. To contain the outbreak, PIH is committed to scaling up its efforts and is preparing to deploy rapid response teams, which will travel to the most remote areas of the country when Ebola cases are reported to deliver immediate care.

PATH [to 22 November 2014]

No new digest content identified.

Plan International [to 22 November 2014]

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

[21/11/2014: Plan welcomes historic UN resolution to end child marriage](#)

Plan International has welcomed the UN resolution on ending child, early and forced marriage (CEFM), describing it as a historic step in protecting the basic human rights of millions of girls. The resolution was adopted during the 69th session of the General Assembly today.

20/11/2014: [25 years of the Convention on the Rights of the Child: Joint statement by Plan International and partners](#)

17/11/2014: [Teenage pregnancy rates rise in Ebola-stricken West Africa](#)

Save The Children [to 22 November 2014]

<http://www.savethechildren.org/site/c.8rKlIXMGIpI4E/b.6150563/k.D0E9/Newsroom.htm>
[Statement From Mark Shriver In Support Of South Carolina's Efforts To Develop Comprehensive Early Childhood Education System](#) Nov. 20, 2014

[New Child Care Law to Force States Failing Save the Children's Disaster Report Card to Require Emergency Plans](#) Nov. 19, 2014

[Save the Children Named Johnson & Johnson's First "Enterprise Wide" Global Partner](#) Nov. 19, 2014

[Save the Children Opens First Ebola Community Care Center in Liberia](#) Nov. 18, 2014

SOS-Kinderdorf International [to 22 November 2014]

[International organisations challenge leaders to strengthen child rights](#)

20.11.2014 - In joint statement, on 25th Anniversary of the Convention of the Rights of the Child, major child-focused NGOs tell how progress has been made in child welfare, but not equally for all children

Tostan [to 22 November 2014]

November 21, 2014

[40 CEP-Graduate Serahule Communities Receive Grant to Set Up Microcredit Programs](#)

On October 30th 2014, the Governor of Basse, Omar Ceesay, in Mansajang Kunda, Basse, The Gambia hosted a ceremony for the 40 Serahule communities receiving a [Community Development Grant](#). These communities had completed Tostan's [Community Empowerment Program](#) (CEP) in December of 2013. The grant of 26,888 Dalasi (or \$672 dollars) will be used to set up a community-run microcredit program in each of their respective communities...

Women for Women International [to 22 November 2014]

No new digest content identified.

Disasters Emergency Committee [to 22 November 2014]

<http://www.dec.org.uk/>

[Action Aid, Age International, British Red Cross, CAFOD, Care International, Christian Aid, Concern Worldwide, Islamic Relief, Oxfam, Plan UK, Save the Children, Tearfund and World Vision]

No new digest content identified

EHLRA/R2HC [to 22 November 2014]

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

No new digest content identified

END Fund

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

[ASTMH 2014: A Hopeful Reality Check](#)

Nov 21, 2014

This year's Annual Meeting of the American Society of Tropical Medicine & Hygiene (ASTMH) saw 4,400+ people gather in New Orleans, LA to share research, knowledge, and conversation on a multitude of topics related to tropical medicine.

[Let's Talk Toilets! Reducing Stigma & Improving Health](#)

Nov 19, 2014

Do you enjoy talking about going to the bathroom? Probably not. It is one of the subjects that has the ability to make people from the widest array of cultures feel awkward and uncomfortable.

GAVI [to 22 November 2014]

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

No new digest content identified.

Global Fund [to 22 November 2014]

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

[:: Global Fund Board Considers Strategy, Governance, Ethics](#)

21 November 2014

MONTREUX, Switzerland – The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria convened a week-long gathering including a retreat on strategy, governance and ethics, followed by extensive constituency meetings and a formal meeting attended by 20 Board members and nearly 200 delegates and observers from all over the world.

The Board meets twice a year to exercise its responsibility of monitoring and oversight, and to make decisions that guide nearly US\$4 billion of funding each year for programs in more than 140 countries that are accelerating the end of HIV, TB and malaria as epidemics.

At the meeting, Board members consistently stressed the importance of focusing on gender, human rights and strengthening health and community systems – each of them critical factors in achieving impact against HIV, TB and malaria. Board members also cited the Ebola outbreak as an instance of global concern where joint action by partners and health systems strengthening is essential.

This year, the Global Fund began full implementation of a new funding model that is designed to better serve people affected by HIV, TB and malaria by improving the process of devising grants with flexible timing, better alignment with national strategies and active engagement with implementers and partners.

The Board reviewed several aspects of the new approach to funding. More than 100 concept notes have already been submitted for the 2014-2016 allocation period. Many eligible countries are still developing concept notes and expect to submit them in the coming months...

ODI [to 22 November 2014]

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

[A new start for crisis reporting](#)

(GENEVA, November 20, 2014) -- After nearly 20 years as part of the United Nations, the humanitarian news service, IRIN, is spinning off to become an independent non-profit media venture, with the support of a major private donor.

IRIN is an award-winning humanitarian news and analysis service covering the parts of the world often under-reported, misunderstood or ignored. It delivers unique reporting from the frontlines of conflicts and natural disasters to 280,000 web visitors a month and more than 50,000 subscribers in almost every country. Its readership includes UN decision-makers, donor governments, academics, media and aid workers in the field. Its work is syndicated, republished and cited by news outlets and journals from around the world.

A new beginning starting January 1, 2015 will be made possible with an initial commitment of US \$25 million, to be disbursed over several years, from the Hong Kong-based Jynwel Charitable Foundation. The new IRIN will be based in Switzerland, with support from the UK-based Overseas Development Institute's (ODI) Humanitarian Policy Group...

The Sphere Project [to 22 November 2014]

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

No new digest content identified.

Start Network [Consortium of British Humanitarian Agencies] [to 22 November 2014]

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

[Capacity development – the 7 habits of highly successful international development organisations](#)

November 18, 2014

David Hockaday, Transition Manager

in February 2014 the Capable Partners Learning Agenda on Local Organization Capacity Development published a fascinating [report](#) investigating the degree of alignment between local organizations and pro-national policy shifts in a major donor (in this case USAID). This is a broad ranging study which took place over 16 months between May 2012 and September 2013. Over 600 people from 325 organizations in 9 countries were interviewed, and the literature review alone consisted of over 250 articles and reports dating back to the 1980s. The report pack includes case studies, a historical report on USAID's capacity development efforts and a fascinating exploration into using organizational network analysis in local capacity development. It is fair to say it is a deep mine of rich data.

The report highlights the worrying reflection that all good development literature and thinking calls for a fundamentally different approach to aid and to capacity development than what currently prevails in donor operations. The report makes many interesting recommendations and a side report arguing for a systems perspective to local capacity development is a must read for anyone involved in capacity building or development...

...In the executive summary of the report there is an interesting table highlighting the 7 habits of highly successful international organizations as it relates to partnership and capacity development (see below)....

The 7 habits of highly successful international development organizations:

- :: They take "ownership" seriously – once they engage in a relationship and commit support they begin to relinquish control
- :: In seeking partners, they look first for qualities like passion, refusal to become dependent and a strong, supportive constituency
- :: They put part of their focus on strengthening the civil society infrastructure, from the human resource pool to the legal and regulatory regime, to philanthropic space, to certification protocols, etc – instead of individual organizations
- :: If they choose to engage in relationships with local organizations they recognize that this requires time; they invest people and money (in that order) over extended periods
- :: They define risk in terms of lost opportunity for learning and impact, not just in terms of money
- :: They use measures that assess change in terms of those served, not in short term quantitative results
- :: They develop an internal culture that takes seriously the goal of "working ourselves out of a job," and accept the implications of that goal

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:: Foundation/Major Donor Watch

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>

NOVEMBER 18, 2014

[**Gates Foundation Announces Support to Ebola-Affected Countries To Accelerate the Evaluation of Potential Treatments**](#)

SEATTLE (November 18, 2014) – The Bill & Melinda Gates Foundation today announced that it will be supporting efforts in Guinea and other Ebola-affected countries to scale up the production and evaluation of convalescent plasma and other convalescent blood products as potential therapies for people infected with the Ebola virus. Various drug candidates will also be evaluated, including the experimental antiviral drug brincidofovir.

The foundation has committed \$5.7 million to launch the effort, and specific trial designs and locations will be confirmed in coordination with national health authorities and the World Health Organization.

"We are committed to working with Ebola-affected countries to rapidly identify and scale up potential lifesaving treatments for Ebola," said Dr. Papa Salif Sow, a senior program officer and infectious diseases expert with the foundation's Global Health Program. "The Gates Foundation is focusing its R&D investments on treatments, diagnostics, and vaccines that we believe could be quickly produced and delivered to those who need them if they demonstrate efficacy in stopping the disease."

[The press release lists 27 partners involved in the efforts including companies, foundations, and academic and research centers.]

Ford Foundation

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

17 November 2014

[The Grand Bargain and Beyond - News and reflections on Detroit's next chapter](#)

William and Flora Hewlett Foundation

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

[Hewlett Foundation Announces \\$45 Million in Grants to MIT, Stanford, UC Berkeley to Establish Major New Academic Centers for Cybersecurity Policy Research](#)

Largest Ever Private Commitment to Field

Nov 18, 2014

MENLO PARK, Calif.—The William and Flora Hewlett Foundation, the Massachusetts Institute of Technology (MIT), Stanford University, and the University of California, Berkeley today announced the establishment of three major new academic initiatives focused on laying the foundations for smart, sustainable public policy to deal with the growing cyber threats faced by governments, businesses, and individuals.

The new programs, established with \$45 million in grants from the Hewlett Foundation—\$15 million to each school—are supported through the Foundation's Cyber Initiative. The Foundation has now committed \$65 million over the next five years to strengthening the nascent field of cybersecurity, the largest such commitment to date by a private donor.

