

# ***The Sentinel***

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

***Week ending 29 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.*

### **[UNAIDS Executive Director delivers his World AIDS Day 2014 message](#)**

*[Full text]*

On this World AIDS Day, let us also reflect on the lives lost to Ebola, on the countries and people affected by the outbreak in West Africa.

The Ebola outbreak reminds us of the beginning of the AIDS epidemic. People were hiding and scared. Stigma and discrimination were widespread. There were no medicines and there was little hope.

But today, thanks to global solidarity, social mobilization and civil society activism, we have been able, together, to transform tragedy into opportunity. We have been able to break the conspiracy of silence, to reduce the price of medicines and break the trajectory of the AIDS epidemic. This has saved millions of lives.

We now have to break the epidemic for good. If we don't, it could spring back and it will be impossible to end.

We have a short five-year window of opportunity to reach the people who are being left behind, people who have been denied their rights—young women and adolescent girls, men who have sex with men, migrants, prisoners, sex workers, people who inject drugs.

To do this we need to ensure that health systems are strengthened to provide the essential services that are needed and civil society has to be supported so it can continue to play its vital role.

On World AIDS Day 2014, it is time to redouble our efforts, to fast-track our actions and close the gap between people who have access to HIV prevention, treatment, care and support services and people who are being left behind.

By fast-tracking countries, cities and communities we can reach people most affected by HIV. And with Fast-Track Targets like 90–90–90 we can ensure that, by 2020, 90% of people living with HIV know their status, 90% of people who know their HIV positive status are on treatment and that 90% of people on treatment have suppressed viral loads.

So, let us join together this World AIDS Day to close the gap and end the AIDS epidemic by 2030.

[On World AIDS Day, Secretary-General Calls on World Leaders to Unite in Common Cause to End Epidemic by 2030](#)

26 November 2014

SG/SM/16375-AIDS/194-OBV/1410

UN Secretary-General Ban Ki-moon's message for World AIDS Day, observed on 1 December.

[Secretary-General Expresses 'Utmost Gratitude' to Under-Secretary-General for Humanitarian Affairs Valerie Amos Following Her Decision to Step Down](#)

26 November 2014

SG/SM/16374-IHA/1349

*The following statement by United Nations Secretary-General Ban Ki-moon was issued today:*

Valerie Amos has informed me of her intention to step down as United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator. I would like to express my utmost gratitude for her outstanding service to the United Nations, the humanitarian community and people in need.

Ms. Amos has led the humanitarian response of the United Nations and partners, including non-governmental organizations, the Red Cross and Red Crescent Movement, national authorities, civil society, the private sector and many others, to devastating natural disasters and conflicts. Her extensive experience, leadership and work in partnership with principals from the humanitarian community has helped find solutions for people who are facing the worst experiences in their lives.

Ms. Amos has tirelessly advocated for people around the world affected by disaster and conflict. For her, people have always come first. She also worked closely with humanitarian workers who often risk their own lives to serve people most in need.

At a time when the humanitarian system is particularly stretched, Ms. Amos also led the preparations for my World Humanitarian Summit to be held in 2016, which will identify new ways to tackle humanitarian needs in our fast-changing world and set a new agenda for global humanitarian action.

[Letter to OCHA Staff](#), Valerie Amos Announces Resignation, 26 November 2014

**UNCHR: [Zeid urges restraint, and determined effort to root out institutionalized discrimination in wake of U.S. Ferguson verdict](#)**

*The following statement was issued by the UN High Commissioner for Human Rights, Zeid Ra'ad Al Hussein, in Geneva on 25 November 2014*

The Grand Jury's decision not to charge a police officer who fatally shot Michael Brown in Ferguson, Missouri, has led to violent protests, including looting and arson. I urge all protestors to avoid violence and destruction in the wake of this decision, in accordance with the expressed wishes of Mr. Brown's parents and with the law. People have the right to express their dismay and their disagreement with the Grand Jury's verdict, but not to cause harm to others, or to their property, in the process.

Without knowing the details of the evidence laid before the Missouri Grand Jury – which in turn depends on the quality of the investigation into the killing of Michael Brown – I am not, at this point, able to comment on whether or not the verdict conforms with international human rights law.

Nevertheless, I am deeply concerned at the disproportionate number of young African Americans who die in encounters with police officers, as well as the disproportionate number of African Americans in U.S. prisons and the disproportionate number of African Americans on Death Row.

It is clear that, at least among some sectors of the population, there is a deep and festering lack of confidence in the fairness of the justice and law enforcement systems. I urge the US authorities to conduct in-depth examinations into how race-related issues are affecting law enforcement and the administration of justice, both at the federal and state levels.

Concerns about institutionalized discrimination in the US have repeatedly been raised, by respected national bodies and by UN bodies monitoring the implementation of international human rights treaties, ratified by the US. These include, this year alone, the Committee on the Elimination of Racial Discrimination, and the Human Rights Committee.\* In addition, just two weeks ago, Michael Brown's parents addressed the Committee against Torture\*\* which is currently reviewing the United States' application of its obligations under the Convention against Torture. That committee will deliver its conclusions on Friday.

Coming just three days after a 12-year-old African-American boy, Tamir Rice, was shot dead by police in Cleveland, Ohio, because he was holding a non-lethal replica gun, the high number of gun-related deaths in the United States is once again in focus. In many countries, where real guns are not so easily available, police tend to view boys playing with replica guns as precisely what they are, rather than as a danger to be neutralized.

Any use of firearms by police must be in accordance with the UN's Basic Principles on the Use of Force and Firearms by Law Enforcement Officials. Article 9 of the Basic Principles clearly states that 'Law enforcement officials shall not use firearms against persons except in self-defence or defence of others against the imminent threat of death or serious injury, to prevent the perpetration of a particularly serious crime involving grave threat to life, to arrest a person presenting such a danger and resisting their authority, or to prevent his or her escape, and only

when less extreme means are insufficient to achieve these objectives. In any event, intentional lethal use of firearms may only be made when strictly unavoidable in order to protect life.'

I would like to express my deepest sympathy to the families of both Michael Brown and Tamir Rice. Mr. Brown's parents' tremendous dignity and deep anguish for their lost son profoundly impressed everyone they met when they were here in Geneva, and have once again been demonstrated, despite their evident disappointment, by their call for protests to remain peaceful after last night's verdict."

*\* The Committee on the Elimination of Racial Discrimination reviewed the US in August 2014 and the Human Rights Committee reviewed the US in March 2014. Both expert committees expressed concerns about a number of issues, including racial profiling by law enforcement officials; gun-related deaths and injuries which disproportionately affect members of racial and ethnic minorities; brutality and excessive use of force by law enforcement officials against members of racial and ethnic minorities, including against unarmed individuals; and that members of racial and ethnic minorities, particularly African Americans, continue to be disproportionately arrested, incarcerated and subjected to harsher sentences, including life imprisonment without parole and the death penalty.*

*The full concluding observations are available at:*

*[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2fCO%2f7-9&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2fCO%2f7-9&Lang=en)*

*[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fUSA%2fCO%2f4&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR%2fC%2fUSA%2fCO%2f4&Lang=en)*

*\*\* The Committee Against Torture reviewed the US on November 12 and 13. Its concluding observations will be available on Friday at:*

*[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=930&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=930&Lang=en)*

## **CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment**

53 Session (03 Nov 2014 - 28 Nov 2014)

The UN Committee against Torture concluded its 53rd session on Friday 28 November in Geneva. The Committee's session documentation on each State Party below are published here: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=930&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=930&Lang=en) The video webcasts of the Session are organized by State Party and available here: <http://www.treatybodywebcast.org/category/webcast-archives/cat/>

*Selected issues discussed during the session are summarized below [full text from announcement with links to session Concluding Observations for each State Party reporting during 53<sup>d</sup> Session].*

SWEDEN: Restrictions on remand prisoners; excessive length of pre-trial detention; wide use of solitary confinement; no separate juvenile justice system; coercive measures, including physical restraints and isolation in psychiatric institutions and hospitals; detention of asylum seekers and irregular immigrants; race hate crimes; absence of definition of torture as defined in the Convention against Torture. [Concluding Observations](#)

UKRAINE: Slow investigations, lack of accountability regarding excessive use of force by police in connection with protests since November 2013; reports of torture, ill-treatment, enforced disappearances, killings in areas under control of armed groups, notably in Donetsk

and Lugansk regions; high rate of mortality among prisoners, mainly from tuberculosis; increase in the number of deaths and suicides in custody; high rate of domestic violence. [Concluding Observations](#)

VENEZUELA: Large number of detentions; allegations of torture and ill-treatment of people detained after demonstrations February-July 2014; military participation in halting demonstrations and attacks allegedly committed by pro-government armed groups; attacks on and intimidation against human rights defenders; independence of the judiciary; the case of judge Maria Lourdes Afiuni. [Concluding Observations](#)

BURUNDI: Allegations of torture and ill-treatment by law enforcement officials and prison officers; sub-standard conditions of detention; no independent body to monitor places of detention; high numbers in custody and pre-trial detention; political violence; the Truth and Reconciliation Commission. [Concluding Observations](#)

AUSTRALIA: Violence against women; trafficking in persons; indigenous people in the criminal justice system; compliance with non-refoulement obligations under the Convention; mandatory immigration detention for unauthorised arrivals, including children; offshore processing of asylum seekers claims; work of the Royal Commission into Institutional Responses to Child Sexual Abuse. [Concluding Observations](#)

USA: Extraterritorial application of the Convention; inquiries into allegations of torture overseas; Guantanamo Bay detention facilities, transfer of detainees and reliance on diplomatic assurances; interrogation techniques; solitary confinement; use of death penalty; sexual violence, including rape, in prisons; excessive use of force by police, police brutality; sexual abuse in the US military. [Concluding Observations](#)

CROATIA: Failure to guarantee access to fundamental legal safeguards against torture for detainees, such as immediate access to a lawyer; insufficient monitoring of places of deprivation of liberty; amnesties for acts of torture; violence against women; situation of people in psychiatric establishments; lack of information regarding application of non-refoulement principle. [Concluding Observations](#)

KAZAKHSTAN: Torture and ill-treatment to extract "voluntary confessions" to show crimes solved; disregard of complaints about torture in judicial proceedings; forced placement in psychiatric institutions of anti-corruption activists, human rights defenders; high number of deaths in custody, especially of persons infected with HIV/AIDs; high incidence of violence among prisoners; use of internal troops, including masked guards, to maintain security in prison. [Concluding Observations](#)

### **[CESCR - International Covenant on Economic, Social and Cultural Rights](#)**

Committee on Economic, Social and Cultural Rights

53 Session (10 Nov 2014 - 28 Nov 2014)

28 November 2014

The Committee on Economic, Social and Cultural Rights this afternoon concluded its fifty-third session after adopting its concluding observations and recommendations on the reports of Viet Nam, Portugal, Finland, Montenegro, Guatemala, Slovenia, Nepal and Romania, which were

reviewed during the session.

The concluding observations and recommendations will be available on the Committee's [webpage](#) by the end of the day on Monday, 1 December. The Committee's fifty-fourth session will be held from 23 February to 6 March 2015, during which it is scheduled to consider the reports of Gambia, Paraguay and Tajikistan on how they implement the provisions of the International Covenant on Economic, Social and Cultural Rights.

### **UNODC: [Global report on trafficking in persons](#)**

November 2014

The UNODC Global Report 2014 is the second of its kind mandated by the General Assembly. It covers 128 countries and provides an overview of patterns and flows of trafficking in persons at global, regional and national levels, based on trafficking cases detected between 2010 and 2012 (or more recent). The Global Report 2014 highlights the role of organized crime in trafficking in persons, and includes an analytical chapter on how traffickers operate. The worldwide response to trafficking in persons is also a focus of this edition of the Global Report.

Trafficking in persons is a truly global phenomenon: between 2010 and 2012, victims from at least 153 countries were detected in 124 countries worldwide. A great majority of the victims detected are females, although men and boys are also trafficked in significant numbers. Women and girls are not only trafficked for sexual exploitation, but also for forced labour and for other purposes. The percentage of children among victims is increasing and children now comprise nearly one third of all detected trafficking victims in the world.

Many countries have recently passed legislation criminalizing trafficking in persons as a specific offence. However, definitions of human trafficking vary, as does the capacity to identify offenders and victims. The overall criminal justice response to trafficking in persons, which has historically been very weak, has not improved.

The Country Profiles of the Global Report present a national level analysis for each of the 128 countries covered by this edition of the report.

Global: [Full report](#) (PDF, 5 MB)

#### ***PROFILES***

[Western and Central Europe](#)

[Eastern Europe and Central Asia](#)

[North America, Central America and the Caribbean](#)

[South America](#)

[East Asia and the Pacific](#)

[South Asia](#)

[North Africa and the Middle East](#)

[Sub-Saharan Africa](#)

### **ODI: [Global mental health from a policy perspective: a context analysis](#)**

*Characterising mental health and recommending engagement strategies for the Mental Health Innovation Network*

Overseas Development Institute; Jessica Mackenzie, author

November 2014 :: 44 pages

Report pdf: <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9285.pdf>

*Abstract*



Mental health is a critically important issue in global health today and yet does not receive due policy attention. This report characterises mental health as a policy issue, and draws upon the experience of different social movements across global health to provide lessons for this field. It presents an array of engagement strategies to specifically inform how the Mental Health Innovation Network (MHIN) can best help to improve policy influence across aspects of the global mental health community.

*Executive Summary [excerpt]*

Mental health is a critically important issue in global health today, and yet does not receive due policy attention. Mental illness will likely affect one in four people within their lifetime and neuropsychiatric conditions now account for 13% of the global burden of disease – with 70% of that burden in low- and middle-income countries (WHO, 2001; Lopez et al., 2006). Despite this, mental health has not yet achieved the policy influence that would be proportionate to its burden, nor ‘commensurate visibility, policy attention, or funding’ that is warranted (Tomlinson and Lund, 2012).

This report applies several theoretical approaches to analyse mental health as a policy issue and the particular challenges it faces. This report applies the Overseas Development Institute (ODI)’s ‘Knowledge, Policy and Power’ (KPP) framework to assess the characteristics of mental health as a policy issue. It also applies other supporting analytical approaches regarding the tractability of a policy issue and for assessing the effectiveness of global health networks. The report focusses on mental health at a global level, but highlights the need for more detailed analysis at a more local level, given that policy traction is highly dependent on local context, actors and systems of decision-making.

By characterising the different aspects of mental health as a policy issue, it becomes easier to understand why it has faced problems achieving policy influence to date and what opportunities there are to harness change. Characteristics such as stigmatisation, heterogeneity, a recently emergent user movement, the individualistic nature of treatment, the role of the informal sector, low financial investment and lack of data, all act as barriers to achieving policy traction (as well as appropriate access to care, prevention and treatment). These features mean that the salience of the issue is diminished, its actual severity and prevalence is concealed and its ‘solvability’ negatively influenced.

However some positive entry points are also identified in the characteristics of mental health as a policy issue. Public interest in mental health, particularly in high income countries, is growing. Over the past 20 years the interest in promoting mental health and providing solutions has grown dramatically (Friedli, 2009; Secker, 1998; WHO, 2001; WHO, 2013). As public interest increases there will be corresponding demand for information and advice, which leaves the global mental health community (and networks like the Mental Health Innovation Network) well placed to be heard and have influence. While more detailed and rigorous political economy analysis is required, the changing international policy environment suggests that there could be a tipping point approaching in coming years for mental health. Increased international commitments and reporting against set targets will help to mitigate many of the current barriers, and the role of donors like Grand Challenges Canada (with funding from the Government of Canada) will be crucial in future. If the network can engage in the most effective way, and harness this potential upcoming opportunity, there could be a vast improvement in the way that mental health is treated as a policy issue...