With the world increasingly dependent on the Internet for everything from banking to medical record keeping, the risk of disruption—from the merely inconvenient to the truly catastrophic—is clear, as is the need to develop workable systems capable of containing these threats over time. But government and industry have largely focused their separate, siloed security efforts on the immediate need to thwart enemies, hackers, and thieves.

The Hewlett Foundation's Cyber Initiative is designed to foster the development of policy frameworks to help guide these actors toward sustainable solutions, to develop trust and improve communication among the disparate actors, and to train scholars and practitioners with the necessary combination of technological and policy expertise...

Conrad N. Hilton Foundation

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

No new digest content identified.

Kellogg Foundation

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

[Statement of Support: Immigration reform will move communities and families forward; help children thrive](#)

Nov. 21, 2014

Last night, President Obama detailed his plans for executive action expected to benefit more than 5 million of the 11 million undocumented people living in the United States.

Here at the W.K. Kellogg Foundation, we understand that for far too many families, immigration status has led to hardships that are harmful to the well-being of children. Mixed-status families live in fear of deportations and our current policies deprive some children of the opportunity to remain in this country with parents who love and care for them.

Recognizing that there are many factors to consider in creating lasting immigration reform, we applaud the president for taking this first step toward improving opportunities for many families and children...

MacArthur Foundation

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

Publication

[Report Details Global Impact Investing in 2014](#)

November 21, 2014

A [report](#) by the [Impact Investing Policy Collaborative](#) showcases the use of public policy tools to expand the reach of impact investing across a range of developed and developing countries and regions. Through a number of case studies, it examines the sort of social impacts that public policies affecting impact investing could enable, and are actively addressing in different countries and markets.

David and Lucile Packard Foundation

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

No new digest content identified.

Rockefeller Foundation

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

[The Rockefeller Foundation hosts Resilience Summit to help eligible jurisdictions prepare for \\$1billion National Disaster Resilience Competition.](#)

Nov 18, 2014

The Summit represents is an opportunity for senior representative from each of the 67 eligible jurisdictions to engage with cabinet-level officials and leading experts in resilience to shape their NDRC strategy and projects, and inform their overall resilience planning efforts.

Robert Wood Johnson Foundation

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

[Public Health Law Research Program Funds Nine New Studies](#)

November 20, 2014 | News Release

The public health effects of laws on issues such as e-cigarettes, fracking, concussions in youth sports and school vaccination requirements will be investigated through nine new research projects funded by Public Health Law Research.

[Beverage companies still target kids with marketing for unhealthy, sugary drinks](#)

November 19, 2014 | News Release

The 2014 Sugary Drinks FACTS report is out: the industry still spends nearly \$1 billion to market to children, but some progress has been made.

Wellcome Trust

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

No new digest content identified.

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:: Journal Watch

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

American Journal of Disaster Medicine

Winter 2014, Volume 9, Number 1

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

[Reviewed earlier]

American Journal of Preventive Medicine

Volume 47, Issue 5, p531-6822 November 2014

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

[Reviewed earlier]

American Journal of Public Health

Volume 104, Issue 12 (December 2014)

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

Transforming Public Health Delivery Systems With Open Science Principles

Glen P. Mays, PhD, MPH, and F. Douglas Scutchfield, MD

Glen Mays is with the National Coordinating Center for Public Health Services and Systems Research, Department of Health Management and Policy, College of Public Health, The University of Kentucky, Lexington. F. Douglas Scutchfield is with the Colleges of Medicine and Public Health, The University of Kentucky.

[No abstract]

A Public Health Achievement Under Adversity: The Eradication of Poliomyelitis From Peru, 1991

Deepak Sobti, MD, Marcos Cueto, PhD, and Yuan He, BS

Abstract

The fight to achieve global eradication of poliomyelitis continues. Although native transmission of poliovirus was halted in the Western Hemisphere by the early 1990s, and only a few cases have been imported in the past few years, much of Latin America's story remains to be told. Peru conducted a successful flexible, or flattened, vertical campaign in 1991. The initial disease-oriented programs began to collaborate with community-oriented primary health care systems,

thus strengthening public–private partnerships and enabling the common goal of poliomyelitis eradication to prevail despite rampant terrorism, economic instability, and political turmoil. Committed leaders in Peru’s Ministry of Health, the Pan American Health Organization, and Rotary International, as well as dedicated health workers who acted with missionary zeal, facilitated acquisition of adequate technologies, coordinated work at the local level, and increased community engagement, despite sometimes being unable to institutionalize public health improvements.

American Journal of Tropical Medicine and Hygiene

November 2014; 91 (5)

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

[Reviewed earlier]

BMC Health Services Research

(Accessed 22 November 2014)

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

Research article

Community resistance to a peer education programme in Zimbabwe

Catherine Campbell¹*, Kerry Scott², Zivai Mupambireyi³, Mercy Nhamo³, Constance Nyamukapa³⁴, Morten Skovdal⁵ and Simon Gregson³⁴

Author Affiliations

BMC Health Services Research 2014, 14:574 doi:10.1186/s12913-014-0574-5

Published: 19 November 2014

Abstract (provisional)

Background

This paper presents community perceptions of a state-of-the-art peer education programme in Manicaland, Zimbabwe. While the intervention succeeded in increasing HIV knowledge among men and condom acceptability among women, and reduced HIV incidence and rates of unprotected sex among men who attended education events, it did not succeed in reducing population-level HIV incidence. To understand the possible reasons for this disappointing result, we conducted a qualitative study of local perspectives of the intervention.

Methods

Eight focus group discussions and 11 interviews with 81 community members and local project staff were conducted. Transcripts were interrogated and analysed thematically.

Results

We identified three factors that may have contributed to the programme’s disappointing outcomes: (1) difficulties of implementing all elements of the programme, particularly the proposed income generation component in the wider context of economic strain; (2) a moralistic approach to commercial sex work by programme staff; and (3) limitations in the programme’s ability to engage with social realities facing community members.

Conclusions

We conclude that externally-imposed programmes that present new information without adequately engaging with local realities and constraints on action can be met by resistance to change.

BMC Infectious Diseases

(Accessed 22 November 2014)

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

Research article

Tuberculosis care for pregnant women: a systematic review

Hang Thanh Nguyen¹*, Chiara Pandolfini¹, Peter Chiodini² and Maurizio Bonati¹

Author Affiliations

BMC Infectious Diseases 2014, 14:617 doi:10.1186/s12879-014-0617-x

Published: 19 November 2014

Abstract

Background

Tuberculosis (TB) during pregnancy may lead to severe consequences affecting both mother and child. Prenatal care could be a very good opportunity for TB care, especially for women who have limited access to health services. The aim of this review was to gather and evaluate studies on TB care for pregnant women.

Methods

We used a combination of the terms "tuberculosis" and "pregnancy", limited to human, to search for published articles. Studies reflecting original data and focusing on TB care for pregnant women were included. All references retrieved were collected using the Reference Manager software (Version 11).

Results

Thirty five studies were selected for review and their data showed that diagnosis was often delayed because TB symptoms during pregnancy were not typical. TB prophylaxis and anti-TB therapy appeared to be safe and effective for pregnant women and their babies when suitable follow up and early initiation were present, but the compliance rate to TB prophylaxis is still low due to lack of follow up and referral services. TB care practices in the reviewed studies were in line in principle with the WHO International Standards for Tuberculosis Care (ISTC).

Conclusions

Integration of TB care within prenatal care would improve TB diagnosis and treatment for pregnant women. To improve the quality of TB care, it is necessary to develop national level guidelines based on the ISTC with detailed guidelines for pregnant women.

BMC Medical Ethics

(Accessed 22 November 2014)

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

Research article

Consenting for current genetic research: is Canadian practice adequate?

Iris Jaitovich Groisman, Nathalie Egalite and Beatrice Godard

Author Affiliations

BMC Medical Ethics 2014, 15:80 doi:10.1186/1472-6939-15-80

Published: 20 November 2014

Abstract (provisional)

Background

In order to ensure an adequate and ongoing protection of individuals participating in scientific research, the impacts of new biomedical technologies, such as Next Generation Sequencing (NGS), need to be assessed. In this light, a necessary reexamination of the ethical and legal structures framing research could lead to requisite changes in informed consent modalities. This would have implications for Institutional Review Boards (IRBs), who bear the responsibility of

guaranteeing that participants are verifiably informed, and in sufficient detail, to understand the reality of genetic research as it is practiced now. Current literature allowed the identification of key emergent themes related to the consent process when NGS was used in a research setting.

Methods

We examined the subjects of secondary use, sharing of materials and data, and recontacting participants as outlined in the Canadian Informed Consent templates and the accompanying IRB instructions for the conduct of genetic research. The research ethics policy applied by the three Canadian research agencies (Tri-Council Policy Statement, 2nd Edition) was used to frame our content analysis. We also obtained IRB-approved consent forms for genetic research projects on brain and mental health disorders as an example of a setting where participants might present higher-than-average vulnerability.

Results

Eighty percent of documents addressed different modalities for the secondary use of material and/or data, although the message was not conveyed in a systematic way. Information on the sharing of genetic sequencing data in a manner completely independent of the material from which it originated was absent. Grounds for recontacting participants were limited, and mainly mentioned to obtain consent for secondary use. A feature of the IRB-approved consent documents for genetic studies on brain and mental health disorders using NGS technologies, offered a complete explanation on sharing material and data and the use of databases.

Conclusions

The results of our work show that in Canada, many NGS research needs are already dealt with. Our analysis led us to propose the addition of well-defined categories for future use, adding options on the sharing of genetic data, and widening the grounds on which research participants could consent to be recontacted.