UNCTAD

eISBN 978-92-1-056923-1 :: 198 pages

*[Excerpt from press release]*

The report argues that the international community must learn from the failure of most of the poorest countries to meet the Millennium Development Goals (MDGs) despite registering strong economic growth – a phenomenon the Report dubs the "LDC paradox". The LDC paradox arises from the failure of LDC economies to achieve structural changes despite having grown vigorously as a result of strong export prices and rising aid flows. Some other developing countries – not categorized as "least developed" – especially those that mostly depend on commodities for production, employment and exports, have also faced a similar paradox.

The report notes that LDCs "are the battleground on which the post-2015 development agenda will be won or lost. Its success will depend on action by the international community and the LDCs to structurally transform their economies and break the vicious circle of human and economic development that has trapped these countries in poverty."

Under the MDGs, global poverty was halved by rapid progress in the more advanced developing countries, the Report says. But a central goal of the post-2015 development agenda is expected to be the eradication of poverty by 2030. This means reducing it to zero everywhere – and it is in the LDCs that this will be most challenging. Their performance will largely determine the success or failure of the whole post-2015 development agenda.

The Report highlights three key policy priorities as part of a post-2015 development agenda for LDCs: mobilizing resources for investment in such a way as to maximize their development impact, directing these resources towards economic activities that will contribute decisively to transforming their economies and establishing macroeconomic policies that promote investment and demand growth rather than inhibiting them. Diversifying rural economies must also be a principal element of the transformation if poverty is to be eradicated.

*[From introductory pages of report]*

#### **What are the least developed countries?**

At present, there are 48 countries designated by the United Nations as "least developed countries" (LDCs). These are: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, the Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia.

The list of LDCs is reviewed every three years by the United Nations Economic and Social Council (ECOSOC), based on recommendations of the Committee for Development Policy (CDP). The following three criteria were used by the CDP in its most recent review of the list in March 2012:

- (a) Per capita income, based on a three-year average estimate of the per capita gross national income (GNI), with a threshold of \$992 for candidate countries for addition to the list, and a threshold of \$1,190 for graduation from LDC status;
- (b) Human assets, involving a composite index (the Human Assets Index) based on the following indicators:
  - (i) nutrition (percentage of the population that is undernourished);
  - (ii) health (child mortality ratio);
  - (iii) school enrolment (gross secondary school enrolment ratio); and
  - (iv) literacy (adult literacy ratio); and
- (c) Economic vulnerability, involving a composite index (the Economic Vulnerability Index) based on the following indicators:
  - (i) natural shocks (index of instability of agricultural production; and the percentage of victims of natural disasters);
  - (ii) trade-related shocks (index of instability of exports of goods and services);
  - (iii) physical exposure to shocks (proportion of population living in low-lying areas);
  - (iv) economic exposure to shocks (share of agriculture, forestry and fisheries in gross domestic product (GDP); index of merchandise export concentration);



- (v) smallness (population in logarithm); and
- (vi) remoteness (index of remoteness).

In all three criteria, different thresholds are used for identifying countries to be added to the list of LDCs, and those that should graduate from the list. A country will qualify to be added to the list if it meets the thresholds on all three criteria and has a population no greater than 75 million. But a country that meets these criteria will only be added to the LDC list if its Government accepts this status. A country will normally qualify for graduation from LDC status if it has met graduation thresholds under at least two of the three criteria in at least two consecutive triennial reviews of the list. However, if the per capita GNI of an LDC has risen to a level at least double the graduation threshold, the country will be deemed eligible for graduation regardless of its performance under the other two criteria.

Four countries have graduated from LDC status so far: Botswana in December 1994, Cape Verde in December 2007, Maldives in January 2011, and Samoa in January 2014. In March 2009, the CDP recommended the graduation of Equatorial Guinea. This recommendation was accepted by ECOSOC in July 2009, and endorsed by the General Assembly through a resolution adopted in December 2013. The same resolution also stated that the General Assembly endorsed the CDP's 2012 recommendation to graduate Vanuatu from LDC status. Equatorial Guinea and Vanuatu are scheduled to be taken out of the list of LDCs in June 2017 and December 2017, respectively. The next official review of the list by relevant United Nations bodies will take place in 2015, with particular attention to the potential graduation of Angola and Kiribati.

After a recommendation to graduate a country from LDC status has been endorsed by ECOSOC and confirmed by the General Assembly, that country is normally granted a three-year grace period before graduation effectively takes place. This grace period, during which the country remains an LDC, is designed to enable the graduating State and its development and trading partners to agree on a "smooth transition" strategy, so that the loss of LDC status at the time of graduation does not disrupt the socio-economic progress of the country. A "smooth transition" measure generally implies extending, for a number of years after graduation, a concession the country was normally entitled to by virtue of its LDC status.

## **ITU – Measuring the Information Society – MIS Report**

International Telecommunications Union

November 2014 :: 270 pages w/o Annex

pdf: <http://www.itu.int/en/ITU->

[D/Statistics/Documents/publications/mis2014/MIS2014\\_without\\_Annex\\_4.pdf](http://www.itu.int/en/ITU-D/Statistics/Documents/publications/mis2014/MIS2014_without_Annex_4.pdf)

The MIS Report, which has been published annually since 2009, features key ICT data and benchmarking tools to measure the information society, including the ICT Development Index (IDI). The IDI captures the level of ICT developments in 166 economies worldwide and compares progress made during the last year. The MIS 2014 highlights the relationship between ICT development (as measured by the IDI) and the MDGs, a contribution to the ongoing discussions on the potential of ICTs as development enablers. The report includes the results of the ICT Price Basket (IPB) and new mobile-broadband price data for over 140 economies. Price data are analysed to provide insights into the relationship between affordability and income inequality, competition and regulation. The report also looks at new ICT data sources for measurement and examines the possible role of ICT big data for monitoring and development.

The 6th edition of the ITU Measuring the Information Society (MIS) Report was launched on November 24th, in Tbilisi, Georgia, at the [World Telecommunication/ICT Indicators Symposium \(WTIS\) 2014](#).

*Press Release [Excerpt]*

Geneva, 24 November 2014 – Over three billion people are now online and information and communication technology (ICT) growth remains buoyant in just about every country worldwide, according to ITU's flagship annual Measuring the Information Society Report.

The report is widely recognized as the repository of the world's most reliable and impartial global data and analysis on the state of global ICT development, and is extensively relied upon by governments, financial institutions and private sector analysts worldwide.

Latest data show that Internet use continues to grow steadily, at 6.6% globally in 2014 (3.3% in developed countries, 8.7% in the developing world). The number of Internet users in developing countries has doubled in five years (2009-2014), with two thirds of all people online now living in the developing world.

Of the 4.3 billion people not yet using the Internet, 90% live in developing countries. In the world's 42 Least Connected Countries (LCCs), which are home to 2.5 billion people, access to ICTs remains largely out of reach, particularly for these countries' large rural populations...

...In the mobile cellular segment, the report estimates that by end 2014 there will be seven billion mobile subscriptions, roughly corresponding to the total global population. But it warns against concluding that everyone is connected; instead, many users have multiple subscriptions, with global growth figures sometimes translating into little real improvement in the level of connectivity of those at the very bottom of the pyramid. An estimated 450 million people worldwide live in places which are still out of reach of mobile cellular service.

Encouragingly, the report notes substantial improvements in access to international bandwidth in poorer countries, with developing nations' share of total global international bandwidth rising from just 9% in 2004 to over 30% today. But lack of sufficient international Internet bandwidth in many of the LCCs remains an important barrier to ICT uptake in these countries, and often limits the quality of Internet access...

*Executive Summary: [www.itu.int/go/mis2014](http://www.itu.int/go/mis2014)*

## **INFORM – Index for Risk Management**

19 November 2014

Web tool developed as a collaboration of the Inter-Agency Standing Committee Task Team for Preparedness and Resilience and the European Commission. The first global, objective and transparent tool for understanding the risk of humanitarian crises. INFORM The InfoRM model is based on risk concepts published in scientific literature and envisages three dimensions of risk: hazards & exposure, vulnerability and lack of coping capacity dimensions.

:: [Frequently Asked Questions](#)

:: [User guide or read online](#)

:: [Full methodology](#)

[New, open-source tool to support resilience-building](#)

*The Index for Risk Management (InfoRM) sheds new light on what drives crises -- and what communities need in order to face them*

27 November 2014, Rome - Each year millions of people dependent on agriculture, forestry and fisheries are confronted by droughts, floods, plant pests or animal diseases, and conflict. When that happens, the livelihoods of communities can be left in tatters, while disruptions to food production and distribution undermine the food security of nations and entire regions...

...The index builds up a picture of risk by bringing together some 50 different indicators measuring three dimensions of risk: hazards and exposure of people, vulnerability of communities to those hazards, and their capacity to cope with them. This data is synthesized into a consolidated, simple risk profile for each country, which includes natural and human hazards, vulnerability and lack of coping capacity. Currently, InfoRM covers 191 countries.

## **1st Amref Health Africa International Conference**

***Theme: From Evidence to Action – Lasting Health Change in Africa***

November 24 – 26, 2014, Nairobi,

Organised in Collaboration with the World Health Organization  
Conference Communiqué

*Preamble*

We, the organisers, keynote speakers, scientists and researchers, leaders from governments, multilateral agencies, the private sector and civil society, representatives of development partners, delegates, participants and the media, came together in this inaugural Amref Health Africa International Health conference to:

- :: Share cutting edge research on health and health systems in Africa
- :: Identify and discuss priorities in addressing Africa's health in the post-2015 agenda
- :: Bring together stakeholders to reflect on home-grown solutions to health system challenges in Africa.

In the past three days, we have had rich sharing and discussion around the deep knowledge shared by keynote speakers, the findings of researchers, and the experience and skills of the private sector in innovation to find solutions to improved service delivery in Africa.

*We Note That:*

- :: Africa has made progress in improving the health of her peoples in the MDG era, but that this progress has been inadequate to achieve the MDG targets for health.
- :: Serious challenges in health persist in relation to the health of women and children, communicable diseases and infectious diseases that have long been eliminated or mitigated in other continents.
- :: Africa additionally faces an emerging health burden from non-communicable diseases (NCDs).
- :: More than one-third of African children are stunted due to chronic malnutrition, which seriously reduces their future economic productivity. This is a root cause of Africa's under-development as malnutrition reduces national GDP by up to 3%.
- :: In some countries, up to 40% of healthcare expenditure is out of pocket
- :: African governments and the private sector must work together to invest in systems of production of human resources for health, taking maximum advantage of current technologies like e- and m-learning to lower the cost of training.
- :: Accountability, efficiency, value for money, and transparent tracking of health expenditure must become standard principles in utilisation of health care resources by both state and non-state health stakeholders.
- :: African governments must put in place enabling policies, invest in quality health services, and show greater political will to address the root causes of ill health and galvanise other stakeholders to contribute towards sustainable universal health care coverage.
- :: African governments should enact policies that adopt task shifting to address the shortage of human resources for health.
- :: African governments must urgently create the policy framework, legislation and investment to rapidly improve the health research output in the continent.
- :: Implementers, researchers and policy makers must create the platforms that ensure that research is translated into evidence-based policy-making and action to improve health in Africa.
- :: African governments should create policies to facilitate networking of African researchers to generate evidence from research for practice and policy change.
- :: Non-governmental organisations must advocate with the key stakeholders to focus attention continuously on translation of evidence to investment decisions for sustainable health systems in Africa.

- [Conference Bulletin Issue No. 2](#)
- [Conference Bulletin Issue No. 3](#)

### ***Emergencies Scorecard***

**UN OCHA: [L3 Emergencies](#)** [at 29 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 29 November 2014]

:: [Ebola/EVD](#)

:: [Polio](#)

**WHO: [Grade 3 and Grade 2 emergencies](#)** [at 29 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 29 November 2014]

*Secretary General, Security Council, General Assembly*

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

28 November 2014

SG/SM/16376-HR/5228-OBV/1411

[Marking International Day for Abolition of Slavery, Secretary-General Urges States to Renew Efforts to Eradicate Practice Still Affecting 18 Million Worldwide](#)

UN Secretary-General Ban Ki-moon's message on the International Day for the Abolition of Slavery, observed on 2 December.

28 November 2014

SG/SM/16377-HR/5229-OBV/1412

[Adaptive, Assistive, Inclusive Technology Can Aid Persons with Disabilities in Reaching Their Potential in Communities, Workplace](#)

UN Secretary-General Ban Ki-moon's message for the International Day of Persons with Disabilities, to be observed on 3 December.

26 November 2014

SG/SM/16375-AIDS/194-OBV/1410

[On World AIDS Day, Secretary-General Calls on World Leaders to Unite in Common Cause to End Epidemic by 2030](#)

UN Secretary-General Ban Ki-moon's message for World AIDS Day, observed on 1 December.

26 November 2014

SG/SM/16374-IHA/1349

[Secretary-General Expresses 'Utmost Gratitude' to Under-Secretary-General for Humanitarian Affairs Valerie Amos Following Her Decision to Step Down](#)

Statement by United Nations Secretary-General Ban Ki-moon.

25 November 2014

SG/SM/16370-OBV/1408-WOM/2011

[Secretary-General, on International Day, Calls Violence against Women, Girls 'Most Extreme Example' of Oppression Worldwide, Urging All to Help End Global Disgrace](#)

UN Secretary-General Ban Ki-moon's remarks, as prepared for delivery, on the International Day for the Elimination of Violence against Women, in New York.

25 November 2014

GA/SHC/4126

[While Approving 14 Draft Resolutions without Vote, Third Committee Tackles Four Texts on Human Rights, Peace, International Democracy, Mercenaries](#)

As the Third Committee (Social, Humanitarian and Cultural) approved 18 draft resolutions, with 14 without a vote, delegations voiced concerns regarding four texts including one on the report of the Human Rights Council, debating whether that body had been politicized, thus undermining its legitimacy and credibility.

25 November 2014

GA/11592

[General Assembly, Concluding Annual Debate on Question of Palestine, Situation in Middle East, Adopts Six Resolutions by Recorded Vote](#)

Offering a range of solutions for moving the Middle East peace process forward, while regretting the steps backward due to escalation of violence in recent months, the General Assembly adopted six draft resolutions today by recorded vote on the question of Palestine and the situation in the Middle East overall.

**UNICEF** [to 29 November 2014]

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

*Media Releases [selected]*

[UNICEF: 1.1 million HIV infections in children averted](#)

NEW YORK, 28 November 2014 – An estimated 1.1 million HIV infections among children under 15 have been averted, as new cases declined by over 50 per cent between 2005 and 2013, according to data released by UNICEF today ahead of World AIDS Day.

[Thai media continues to violate children's rights, including the regular disclosure of the identify of child victims](#)

BANGKOK, 27 November 2014 – Children's rights continue to be regularly violated in Thai newspaper and television news coverage, according to a media study supported by UNICEF Thailand and released today.

[European Parliament celebrates CRC@25 and renews EU commitments for children](#)

STRASBOURG, 27 November 2014 - In a special plenary session, the European Parliament adopted a resolution marking the 25th anniversary of the UN Convention on the Rights of the Child (CRC) with a call to place children's rights at the heart of the European Union's internal and external policies.