BMC Public Health

(Accessed 22 November 2014)

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

Research article

Geographic information analysis and web-based geoportals to explore malnutrition in Sub-Saharan Africa: a systematic review of approaches

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Author Affiliations

BMC Public Health 2014, 14:1189 doi:10.1186/1471-2458-14-1189

Published: 20 November 2014

Abstract (provisional)

Background

Childhood malnutrition is a serious challenge in Sub-Saharan Africa (SSA) and a major underlying cause of death. It is the result of a dynamic and complex interaction between political, social, economic, environmental and other factors. As spatially oriented research has been established in health sciences in recent years, developments in Geographic Information Science (GIScience) provide beneficial tools to get an improved understanding of malnutrition.

Methods

In order to assess the current state of knowledge regarding the use of geoinformation analyses for exploring malnutrition in SSA, a systematic literature review of peer-reviewed literature is conducted using Scopus, ISI Web of Science and PubMed. As a supplement to the review, we carry on to investigate the establishment of web-based geoportals for providing freely

accessible malnutrition geodata to a broad community. Based on these findings, we identify current limitations and discuss how new developments in GIScience might help to overcome impending barriers.

Results

563 articles are identified from the searches, from which a total of nine articles and eight geoportals meet inclusion criteria. The review suggests that the spatial dimension of malnutrition is analyzed most often at the regional and national level using geostatistical analysis methods. Therefore, heterogeneous geographic information at different spatial scales and from multiple sources is combined by applying geoinformation analysis methods such as spatial interpolation, aggregation and downscaling techniques. Geocoded malnutrition data from the Demographic and Health Survey Program are the most common information source to quantify the prevalence of malnutrition on a local scale and are frequently combined with regional data on climate, population, agriculture and/or infrastructure. Only aggregated geoinformation about malnutrition prevalence is freely accessible, mostly displayed via web map visualizations or downloadable map images. The lack of detailed geographic data at household and local level is a major limitation for an in-depth assessment of malnutrition and links to potential impact factors.

Conclusions

We propose that the combination of malnutrition-related studies with most recent GIScience developments such as crowd-sourced geodata collection, (web-based) interoperable spatial health data infrastructures as well as (dynamic) information fusion approaches are beneficial to deepen the understanding of this complex phenomenon.

Research article

Implementing effective hygiene promotion: lessons from the process evaluation of an intervention to promote handwashing with soap in rural India

Divya Rajaraman, Kiruba Sankar Varadharajan, Katie Greenland, Val Curtis, Raja Kumar, Wolf-Peter Schmidt, Robert Aunger and Adam Biran

Author Affiliations

BMC Public Health 2014, 14:1179 doi:10.1186/1471-2458-14-1179

Published: 19 November 2014

Abstract (provisional)

Background

An intervention trial of the 'SuperAmma' <http://www.superamma.org/> village-level intervention to promote handwashing with soap (HWWS) in rural India demonstrated substantial increases in HWWS amongst the target population. We carried out a process evaluation to assess the implementation of the intervention and the evidence that it had changed the perceived benefits and social norms associated with HWWS. The evaluation also aimed to inform the design of a streamlined shorter intervention and estimate scale up costs.

Methods

Intervention implementation was observed in 7 villages. Semi-structured interviews were conducted with the implementation team, village leaders and representatives of the target population. A questionnaire survey was administered in 174 households in intervention villages and 171 households in control villages to assess exposure to intervention activities, recall of intervention components and evidence that the intervention had produced changes in perceptions that were consistent with the intervention core messages. Costs were estimated for the intervention as delivered, as well as for a hypothetical scale-up to 1,000 villages.

Results

We found that the intervention was largely acceptable to the target population, maintained high fidelity (after some starting problems), and resulted in a high level of exposure to most components. There was a high recall of most intervention activities and subjects in the intervention villages were more likely than those in control villages to cite reasons for HWWS that were in line with intervention messaging and to believe that HWWS was a social norm. There were no major differences between socio-economic and caste groups in exposure to intervention activities. Reducing the intervention from 4 to 2 contact days, in a scale up scenario, cut the estimated implementation cost from \$2,293 to \$1,097 per village.

Conclusions

The SuperAmma intervention is capable of achieving good reach across men and women of varied social and economic status, is affordable, and has the potential to be effective at scale provided that sufficient attention is given to ensuring the quality of intervention delivery.

Research article

Descriptive characterization of the 2010 cholera outbreak in Nigeria

Mahmood Muazu Dalhat¹*, Aisha Nasiru Isa¹, Patrick Nguku¹, Sani-Gwarzo Nasir², Katharina Urban¹, Mohammed Abdulaziz¹, Raymond Salanga Dankoli¹, Peter Nsubuga³ and Gabriele Poggensee¹

Author Affiliations

BMC Public Health 2014, 14:1167 doi:10.1186/1471-2458-14-1167

Published: 16 November 2014

Abstract

Background

In 2010, 18 States of Nigeria reported cholera outbreaks with a total of 41,787 cases including 1,716 deaths (case-fatality rate [CFR]: 4.1%). This exceeded the mean overall CFR of 2.4% reported in Africa from 2000–2005 and the WHO acceptable rate of 1%. We conducted a descriptive analysis of the 2010 cholera outbreak to determine its epidemiological and spatio-temporal characteristics.

Methods

We conducted retrospective analysis of line lists obtained from 10 of the 18 states that submitted line lists to the Federal Ministry of Health (FMOH). We described the outbreak by time, place and person and calculated the attack rates by state as well as the age- and sex-specific CFR from cholera cases for whom information on age, sex, place of residence, onset of symptoms and outcome were available.

Results

A total of 21,111 cases were reported with an overall attack rate and CFR of 47.8 cases /100,000 population and 5.1%, respectively. The CFR ranged in the states between 3.8% and 8.9%. The age-specific CFR was highest among individuals 65 years and above (14.6%). The epidemiological curve showed three peaks with increasing number of weekly reported cases. A geographical clustering of LGAs reporting cholera cases could be seen in all ten states. During the third peak which coincided with flooding in five states the majority of newly affected LGAs were situated next to LGAs with previously reported cholera cases, only few isolated outbreaks were seen.

Conclusion

Our study showed a cholera outbreak that grew in magnitude and spread to involve the whole northern part of the country. It also highlights challenges of suboptimal surveillance and response in developing countries as well as potential endemicity of cholera in the northern part of Nigeria. There is the need for a harmonized, coordinated approach to cholera outbreaks through effective surveillance and response with emphasis on training and motivating front line

health workers towards timely detection, reporting and response. Findings from the report should be interpreted with caution due to the high number of cases with incomplete information, and lack of data from eight states.

BMC Research Notes

(Accessed 22 November2014)

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

[No new relevant content]

British Medical Journal

22 November 2014(vol 349, issue 7984)

<http://www.bmj.com/content/349/7984>

[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/>

[Reviewed earlier]

Complexity

November/December 2014 Volume 20, Issue 2 Pages fmi–fmi, 1–81

<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.2/issuetoc>

[Reviewed earlier]

Conflict and Health

[Accessed 22 November 2014]

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

[No new relevant content]

Cost Effectiveness and Resource Allocation

(Accessed 22 November 2014)

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

Review

[Health research priority setting in selected high income countries: a narrative review of methods used and recommendations for future practice](#)

Jamie Bryant, Rob Sanson-Fisher, Justin Walsh and Jessica Stewart

Author Affiliations

Cost Effectiveness and Resource Allocation 2014, 12:23 doi:10.1186/1478-7547-12-23

Published: 18 November 2014

Abstract (provisional)

Research priority setting aims to gain consensus about areas where research effort will have wide benefits to society. While general principles for setting health research priorities have been suggested, there has been no critical review of the different approaches used. This review aims to: (i) examine methods, models and frameworks used to set health research priorities; (ii) identify barriers and facilitators to priority setting processes; and (iii) determine the outcomes of priority setting processes in relation to their objectives and impact on policy and practice. Medline, Cochrane, and PsycINFO databases were searched for relevant peer-reviewed studies published from 1990 to March 2012. A review of grey literature was also conducted. Priority setting exercises that aimed to develop population health and health services research priorities conducted in Australia, New Zealand, North America, Europe and the UK were included. Two authors extracted data from identified studies. Eleven diverse priority setting exercises across a range of health areas were identified. Strategies including calls for submission, stakeholder surveys, questionnaires, interviews, workshops, focus groups, roundtables, the Nominal Group and Delphi technique were used to generate research priorities. Nine priority setting exercises used a core steering or advisory group to oversee and supervise the priority setting process. None of the models conducted a systematic assessment of the outcomes of the priority setting processes, or assessed the impact of the generated priorities on policy or practice. A number of barriers and facilitators to undertaking research priority setting were identified. The methods used to undertake research priority setting should be selected based upon the context of the priority setting process and time and resource constraints. Ideally, priority setting should be overseen by a multi-disciplinary advisory group, involve a broad representation of stakeholders, utilise objective and clearly defined criteria for generating priorities, and be evaluated.

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>

[Reviewed earlier]

Development in Practice

Volume 24, Issue 8, 2014

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

[Reviewed earlier]

Disability and Rehabilitation: Assistive Technology

Volume 9, Number 6 (November 2014)

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

[Reviewed earlier]

Disaster Medicine and Public Health Preparedness

Volume 8 - Issue 05 - October 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/disa.2014.38.issue-4/issuetoc>

[Reviewed earlier]

Emergency Medicine Journal

November 2014, Volume 31, Issue 11

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

[Reviewed earlier]

Epidemics

Volume 9, In Progress (December 2014)

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

[Reviewed earlier]

End of Life Journal

Summer 2014 Vol 4 Issue 2

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

[Reviewed earlier]

The European Journal of Public Health

Volume 24, Issue suppl 2, 01 October 2014

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 5, October 2014
<http://link.springer.com/journal/12571/6/5/page/1>
[Reviewed earlier]

Forum for Development Studies

Volume 41, Issue 3, 2014
<http://www.tandfonline.com/toc/sfds20/current>
[Reviewed earlier]

Genocide Studies International

Volume 8, Number 2 /2014
<http://utpjournals.metapress.com/content/w67003787140/?p=8beccd89a51b49fc94adf1a5c9768f4f&pi=0>
[Reviewed earlier]

Global Health: Science and Practice (GHSP)

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

Global Health Governance

[Accessed 22 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/rgph20/.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 22 November 2014]

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

Debate

Contract Research Organizations (CROs) in China: integrating Chinese research and development capabilities for global drug innovation

Yun-Zhen Shi, Hao Hu* and Chunming Wang

Author Affiliations

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Globalization and Health 2014, 10:78 doi:10.1186/s12992-014-0078-4

Abstract

The significance of R&D capabilities of China has become increasingly important as an emerging force in the context of globalization of pharmaceutical research and development (R&D). While China has prospered in its R&D capability in the past decade, how to integrate the rising pharmaceutical R&D capability of China into the global development chain for innovative drugs remains challenging. For many multinational corporations and research organizations overseas, their attempt to integrate China's pharmaceutical R&D capabilities into their own is always hindered by policy constraints and reluctance of local universities and pharmaceutical firms. In light of the situation, contract research organizations (CROs) in China have made great innovation in value proposition, value chain and value networking to be at a unique position to facilitate global and local R&D integration. Chinese CROs are now being considered as the essentially important and highly versatile integrator of local R&D capability for global drug discovery and innovation.

Health Affairs

November 2014; Volume 33, Issue 11

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

Collaborating For Community Health

[Reviewed earlier]

Health and Human Rights

Volume 16, Issue 2 December 2014

<http://www.hhrjournal.org/volume-16-issue-2/>

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>
[Reviewed earlier]

Health Research Policy and Systems
<http://www.health-policy-systems.com/content>
[Accessed 22 November 2014]
[No new relevant content]

Human Rights Quarterly
Volume 36, Number 4, November 2014
http://muse.jhu.edu/journals/human_rights_quarterly/toc/hrq.36.4.html
[Reviewed earlier]

Human Service Organizations Management, Leadership & Governance
Volume 38, Issue 4, 2014
<http://www.tandfonline.com/toc/wasw21/current#.U0sFzFcWNdc>
[Reviewed earlier]

Humanitarian Exchange Magazine
ISSUE 62 September 2014
<http://www.odihpn.org/humanitarian-exchange-magazine/issue-62>
Theme: The crisis in the Central African Republic
This edition of Humanitarian Exchange focuses on the crisis in the Central African Republic (CAR), where spiralling violence has left thousands dead and more than a million displaced.
In her lead article, Enrica Picco highlights the slow and inadequate response to the crisis, and questions whether the humanitarian system has the will and capacity to respond in such contexts.
Alison Giffen and Marla Keenan argue that protecting civilians should be the top priority of MINUSCA, the new peacekeeping mission.
Emma Fanning emphasises the need for the mission to safeguard the distinction between humanitarian and political and military decision-making.
Josep Zapater explores strategies to protect Muslims besieged in Bangui.
Anthony Neal reports on efforts to promote reconciliation and enhance social cohesion.
David Loquercio reflects on his temporary deployment to CAR as an interagency coordinator responsible for promoting accountability.
Keith Chibafa reports on a pilot of a digital system to manage relief distributions.
Jacobo Quintanilla and Jonathan Pedneault discuss the role of the local media in enhancing dialogue and reconciliation.
Sean Maguire outlines the International Committee of the Red Cross' support for health services
Diana Trimíño Mora and her co-authors describe the International Rescue Committee's efforts to address violence against women and girls.

Lola Wilhelm presents the key findings from the Assessment Capacities Project's recent analysis of humanitarian needs assessments.

Articles in the Practice and Policy Notes examine:

- UNMISS' experience of protection of civilians sites in South Sudan
- The use of social protection systems to implement emergency cash transfers in Lesotho

Lessons on engagement with armed groups in Afghanistan and Somalia.

IDRiM Journal

Vol 4, No 1 (2014)

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

[Reviewed earlier]

Infectious Diseases of Poverty

[Accessed 22 November 2014]

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

International Health

Volume 6 Issue 3 September 2014

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

[Reviewed earlier]

International Journal of Epidemiology

Volume 43 Issue 5 October 2014

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

[Reviewed earlier]

International Journal of Disaster Resilience in the Built Environment

Volume 5 Issue 4

<http://www.emeraldinsight.com/toc/ijdrbe/5/4>

[Reviewed earlier]

International Journal of Disaster Risk Reduction

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

<http://www.sciencedirect.com/science/journal/22124209/10/part/PA>

[Reviewed earlier]

International Journal of Infectious Diseases

Volume 29, p1 December 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

November 2014 - Volume 12 - Issue 3 pp: 320-468

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

Special Section: Rehabilitation processes of former child soldiers

[Reviewed earlier]

JAMA

November 19, 2014, Vol 312, No. 19

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

[New issue; No relevant content]

JAMA Pediatrics

November 2014, Vol 168, No. 11

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

[Reviewed earlier]

Journal of Community Health

Volume 39, Issue 6, December 2014

<http://link.springer.com/journal/10900/39/6/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>

[Reviewed earlier]

Journal of Global Ethics

Volume 10, Issue 2, 2014

<http://www.tandfonline.com/toc/rjge20/U2V-Elf4L0I#.VAJEj2N4WF8>

Tenth Anniversary Forum: The Future of Global Ethics

[Reviewed earlier]

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

Volume 25, Number 4, November 2014

<http://muse.jhu.edu/journals/journal of health care for the poor and underserved/toc/hpu.25.4.html>

Commentary

[Microfinance: Untapped Potential for Global Health](#)

pp. 1718-1722

Ronak B. Patel

Report from the Field

[An Integrated Chronic Disease Management Model: A Diagonal Approach to Health System Strengthening in South Africa](#)

pp. 1723-1729

Ozayr Haroon Mahomed, Shaidah Asmall, Melvyn Freeman

Journal of Humanitarian Logistics and Supply Chain Management

Volume 4 Issue 2

<http://www.emeraldinsight.com/toc/jhlsbm/4/2>

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 16, Issue 6, December 2014

<http://link.springer.com/journal/10903/16/6/page/1>

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 12, Issue 4, 2014

<http://www.tandfonline.com/toc/wimm20/current#.VFWeF8l4WF9>

Special Issue: New Forms of Intolerance in European Political Life

[Reviewed earlier]

Journal of Infectious Diseases

Volume 210 Issue 12 December 15, 2014

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

Emergency Settings: Be Prepared to Vaccinate Persons Aged 15 and Over Against Measles

Reinhard Kaiser

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[Initial text]

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

Measles Outbreak Response Among Adolescent and Adult Somali Refugees

Displaced by Famine in Kenya and Ethiopia, 2011

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³UNHCR, Geneva, Switzerland

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⁵CDC, Nairobi, Kenya

Abstract

Background

The refugee complexes of Dadaab, Kenya, and Dollo-Ado, Ethiopia, experienced measles outbreaks during June–November 2011, following a large influx of refugees from Somalia.

Methods

Line-lists from health facilities were used to describe the outbreak in terms of age, sex, vaccination status, arrival date, attack rates (ARs), and case fatality ratios (CFRs) for each camp. Vaccination data and coverage surveys were reviewed.

Results

In Dadaab, 1370 measles cases and 32 deaths (CFR, 2.3%) were reported. A total of 821 cases (60.1%) were aged ≥ 15 years, 906 (82.1%) arrived to the camps in 2011, and 1027 (79.6%) were unvaccinated. Camp-specific ARs ranged from 212 to 506 cases per 100 000 people. In Dollo-Ado, 407 cases and 23 deaths (CFR, 5.7%) were reported. Adults aged ≥ 15 years represented 178 cases (43.7%) and 6 deaths (26.0%). Camp-specific ARs ranged from 21 to 1100 cases per 100 000 people. Immunization activities that were part of the outbreak responses initially targeted children aged 6 months to 14 years and were later expanded to include individuals up to 30 years of age.

Conclusions

The target age group for outbreak response-associated immunization activities at the start of the outbreaks was inconsistent with the numbers of cases among unvaccinated adolescents and adults in the new population. In displacement of populations from areas affected by measles outbreaks, health authorities should consider vaccinating adults in routine and outbreak response activities.

Journal of International Development

November 2014 Volume 26, Issue 8 Pages 1097–1196

<http://onlinelibrary.wiley.com/doi/10.1002/jid.v26.8/issuetoc>

Special Issue: Policy Arena: Papers from DSA Conference, University of Birmingham, November 2013

[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>

[Reviewed earlier]

Journal of Policy and Complex Systems

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

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 35, Issue 4 (November 2014)

<http://www.palgrave-journals.com/jphp/journal/v35/n4/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 22, 2014 Volume 384 Number 9957 p1821 – 1900

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

Ethical considerations of experimental interventions in the Ebola outbreak

Dr Annette Rid MD a, Prof Ezekiel J Emanuel MD b

[Free full text]

Background

The outbreak of Ebola virus raging in west Africa is special in two respects. First, with more than 2100 infections and 1100 deaths,¹ it has already become the most severe and largest documented Ebola outbreak. It is also occurring in some of the world's least developed countries,² and is therefore extremely complex to address. Second, experimental interventions that are still in the preclinical trial phase—and hence untested in human beings—were first given to health-care workers from high-income countries, focusing extensive attention and controversy on investigational treatments and vaccines for Ebola.^{3–5}

The rapidly evolving situation raises three fundamental questions: how much emphasis should the international community place on experimental interventions in response to the Ebola epidemic; what are the ethical considerations if experimental treatments or vaccines are deployed; and if any interventions prove safe and effective, how can they be made more widely available?...