[ECHO provides additional €4 million to keep Syrian children healthy](#)

AMMAN, Jordan, 25 November 2014 – The European Commission's Humanitarian Aid and Civil Protection Department (ECHO) has contributed an additional €4 million (approximately \$5 million USD) to UNICEF's emergency response supporting children affected by the on-going conflict inside Syria, and in neighboring Jordan.

**UNHCR** [to 29 November 2014]

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

*No new digest content identified.*



**UNOCHA** [to 29 November 2014]

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

[Letter to OCHA Staff](#), Valerie Amos Resignation, 26 November 2014

[Statement to the Security Council on Syria](#), 25 November 2014

26 Nov 2014

[World: Mapaction and OCHA build mapping skills for better disaster response \[EN/RU\]](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Georgia, Ukraine, World (Tbilisi, 24 November) –

Government representatives from Central Asia, South Caucasus regions and Ukraine are taking part in a three-day workshop on Geographic Information Systems (GIS) in Tbilisi. GIS are powerful systems that can provide solid situational analysis, thus improving decision-making in response to humanitarian emergencies.

25 Nov 2014

[South Sudan: Assistant Secretary-General Kyung-Wha Kang - Statement to African Union Peace and Security Council, Addis Ababa, Ethiopia, Tuesday 25 November 2014](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Ethiopia, South Sudan

Distinguished members of the AU Peace and Security Council, Excellencies, Ladies and Gentlemen, I would like to thank you for the great opportunity to brief you on the humanitarian challenges affecting the region and on the humanitarian situation in South Sudan and other conflict situations in Africa. Mr. Chairperson, During the past decade, much of Africa has recorded robust economic development,...

25 Nov 2014

[Syrian Arab Republic: Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Valerie Amos - Security Council Briefing on Syria, 25 November 2014](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Syrian Arab Republic Security Council Briefing on Syria 25 November 2014 As delivered

Mr. President, Nine months ago this Council adopted resolution 2139 which sets out a comprehensive series of proposals to tackle the significant protection, access and humanitarian challenges facing civilians and humanitarian partners in Syria. After several months of detailed reporting to the Council setting out the continued...

25 Nov 2014

[Ethiopia: More must be done to support the people and government of Ethiopia, generously hosting more than 600,000 refugees](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Ethiopia, South Sudan (Addis Ababa, 25 November 2014):

At the end of a four-day mission, UN Assistant Secretary-General for Humanitarian Affairs, Ms. Kyung-wha Kang said that the plight of South Sudanese refugees requires continued international attention. "Nearly 194,000 South Sudanese refugees have arrived in Ethiopia since the conflict there began last December. Ninety per cent of the arrivals are women and children...

**UNISDR** UN Office for Disaster Risk Reduction [to 29 November 2014]

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

*No new digest content identified.*

## **WHO & Regionals**

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

:: [World AIDS Day 2014: Closing the gap in HIV prevention and treatment](#) 1 December 2014

:: [Closing the gap in HIV prevention and treatment](#)

27 November 2014 -- In 2013, a record 13 million people were able to access life-saving antiretrovirals (ARVs). But many people still lack comprehensive HIV treatment and prevention services. This feature story describes how a centre in South Africa offers emergency HIV prevention medication, as well as support and advice to rape victims. On World AIDS Day 2014, WHO will release new guidelines on providing ARVs as emergency prevention following HIV exposure, and on the use of the antibiotic co-trimoxazole to prevent HIV-related infections.

[Read the feature story on emergency HIV prevention service in South Africa](#)

[World AIDS Day 2014](#)

### ***WHO Regional Offices***

WHO African Region AFRO

:: [When Ebola came calling: how communities in Sierra Leone faced the challenge - 24 November 2014](#)

WHO Region of the Americas PAHO

:: [PAHO/WHO to provide training in clinical management of Ebola for doctors and nurses in Latin America and the Caribbean](#) (11/28/2014)

:: [Antiretroviral treatment for people with HIV is increasing in Latin America and the Caribbean](#) (11/26/2014)

WHO South-East Asia Region SEARO

[World AIDS Day - Close the gap](#)

On this World AIDS Day with the theme "Close the gap", the World Health Organization, Regional Offices for South-East Asia and Western Pacific are calling on Member States to recognize that in order to close the significant gaps that remain for millions of people to access to HIV prevention, treatment and care, key populations most vulnerable to HIV must be equal partners with governments and health authorities.

[Joint press release - Closing the gap](#)

WHO European Region EURO

:: [High cancer burden due to overweight and obesity in most European countries](#) 28-11-2014

:: [Europe's HIV response falls short in curbing the epidemic: 80% more new HIV cases compared to 2004](#) 27-11-2014

:: [WHO project to combat noncommunicable diseases with major grant from Russian Federation](#) 26-11-2014

WHO Eastern Mediterranean Region EMRO

:: [Yemen vaccinates more than 11 million children in measles/rubella campaign](#)

23 November 2014 – Yemen conducted a national measles/rubella vaccination campaign from 9 to 20 November 2014, in which more than 11 million children from 9 months to 15 years were vaccinated. In spite of political unrest and insecurity, vaccination teams achieved a coverage rate of 98%, which included children from high-risk groups, such as refugees and internally displaced persons. Effective partnership was crucial to successful implementation of the campaign with the GAVI Alliance supporting 80% of operational costs and the cost of the vaccine and many other partners on the ground providing support to the campaign.

[Read more](#)

WHO Western Pacific Region WPRO

:: [Asia-Pacific countries need to improve affordable access to healthcare](#)

27 November 2014 – Most countries in the Asia-Pacific region need to step up their efforts to give more people access to affordable, quality health care. Too many people, especially women, cannot get the medical treatment they need due to high costs, difficulties in getting permission to see a doctor or a lack of health care providers in rural areas, according to Health at a Glance: Asia/Pacific 2014, a joint publication by the World Health Organization and the Organisation for Economic Co-operation and Development.

**UNAIDS** [to 29 November 2014]

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

[African First Ladies unite to ensure that all children are born HIV-free](#)

26 November 2014 |

[Sixteen days of activism against gender-based violence](#)

25 November 2014 |

[UNAIDS Executive Director delivers his World AIDS Day 2014 message](#)

24 November 2014 |

**UNFPA** United Nations Population Fund [to 29 November 2014]

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

25 November 2014 - News

[Ending violence and discrimination against women: A call to action](#)

DELHI/NEW YORK – "Today, there is no country in the world, not one, where women and girls live free from violence," said UNFPA Executive Director Dr. Babatunde Osotimehin, in a statement marking the International Day... - See more at:

<http://www.unfpa.org/news#sthash.KAnonhFW.dpuf>

**UN Women** [to 29 November 2014]

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

[Message from UN Women's Executive Director for World AIDS Day, 1 December 2014](#)

Date : [November 28, 2014](#)

The new UNAIDS report released for World AIDS Day 2014 calls on us all to take a fast-track approach over the next five years to end the AIDS epidemic by 2030. UN Women is proud to be

a partner in the collaborative fight against AIDS, and commends UNAIDS on the progress made through this concerted drive

[In Times Square, Nasdaq and Reuters screens go orange with anti-violence messages](#)

Date : [November 25, 2014](#)

Lit orange in support of International Day for the Elimination of Violence against Women, to raise awareness of the occasion, the seven-story-tall NASDAQ and 22-story-tall Reuters video towers flashed UN Women anti-violence messages throughout the day

[UN Women and New York City sign agreement to enhance safety and empowerment of women](#)

Date : [November 25, 2014](#)

City joins global Safe Cities Initiative; promises to scale up advocacy and action. UN Women and the City of New York today signed an agreement to work together in order to enhance the safety and empowerment of women and girls. It is the first such agreement signed between the City and a United Nations entity.

["Together, we are shining a light on acts that bring pain, shame and fear to girls and women" - Executive Director](#)

Date : [November 25, 2014](#)

Speech by UN Women Executive Director Phumzile Mlambo-Ngcuka at the official UN commemoration of the International Day to Eliminate Violence against Women, ECOSOC Chamber, New York, 25 November 2014

[Press release: A global call to "Orange YOUR Neighbourhood" galvanizes communities to stop violence against women](#)

Date : [November 24, 2014](#)

A United Nations call to "Orange YOUR Neighbourhood" kicks off tomorrow with people around the world displaying the colour to symbolize hope for a future free from violence against women and girls. Iconic New York buildings are lit in orange as beacons of a bright future.

**UNDP** United Nations Development Programme [to 29 November 2014]

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

27 Nov 2014

[UNDP report calls for prudent management of extractive wealth to ensure improved human development](#)

Wealth from extractive industries has the potential to more significantly boost the wellbeing of Papua New Guinea's citizens. Yet the country's development could be undermined if resources are not used in economically, socially and environmentally sustainable ways, says a new report by the UN Development Programme.

25 Nov 2014

[Message from UNDP Administrator Helen Clark on International Day for the Elimination of Violence Against Women](#)

Violence against women and girls appears all too often in headlines across the world.

24 Nov 2014

[Ebola crisis may result in more hunger: UNDP study](#)

Wild price swings caused by the Ebola health crisis are making it more difficult for households to feed themselves and make a stable living, according to a new study by the UN development programme.

**UN Division for Sustainable Development** [to 29 November 2014]

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

*No new digest content identified.*

**FAO** Food & Agriculture Organization [to 29 November 2014]

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

[FAO Director-General stresses link between rural development and migration](#)

If countries of the Mediterranean want to stem the tide on forced migration and human suffering, they should put agricultural, food and rural development at the core of regional cooperation, FAO Director-General José Graziano da Silva said.

28-11-2014

[International Year of Family Farming closes after giving fresh momentum to this vital sector](#)

Thanks to IYFF, many more people around the world are now aware of the importance of the sector - statistics show that family farms produce more than 80 percent of the world's food in value terms and represent collectively the largest source of employment worldwide.

27-11-2014

[New, open-source tool to support resilience-building](#)

Each year millions of people dependent on agriculture, forestry and fisheries are confronted by droughts, floods, plant pests or animal diseases, and conflict. When that happens, the livelihoods of communities can be left in tatters, while disruptions to food production and distribution undermine the food security of nations and entire regions.

27-11-2014

[New avian influenza's rapid spread to Europe threatens poultry sector especially in low-resourced countries](#)

Earlier this year, the People's Republic of China, Japan and the Republic of Korea reported outbreaks of H5N8 in poultry as well as findings in migratory birds and waterfowl. The fact that the virus has now been found within a very short time interval in three European countries, both in a wild bird and in three very different poultry production systems, suggests that wild birds may have played a role in spreading the virus, FAO and OIE experts said.

24-11-2014

**DESA** United Nations Department of Economic and Social Affairs [to 29 November 2014]

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

[Enhancing access to and security of ICTs](#)

28 November 2014, New York

"In the coming years, billions of devices will be connected to the "Internet of Things", creating a digital network of virtually everything," said UN DESA's Under-Secretary General Mr. Wu

Hongbo as he took part in a special event of ECOSOC on 18 November focusing on "Implementing the Post-2015 Development Agenda: Enhancing access to and security of ICTs".

**ILO International Labour Organization** [to 29 November 2014]

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

*No new digest content identified.*

**UNESCO** [to 29 November 2014]

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

[Director-General Addresses Organization of American States](#) 28 November 2014

Addressing the Organization of American States in Washington D.C. on 19 April, UNESCO Director-General Irina Bokova stated that "the key question we need to ask is how education can contribute to mitigate inequality."

"Fundamentally, quality education must craft the societies we aspire to - inclusive, dynamic and sustainable societies, free of poverty, societies anchored in respect for cultural diversity and human rights", said Mrs Bokova, giving the 51st Lecture of the Americas on the theme of promoting human development and quality education in the region...

[Assessment of inclusive policies: UNESCO supports evidence-based approaches and the participation of the populations concerned](#)

28 November 2014

Organized within the framework of UNESCO's Management of Social Transformations Programme (MOST), a workshop of experts on the measurement and assessment of social inclusion policies was held on 25 and 26 March 2013 at UNESCO Headquarters in Paris, with the aim to assist the work of the Organization's Secretariat in the study and mapping of available indexes and methodologies to measure social inclusion and assess the level of inclusiveness of public policies.

Concretely, this expert workshop had as final goal the identification of the most effective methods of measuring and assessing in order to adapt or develop those that are likely to have a real impact on public policy-making and on the process of evaluating policies in all UNESCO Member States.

Held before the 11th session of the MOST Intergovernmental Council, this expert meeting focused on one of the two thematic priorities identified for 2012-2013 by the Member States of this Council and brought together, for a day and a half, more than sixty participants, all experts and stakeholders in the implementation, measurement and assessment of social inclusion policies...

...The main reflections and recommendations made during this international workshop of experts were delivered to the 35 Member States of the MOST Intergovernmental Council that met in Paris on 27 and 28 March 2013.

The entire workshop via the following links:

Sessions of 25 March 2013 – [mms://stream.unesco.org/vod/most\\_25032013\\_floor.wmv](mms://stream.unesco.org/vod/most_25032013_floor.wmv)

Session of 26 March 2013 – [mms://stream.unesco.org/vod/most\\_26032013\\_floor.wmv](mms://stream.unesco.org/vod/most_26032013_floor.wmv)

[New Guide - Promoting Disaster Risk Reduction through Education](#) 25 November 2014



[Harnessing ICTs to Empower Persons with Disabilities: UNESCO International Conference Opens in India](#) 24 November 2014

**WIPO** World Intellectual Property Organization [to 29 November 2014]

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

*No new digest content identified.*

**CBD** Convention on Biological Diversity [to 29 November 2014]

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

*No new digest content identified.*

**ITU** International Telecommunications Union [to 29 November 2014]

[http://www.itu.int/net/pressoffice/press\\_releases/index.aspx?lang=en#.VF8FYcl4WF8](http://www.itu.int/net/pressoffice/press_releases/index.aspx?lang=en#.VF8FYcl4WF8)

26.11.2014

[Indicators symposium recognizes progress made by countries in ICT development](#)

Focus on big data, future of ICT measurement, post-2015 development agenda and quality assurance..

24.11.2014

[ITU releases annual global ICT data and ICT Development Index country rankings](#)

Denmark ranks in first place in global ICT Development Index (IDI)

**USAID** [to 29 November 2014]

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

*No new digest content identified.*

**DFID** [to 29 November 2014]

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

*Selected Releases*

[UK steps up support for Iraqis facing freezing winter](#)

28 November 2014 DFID Press release

[New UK support for global immunisations to save a child's life every 2 minutes](#) [Gavi]

27 November 2014 DFID Press release

**ECHO** [to 29 November 2014]

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

[World Humanitarian Summit opens online consultation for the European region](#)

26/11/2014

As part of the preparatory consultations for the 2016 World Humanitarian Summit (WHS), an online consultation platform was opened today to gather ideas and recommendations from European stakeholders. The platform will remain open until 19 December...

**OECD** [to 29 November 2014]

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

[Most Asia/Pacific countries need to improve affordable access to healthcare, says OECD](#)

27 November 2014

Countries in the Asia/Pacific region need to step up their efforts to give more people access to affordable, quality health care. Too many people, especially women, cannot get the medical treatment they need due to high costs, difficulties in getting permission to see a doctor or a lack of health care providers in rural areas, according to a new OECD report:

[Health at a Glance Asia/Pacific 2014](#), a joint publication with the World Health Organisation, presents key indicators on health status, determinants of health, health care resources and utilisation, health expenditure and financing, and quality of care for 27 Asia/Pacific countries and economies. This report offers a comprehensive and user-friendly framework to help policy makers design and implement better policies to support countries' progress towards universal health coverage – and improve the health of their populations.

[OECD Global Strategy Group discusses megatrends and role of the Organisation in a changing world](#)

26 November 2014

On 25-26 November, the OECD hosted the second meeting of its Global Strategy Group (GSG), which brings together Ministers, G7/G20 Sherpas and Senior Officials to discuss global megatrends and how the Organisation can support countries in dealing with future challenges and opportunities.

**African Union** [to 29 November 2014]

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

[The 3rd Annual Humanitarian Symposium on Globalization and Humanitarian Effectiveness in Africa, Nairobi, Kenya](#)

Nov.27.2014 - Nov.29.2014

African Union Commission/Department of Political Affairs, Humanitarian Division.

Objectives: The symposium aims at discussing emerging issues in humanitarian action to garner consensus on ways of bridging the existing gap between deployment of humanitarian action and its effectiveness in needing situations.

It also seeks to exchange views; experiences; good practices and lessons learnt in the humanitarian domain in Africa and also provide a platform to discuss humanitarian challenges in Africa.

Outcome: The expected outcome is to address the root causes and find applicable solutions of forced displacement and to contribute to sustainable peace, security and development anchored on the vision of the African Union for an integrated, prosperous and peaceful Africa.

**ASEAN**

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

[ASEAN to Heighten Public Awareness of Biodiversity Issues](#)

24 November 2014

MANILA, 24 November 2014 - Government communication officers and biodiversity experts from the ten ASEAN Member States are in Manila for a three-day workshop on heightening public awareness of biodiversity issues and concerns. The ASEAN Biodiversity Communication, Education and Public Awareness (CEPA) Workshop is being conducted from November 24 to 26 at the Legend Villas in Mandaluyong City. The opening program was addressed by Dr. Theresa Mundita Lim, executive director of the Biodiversity Management Bureau of the Department of Environment and Natural Resources; Atty. Roberto Oliva, executive director of the ASEAN Centre for Biodiversity (ACB); and Dr. Bertholt Seibert, project director of the ACB-GIZ Biodiversity and Climate Change Project (BCCP).

**UNCTAD** [to 29 November 2014]

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

27 Nov 2014 - [Economic vicious circle trapping the world's poorest countries must be reversed if new development goals are to be met, says UNCTAD report](#)

27 Nov 2014 - [Women entrepreneurs critical for diversifying rural economies in least developed countries, report says](#)

27 Nov 2014 - [Modernization in least developed countries requires economic diversification and more jobs, new report says](#)

**World Trade Organisation** [to 29 November 2014]

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

[WTO work is "back on track", says Azevêdo](#)

Director-General Roberto Azevêdo, at a meeting of the General Council on 27 November, congratulated members for adopting decisions related to public stockholding for food security purposes, the Trade Facilitation Agreement and the post-Bali work. He said: "We have delivered today on a promise we made in Bali. Now let's make it count".

[Audio: Statement by Roberto Azevêdo](#)

[Audio: Press conference](#)

**IMF** [to 29 November 2014]

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

*No new digest content identified.*

**World Bank** [to 29 November 2014]

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

[World Bank Group to support Cote d'Ivoire's Health Systems Strengthening and Ebola Preparedness](#)

WASHINGTON, November 25, 2014- The World Bank Group's Board of Executive Directors today approved a \$US70 million International Development Association (IDA)\* credit to help Cote d'Ivoire improve deployment and quality of health services in selected regions, with a focus on maternal, newborn and child health and nutrition services. Today's financing will support the Health Systems Strengthening and Ebola Preparedness project and part of the

funds (\$10.0 million) is aimed at promoting Cote d'Ivoire's pro-active measures to prevent the spread of Ebola. Recent political and social crises have taken a heavy toll on the country's health system. During 2002-2010, most of the health centers were closed in the central and northern part of the country (over 52% of health centers nationally), and only Non-Governmental Organization (NGO) facilities remained open...

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

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

#### **Amref Health Africa** [to 29 November 2014]

[Health Conference ends with a call for more investment and political will to address Africa's ill health](#)

Nairobi, Nov 26, 2014

The first Amref Health Africa International Conference came to an end today in Nairobi, with participants calling on African governments to put in place enabling policies, invest in quality health services and show greater political will to address the root causes of ill health.

A [communiqué](#) issued at the close of the three-day conference themed From Evidence to Action – Lasting Health Change in Africa urged governments to urgently create the policy framework, legislation and investment to rapidly improve health research output in the continent.

The conference resolved that implementers, researchers and policy makers must create platforms to ensure research is translated into evidence-based policy making and action to improve health in Africa...

#### **Aravind Eye Care System** [to 29 November 2014]

*No new digest content identified.*

#### **BRAC** [to 29 November 2014]

*No new digest content identified.*

#### **CARE International** [to 29 November 2014]

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

[Ebola: CARE responds to prevent spread across borders in West Africa](#)

26 November 2014

As efforts continue to contain the deadly Ebola outbreak in West Africa, CARE is escalating its response to help prevent the spread of the virus across borders into Cote d'Ivoire and Mali.

With new cases being reported in Mali, CARE is working with the government and other agencies to halt the spread of Ebola through education, awareness and hygiene promotion in vulnerable communities throughout the country. The goal is to increase awareness and knowledge of Ebola symptoms, how to report and seek treatment and to promote behavior that will prevent infection.

"This is a critical moment for Mali in containing the spread of Ebola, and it is important that people understand the threat of this virus and immediately halt any behaviors that could further the spread," said Yawo Douvon, CARE Country Director in Mali. "CARE is targeting rural communities to ensure the people are changing any harmful behavior that could increase risk of infection and getting accurate messages from a source they trust, so that any myths circulating about the virus are eliminated."

Ebola has not spread into the Cote d'Ivoire, but being that the country shares borders with Guinea and Liberia, prevention and preparation is being prioritized. CARE helped the Ivorian government with an Ebola response plan, and started incorporating Ebola awareness into their development trainings conducted in cocoa farming communities in western region of the country. With Cote d'Ivoire being the world's leading producer of cocoa, people's livelihoods and the world's cocoa supply would be significantly impacted by an Ebola outbreak...

**Danish Refugee Council** [to 29 November 2014]

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

[DRC addresses the plenary at the ECHO Annual Partners Conference](#) (25.11.14)

BRUSSELS, 26 Nov 2014: Today, the Danish Refugee Council's (DRC) Head of Unit for the MENA Region, Christian Jacob Hansen, addresses the plenary at the ECHO Annual Partners Conference.

[Increased tension between armed groups limits access in Northern Mali](#) (25.11.14)

The breakdown of the ceasefire agreement between separatist groups and the Malian government has led to increased incidents of armed groups competing for power and territorial control.

**Casa Alianza** [to 29 November 2014]

**Covenant House** [to 29 November 2014]

*No new digest content identified.*

**ECPAT** [to 29 November 2014]

*No new digest content identified.*

**Fountain House** [to 29 November 2014]

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

*No new digest content identified.*

**Handicap International** [to 29 November 2014]

*No new digest content identified.*

**Heifer International** [to 29 November 2014]

November 25, 2014

**Doug Galen Named to Heifer International Board of Directors**

LITTLE ROCK, Ark.

Doug Galen has been elected to an at-large position on the Board of Directors of Heifer International, an international development organization with a mission to end hunger and poverty and care for the Earth.

November 25, 2014

**Carolyn House Stewart Named to Heifer International Board of Directors**

LITTLE ROCK, Ark.

Carolyn House Stewart has been elected to an at-large position on the Board of Directors of Heifer International, an international development organization whose mission is to end hunger and poverty and care for the Earth.

**HelpAge International** [to 29 November 2014]

*No new digest content identified.*

**International Rescue Committee** [to 29 November 2014]

**Ebola Crisis: Latest updates from the front lines of the humanitarian response**

Posted by The IRC on December 1, 2014

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

27 Nov 2014

**Sierra Leone President to visit new IRC isolation unit helping prevent the spread of 'family killer' Ebola**

**ICRC - International Committee of the Red Cross** [to 29 November 2014]

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

**Internment in armed conflict: Basic rules and challenges**

25 November 2014

Deprivation of liberty - detention - is a common and lawful occurrence in armed conflict that is governed by a large number of provisions of international humanitarian law (IHL). Like other bodies of law, IHL prohibits arbitrary detention.

Provided below is an outline of the basic concepts and rules related to detention in both international and non-international armed conflict with, subsequently, a particular focus on internment, i.e. detention for security reasons in situations of armed conflict. The similarities and differences between IHL and the corresponding rules of international human rights law are also addressed where relevant.

pdf: <https://www.icrc.org/en/download/file/1980/security-detention-position-paper-icrc-11-2014.pdf>



**IRCT** [to 29 November 2014]

*Press releases*

[IRCT discusses torture rehabilitation in the context of armed conflict and post-conflict in Asia](#)

29 November 2014

Seventeen members of the International Rehabilitation Council for Torture Victims (IRCT) Asia region will gather at Imphal, Manipur in the North East region of India for their annual regional meeting from 1-3 December 2014. The meeting will be centred on the theme of 'Rehabilitation as Reparation in the context of Complex Humanitarian Crises'. Other centres from Thailand and the Republic of South Korea shall also be joining the meeting as observers.

The meeting, co-organised by the IRCT and the Centre for Organisation Research and Education (CORE) in close cooperation with the Indian Red Cross Society, will focus on the concept and implementation of the right to rehabilitation in Asia...

*Statements & declarations*

[IRCT rehabilitation centres face risk of closure following cuts by UN's Fund for Torture Victims](#)

28 November 2014

*IRCT in Brussels*

[UNCAT anniversary event in Brussels brings together prominent human rights professionals](#)

28 November 2014

**MSF/Médecins Sans Frontières** [to 29 November 2014]

*Press release*

[Sexual Violence in Colombia a Forgotten Medical Emergency](#)

November 25, 2014

BOGOTÁ, COLOMBIA/NEW YORK—Sexual violence should be treated as a medical emergency and survivors should be guaranteed accessible and comprehensive medical treatment, said the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) on the International Day for the Elimination of Violence against Women.

*Press release*

[Beyond the Rhetoric: Implement Proven Community Strategies to Fight HIV/AIDS](#)

November 24, 2014

JOHANNESBURG/NEW YORK—The recent call by UNAIDS to “close the gap” around access to HIV services will not be met unless the delivery of antiretroviral treatment (ARV) is radically reshaped into community-led approaches that adapt to the realities of those living with HIV, said the international medical humanitarian organization Doctors Without Borders/Médecins sans Frontières (MSF) ahead of World Aids Day, December 1

**Mercy Corps** [to 29 November 2014]

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

*No new digest content identified.*

### **Operation Smile** [to 29 November 2014]

#### *Upcoming Mission Schedule*

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 29 November 2014]

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

#### [International campaigners stand with farmers to demand solution to land grabbing case](#)

26 November 2014

The total number of signatories of the petition to the President of Paraguay demanding a positive solution for farmers reached 37,574, according to the organizers of the campaign, "Young with no land = Land with no future".

#### [Afghan women frozen out of peace talks, in danger of losing gains made since fall of the Taliban](#)

24 November 2014

Afghan women are consistently excluded from Afghanistan's peace negotiations and formal talks about the country's future. Unless this discrimination is reversed, Afghanistan's development will be compromised, and enormous human rights gains made since the fall of the Taliban will remain under threat.

### **Partners In Health** [to 29 November 2014]

Nov 26, 2014

#### [Update from Liberia: 'Hot training' and Humility](#)

Elizabeth Glaser is one of many Partners In Health-recruited clinicians who have responded to the Ebola outbreak. She recently arrived in Liberia and sent this update. [Read More](#) ▶

### **PATH** [to 29 November 2014]

:: [PATH names Dr. David Fleming as vice president for Public Health Impact](#)

*Global public health expert to serve on PATH executive leadership team and oversee diverse portfolio*

Seattle, November 24, 2014—PATH has named Dr. David Fleming as its vice president for Public Health Impact. Dr. Fleming will begin January 5, 2015 and be based in PATH's Seattle headquarters.

Dr. Fleming will lead PATH's Public Health Impact division, which houses the organization's reproductive health, maternal and child health and nutrition, noncommunicable diseases, malaria control and elimination, and HIV/AIDS and tuberculosis programs. He also will oversee cross-programmatic collaboration at PATH, which seeks to maximize the impact of the

organization's work across the value chain in critical health areas, including maternal and neonatal health, diarrheal disease, and malaria....

**Plan International** [to 29 November 2014]

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

*No new digest content identified.*

**Save The Children** [to 29 November 2014]

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

*No new digest content identified.*

**SOS-Kinderdorf International** [to 29 November 2014]

*No new digest content identified.*

**Tostan** [to 29 November 2014]

November 28, 2014

[Next steps with Orchid Project: Discussing best practices for FGC awareness-raising activities](#)

Tostan's partnership with [Orchid Project](#) is focused on contributing to the movement for complete abandonment of female genital cutting (FGC) in Senegal. To this end, Orchid Project supports 100 communities in the Sedhiou, Kolda, Saint Louis, and Matam regions of Senegal, by supplementing Tostan's [Community Empowerment Program](#) (CEP). The CEP is currently being implemented in these communities with additional information on how best to support awareness raising and social mobilization to facilitate [organized diffusion](#).

**Women for Women International** [to 29 November 2014]

*No new digest content identified.*

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**Disasters Emergency Committee** [to 29 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]*

[DEC publishes review of member agency assurance mechanisms](#)

27/11/2014

The Disasters Emergency Committee (DEC) has published today an independent report which shows how its member agencies provide assurance that they are following agreed ways of working when they respond to emergencies.

The report “DEC Accountability Self-Assessment Validation 2013-14” was prepared for the DEC by consultants from One World Trust who validated members’ self-assessed performance against 21 ‘Ways of Working’ [PDF] which DEC members are committed to following.

The report shows that DEC member agencies continue to report performance improvements and that the large majority of these self-assessments were likely to be accurate. Importantly however it also drew the attention of a minority of members to areas where their self-assessments were insufficiently supported by evidence.

DEC Chief Executive Saleh Saeed said: “The DEC Accountability Framework shows that our members do not simply sign up to commitments to observe best practice, they also put in place systems to ensure they live up to these commitments.”

“The process members go through to demonstrate they are following the agreed DEC ways of working can seem very abstract because it is about assurance mechanisms that provide evidence that policy and procedures are appropriate and systematically implemented. In reality, this approach is at the heart of the way the DEC works because it helps ensure our members are consistently working to the highest possible standards and continually seeking systematic improvements in their work.

“What it comes down to in the end is that getting aid work right isn’t just about good people who know what they doing delivering good work. If you want to ensure you are delivering consistently excellent work you also need good processes.”...

#### **EHLRA/R2HC** [to 29 November 2014]

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

[ELRHA funds new 15 minute test for Ebola to be trialled in Guinea](#) [Undated]

#### **END Fund**

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

*No new digest content identified.*

#### **GAVI** [to 29 November 2014]

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

[Canada commits C\\$ 500 million to support immunisation in developing countries](#)

28 November 2014

Gavi welcomed the announcement by Canada of a C\$ 500 million contribution to support immunisation in developing countries between 2016 and 2020.

#### [International Finance Facility for Immunisation issues first Sukuk, raising US\\$ 500 million](#)

Dubai, UAE, 27 November 2014 – The International Finance Facility for Immunisation Company (IFFIm) today issued its inaugural Sukuk, raising US\$ 500 million for children’s immunisation in the world’s poorest countries through Gavi, the Vaccine Alliance. This landmark transaction is the first socially responsible Sukuk with funds to be utilised for this purpose. This successful transaction marks the largest Sukuk al-Murabaha issuance in the public markets and is also the largest inaugural Sukuk offering from a Supranational.