For debate: a new wave in public health improvement

Sally C Davies MBChB a, Eleanor Winpenny PhD b, Sarah Ball PhD b, Tom Fowler PhD a c d, Jennifer Rubin PhD b, Dr Ellen Nolte PhD b

Summary

The rising burden of chronic disease poses a challenge for all public health systems and requires innovative approaches to effectively improve population health. Persisting inequalities in health are of particular concern. Disadvantage because of education, income, or social position is associated with a larger burden of disease and, in particular, multimorbidity. Although much has been achieved to enhance population health, challenges remain, and approaches need to be revisited. In this paper, we join the debate about how a new wave of public health improvement might look. We start from the premise that population health improvement is conditional on a health-promoting societal context. It is characterised by a culture in which healthy behaviours are the norm, and in which the institutional, social, and physical environment support this mindset. Achievement of this ambition will require a positive, holistic, eclectic, and collaborative effort, involving a broad range of stakeholders. We emphasise three mechanisms: maximisation of the value of health and incentives for healthy behaviour; promotion of healthy choices as default; and minimisation of factors that create a culture and environment which promote unhealthy behaviour. We give examples of how these mechanisms might be achieved.

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>

[Reviewed earlier]

Maternal and Child Health Journal

Volume 18, Issue 9, November 2014

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

September 2014 Volume 92, Issue 3 Pages 407–631

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

[Reviewed earlier]

Nature

Volume 515 Number 7527 pp311-458 20 November 2014

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

[New issue; No relevant content]

New England Journal of Medicine

November 20, 2014 Vol. 371 No. 21

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

Editorial

Ebola and Quarantine

Jeffrey M. Drazen, M.D., Rupa Kanapathipillai, M.B., B.S., M.P.H., D.T.M.&H., Edward W. Campion, M.D., Eric J. Rubin, M.D., Ph.D., Scott M. Hammer, M.D., Stephen Morrissey, Ph.D., and Lindsey R. Baden, M.D.

N Engl J Med 2014; 371:2029-2030 November 20, 2014 DOI: 10.1056/NEJMMe1413139

The governors of a number of states, including New York and New Jersey, recently imposed 21-day quarantines on health care workers returning to the United States from regions of the world where they may have cared for patients with Ebola virus disease. We understand their motivation for this policy — to protect the citizens of their states from contracting this often-fatal illness. This approach, however, is not scientifically based, is unfair and unwise, and will impede essential efforts to stop these awful outbreaks of Ebola disease at their source, which is the only satisfactory goal. The governors' action is like driving a carpet tack with a sledgehammer: it gets the job done but overall is more destructive than beneficial.

Health care professionals treating patients with this illness have learned that transmission arises from contact with bodily fluids of a person who is symptomatic — that is, has a fever, vomiting, diarrhea, and malaise. We have very strong reason to believe that transmission occurs when the viral load in bodily fluids is high, on the order of millions of virions per microliter. This recognition has led to the dictum that an asymptomatic person is not contagious; field experience in West Africa has shown that conclusion to be valid. Therefore, an asymptomatic health care worker returning from treating patients with Ebola, even if he or she were infected, would not be contagious. Furthermore, we now know that fever precedes the contagious stage, allowing workers who are unknowingly infected to identify themselves before they become a threat to their community. This understanding is based on more than clinical observation: the sensitive blood polymerase-chain-reaction (PCR) test for Ebola is often negative on the day when fever or other symptoms begin and only becomes reliably positive 2 to 3 days after symptom onset. This point is supported by the fact that of the nurses caring for Thomas Eric Duncan, the man who died from Ebola virus disease in Texas in October, only those who cared for him at the end of his life, when the number of virions he was shedding was likely to be very high, became infected. Notably, Duncan's family members who were living in the same household for days as he was at the start of his illness did not become infected.

A cynic would say that all these "facts" are derived from observation and that it pays to be 100% safe and to isolate anyone with a remote chance of carrying the virus. What harm can that approach do besides inconveniencing a few health care workers? We strongly disagree. Hundreds of years of experience show that to stop an epidemic of this type requires controlling it at its source. Médecins sans Frontières, the World Health Organization, the U.S. Agency for International Development (USAID), and many other organizations say we need tens of thousands of additional volunteers to control the epidemic. We are far short of that goal, so the need for workers on the ground is great. These responsible, skilled health care workers who are risking their lives to help others are also helping by stemming the epidemic at its source. If we add barriers making it harder for volunteers to return to their community, we are hurting ourselves.

In the end, the calculus is simple, and we think the governors have it wrong. The health care workers returning from West Africa have been helping others and helping to end the epidemic that has killed thousands of people and scared millions. At this point the public does need

assurances that returning workers will have their temperatures and health status monitored according to a set, documented protocol. In the unlikely event that they become febrile, they can follow the example of Craig Spencer, the physician from New York who alerted public health officials of his fever. As we continue to learn more about this virus, its transmission, and associated illness, we must continue to revisit our approach to its control and treatment. We should be guided by the science and not the tremendous fear that this virus evokes. We should be honoring, not quarantining, health care workers who put their lives at risk not only to save people suffering from Ebola virus disease in West Africa but also to help achieve source control, bringing the world closer to stopping the spread of this killer epidemic.

Nonprofit and Voluntary Sector Quarterly

December 2014; 43 (6)

<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

November 2014 - Volume 33 - Issue 11 pp: 1103-1209,e273-e315

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

[Reviewed earlier]

PLoS One

[Accessed 22 November 2014]

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

[No new relevant content]

PLOS Currents: Disasters

[Accessed 22 November 2014]

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

[No new relevant content]

PLoS Medicine

(Accessed 22 November 2014)

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

[No new relevant content]

PLoS Neglected Tropical Diseases

(Accessed 22 November 2014)

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

[Effect of the Brazilian Conditional Cash Transfer and Primary Health Care Programs on the New Case Detection Rate of Leprosy](#)

Joilda Silva Nery, Susan Martins Pereira, Davide Rasella, Maria Lúcia Fernandes Penna, Rosana Aquino, Laura Cunha Rodrigues, Mauricio Lima Barreto, Gerson Oliveira Penna
Research Article | published 20 Nov 2014 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0003357

[Assessing Progress in Reducing the At-Risk Population after 13 Years of the Global Programme to Eliminate Lymphatic Filariasis](#)

Pamela J. Hooper, Brian K. Chu, Alexei Mikhailov, Eric A. Ottesen, Mark Bradley
Research Article | published 20 Nov 2014 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0003333

[Household Transmission of *Vibrio cholerae* in Bangladesh](#)

Jonathan D. Sugimoto, Amanda A. Koepke, Eben E. Kenah, M. Elizabeth Halloran, Fahima Chowdhury, Ashraful I. Khan, Regina C. LaRocque, Yang Yang, Edward T. Ryan, Firdausi Qadri, Stephen B. Calderwood, Jason B. Harris, Ira M. Longini
Research Article | published 20 Nov 2014 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0003314

[Approaches to Refining Estimates of Global Burden and Economics of Dengue](#)

Donald S. Shepard, Eduardo A. Undurraga, Miguel Betancourt-Cravioto, María G. Guzmán, Scott B. Halstead, Eva Harris, Rose Nani Mudin, Kristy O. Murray, Roberto Tapia-Conyer, Duane J. Gubler
Research Article | published 20 Nov 2014 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0003306

[Persisting Social Participation Restrictions among Former Buruli Ulcer Patients in Ghana and Benin](#)

Janine de Zeeuw, Till F. Omansen, Marlies Douwstra, Yves T. Barogui, Chantal Agossadou, Ghislain E. Sopoh, Richard O. Phillips, Christian Johnson, K. Mohammed Abass, Paul Saunderson, Pieter U. Dijkstra, Tjip S. van der Werf, Ymkje Stientstra
Research Article | published 13 Nov 2014 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0003303

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

(Accessed 22 November 2014)

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

[No new relevant content]

Prehospital & Disaster Medicine

Volume 29 - Issue 05 - October 2014

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

[Reviewed earlier]

Public Health Ethics

Volume 7 Issue 3 November 2014

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

Special Symposium on Dual Loyalities: Health Providers Working for the State

Dual Loyalties and Impossible Dilemmas: Health care in Immigration Detention

Linda Briskman*

Swinburne University of Technology

Deborah Zion

Author Affiliations

Victoria University

Abstract

Dual loyalty issues confront health and welfare professionals in immigration detention centres in Australia. There are four apparent ways they deal with the ethical tensions. One group provides services as required by their employing body with little questioning of moral dilemmas. A second group is more overtly aware of the conflicts and works in a mildly subversive manner to provide the best possible care available within a harsh environment. A third group retreats by relinquishing employment in the detention setting. A fourth group is activist in intent and actions. Derived from research and ethnography conducted in Australia, the article explores the moral dilemmas confronting those who are duty-bound by professional codes of ethics while also bound by loyalty to their employers and silenced by confidentiality statements. It provides particular focus on psychiatry, nursing and social work. We conclude by speculating whether a politics of compassion and acts of solidarity can forge a pathway through the ethical terrain. In doing so we draw upon human rights considerations as well as on the works of Joan Tronto and Elisabeth Porter.

Qualitative Health Research

December 2014; 24 (12)

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

Special Issue: Concepts in Promoting Health

[Reviewed earlier]

Refugee Survey Quarterly

Volume 33 Issue 4 December 2014

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

Protection Closer to Home? A Legal Case for Claiming Asylum at Embassies and Consulates

Kate Ogg*

Lecturer in Law, Australian National University.