#### **Global Fund** [to 29 November 2014]

<http://www.theglobalfund.org/en/mediacenter/announcements/>  
[Global Fund Calls for End to Compulsory Treatment](#)

26 November 2014

The Global Fund called for the closure of compulsory treatment programs to change sexual orientation, compulsory rehabilitation of sex workers and compulsory drug detention centers. The Global Fund committed not to finance programs in such facilities.

The Strategy, Investment and Impact Committee of the Global Fund Board reported to a meeting of the full Board on 20-21 November that under a new policy the Global Fund explicitly refuses to fund programs with compulsory treatment.

The Global Fund is committed to ensuring that programs it supports do not infringe upon human rights. The United Nations Special Rapporteur on the Right to Health and other UN experts have found that these programs frequently include torture, cruel, inhuman and degrading treatment, as well as forced labor, among other abuses. Twelve UN agencies have called for the closure of compulsory drug detention and rehabilitation programs.

"The evidence is overwhelming that compulsory treatment facilities for sex workers and drug users, and programs that seek to change sexual orientation, are not scientifically valid and undermine the fight against HIV, TB and malaria," said Mark Dybul, Executive Director of the Global Fund. "Trust is essential in the relationship between health workers and patients. The fear of compulsory treatment drives people underground and makes it harder to reach them."

While opposing compulsory treatment facilities, the Global Fund may in exceptional circumstances finance scientifically sound medical services to save lives, where there are heightened processes and scrutiny. For instance, to provide lifesaving treatment to people detained in a compulsory treatment facility, the Global Fund may fund health services for detainees in a voluntary, community-based treatment program located outside the detention facility. Exceptions would be determined based on consultation with UN partners.

#### [Global Fund Analysis of Audits and Investigations](#)

25 November 2014

At the 32nd Board meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria, held 20-21 November, the Board was informed of an analysis of audits and investigations, reaffirming a policy of zero tolerance for corruption and a commitment to a high degree of transparency. The Global Fund reports all cases of misused funds, publishing audits and investigations reports on its website.

The analysis found that 1.8 percent of funding that was audited or investigated from 2005-2014 was misspent, fraudulently misappropriated or inadequately accounted for. The Global Fund has recovered a key portion of those funds, and is actively pursuing the remaining amount...

**ODI** [to 29 November 2014]

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

[Mental health neglected by governments and aid community - new report](#)

26 November 2014

Even though mental health affects one in four people, most countries struggle to properly tackle the issue and it remains neglected by the development aid community and donors says new report by leading UK think tank the Overseas Development Institute (ODI) and the Mental Health Innovation Network (MHIN)....

Report pdf: <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9285.pdf>

**The Sphere Project** [to 29 November 2014]

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

*No new digest content identified.*

**Start Network** [Consortium of British Humanitarian Agencies] [to 29 November 2014]

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

*No new digest content identified.*

\* \* \* \*

**:: 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>

*No new digest content identified.*

**Ford Foundation**

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

*No new digest content identified.*

**William and Flora Hewlett Foundation**

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

*No new digest content identified.*

**Conrad N. Hilton Foundation**

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

*No new digest content identified.*

**Kellogg Foundation**

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

Nov. 24, 2014

[Statement on Ferguson: Our nation must reject violence, strive toward racial equity, and embrace the common good in all](#)

**MacArthur Foundation**

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

*Publication*

## Evaluation of the Digital Media & Learning Competition

Published November 26, 2014

Increasing availability and accessibility of digital media have changed the ways in which young people learn, socialize, play, and engage in civic life. Seeking to understand how learning environments and institutions should transform to respond to these changes, the MacArthur Foundation (the Foundation) launched the Digital Media and Learning (DML) Initiative in 2005. The DML Competition (the Competition), one component of the DML Initiative, identifies innovators and invests in prototypes of games, mobile phone applications, virtual worlds, social networks, digital badge platforms, and more in support of connected learning. The Competition completed four cycles between 2007 and 2014, awarding over \$10 million to individuals, universities, for-profit organizations, and nonprofit organizations within and outside the United States.

In 2013, the Foundation engaged Informing Change to evaluate the DML Competition, assessing the Competition's goals, processes, and impacts on awardees, awarded projects, the DML landscape, and the Foundation. Along with site visits and a review of relevant Competition and grantee documents, the mixed-methods evaluation incorporated interview and survey data collected from Foundation staff, HASTAC (Humanities, Arts, Science, and Technology Alliance and Collaboratory) staff who implement the Competition, Competition awardees and finalists, and key field leaders...

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

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

*No new digest content identified.*

### **Rockefeller Foundation**

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

*No new digest content identified.*

### **Robert Wood Johnson Foundation**

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

*No new digest content identified.*

### **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 Infection Control**

Volume 42, Issue 12, p1255-1346 December 2014

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

### **Commentary**

#### **Nebraska Biocontainment Unit perspective on disposal of Ebola medical waste**

John J. Lowe, Shawn G. Gibbs, Shelly S. Schwedhelm, John Nguyen, Philip W. Smith

p1256–1257

#### *Preview*

Clinical practices surrounding the current Ebola epidemic have been center stage in discourse concerning research and practice of care. As the medical community becomes more sophisticated in understanding the many facets of treating and containing this virus, the Nebraska Biocontainment Unit has identified Ebola medical waste disposal as a key area of concern for U.S. hospitals. The requirements for processing Ebola medical waste stand to impact most U.S. hospitals currently preparing readiness plans to receive and treat patients with suspected or confirmed Ebola virus disease (EVD).

#### **Middle East respiratory syndrome coronavirus infection control: The missing piece?**

Ziad A. Memish, Jaffar A. Al-Tawfiq

p1258–1260

#### *Preview*

Since the initial occurrence of Middle East respiratory syndrome coronavirus (MERS-CoV) in 2012,<sup>1,2</sup> the disease had caused 837 cases, with a case fatality rate of 34.7%.<sup>3</sup> As with any emerging infectious diseases of pandemic potential there is a concern of the global spread of the disease. It is therefore the first priority of the global public health community to develop and implement the required infection control practices to prevent the dissemination of these emerging organisms within health care facilities (HCFs) and worldwide based on the best available evidence and previous experience with similar or related groups of pathogens.

#### **Middle East respiratory syndrome coronavirus: Implications for health care facilities**

Helena C. Maltezos, MD, PhD, Sotirios Tsiodras, MD, PhD

DOI: <http://dx.doi.org/10.1016/j.ajic.2014.06.019>

#### *Highlights*

- :: Health care–associated transmission plays a pivotal role in the Middle East respiratory syndrome coronavirus epidemic.
- :: Gaps in infection control were noted in all health care–associated events.
- :: There is a need to increase infection control capacity.
- :: Studies about the effectiveness of infection control measures are needed.
- :: Vaccines and antiviral agents against Middle East respiratory syndrome coronavirus are urgently needed.

#### *Abstract*

Background

Middle East respiratory syndrome coronavirus (MERS-CoV) is a novel coronavirus that causes a severe respiratory disease with high case fatality rate. Starting in March 2014, a dramatic increase of cases has occurred in the Arabian Peninsula, many of which were acquired in health care settings. As of May 9, 2014, 536 laboratory-confirmed cases and 145 deaths have been reported globally.

#### Methods

Review of publicly available data about MERS-CoV health care-associated transmission.

#### Results

We identified 11 events of possible or confirmed health care-associated transmission with high morbidity and mortality, mainly among patients with comorbidities. Health care workers are also frequently affected; however, they tend to have milder symptoms and better prognosis. Gaps in infection control were noted in all events. Currently, health care-associated outbreaks are playing a pivotal role in the evolution of the MERS-CoV epidemic in countries in the Arabian Peninsula.

#### Conclusion

There is a need to increase infection control capacity in affected areas and areas at increased risk of being affected to prevent transmission in health care settings. Vaccines and antiviral agents are urgently needed. Overall, our knowledge about the epidemiologic characteristics of MERS-CoV that impact health care transmission is very limited. As the MERS-CoV epidemic continues to evolve, issues concerning best infection control measures will arise, and studies to better define their effectiveness in real life are needed.

### **Environmental sampling for respiratory pathogens in Jeddah airport during the 2013 Hajj season**

Ziad A. Memish, MD, Malak Almasri, RN, Abdullah Assirri, MD, Ali M. Al-Shangiti, PhD, Gregory C. Gray, MD, John A. Lednicky, PhD, Saber Yezli, PhD

DOI: <http://dx.doi.org/10.1016/j.ajic.2014.07.027>

#### *Abstract*

##### Background

Respiratory tract infections (RTIs) are common during the Hajj season and are caused by a variety of organisms, which can be transmitted via the air or contaminated surfaces. We conducted a study aimed at sampling the environment in the King Abdul Aziz International (KAAI) Airport, Pilgrims City, Jeddah, during Hajj season to detect respiratory pathogens.

##### Methods

Active air sampling was conducted using air biosamplers, and swabs were used to sample frequently touched surfaces. A respiratory multiplex array was used to detect bacterial and viral respiratory pathogens.

##### Results

Of the 58 environmental samples, 8 were positive for at least 1 pathogen. One air sample (1 of 18 samples, 5.5%) tested positive for influenza B virus. Of the 40 surface samples, 7 (17.5%) were positive for pathogens. These were human adenovirus (3 out of 7, 42.8%), human coronavirus OC43/HKU1 (3 out of 7, 42.8%), Haemophilus influenzae (1 out of 7, 14.2%), and Moraxella catarrhalis (1 out of 7, 14.2%). Chair handles were the most commonly contaminated surfaces. The handles of 1 chair were cocontaminated with coronavirus OC43/HKU1 and H influenzae.

##### Conclusion

Respiratory pathogens were detected in the air and on surfaces in the KAAI Airport in Pilgrims City. Larger-scale studies based on our study are warranted to determine the role of the

environment in transmission of respiratory pathogens during mass gathering events (eg, Hajj) such that public health preventative measures might be better targeted.

### **American Journal of Preventive Medicine**

Volume 47, Issue 6, p689-852, e11-e14 December 2014

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

#### **Adult Vaccination Disparities Among Foreign-Born Populations in the U.S., 2012**

Peng-jun Lu, MD, PhD, Alfonso Rodriguez-Lainz, PhD, DVM, MPVM, Alissa O'Halloran, MSPH, Stacie Greby, DVM, Walter W. Williams, MD, MPH

Published Online: October 06, 2014

DOI: <http://dx.doi.org/10.1016/j.amepre.2014.08.009>

#### *Abstract*

##### Background

Foreign-born persons are considered at higher risk of undervaccination and exposure to many vaccine-preventable diseases. Information on vaccination coverage among foreign-born populations is limited.

##### Purpose

To assess adult vaccination coverage disparities among foreign-born populations in the U.S.

##### Methods

Data from the 2012 National Health Interview Survey were analyzed in 2013. For non-influenza vaccines, the weighted proportion vaccinated was calculated. For influenza vaccination, Kaplan–Meier survival analysis was used to assess coverage among individuals interviewed during September 2011–June 2012 and vaccinated in August 2011–May 2012.

##### Results

Overall, unadjusted vaccination coverage among U.S.-born respondents was significantly higher than that of foreign-born respondents: influenza, age  $\geq 18$  years (40.4% vs 33.8%); pneumococcal polysaccharide vaccine (PPV), 18–64 years with high-risk conditions (20.8% vs 13.7%); PPV,  $\geq 65$  years (62.6% vs 40.5%); tetanus vaccination,  $\geq 18$  years (65.0% vs 50.6%); tetanus, diphtheria, and acellular pertussis (Tdap),  $\geq 18$  years (15.5% vs 9.3%); hepatitis B, 18–49 years (37.2% vs 28.4%); shingles,  $\geq 60$  years (21.3% vs 12.0%); and human papilloma virus (HPV), women 18–26 years (38.7% vs 14.7%). Among the foreign born, vaccination coverage was generally lower for non-U.S. citizens, recent immigrants, and those interviewed in a language other than English. Foreign-born individuals were less likely than U.S.-born people to be vaccinated for pneumococcal ( $\geq 65$  years), tetanus, Tdap, and HPV (women) after adjusting for confounders.

##### Conclusions

Vaccination coverage is lower among foreign-born adults than those born in the U.S. It is important to consider foreign birth and immigration status when assessing vaccination disparities and planning interventions.

### **American Journal of Public Health**

Volume 104, Issue 12 (December 2014)

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

[Reviewed earlier]

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

November 2014; 91 (5)

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

[Reviewed earlier]

## **BMC Health Services Research**

(Accessed 29 November 2014)

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

[No new relevant content]

## **BMC Infectious Diseases**

(Accessed 29 November 2014)

[No new relevant content]

## **BMC Medical Ethics**

(Accessed 29 November 2014)

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

[No new relevant content]

## **BMC Public Health**

(Accessed 29 November 2014)

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

### ***Research article***

### **[Health economic analysis of human papillomavirus vaccines in women of Chile: perspective of the health care payer using a Markov model](#)**

Jorge Alberto Gomez, Alejandro Lepetic and Nadia Demarteau

[Author Affiliations](#)

BMC Public Health 2014, 14:1222 doi:10.1186/1471-2458-14-1222

Published: 26 November 2014

*Abstract* (provisional)

Background

In Chile, significant reductions in cervical cancer incidence and mortality have been observed due to implementation of a well-organized screening program. However, it has been suggested that the inclusion of human papillomavirus (HPV) vaccination for young adolescent women may be the best prospect to further reduce the burden of cervical cancer. This cost-effectiveness study comparing two available HPV vaccines in Chile was performed to support decision making on the implementation of universal HPV vaccination.

Methods

The present analysis used an existing static Markov model to assess the effect of screening and vaccination. This analysis includes the epidemiology of low-risk HPV types allowing for the comparison between the two vaccines (HPV-16/18 AS04-adjuvanted vaccine and the HPV-6/11/16/18 vaccine), latest cross-protection data on HPV vaccines, treatment costs for cervical cancer, vaccine costs and 6% discounting per the health economic guideline for Chile.

Results

Projected incremental cost-utility ratio (ICUR) and incremental cost-effectiveness ratio (ICERs) for the HPV-16/18 AS04-adjuvanted vaccine was 116 United States (US) dollars per quality-adjusted life years (QALY) gained or 147 US dollars per life-years (LY) saved, while the projected ICUR/ICER for the HPV-6/11/16/18 vaccine was 541 US dollars per QALY gained or 726 US dollars per LY saved. Introduction of any HPV vaccine to the present cervical cancer prevention program of Chile is estimated to be highly cost-effective (below 1X gross domestic product [GDP] per capita, 14278 US dollars). In Chile, the addition of HPV-16/18 AS04-adjuvanted vaccine to the existing screening program dominated the addition of HPV-6/11/16/18 vaccine. In the probabilistic sensitivity analysis results show that the HPV-16/18 AS04-adjuvanted vaccine is expected to be dominant and cost-saving in 69.3% and 77.6% of the replicates respectively.

#### Conclusions

The findings indicate that the addition of any HPV vaccine to the current cervical screening program of Chile will be advantageous. However, this cost-effectiveness model shows that the HPV-16/18 AS04-adjuvanted vaccine dominated the HPV-6/11/16/18 vaccine. Beyond the context of Chile, the data from this modelling exercise may support healthcare policy and decision-making pertaining to introduction of HPV vaccination in similar resource settings in the region.

#### **Research article**

#### **The evolution of health literacy assessment tools: a systematic review**

Sibel Vildan Altin, Isabelle Finke, Sibylle Kautz-Freimuth and Stephanie Stock

#### Author Affiliations

BMC Public Health 2014, 14:1207 doi:10.1186/1471-2458-14-1207

Published: 24 November 2014

#### *Abstract* (provisional)

#### Background

Health literacy (HL) is seen as an increasingly relevant issue for global public health and requires a reliable and comprehensive operationalization. By now, there is limited evidence on how the development of tools measuring HL proceeded in recent years and if scholars considered existing methodological guidance when developing an instrument.

#### Methods

We performed a systematic review of generic measurement tools developed to assess HL by searching PubMed, ERIC, CINAHL and Web of Knowledge (2009 forward). Two reviewers independently reviewed abstracts/ full text articles for inclusion according to predefined criteria. Additionally we conducted a reporting quality appraisal according to the survey reporting guideline SURGE.

#### Results

We identified 17 articles reporting on the development and validation of 17 instruments measuring health literacy. More than two thirds of all instruments are based on a multidimensional construct of health literacy. Moreover, there is a trend towards a mixed measurement (self-report and direct test) of health literacy with 41% of instruments applying it, though results strongly indicate a weakness of coherence between the underlying constructs measured. Overall, almost every third instrument is based on assessment formats modeled on already existing functional literacy screeners such as the REALM or the TOFHLA and 30% of the included articles do not report on significant reporting features specified in the SURGE guideline.

#### Conclusions

Scholars recently developing instruments that measure health literacy mainly comply with recommendations of the academic circle by applying multidimensional constructs and mixing up measurement approaches to capture health literacy comprehensively. Nonetheless, there is still a dependence on assessment formats, rooted in functional literacy measurement contradicting the widespread call for new instruments. All things considered, there is no clear "consensus" on HL measurement but a convergence to more comprehensive tools. Giving attention to this finding can help to offer direction towards the development of comparable and reliable health literacy assessment tools that effectively respond to the informational needs of populations.

### **BMC Research Notes**

(Accessed 29 November 2014)

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

[No new relevant content]

### **British Medical Journal**

29 November 2014 (vol 349, issue 7985)

<http://www.bmj.com/content/349/7985>

#### **Research**

#### **Selective reporting bias of harm outcomes within studies: findings from a cohort of systematic reviews**

BMJ 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g6501> (Published 21 November 2014) Cite this as: BMJ 2014;349:g6501

Pooja Saini, research associate<sup>1</sup>, Yoon K Loke, professor<sup>2</sup>, Carrol Gamble, professor<sup>3</sup>, Douglas G Altman, professor<sup>4</sup>, Paula R Williamson, professor<sup>3</sup>, Jamie J Kirkham, lecturer<sup>3</sup>

#### *Abstract*

##### Objective

To determine the extent and nature of selective non-reporting of harm outcomes in clinical studies that were eligible for inclusion in a cohort of systematic reviews.

##### Design

Cohort study of systematic reviews from two databases.

##### Setting

Outcome reporting bias in trials for harm outcomes (ORBIT II) in systematic reviews from the Cochrane Library and a separate cohort of systematic reviews of adverse events.

Participants 92 systematic reviews of randomised controlled trials and non-randomised studies published in the Cochrane Library between issue 9, 2012 and issue 2, 2013 (Cochrane cohort) and 230 systematic reviews published between 1 January 2007 and 31 December 2011 in other publications, synthesising data on harm outcomes (adverse event cohort).

##### Methods

A 13 point classification system for missing outcome data on harm was developed and applied to the studies.

##### Results

86% (79/92) of reviews in the Cochrane cohort did not include full data from the main harm outcome of interest of each review for all of the eligible studies included within that review; 76% (173/230) for the adverse event cohort. Overall, the single primary harm outcome was inadequately reported in 76% (705/931) of the studies included in the 92 reviews from the Cochrane cohort and not reported in 47% (4159/8837) of the 230 reviews in the adverse event

cohort. In a sample of primary studies not reporting on the single primary harm outcome in the review, scrutiny of the study publication revealed that outcome reporting bias was suspected in nearly two thirds (63%, 248/393).

#### Conclusions

The number of reviews suspected of outcome reporting bias as a result of missing or partially reported harm related outcomes from at least one eligible study is high. The declaration of important harms and the quality of the reporting of harm outcomes must be improved in both primary studies and systematic reviews.

### **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 29 November 2014]

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

#### **Research**

#### **[Evaluating the use of locally-based health facility assessments in Afghanistan: a pilot study of a novel research method](#)**

Jack S Rowe, Kayhan Natiq, Olakunle Alonge, Shivam Gupta, Anubhav Agarwal and David H Peters

#### Author Affiliations

Conflict and Health 2014, 8:24 doi:10.1186/1752-1505-8-24

Published: 25 November 2014

#### *Abstract* (provisional)

#### Background

Through the Balanced Scorecard program there have been independent, annual and nationwide assessments of the Afghan health system from 2004 to 2013. During this period, Afghanistan remained in a dynamic state of conflict, requiring innovative approaches to health service evaluation in insecure areas. The primary objective of this pilot study was to evaluate the reliability of health facility assessments conducted by a novel, locally-based data collection method compared to a standard survey team.

#### Methods



In this cross-sectional study, one standard survey team of clinicians and multiple rapidly trained locally-based survey teams of teachers conducted health facility assessments in Badghis province, Afghanistan from March - August, 2010. Outpatient facilities covered under the country's Basic Package of Health Services were eligible for inclusion. Both approaches attempted to survey as many health facilities as safely possible, up to 25 total facilities per method. Each facility assessed was scored on 23 health services indicators used to evaluate performance in the annual Balanced Scorecard national assessment. For facilities assessed by both survey methods, the indicator scores produced by each method were compared using Spearman's correlation coefficients and linear regression analysis with generalized estimating equations.

#### Results

The standard survey team was able to assess 11 facilities; the locally-based approach was able to assess these 11 facilities, as well as 13 additional facilities in areas of greater insecurity. Among the 11 facilities assessed by both approaches, 19 of 23 indicators were statistically similar by survey method ( $p < .05$ ). Spearman's coefficients varied widely from (-0.39) to (0.71). The differences were greatest for items requiring specialized data collector knowledge on reviewing patient records, patient examination and counseling, and health worker reported satisfaction.

#### Conclusions

This pilot study of a novel method of data collection in health facility assessments showed that an approach using locally-based survey teams provided markedly increased access to areas of insecurity. Though analysis was limited by small sample size, indicator scores used for facility evaluation were relatively comparable overall, but less reliable for items requiring clinical knowledge or when asking health worker opinions, suggesting that alternative approaches may be needed to assess these parameters in insecure environments.

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

(Accessed 29 November 2014)

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

#### ***Research***

#### **[System dynamics model of cervical cancer vaccination and screening interventions in Kenya](#)**

Lucy W Kivuti-Bitok, Geoff McDonnell, Roudsari Abdul and Ganesh P Pokhariyal

#### Author Affiliations

Cost Effectiveness and Resource Allocation 2014, 12:26 doi:10.1186/1478-7547-12-26

Published: 27 November 2014

#### *Abstract* (provisional)

#### Objectives

This paper presents a simulation model for evaluating the possible effects of a screening and vaccination campaign against Human Papillomavirus [HPV] in Kenya.

#### Method

A System Dynamics model was developed using the iThink<sup>TM</sup> computer simulation package. The model was based on data extracted from epidemiological, demographic and published research and where data was not available, expert opinion was sought. The deterministic model stratified the population by vaccination status, screening status and HPV infection status. The model was simulated to estimate outputs for the next 50 years from 2011. Cost Utility indicators

of Disability Adjusted Life Years (DALYs) and cost per averted DALY were used for economic evaluation.

#### Results

The model predicted that catch up vaccination had the greatest impact in reducing the prevalence of cervical cancer. This was followed by Primary vaccination, with early detection through Screening having the lowest impact of the three choices of interventions in respect of averted cases of cervical cancer and DALY estimates.

#### Conclusion

Kenya as a country should consider adoption of secondary /catch up vaccination as an immediate measure to curb cervical cancer followed by primary vaccination of pre-adolescent girls. Screening should be a complementary measure(s). This model provides a policy decision support vehicle that can allow for choice between different interventions based on their expected outcomes. It also allows modification to accommodate new research results and information to assess the clinical impact of different policies and interventions in cervical cancer management in Kenya.

### **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**

## **Emergency Medicine Journal**

December 2014, Volume 31, Issue 12  
<http://emj.bmj.com/content/current>

### ***The view from here***

#### **Typhoon Haiyan disaster in the Philippines: paediatric field hospital perspectives**

Dov Albukrek<sup>1,2</sup>, Joseph Mendlovic<sup>1,2</sup>, Tal Marom<sup>1,3</sup>

##### **Author Affiliations**

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2Israel Ministry of Health, Jerusalem, Israel

3Department of Otolaryngology—Head & Neck Surgery, Edith Wolfson Medical Center, Tel Aviv University Sackler School of Medicine, Holon, Israel

##### ***Extract***

In November 2013, super-typhoon Haiyan made several landfalls in the Philippines archipelago. It was one of the strongest cyclones ever recorded, with gusting winds and giant waves that left enormous damage in its wake: more than 6000 people were killed, almost 28 000 were injured and over four million lost their homes. Most basic infrastructure ceased to function, including electricity and water supplies, transportation and communication. Ten million Filipinos were affected overall.

##### ***Our medical task force***

Following a formal aid request from the Filipino government, the Israeli Defense Forces (IDF) mobilised a medical response team to the island of Cebu, some 10 000 kms away. Because of the immense destruction, there were many casualties and only a few injured patients alive at the scene, making trauma care less a priority than ambulatory medical services for acute and chronic diseases. Of the 148 IDF mission participants, 56 were medical personnel. Others included logistics, support and rescue personnel from the IDF Home Front Command. Among 24 physicians, there were four paediatricians (including an emergency medicine specialist) and three paediatric nurses. Portable facilities included an imaging unit (portable digital X-ray and ultrasound machines), clinical laboratory (chemistry and haematology analyses, bacterial cultures and virology studies) and a fully supplied pharmacy.

##### ***Integrated field hospital***

In coordination with the Filipino authorities, we reached our destination of Bogu city, in the northern part of the island of Cebu. We were the first medical task force and the only paediatric multidisciplinary team operating in the area, where most primary clinics were destroyed or closed. Unlike other paediatric field hospitals in disaster areas,<sup>1,2</sup> we decided to create an integrated paediatric emergency unit (PEU), together with the staff of Bogu district hospital. This 80-bed urban hospital, staffed by four physicians (including one paediatrician) and 15 nurses, had already admitted more than 100 patients by the time of our arrival...

### ***Review***

#### **Critical care paramedics: where is the evidence? a systematic review**

Johannes von Vopelius-Feldt<sup>1</sup>, John Wood<sup>2</sup>, Jonathan Bengner<sup>1,3</sup>

##### **Author Affiliations**

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2South Western Ambulance Service NHS Trust, Bristol, UK

3Faculty of Health and Life Sciences, University of the West of England, Bristol, UK

### *Abstract*

**Objectives** Paramedic-delivered prehospital critical care is an established concept in a number of emergency medical services around the world and, more recently, has been introduced to the UK. This review identifies and describes the available evidence relating to paramedics who routinely provide prehospital critical care as primary scene response (critical care paramedics, or CCP).

**Methods** A systematic search of electronic databases was performed: CENTRAL, EMBASE, MEDLINE (through EMBASE and Web of Knowledge) and Web of Science (through Web of Knowledge).

**Results** The search identified 12 relevant publications, one of which was a randomised controlled trial. The remaining 11 were retrospective studies. Five studies compared CCPs with physician-led care. Three of these publications demonstrated improved outcomes with physician care, while two showed no difference. Four further publications examined CCPs versus non-physician-led care and found improved outcomes (two studies), mixed effects (one study) and no difference (one study) for CCPs. Finally, three publications addressed the addition of skills to CCP competencies. A randomised controlled trial of CCP rapid sequence induction (RSI) and tracheal intubation demonstrated improved neurologic outcomes. CCP tube thoracostomy was shown to have similar complication rates to the same procedure performed in the emergency department, while addition of a non-invasive ventilation protocol to CCP practice had no effect on long-term mortality.

**Conclusions** There is limited evidence to support the concept of paramedic-delivered prehospital critical care. The best available evidence suggests a benefit from prehospital RSI carried out by CCPs in patients with severe traumatic brain injury, but the impact of CCPs remains unclear for many conditions. Further high-quality research in this area would be welcome.

### **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 6, 01 December 2014

<http://eurpub.oxfordjournals.org/content/24/6>

**Cultures of evidence across policy sectors: systematic review of qualitative evidence**

Theo Lorenc, Elizabeth F. Tyner, Mark Petticrew, Steven Duffy, Fred P. Martineau, Gemma Phillips, Karen Lock

DOI: <http://dx.doi.org/10.1093/eurpub/cku038> 1040-1046 First published online: 28 March 2014

### *Abstract*

Background: It is important to understand the decision-making process, and the role of research evidence within it, across sectors other than health, as interventions delivered within these sectors may have substantial impacts on public health and health inequalities. Methods: Systematic review of qualitative evidence. Twenty-eight databases covering a range of sectors were searched. Studies were eligible if they included local decision-makers in a policy field relevant to the social determinants of health (including housing, transport, urban planning and regeneration, crime, licensing or trading standards), were conducted in a high-income country, and reported primary qualitative data on perceptions of research evidence. Study quality was assessed and a thematic synthesis undertaken. Results: Sixteen studies were included, most using interview designs, and most focusing on planning or transport policy. Several factors are seen to influence decision-makers' views of evidence, including practical factors such as resources or organizational support; the credibility of the evidence; its relevance or applicability to practice; considerations of political support or feasibility; and legislative constraints. There are limited data on how evidence is used: it is sometimes used to not only support decision-making, but also to lend legitimacy to decisions that have already been made. Conclusion: Although cultures of evidence in non-health sectors are similar to those in health in some ways, there are some key differences, particularly as regards the political context of decision-making. Intersectoral public health research could benefit from taking into account non-health decision makers' needs and preferences, particularly around relevance and political feasibility.

### **Food Policy**

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

### **Food Security**

Volume 6, Issue 6, December 2014  
<http://link.springer.com/journal/12571/6/6/page/1>  
[New issue; No relevant content]

### **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 29 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/.Uq0DgeKy-F9#.U4onnCjDU1w>  
*This Special Supplement is dedicated to all the Afghan and international health workers who sacrificed their lives during the rebuilding of the Afghan health system.*  
[Reviewed earlier]

### **Globalization and Health**

[Accessed 29 November 2014]  
<http://www.globalizationandhealth.com/>  
[No new relevant content]

### **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 29 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](http://muse.jhu.edu/journals/human_rights_quarterly/toc/hrq.36.4.html)

[Reviewed earlier]

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

Volume 38, Issue 5, 2014

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

#### ***Guest Editorial***

#### **Leadership Challenges Facing Nonprofit Human Service Organizations in a Post-Recession Era**

[Karen Hopkins](#), [Megan Meyer](#), [Wes Shera](#) & [S. Colby Peters](#)

pages 419-422

[No abstract]

#### **Multiple Relationship-Management Roles Among Communicators in Not-For-Profit Organizations**

Wenjun June Zhua & Monit Cheunga\*

DOI:10.1080/23303131.2014.943918

pages 423-434

Accepted author version posted online: 11 Nov 2014

Published online: 24 Nov 2014

#### ***Abstract***

This qualitative study explores communication strategies and the multiple roles of 13 communicators at the agency and in nonprofit sector. Interview data were grouped into six themes with three factors: antecedent factors of organizational behaviors, contextual factors of the environment, and convergent factors that determine internal and external communication strategies. The communicators attended to internal and external dimensions of their roles when working on interpersonal strategies that fall into the areas of balancing their multiple roles to establish public relationships. Resolving conflicts created by these roles is an area for nonprofit leaders to consider in future staff training.