Abstract

If a person enters an embassy or consulate and claims asylum, is there a legal obligation under international refugee law or human rights law to consider that claim and, if the requirements are satisfied, grant protection? Previous research on this question has concluded that no such obligation exists pursuant to the non-refoulement obligations in the Convention Relating to the Status of Refugees, the Convention against Torture and the International Covenant on Civil and Political Rights. However, case-law over the past decade has shifted and strengthened the reach of non-refoulement under international refugee law and human rights law. This article will demonstrate that this more recent jurisprudence provides strong grounds to argue that

embassies and consulates are, in certain circumstances, obligated to consider a claim for asylum and, if the requirements are met, grant protection.

Filling in the Gap: Refugee Returnees Deploy Higher Education Skills to Peacebuilding

Amanda Coffie*

Amanda Coffie is a part-time lecturer at the Department of Political Science and Institute of African Studies, Carleton University, Ottawa, Ontario, Canada.

Abstract

An urgently needed resource for peacebuilding is a professional and skilled workforce, however, this is lacking in many post-conflict countries. In this article it is suggested that although fewer refugees in developing countries have access to the level of education required for such professions, countries engaged in peacebuilding can benefit from the returnees with such skills. This study therefore, examines the differences in the levels of higher education of 40 Liberian returnees from Ghana and Guinea and the deployment of their skills towards their integration which have links to the broader peacebuilding agenda of Liberia. While the number of returnees with post-secondary education was generally low, the data indicate that comparatively those from Guinea had limited higher education opportunities to those who were in Ghana. Following from these cases, the article argues that insecurity and non-conducive asylum policies and programmes are the major challenges towards the provision of and refugee access to higher education skills training. Some examples of returnees' deployment of asylum acquired profession and skills towards peacebuilding are discussed as evidence that the provision of higher education for refugees is not simply a tool for empowering refugees, but also an investment in future peacebuilding.

Resilience: International Policies, Practices and Discourses

Volume 2, Issue 3, 2014

<http://www.tandfonline.com/toc/resi20/current#.VF7VUsI4WF9>

[Reviewed earlier]

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

September 2014 Vol. 36, No. 3

http://www.paho.org/journal/index.php?option=com_content&view=article&id=151&Itemid=266&lang=en

[Reviewed earlier]

Risk Analysis

October 2014 Volume 34, Issue 10 Pages 1775–1967

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

Original Research Article

Near-Misses and Future Disaster Preparedness

Robin L. Dillon^{1,*}, Catherine H. Tinsley¹ and William J. Burns^{2,3}

Article first published online: 28 APR 2014

DOI: 10.1111/risa.12209

Abstract

Disasters garner attention when they occur, and organizations commonly extract valuable lessons from visible failures, adopting new behaviors in response. For example, the United States saw numerous security policy changes following the September 11 terrorist attacks and emergency management and shelter policy changes following Hurricane Katrina. But what about those events that occur that fall short of disaster? Research that examines prior hazard experience shows that this experience can be a mixed blessing. Prior experience can stimulate protective measures, but sometimes prior experience can deceive people into feeling an unwarranted sense of safety. This research focuses on how people interpret near-miss experiences. We demonstrate that when near-misses are interpreted as disasters that did not occur and thus provide the perception that the system is resilient to the hazard, people illegitimately underestimate the danger of subsequent hazardous situations and make riskier decisions. On the other hand, if near-misses can be recognized and interpreted as disasters that almost happened and thus provide the perception that the system is vulnerable to the hazard, this will counter the basic "near-miss" effect and encourage mitigation. In this article, we use these distinctions between resilient and vulnerable near-misses to examine how people come to define an event as either a resilient or vulnerable near-miss, as well as how this interpretation influences their perceptions of risk and their future preparedness behavior. Our contribution is in highlighting the critical role that people's interpretation of the prior experience has on their subsequent behavior and in measuring what shapes this interpretation.

Science

21 November 2014 vol 346, issue 6212, pages 885-1028

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

Feature

Saving lives without new drugs

Jon Cohen

Many people treated for Ebola in West Africa have received bare-bones care in overwhelmed facilities that had few resources, contributing to a case fatality rate (CFR) of about 70%. Of the 20 patients treated in the United States and Europe, only five have died, a CRF of 25%, and the ones who did not recover tended to begin their care at the latest stages of disease. Now, a push is on for what's dubbed Maximum Use of Supportive Care (MUST), which would offer Ebola patients in West Africa the basic life-saving interventions common in wealthier countries. MUST includes intravenous fluids to combat dehydration; balancing of electrolytes; nasogastric tubes for feedings; and medicines to counter diarrhea, vomiting, and secondary infections like bacterial sepsis and malaria. Estimates suggest that MUST would cost no more than \$600 per patient.

Report

Strategies for containing Ebola in West Africa

Abhishek Pandey^{1,*}, Katherine E. Atkins^{1,2,*}, Jan Medlock³, Natasha Wenzel¹, Jeffrey P. Townsend⁴, James E. Childs⁵, Tolbert G. Nyenswah⁶, Martial L. Ndeffo-Mbah¹, Alison P. Galvani^{1,5}

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5Department of Epidemiology of Microbial Diseases, Yale School of Public Health, New Haven, CT, USA.

6Ministry of Health and Social Welfare, Monrovia, Liberia.

Abstract

The ongoing Ebola outbreak poses an alarming risk to the countries of West Africa and beyond. To assess the effectiveness of containment strategies, we developed a stochastic model of Ebola transmission between and within the general community, hospitals, and funerals, calibrated to incidence data from Liberia. We find that a combined approach of case isolation, contact-tracing with quarantine, and sanitary funeral practices must be implemented with utmost urgency in order to reverse the growth of the outbreak. As of 19 September, under status quo, our model predicts that the epidemic will continue to spread, generating a predicted 224 (134 to 358) daily cases by 1 December, 280 (184 to 441) by 15 December, and 348 (249 to 545) by 30 December.

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 22 November 2014]

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

Special Collection: Back to the Future: Afghanistan 2024

Trapped in the Past or Empowered for the Future? Afghan Women's Prospects in the Decade to Come

Sepi Azarbajani-Moghaddam

Abstract

The recent presidential election in Afghanistan saw larger numbers of women defying the Taliban by questioning candidates and turning out to vote. This paper argues that Afghan women now need to further revolutionize skewed gender relations within the private sphere of the family. Already a growing number of men are lobbying on behalf of female relatives who have experienced sexual abuse; the result is that notions of women's rights are being inserted into public consciousness. A genuine women's movement could extend well beyond the past decade's cosmetic 'modernization' that has benefited only a few elite women. To gain independent bargaining power for such a groundswell, different female constituencies should unite, rallying behind a vision that appropriates and deploys liberating and peaceadvocating versions of Islam. At home – where they customarily have been bartered into marriages – girls should be expected to gain skills in literacy and numeracy that can lead to a salary and professional status. Then, instead of adhering to traditional gender roles and identities based on the number of sons they have borne, women could start to be recognized for their formal labor. As one symbolic step to reverse women's precarious status in the decade ahead, the government and international donors should set the example of employing members of both sexes to work on projects of economic development.

Sustainability

Volume 6, Issue 11 (November 2014), Pages 7482-

<http://www.mdpi.com/2071-1050/6/11>

[Reviewed earlier]

TORTURE Journal

Volume 24, Nr. 1, 2014

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

[Reviewed earlier]

Tropical Medicine and Health

Vol. 42(2014) No. 4

https://www.jstage.jst.go.jp/browse/tmh/42/4/_contents

[No relevant content]

Tropical Medicine & International Health

November 2014 Volume 19, Issue 11 Pages 1293–1390

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2014.19.issue-11/issuetoc>

[Reviewed earlier]

UN Chronicle

Vol. LI No. 2 2014 September 2014

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

Illegal Wildlife Trade

This issue takes a closer look at poaching and illegal wildlife trade, with a focus on causes and possible solutions.

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°73 - November 2014

<http://whc.unesco.org/en/review/73/>

World Heritage and our protected planet

The IUCN World Parks Congress meets every ten years, and its November 2014 meeting may prove to be a turning point for protected areas in offering and implementing solutions for the challenges faced by the planet.

Taken together, the national parks, reserves and designated protected areas of every kind (including the World Heritage natural and mixed natural/cultural sites) now cover 14 per cent of

the land surface, and nearly 3 per cent of the seas and oceans. The principles of conservation they apply serve to perpetuate a precious biodiversity. The World Heritage List includes the world's most outstanding protected areas in terms of biodiversity, ecosystems and natural features, warranting the inclusion of World Heritage as a cross-cutting theme at the World Parks Congress. World Heritage sites are the litmus test for measuring success of the global protected area movement. At the same time, these sites have the potential to be a learning laboratory and a source of inspiration for protected areas.

This issue takes a look at the role of World Heritage in the conservation of protected areas worldwide, its contribution to the protection of wilderness areas globally, while examining how World Heritage can and does support species conservation. We look at how Indigenous peoples play an integral role in protected areas in Australia, and discuss the global conservation agenda and how World Heritage can be part of finding solutions to global challenges in an interview with Zhang Xinsheng, President of IUCN, and Ernesto Enkerlin Hoeflich, Chair of the IUCN World Commission on Protected Areas.

The exceptional relevance of the 2014 World Parks Congress, in which World Heritage is an active participant, is primarily its global impact in helping to address the gap in the conservation and sustainable development agenda which should, in turn, prove beneficial to individual protected areas. For there is reason to hope that concerted action in this domain may give a much-needed impetus to issues of conservation and biodiversity worldwide, even beyond the range of the protected areas.

Yale Human Rights & Development Law Journal

Volume XIV, Issue 2

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

[Reviewed earlier]

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EBOLA/EVD [to 22 November 2014]

Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

Heads of UN, World Bank Group, IMF & WHO on Global Ebola Response

UN Chief Executives Board

[Video: 11:35]

On Friday, November 21, 2014, United Nations Secretary-General Ban Ki-moon, World Bank Group President Jim Yong Kim, and World Health Organization Director-General Margaret Chan held a brief press availability after the UN Chief Executive Board's private session on the Ebola response.

In Presidential Statement, Security Council Hails Successes of Scaled-up Ebola Response, Calls for Stronger Coordination to Identify Gaps, Trace Contacts

UN Security Council

21 November 2014

SC/11663

7318th Meeting (PM)

The full text of presidential statement S/PRST/2014/24 reads as follows [Editor's text bolding]:

"The Security Council reiterates its grave concern about the unprecedented extent of the Ebola outbreak in Africa, which constitutes a threat to international peace and security, and the impact of the Ebola virus on West Africa, in particular Liberia, Guinea and Sierra Leone. The Security Council expresses its appreciation for the crucial contributions and commitments made by the Member States of the region, to continue to lead the ground-level response against the Ebola outbreak, as well as to address the wider political, security, socioeconomic and humanitarian impact, including on food security, of the Ebola outbreak on communities and the need to plan for the longer term recovery in the region, including with the support of the Peacebuilding Commission. The Security Council underscores the continued need for robust contact tracing, social mobilization and community-level engagement efforts, especially outside of major urban areas in the most affected countries.

"The Security Council stresses the importance for the United Nations Mission for Ebola Emergency Response (UNMEER) to continue to strengthen coordination with the Governments of Guinea, Liberia and Sierra Leone, and all national, regional and international actors, including bilateral partners and multilateral organizations, including the Mano River Union, African Union, Economic Community of West African States, European Union, World Bank Group and the United Nations system, in order to more readily identify gaps in the response effort and to utilize all Ebola response assistance more fully and efficiently, particularly at the local level. In this regard, **the Security Council requests that the Secretary-General accelerate efforts to scale-up UNMEER's presence and activities at the district and prefecture level outside of the capital cities.**

"The Security Council expresses its concern about the recent reported Ebola infections in Mali. The Security Council recognizes the important steps taken by the Government of Mali, including by appointing an Ebola Incident Coordinator to lead a whole-of-Government response. The Security Council affirms the importance of preparedness by all Member States to detect, prevent, respond to, isolate and mitigate suspected cases of Ebola within and across borders and of bolstering the preparedness of all countries in the region. The Security Council recalls the International Health Regulations (2005), which aim to improve the capacity of all countries to detect, assess, notify and respond to all public health threats.

"The Security Council welcomes the efforts undertaken by UNMEER to provide overall leadership and direction to the operational work of the United Nations system, as mandated by the United Nations General Assembly. The Security Council underscores the need for relevant United Nations System entities, including the United Nations peacekeeping operations and special political missions in West Africa, in close collaboration with UNMEER and within their existing mandates and capacities, to provide immediate assistance to the governments of the most affected countries.

"The Security Council lauds the critical, heroic and selfless efforts of the first-line responders to the Ebola outbreak in West Africa, including national health and humanitarian relief workers, educators and burial team members, as well as international health and humanitarian relief workers contributed by the Member States of diverse regions and non-governmental and inter-governmental organizations. The Security Council expresses its condolences to the families of the victims of the Ebola outbreak, including national and international first-line responders. The Security Council urges all Member States, non-governmental, inter-governmental and regional organizations to continue to respond to the outstanding need for medical personnel, as well as related critical gap areas, such as personnel with expertise in sanitation and hygiene.

"The Security Council underscores the critical importance of putting in place essential arrangements, including medical evacuation capacities and treatment and transport provisions, to facilitate the immediate, unhindered and sustainable deployment of health and humanitarian relief workers to the affected countries. The Security Council welcomes the steps announced by Member States and regional organizations to provide medical evacuation capacities for health and humanitarian relief workers, as well as other treatment options in situ.

"The Security Council notes the considerable efforts of the international community to scale-up its coordinated response to the Ebola outbreak and the important progress on the ground as a result of these contributions. In this regard, the Security Council commends those Member States, which, in concert with other actors on the ground, have opened Ebola treatment units and provided other crucial support in the affected countries. The Security Council urges all Member States, bilateral partners and multilateral organizations, to expedite the provision of resources and financial assistance, as well as mobile laboratories; field hospitals to provide non-Ebola-related medical care; dedicated and trained clinical personnel and services in Ebola treatment units and isolation units; therapies, vaccines and diagnostics to treat patients and limit or prevent further Ebola infection or transmission; and personal protective equipment for first-line responders. The Security Council calls on Member States, especially in the region, to facilitate immediately the delivery of such assistance, to the most affected countries.

"The Security Council emphasizes that the dynamic needs on the ground in the most affected countries require that the international community's response remains flexible, in order to adapt to changing requirements and rapidly respond to new outbreaks.

"The Security Council strongly urges Member States, as well as airlines and shipping companies, while applying appropriate public health protocols, to maintain trade and transport links with the most affected countries to enable the timely utilization of all efforts aimed at containing the Ebola outbreak within and across borders of the region. **While recognizing the important role that appropriate screening measures can play in stopping the spread of the outbreak, the Security Council expresses its continued concern about the detrimental effect of the isolation of the affected countries as a result of trade and travel restrictions imposed on and to the affected countries, as well as acts of discrimination against the nationals of Guinea, Liberia, Mali and Sierra Leone, including Ebola survivors and their families or those infected with the disease."**

November 19, 2014

[US Congress} [Health Subcommittee Convenes Hearing on Examining Medical Product Development in the Wake of the Ebola Epidemic](#)

Click [here](#) to watch the hearing

WHO: Ebola Virus Disease (EVD)

[Situation report - 14 November 2014](#) - 'WHO Roadmap'

HIGHLIGHTS

- :: There have been 15 351 reported Ebola cases in eight countries since the outbreak began, with 5459 reported deaths.
- :: Transmission remains intense in Guinea, Liberia, and Sierra Leone.
- :: A total of 6 cases, all of whom have died, have been reported in Mali.

WHO: Ebola situation assessments

:: [Mali: Details of the additional cases of Ebola virus disease](#) 20 November 2014

UPDATED: This situation assessment was updated on 21 November to include new information received overnight, including improvements in contact tracing, the death of the sole surviving patient and more details about the last 3 cases in the transmission chain.

As of today (21 November), Mali has officially reported a cumulative total of 6 cases of Ebola virus disease, with 6 deaths. Of the 6 cases, 5 are laboratory confirmed and one remains probable as no samples were available for testing.

These numbers include the 2-year-old girl who initially imported the virus into Mali and died of the disease on 24 October.

Intensive tracing and monitoring of the child's numerous contacts, including many who were monitored in hospital, failed to detect any additional cases. All 118 contacts, including family members, have now passed through the 21-day incubation period without developing symptoms.

The virus was almost certainly re-introduced into Mali by a 70-year-old Grand Imam from Guinea, who was admitted to Bamako's Pasteur Clinic on 25 October and died on 27 October. He has been reclassified as a Guinea case, as he developed symptoms in that country. No samples were available for testing.

Pasteur Clinic: direct and indirect links

All 5 cases in this new outbreak are linked, 4 directly and 1 indirectly, to the patient in the Pasteur Clinic

:: [WHO declares end of Ebola outbreak in the Democratic Republic of Congo](#) 21 November 2014

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 22 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*
- *Response Efforts and Health*
- *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.

[21 November 2014 |](#)

Key Political and Economic Developments

1. UNMEER SRSG Anthony Banbury, accompanied by WHO Assistant Director-General Bruce Aylward, visited Mali in the past two days. The country is working hard to contain the spread of EVD after an imam infected with the virus travelled from Guinea to its capital Bamako. In Mali, the SRSG met the president, Ibrahim Boubacar Keita, the health minister, and the national EVD response coordinator, offering UNMEER's support in containing the virus while it is still in its early stages. The president and the SRSG agreed that Mali could benefit from the lessons learned in the three most affected countries, and that there was a chance to contain the virus if all involved acted fast. In Mali the SRSG also met with representatives of UN organizations and implementing partners.

2. Liberia will see its economy shrink by 0.4 percent this year, and 2015 could be even worse, its finance minister said on Thursday. The finance ministry had earlier projected growth of 5.9 percent this year. But that was before EVD struck the country, crippling agriculture and Liberia's fast-growing mining sector in particular.

Response Efforts and Health

4. The spread of EVD remains intense in most of Sierra Leone even as things have improved somewhat in the two other countries hardest hit. Some 168 new confirmed cases emerged in a single week in Sierra Leone's capital of Freetown recently, according to a WHO report. The report released late Wednesday indicated that Sierra Leone had the lowest percentage of EVD patients who had been isolated, only 13 percent. By comparison, that figure was 72 percent in Guinea. Health officials are aiming to isolate at least 70 percent of the sick, a target UNMEER ECM Amadu Kamara acknowledged was still far out of reach: "Progress is slow and we are falling short, and we need to accelerate our efforts".

5. France announced that it would deploy troops to Guinea to assist in the EVD response effort. France would also support the establishment of 3 additional Ebola treatment centers (ETCs) in Guinea in collaboration with partners Médecins sans frontières, Médecins du monde and the French Red Cross...

Resource Mobilisation

11. The OCHA Ebola Virus Outbreak Overview of Needs and Requirements, now totaling US\$ 1.5 billion, has been funded for \$ 740 million, which is around 49 per cent of the total ask.

Essential Services

18. In Liberia, self-quarantined Gleyansiasu Town in Gbarpolu county has reported ongoing food shortage and lack of some basic medical supplies. The County Task Force noted that the shortage was due to the bad condition of the access roads and the inaccessibility to the area.