### **Humanitarian Exchange Magazine**

ISSUE 62 September 2014

<http://www.odihpn.org/humanitarian-exchange-magazine/issue-62>

[Reviewed earlier]



**IDRiM Journal**

Vol 4, No 1 (2014)

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

[Reviewed earlier]

**Infectious Diseases of Poverty**

[Accessed 29 November 2014]

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

***Opinion*****Human Ebola virus infection in West Africa: a review of available therapeutic agents that target different steps of the life cycle of Ebola virus**

Kang Yiu Lai, Wing Yiu Ng and Fan Fanny Cheng

**Author Affiliations**

Infectious Diseases of Poverty 2014, 3:43 doi:10.1186/2049-9957-3-43

Published: 28 November 2014

***Abstract* (provisional)**

The recent outbreak of the human Zaire ebolavirus (EBOV) epidemic is spiraling out of control in West Africa. Human EBOV hemorrhagic fever has a case fatality rate of up to 90%. The EBOV is classified as a biosafety level 4 pathogen and is considered a category A agent of bioterrorism by Centers for Disease Control and Prevention, with no approved therapies and vaccines available for its treatment apart from supportive care. Although several promising therapeutic agents and vaccines against EBOV are undergoing the Phase I human trial, the current epidemic might be outpacing the speed at which drugs and vaccines can be produced. Like all viruses, the EBOV largely relies on host cell factors and physiological processes for its entry, replication, and egress. We have reviewed currently available therapeutic agents that have been shown to be effective in suppressing the proliferation of the EBOV in cell cultures or animal studies. Most of the therapeutic agents in this review are directed against non-mutable targets of the host, which is independent of viral mutation. These medications are approved by the Food and Drug Administration (FDA) for the treatment of other diseases. They are available and stockpileable for immediate use. They may also have a complementary role to those therapeutic agents under development that are directed against the mutable targets of the EBOV.

**International Health**

Volume 6 Issue 3 September 2014

<http://inthehealth.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.bmj.com/content/current>

[Reviewed earlier]

**Journal of Global Ethics**

Volume 10, Issue 2, 2014

<http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0l#.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](http://muse.jhu.edu/journals/journal%20of%20health%20care%20for%20the%20poor%20and%20underserved/toc/hpu.25.4.html)

[Reviewed earlier]

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

Volume 4 Issue 2

<http://www.emeraldinsight.com/toc/jhlscm/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>

[Reviewed earlier]

**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.bmj.com/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 6 (2014) December 2014

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

[Potential Benefits of Introducing Integrated Solid Waste Management Approach in Developing Countries: A Case Study in Kathmandu City](#)

Rajeev K. Singh, Helmut Yabar, Takeshi Mizunoya, Yoshiro Higano, Randeep Rakwal

[Women's Participation in Nigeria's Industrial Development Process: Obstacles and Options for Change](#)

Grace Reuben Etuk, Felicitas Gabriel Coker, Abdul Joshua Ogrimah

[Improving the Management and Use of Water Resources for Small-Scale Irrigation Farming in the Garu Tempene District of Ghana](#)

Amosah Jonah, Tanko Daniel Dawda

### **Knowledge Management for Development Journal**

Vol 10, No 2 (2014)

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

[Reviewed earlier]

### **The Lancet**

Nov 29, 2014 Volume 384 Number 9958 p1901 – 1998 e58 - 61

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

#### ***Editorial***

[\*\*The health of India: a future that must be devoid of caste\*\*](#)

The Lancet

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

In 2011, The Lancet published a special Series on the progress and future of health in India. The central message was a call for universal health coverage by 2020. Despite India's Prime Minister at the time, Manmohan Singh, being supportive of this goal, the move towards universal health coverage in India has gained little traction. Public health spending remains desperately low at 1·3% of gross domestic product, while more than 40 million Indians are driven into impoverishment from out-of-pocket health expenditure every year.

[\*\*Migrants' health in China\*\*](#)

The Lancet

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

During the past three decades, China has experienced the largest migration in human history, with hundreds of millions of rural inhabitants moving temporarily or permanently to cities. By the end of 2013, China's internal migrant population was 245 million, comprising more than a sixth of the nation's total population, according to the Development Report on China's Migrant Population 2014 released by China's National Health and Family Planning Commission last week.

### **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 7528 pp465-600 27 November 2014

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

#### **Nature | Editorial**

#### **Ebola opportunity**

*A slowdown in new cases offers a chance for control efforts to get ahead of the epidemic.*

26 November 2014

An apparent slowdown in new cases of Ebola disease in Liberia and Guinea should be taken advantage of. Almost one year after an Ebola epidemic began in West Africa there are at last encouraging signs that it may be receding in some regions. But those responding to the epidemic must not drop their guard — rather, they should seize upon the chance to finish the job.

“Today, we — two dumbfounded doctors — stare at our empty blackboard. We have no more patients.” Last week, that declaration was blogged by a doctor with the humanitarian agency Médecins Sans Frontières (MSF), also known as Doctors Without Borders, at an Ebola treatment centre in the Foya region of Liberia. It is the same story in many parts of the country: empty beds that would have been unthinkable just a few weeks ago when Ebola treatment centres were overflowing. Nationally, the growth in the numbers of those infected in Liberia, the worst-affected country, is no longer exponential but has flattened off.

The epidemic has also stabilized in Guinea. But a resurgence of cases in Sierra Leone is a timely reminder that until Ebola is eliminated throughout West Africa, it remains a major threat.

As of 18 November, Ebola has infected at least 15,000 people and killed 5,440 of them in these three main affected countries. But the worst-case scenarios predicted by mathematical modellers, which projected a steady apocalyptic rise in Ebola case numbers, have proved far off the mark (see [Nature 515,18; 2014](#)).

Although complacency is as unwise as it is hopefully unlikely — a lull in Ebola cases in the spring prompted authorities to drop their guard, only to see the virus return with a vengeance — there are reasons to believe that the current lull in Liberia and Guinea may continue. And that offers an opportunity to roll back the epidemic at last.

The exact causes of the lull are unclear. Belated international Ebola control efforts are only now beginning to kick in, and have no doubt contributed. But much of the slowdown is perhaps due to Africans themselves coming to terms with the epidemic and blocking its main routes of transmission. In particular, there has been a reduction in traditional burial practices, which are a key source of spread.

The slowing of new cases in Liberia and Guinea is a welcome reprieve for the health-care workers and scientists who have toiled to control a virus that for months has held the advantage. It is an opportunity to regroup, to consolidate gains, and to go all the more on the offensive.

Until recently, MSF, based in Geneva, Switzerland, was the only serious international presence fighting Ebola on the ground, but logistics meant that it could operate only a few large centralized treatment centres. These large centres, often with hundreds of beds, are still needed to absorb any resurgence, particularly in urban areas. But having only large centres is not ideal. Patients often have to travel for many hours or even days to reach them, and by the time they make it are often beyond recovery. They are also likely to have contaminated others en route, so fuelling the spread of the virus.

With its caseloads falling in recent weeks, MSF is coming out of the trenches and taking the fight to the virus, sending mobile teams and smaller treatment centres to the sites of new outbreaks to try to nip them in the bud. MSF sensibly wants other aid groups to adapt in a similar way. It will be a challenge for the more bureaucratic UN Mission for Ebola Emergency Response, and the US and other national Ebola-treatment efforts, to quickly change their plans, because they are mainly based around large centres. But it is crucial that the response to Ebola is flexible in the face of the shifting epidemiology.

The slowdown is also buying precious time for the testing of drugs and vaccines: clinical trials of vaccines in particular are being fast-tracked, with the first results due at the end of 2014. Unfortunately, however, drugs and vaccines have captured the spotlight and resources, while more mundane interventions that could have an immediate impact have been neglected. Better rehydration and electrolyte control can dramatically reduce mortality: the case fatality rate for patients treated in rich countries has been a fraction of the 70% seen in West Africa. Testing convalescent blood and serum from survivors — a potentially game-changing treatment — should also be a priority.

At the start of October, the United Nations and the World Health Organization set quantitative targets for safe burials, contact tracing and other key public-health control measures, which the international community was to meet by 1 December. It is already obvious that most of these targets will not be met. The breathing space offered by the current lull in Liberia and Guinea offers an opportunity to fill gaps and ramp up coverage of countermeasures. It must not be wasted.



November 20, 2014 Vol. 371 No. 21  
<http://www.nejm.org/toc/nejm/medical-journal>

**Perspective**

**Ebola Virus Disease in West Africa — Clinical Manifestations and Management**

Daniel S. Chertow, M.D., M.P.H., Christian Kleine, M.D., Jeffrey K. Edwards, M.D., M.P.H., Roberto Scaini, M.D., Ruggero Giuliani, M.D., and Armand Sprecher, M.D., M.P.H.

N Engl J Med 2014; 371:2054-2057

November 27, 2014

DOI: 10.1056/NEJMp1413084

[Free full text]

**Original Article**

**Ebola Virus Disease in the Democratic Republic of Congo**

Gaël D. Maganga, D.V.M., Ph.D., Jimmy Kapetshi, M.D., Nicolas Berthet, Pharm.D., Ph.D., Benoît Kebela Ilunga, M.D., Felix Kabange, M.D., Placide Mbala Kingebeni, M.D., Vital Mondonge, M.D., Jean-Jacques T. Muyembe, M.D., Ph.D., Eric Bertherat, M.D., Sylvie Briand, M.D., Joseph Cabore, M.D., Alain Epelboin, M.D., Pierre Formenty, D.V.M., M.P.H., Gary Kobinger, M.D., Licé González-Angulo, M.Sc., Ingrid Labouba, Ph.D., Jean-Claude Manuguerra, Ph.D., Jean-Marie Okwo-Bele, M.D., Christopher Dye, D. Phil., and Eric M. Leroy, D.V.M., Ph.D.

N Engl J Med 2014; 371:2083-2091 November 27, 2014 DOI: 10.1056/NEJMoa1411099

[Free full text]

**Conclusions**

The current EVD outbreak in the DRC has clinical and epidemiologic characteristics that are similar to those of previous EVD outbreaks in equatorial Africa. The causal agent is a local EBOV variant, and this outbreak has a zoonotic origin different from that in the 2014 epidemic in West Africa. (Funded by the Centre International de Recherches Médicales de Franceville and others.)

**Original Article**

**Clinical Illness and Outcomes in Patients with Ebola in Sierra Leone**

John S. Schieffelin, M.D., M.S.P.H., Jeffrey G. Shaffer, Ph.D., Augustine Goba, B.Sc., Michael Gbakie, R.N., Stephen K. Gire, M.P.H., Andres Colubri, Ph.D., Rachel S.G. Sealfon, S.M., Lansana Kanneh, Alex Moigboi, R.N., Mambu Momoh, Mohammed Fullah, Lina M. Moses, Ph.D., Bethany L. Brown, M.S.C.S., Kristian G. Andersen, Ph.D., Sarah Winnicki, M.S., Stephen F. Schaffner, Ph.D., Daniel J. Park, Ph.D., Nathan L. Yozwiak, Ph.D., Pan-Pan Jiang, Ph.D., David Kargbo, Simbirie Jalloh, Mbalu Fonnies, R.N., Vandi Sinnah, Issa French, Alice Kovoma, Fatima K. Kamara, R.N., Veronica Tucker, Edwin Konuwa, R.N., Josephine Sellu, R.N., Ibrahim Mustapha, Momoh Foday, Mohamed Yillah, Franklyn Kanneh, Sidiki Saffa, James L.B. Massally, Matt L. Boisen, Luis M. Branco, Ph.D., Mohamed A. Vandi, M.B., Ch.B., Donald S. Grant, M.B., Ch.B., Christian Happi, Ph.D., Sahr M. Gevao, M.B., Ch.B., Thomas E. Fletcher, M.D., Robert A. Fowler, M.D., Daniel G. Bausch, M.D., M.P.H.T.M., Pardis C. Sabeti, M.D., D.Phil., S. Humarr Khan, M.B., Ch.B., and Robert F. Garry, Ph.D. for the KGH Lassa Fever Program, the Viral Hemorrhagic Fever Consortium, and the WHO Clinical Response Team

N Engl J Med 2014; 371:2092-2100 November 27, 2014 DOI: 10.1056/NEJMoa1411680

[Free full text]

**Conclusions**

The incubation period and case fatality rate among patients with EVD in Sierra Leone are similar to those observed elsewhere in the 2014 outbreak and in previous outbreaks. Although bleeding was an infrequent finding, diarrhea and other gastrointestinal manifestations were common. (Funded by the National Institutes of Health and others.)

### **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/currenttoc.aspx>

[Reviewed earlier]

### **PLoS One**

[Accessed 29 November 2014]

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

#### **Research Article**

#### **The Definition of Placebo in the Informed Consent Forms of Clinical Trials**

Astrid Hernández, Josep-E. Baños mail, Cristina Llop, Magí Farré

Published: November 25, 2014

DOI: 10.1371/journal.pone.0113654

#### *Abstract*

#### *Aim*

Lack of knowledge concerning the nature of placebo and why it is necessary may influence the participation of patients in clinical trials. The objective of the present study is to review how placebo is described in written information for participants in clinical trials to be evaluated by a Human Research Ethics Committee.

#### *Methods*

All research protocols submitted for evaluation in a Spanish hospital during 2007–2013 were reviewed. The main characteristics of the studies using a placebo were collected. Three authors read each of them to determine how the term “placebo” was explained and if there was any comment on its efficacy and safety.

#### *Results*

Two thousand seven-hundred and forty research protocols were evaluated, of which three hundred and fifty-nine used a placebo. Pharmaceutical companies sponsored most placebo-controlled clinical trials (91.9%), and phase III studies were the commonest (59.9%). Oncology (15.0%), cardiology (14.2%), and neurology (13.1%) made the greatest contributions. A review of the informed consent forms showed that placebo was described in a similar manner in most studies: the explanation was limited to between four and eight words. Very few gave information about the risks of its use or adverse reactions from its administration. None of the studies provided details about the placebo effect. And 23 lacked any information about placebo at all.

## Conclusions

Explanations about placebo in informed consent forms is often scarce, and information about the placebo effect and associated risks are absent. This situation may influence a full understanding of placebo by participants in clinical trials and might reduce their informed decision to participate.

## Research Article

### [Livestock/Animal Assets Buffer the Impact of Conflict-Related Traumatic Events on Mental Health Symptoms for Rural Women](#)

Nancy Glass mail, Nancy A. Perrin, Anjalee Kohli, Mitima Mpanano Remy

Published: November 24, 2014

DOI: 10.1371/journal.pone.011170

## Abstract

### Background

In the context of multiple adversities, women are demonstrating resilience in rebuilding their futures, through participation in microfinance programs. In addition to the economic benefits of microfinance, there is evidence to suggest that it is an effective vehicle for improving health.

### Methods

The parent study is a community-based trial to evaluate the effectiveness of a livestock microfinance intervention, Pigs for Peace (PFP), on health and economic outcomes with households in 10 villages in eastern Democratic Republic of Congo. The analysis for this manuscript includes only baseline data from female participants enrolled in the ongoing parent study. Multiple regression analysis was used to examine if livestock/animal asset value moderates the relationship between conflict-related traumatic events and current mental health symptoms.