20 November 2014 |

Key Political and Economic Developments

1. The World Bank now expects the impact of the EVD epidemic on Sub-Saharan Africa's economy to be around US\$ 3-4 billion, well below a previously outlined worst-case scenario of \$ 32 billion. The risk of the highest case of economic impact of EVD has been reduced because of the success of containment in some countries, the bank said. In a report in October, the World Bank had said that if the virus spread significantly outside the three affected countries, this could potentially cost Africa tens of billions of dollars in disrupted cross-border trade, supply chains and tourism.

2. The UN called Wednesday for an end to defecation in the open, with fears growing that it has helped spread EVD in West Africa. Half the population of Liberia, the country worst hit by the epidemic, have no access to toilets, while in Sierra Leone nearly a third of people live without latrines. Nearly a billion people worldwide are forced to go to the toilet in the open. But the health risks of the practice are not confined to EVD. In sub-Saharan Africa, where the UN

said a quarter of the population defecate outside, diarrhoea is the third biggest killer of children under five years old.

Human Rights

3. UNDP is working with Prisons Watch Sierra Leone, a local human rights NGO, to decongest prisons by speeding up legal processes, reducing the risk of EVD spreading there. Many inmates are without files or are detained for minor offences and remain unassisted. People represented include those who cannot afford a lawyer but face long detention if not assisted through the system. The initiative, which started in mid-October, led to the identification of 540 cases and discharge of 154 people.

Response Efforts and Health

6. UNMEER Liberia will lead on a Greater Monrovia Urban Operational Plan, which was adopted yesterday. Greater Monrovia represents over 50% of the EVD caseload and a wide variety of communities, originating from all over Liberia, and even the wider region. The virus keeps being imported and exported out of the capital and partners are in agreement that the virus needs to be 'hunted down' in the city to make national success a possibility. This requires a more focused and flexible approach, tailored to the specific challenges of the city, on which UNMEER will lead.

Essential Services

16. In Sierra Leone, UNDP has facilitated the first bi-monthly government payment to 20,000 EVD Response Workers (ERW) countrywide. UNDP is helping to address delays in payments and put in place a grievance mechanism/complaints resolution system. The process involves verifying government lists and matching them with individual IDs on the ground, as well as documenting grievances, requests and discrepancies. This payment system will also be used, over time, to support survivors and families of Ebola victims so they can recover from the crisis.

17. The World Bank says the impact of EVD on the three most affected economies has already been severe, hitting everything from food output to employment levels. In Liberia, nearly half of those working when the outbreak was first detected in March no longer have jobs as of early November, according to a World Bank report on Wednesday, based on surveys carried out via mobile phones. More than 90 percent of those surveyed in Liberia worried that their household would not have enough to eat.

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Key Political and Economic Developments

2. India has quarantined a man who was cured of EVD in Liberia but continued to show traces of the virus in samples of his semen after arriving in the country. The Indian man carried with him documents from Liberia that stated he had been cured. He will be kept in quarantine until the virus is no longer present in his body, the Indian health ministry said.

3. Sierra Leone's president has suspended his uncle from a prestigious position as a tribal chief for flouting laws designed to contain EVD. The uncle, head of the northern village of Yeli Sanda, is accused of covering up secret burials of victims who should have been reported to the authorities.

Human Rights

4. Guinea's Ministry of Justice said its investigation into the September killings of EVD health workers and a journalist in a southeastern village is moving swiftly, with a trial expected by year's end. The team of health workers and a journalist were attacked in Wome as they traveled through the southeast to raise awareness about the virus. Justice Minister Cheick Sakho said that authorities are working swiftly on the legal case against those responsible for the murders. Sakho said 81 people have been indicted so far, and 39 are in custody. Police have 40 more arrest warrants to execute.

Response Efforts and Health

6. The Bill & Melinda Gates Foundation announced that it will be supporting efforts to scale up the production and evaluation of convalescent plasma and other convalescent blood products as potential therapies for people infected with EVD. Various drugs will also be evaluated, including the experimental antiviral drug brincidofovir. The foundation has committed US\$ 5.7 million to the effort, and specific trials will be confirmed in coordination with national health authorities and WHO.

Resource Mobilisation

16. The World Bank announced a US\$ 285 million grant to finance EVD containment efforts underway in Guinea, Liberia and Sierra Leone, as well as to help communities in the three countries cope with the socioeconomic impact of the crisis and rebuild and strengthen essential health services. The grant is part of the nearly US\$ 1 billion previously announced by the World Bank for the countries hardest hit by EVD. The grant provides additional financing to the bank's Ebola Emergency Response Project, including US\$ 72 million for Guinea, US\$ 115 million for Liberia and US\$ 98 million for Sierra Leone, the three countries most affected by EVD.

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Key Political and Economic Developments

1. The US added Mali to the list of countries whose travelers face special EVD screening on arrival, along with Sierra Leone, Guinea and Liberia, the three most affected countries in the outbreak. The US Centers for Disease Control and Prevention and the Department of Homeland Security announced the provision, for roughly 15 daily arrivals out of Mali, saying that there have been a number of confirmed cases of EVD in Mali in recent days, and a large number of individuals may have been exposed to those cases. There are no direct flights from Mali to the US.

3. The EU on Monday announced € 12 million (US\$ 15 million) in funding for Mali, Senegal and Ivory Coast "to help them prepare for the risk of an Ebola outbreak through early detection and public awareness measures". The funding was part of a new € 29 million package for West Africa as a whole, which comes on top of the € 1 billion previously announced by the EU and its member states. The remainder of the funding will go to transporting aid and equipment to Sierra Leone, Liberia and Guinea and for evacuating infected international aid workers to hospitals in Europe.

Essential Services

16. With implementing partners, UNICEF supports the identification of children with severe acute malnutrition at the community level in five districts in Sierra Leone (Bombali, Kambia, Kono, Moyamba, and Port Loko). Last week, 1,099 children were screened and referred for treatment, of which 662 were severely malnourished and 437 were moderately malnourished.

17 November 2014

Key Political and Economic Developments

1. Liberia has set a goal of having no new cases of EVD by December 25, president Ellen Johnson Sirleaf said in a radio address on Sunday, another sign that authorities believe they are getting on top of the virus. "We continue to combat the Ebola virus and strive to achieve our national objective of zero new cases by Christmas," Sirleaf said. She also announced a cabinet reshuffle, naming George Werner to replace Walter Gwenigale as health minister, a key position given the epidemic.

6. In a meeting in Monrovia on 14 November, UNMEER ECM Peter Graaff and WHO Assistant Director-General Bruce Aylward agreed with partners that the overall response to the EVD

epidemic needs to be revised: the EVD response has to become more county-focused, with strong emphasis on active case finding and contact tracing.

Response Efforts and Health

8. WHO has begun assessing more than 120 potential treatments for EVD patients but so far has found none that definitely work, and some that definitely do not. The apparent effect of ZMapp and other drugs may be a result of the care the patients received, or the fact that they were well-nourished before falling ill, or of other medicines. Because many patients received multiple drugs, it is impossible to conclude which drugs work. Among treatments touted in the three affected countries are silver, selenium, green tea and Nescafé. WHO aims to provide clarity by pooling knowledge about all potential treatments and educate people on which ones should definitely be ruled out.

10. A Chinese deployment of 160 health workers arrived in Liberia on Sunday. The Chinese doctors, epidemiologists and nurses will staff a US\$ 41 million Ebola treatment unit which is being built and will be up and running in 10 days. The health workers have had previous experience in tackling SARS (Severe Acute Respiratory Syndrome) in Asia.

Outreach and Education

19. With UNICEF support, over 1.5 million subscribers of three leading mobile networks were reached through SMS messaging across Sierra Leone since mid-October. In addition, the president called on all 149 paramount chiefs to lead social mobilization activities in their respective chiefdoms.

Essential Services

20. The preliminary results of a nation-wide assessment in Sierra Leone conducted by FAO in partnership with the government and the Food Security Cluster, revealed that the EVD outbreak has caused shortage of labour for weeding, harvesting and other crucial activities. Disruption and closure of periodic markets has caused significant changes in prices of commodities. Urgent measures are needed to address the current food security gaps and rehabilitate key agricultural markets.

UNMEER site: Press Releases

[Ebola: 'We are seeing the curve bending in enough places to give us hope,' says Ban](#)

21 November 2014 [Secretary-General](#) Ban Ki-moon today said that by continuing to scale up the global fight against Ebola, there is hope the outbreak could be contained by mid-2015, but he emphasized that results to date are still uneven, and announced that the Organization's top health officials will head to Mali, where the situation is still a cause of "deep concern."

[Ban to take up fight against Ebola with heads of all UN organizations](#)

20 November 2014 On the eve of a meeting of United Nations agency chiefs to discuss ways to jointly tackle the Ebola outbreak, the World Bank reported today Liberia's labour sector has suffered a huge blow since the start of the crisis, as a "massive effort" was underway in Mali to halt the spread of the re-emerged virus.

[Ebola cases no longer rising in Guinea, Liberia, UN health agency reports](#)

19 November 2014 The United Nations World Health Organization ([WHO](#)) reported today that the number of Ebola cases is "no longer increasing nationally in Guinea and Liberia, but is still increasing in Sierra Leone", and that preparedness teams have been sent this week to Benin, Burkina Faso, Gambia and Senegal.

['Insecurity on the march again' in Africa's Sahel region, UN relief official warns](#)

19 November 2014 Insecurity is on the march again in the countries of Africa's Sahel belt, where extremists have displaced 1.5 million people in Nigeria and the threat of Ebola is exacerbating an already dire humanitarian crisis, the United Nations humanitarian regional coordinator said today.

[Efforts by UN health agency under way to step up Ebola response in Mali](#)

18 November 2014 The United Nations is intensifying its efforts to keep the Ebola outbreak from spreading in Mali by working to identify all chains of transmission and stepping up social mobilization campaigns to include a range of actors, from religious leaders to truck and bus drivers.

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