### Findings

The majority of women are 25 years or older, married, have on average 4 children in the home and have never attended school. Nearly 50% of women report having at least one livestock/animal asset at baseline. Over the past 10 years, women report on average more than 4 ( $M = 4.31$ ,  $SD = 3.64$ ) traumatic events (range 0–18). Women reported symptoms consistent with PTSD with a mean score of 2.30 ( $SD = 0.66$ , range 0–4) and depression with a mean score of 1.86 ( $SD = 0.49$ , range 0–3.47). The livestock/animal asset value by conflict-related traumatic events interaction was significant for both the PTSD ( $p = 0.021$ ) and depression ( $p = 0.002$ ) symptom models.

### Interpretation

The study provides evidence of the moderating affect of livestock/animal assets on mental health symptoms for women who have experienced conflict. The findings supports evidence about the importance of livestock/animal assets to economics in rural households but expands on previous research by demonstrating the psychosocial effects of these assets on women's health.

### Trial Registration

clinicaltrials.gov [NCT02008708](#)

## PLOS Currents: Disasters

[Accessed 29 November 2014]

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

[No new relevant content]

## **PLoS Medicine**

(Accessed 29 November 2014)

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

### ***Editorial***

#### **(How) Can We Reduce Violence Against Women by 50% over the Next 30 Years?**

Rachel Jewkes mail

Published: November 25, 2014

DOI: 10.1371/journal.pmed.1001761

Open Access

*[Initial text]*

Each year, interpersonal violence is experienced and perpetrated by millions of people worldwide. In 2010, it was the 27th cause of death globally, causing an estimated 456,268 deaths worldwide [1]. Violence against women has been shown to be highly prevalent globally, with partner violence affecting one in three women, and one in 15 women (7%) having been raped by a man who was not a partner [2],[3]. Recognising this huge global burden, the 67th World Health Assembly adopted the resolution "Strengthening the Role of the Health System in Addressing Violence, in Particular against Women and Girls, and against Children" [4] and mandated countries globally to develop violence prevention through their health sector. The goal of reducing violence by 50% over the next 30 years has been mooted by the World Health Organization as a rallying point for the global violence prevention community and was the subject of critical debate at the recent Global Violence Reduction Conference 2014 at King's College, Cambridge University, UK, which was hosted by the Institute of Criminology Violence Research Centre and the World Health Organization [5]. Whilst ostensibly ambitious, several high-income countries, including the United States, have reduced rates of some forms of violence by 50% or more over a very short period of time, and such reductions are supported by historical trends of reduced homicide over several centuries in several European countries [6]–[8]. There is no real evidence, however, that violence against women is reducing in low- and middle-income countries [3]. Indeed, in South Africa, where there has been considerable gender activism and growth in women's empowerment, non-fatal rape and intimate partner violence seem quite resistant to change, notwithstanding the measured reductions in female homicide [9],[10]. The key question, then, is how can we secure substantial reductions in violence against women in low- and middle-income countries?

## **PLoS Neglected Tropical Diseases**

(Accessed 29 November 2014)

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

[No new relevant content]

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

(Accessed 29 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 Loyalties: Health Providers Working for the State*

[Reviewed earlier]

**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>

[Reviewed earlier]

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

Volume 2, Issue 3, 2014

<http://www.tandfonline.com/toc/resi20/current#.VF7VUsl4WF9>

[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](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>

[Reviewed earlier]

**Science**

28 November 2014 vol 346, issue 6213, pages 1029-1148

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

## ***In Depth***

### ***Infectious Diseases***

#### **A new phase in the Ebola war**

Kai Kupferschmidt\*

#### ***Summary***

The number of new Ebola cases in Liberia, one of the hardest hit countries in the current epidemic, has come down to about 20 per day, far fewer than models predicted a few months ago. Ebola treatment units now have hundreds of empty beds, and the fight against the virus is entering a new phase. Back in September, the key job was building clinics, removing the dead, and keeping as many patients as possible isolated. Now, it's about setting up a flexible system to respond to new outbreaks, identifying patients quickly, and tracing their contacts to prevent more infections. Meanwhile, outbreaks are still flaring up in the remote districts, making it unlikely that Liberia can put a stop to the epidemic anytime soon

#### ***Perspective***

#### ***Medicine***

#### **Big data meets public health**

Muin J. Khoury<sup>1,2</sup>, John P. A. Ioannidis<sup>3</sup>

#### **Author Affiliations**

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2Epidemiology and Genomics Research Program, National Cancer Institute, Bethesda, MD 20850, USA.

3Stanford Prevention Research Center and Meta-Research Innovation Center at Stanford, Stanford University, Palo Alto, CA 94305, USA.

#### ***Summary***

In 1854, as cholera swept through London, John Snow, the father of modern epidemiology, painstakingly recorded the locations of affected homes. After long, laborious work, he implicated the Broad Street water pump as the source of the outbreak, even without knowing that a *Vibrio* organism caused cholera. "Today, Snow might have crunched Global Positioning System information and disease prevalence data, solving the problem within hours" (1). That is the potential impact of "Big Data" on the public's health. But the promise of Big Data is also accompanied by claims that "the scientific method itself is becoming obsolete" (2), as next-generation computers, such as IBM's Watson (3), sift through the digital world to provide predictive models based on massive information. Separating the true signal from the gigantic amount of noise is neither easy nor straightforward, but it is a challenge that must be tackled if information is ever to be translated into societal well-being

## **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 29 November 2014]

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

[No new relevant content]

### **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](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***

[Reviewed earlier]



## 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 29 November 2014]

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

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

Situation report - 'WHO Roadmap'

*Editor's Note: We do not find the regular weekly report posted. However, UNMEER reports that WHO, as of 23 November, projects a total of 15,935 cases have been confirmed in Guinea, Liberia, Mali, Sierra Leone, Spain and the United States and two previously affected countries of Nigeria and Senegal, with 5,689 reported deaths.*

### [Bolstering UN support to the Ebola outbreak](#)

24 November 2014 -- Dr Margaret Chan, WHO Director-General, visited an Ebola treatment centre in Bamako, Mali. She met with President Ibrahim Boubacar Keïta, Prime Minister Moussa Mara, and other government leaders to discuss Mali's ongoing Ebola outbreak response and ways UN organizations could increase their support. The support of the UN and other partners will enhance Mali's capability to contain transmission from across the border, and respond robustly to any future importation.

[Read the feature story](#)

*WHO: Ebola situation assessments*

:: [Mali confirms 2 new cases of Ebola virus disease](#)

25 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 29 November 2014.

*UNMEER site: Press Releases*

### **The world is on the side of those who are involved in this fight' against Ebola – UN envoy**

*[Media release excerpt; Editor's text bolding]*

28 November 2014 – The top United Nations officials leading the fight against Ebola have made an appeal for people who possess skills that are "quite rare" to join the global effort, such as those who can provide patient care, undertake contact tracing and analyze how the outbreak

is evolving in remote areas of the virus-affected countries, saying that "deploying more people to the districts is our highest priority."

"These skills are quite rare in our world today because there are not thousands and thousands of people who are really experienced in Ebola and its management," Dr. David Nabarro, UN [Secretary-General](#) Ban Ki-moon's Special Envoy on Ebola, said in an interview with the Department of Public Information at the headquarters of the UN Mission for Ebola Emergency Response ([UNMEER](#)) in Accra, Ghana...

...Dr. Nabarro gave the interview together with UNMEER chief Anthony Banbury, in the lead-up to the 1 December target set by the mission, which aims to try to get 70 per cent of the cases isolated and treated, and 70 per cent of the deceased safely buried within 60 days from the beginning of October to 1 December.

According to the UN World Health Organization ([WHO](#)), a total of 15,935 cases have been confirmed in Guinea, Liberia, Mali, Sierra Leone, Spain and the United States and two previously affected countries of Nigeria and Senegal as of 23 November, with 5,689 reported deaths.

Both Dr. Nabarro and Mr. Banbury said progress so far has been uneven but that they were very pleased by what has been achieved in some parts of the affected countries.

"Tremendous progress has been achieved in some areas," Mr. Banbury said. "That's thanks to the hard work of the communities themselves but also very much the responders, the national and international responders."

"Where we've been able to put the elements of the response in place, we've seen dramatic improvements in the situation," he said. "So we're very heartened by that. It shows the strategy works."

"Unfortunately," he went on to say, "We've not been able to put the elements of the response in place everywhere, and where it's lacking, we see the significant or very bad situation in many of these communities, and that's got to be the focus of our efforts going forward: spreading out our geographic response."

Specifically, Dr. Nabarro said: "We've seen these incredible and promising results from Liberia. We've seen very good results from parts of Sierra Leone. But there are other parts of Sierra Leone and parts of Guinea where the numbers of cases continue to accelerate day by day."...

### **[Ebola: December 1 target for response may not be met in some areas of West Africa, UN reports](#)**

25 November 2014 – The United Nations World Health Organization ([WHO](#)) said today that while Ebola response targets for December 1 in West Africa may be reached in many places, they may not be met in some areas, and confirmed two new cases in Mali amid ramped up efforts to reduce the likelihood that additional cases will be imported from neighbouring Guinea....

In response to a question at the UN press briefing in Geneva, WHO Spokesman Tarik Jasarevic said the December 1 targets for treatment and burials and set by his organization in its response to Ebola would likely be reached in many places, but not in others.

UNMEER head Anthony Banbury had said in media interviews that the mission is already exceeding its 1 December targets in some areas, but that it is almost certain the targets will not be reached in all areas.

The targets are the so-called "70-70-60 plan" which aims to try to get 70 per cent of the cases isolated and treated, and 70 per cent of the deceased safely buried within 60 days from the beginning of October to 1 December...

### **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.

### **28 November 2014** | *UNMEER External Situation Report*

#### *Key Points*

- :: The first human trial of an experimental vaccine has produced promising results.
- :: Some traditional leaders in Liberia remain reluctant to participate in response efforts.
- :: A total of 15,935 confirmed, probable, and suspected cases of Ebola Virus Disease (EVD) have been reported in 8 countries. There have been 5,689 reported deaths.

#### *Key Political and Economic Developments*

1. WHO needs reform to prevent a recurrence of crises such as West Africa's Ebola outbreak, former Australian Prime Minister Kevin Rudd said on 27 November. Rudd is leading a two-year study to suggest ways to improve the effectiveness of the UN system and other global bodies, which are often deadlocked by disagreements between states or hamstrung by their internal bureaucracy. Rudd said he was seeking practical recommendations to improve the system's effectiveness, adding he thought WHO suffered from a "systemic problem" in the way power was shared between its central organization and regional branches. "If you do not want this sort of thing to repeat itself then a substantive reform would lie in sufficiently empowering WHO globally to act globally on threats to global public health," Rudd said in Geneva after briefing diplomats.

#### *Response Efforts and Health*

4. On Tuesday 25 November a national consultation took place in Monrovia about the payment of wages to EVD response workers. The meeting was co-chaired by UNDP and the Ministry of Health and Social Welfare. The main challenge that emerged from the meeting was the absence of any centralised government list of response workers. County visits will be held in the coming days, with the goal of gathering all the information needed to develop a centralized, national database of response workers. A similar consultation was held in Guinea on 26 November, and there it was also agreed that a database of response workers would be set up so all payments can be tracked.

6. UNICEF, along with county health teams, key partners and local communities, is setting up 15 Community Care Centers (CCCs) in EVD hotspots in Liberia. In these CCCs patients can be safely isolated and rapidly treated close to the community. First of its kind, the newly-opened Jene Wonde Rapid Response Center includes triage to separate patients based on the severity of their symptoms, medication to control the symptoms and infection prevention measures such

as a strict separation of spaces, personal protective equipment, safe waste disposal and hygiene and sanitation supplies.

#### *Resource Mobilisation*

15. The OCHA Ebola Virus Outbreak Overview of Needs and Requirements, now totaling US\$ 1.5 billion, has been funded for \$ 860 million, which is around 57 percent of the total ask.

16. The Ebola Response Multi-Partner Trust Fund currently has US\$ 71.9 million in commitments. In total \$ 121 million has been pledged.

### **27 November 2014 | UNMEER External Situation Report**

#### *Key Political and Economic Developments*

1. Guinean president Alpha Condé said on Wednesday the use of force could be justified in battling the EVD outbreak in his country. "There are still people who think Ebola is fiction," Condé told a press conference. "We have an agenda which is to finish with Ebola as soon as possible and in Guinea this is possible," he added. "If people don't want to be treated we will use force because we won't allow the illness to spread despite all our efforts." The spread of EVD in Guinea has been accompanied by fear and paranoia among some villagers who feel the government and the international community cannot be trusted.

2. The outbreak in Sierra Leone, which has been surging in recent weeks, may have reached its peak and could be on the verge of slowing down, Sierra Leone's information minister said Wednesday. Speaking on the nearing completion of two British-built treatment centers, minister Alpha Kanu said: "We believe that now that those treatment centers are ready, the transmission of new cases will start reducing. We are at the plateau of the curve and very soon we will have a downward trend, once we have somewhere to take people." The minister also pleaded for the US to assist in Sierra Leone, and announced that the country would repeat its shutdown of September, when people across the country had to remain at home while medical teams went door to door.

#### *Human Rights*

4. In Sierra Leone, UNDP funded and advised the Office of National Security in rolling out new Standard Operational Procedures (SOPs) for 2,000 security forces working at checkpoints and quarantined neighborhoods across the country. Military and police are being trained on how to respect human rights and communicate with courtesy, and have committed to engaging with community leaders in all checkpoints and quarantined areas. The SOPs were developed in close consultation with the Sierra Leone armed forces, police, Ministry of Health and Human Rights Commission. The government of Sierra Leone is using quarantines and checkpoints to halt the spread of EVD, but the methods used have led to tensions between security forces and civilians.

#### *Response Efforts and Health*

7. WHO reported Wednesday that Guinea isolates more than 70% of all reported cases of EVD, and has more than 80% of required safe burial teams. Progress has apparently been slower in parts of Liberia and Sierra Leone, although continuing challenges in data collection and analysis preclude firm conclusions across the board. On those countries, WHO reports that the goal of isolating 70% of patients has regrettably not yet been reached in either, although data on isolation is up to 3 weeks out of date. Every EVD-affected district in the three intense-transmission countries has access to a laboratory for case confirmation within 24 hours. WHO also reported that in all three countries more than 80% of contacts associated with known EVD cases are traced, though the low mean number of contacts per case suggests that contact tracing is still a challenge in areas of intense transmission.

8. South Korea announced an agreement with Britain to evacuate South Korean medical workers who may get infected with EVD while working at a British-run ETU in Sierra Leone.

Seoul will send 10 medical workers next month to work at the new ETU in Goderich, outside Freetown. Under the agreement, an EU-operated plane will fly any infected South Korean medical worker to an EU hospital for treatment, as if they were an EU citizen. Australia has a similar agreement with Britain.

## **26 November 2014** | *UNMEER External Situation Report*

### *Key Political and Economic Developments*

1. Burial workers in the Sierra Leonean city of Kenema have dumped bodies in public after going on strike. The workers reportedly left 15 bodies abandoned at the city's main hospital, including two at the main entrance. The workers have now been sacked for treating the corpses in a "very, very inhumane" way, an official said.

2. On 24 November, the Liberian finance minister announced a recovery package to tackle the wider impact of EVD in Liberia. The package includes US\$ 60 million for the restoration of essential health services, \$ 30 million for education, and \$ 35 million for food security.

### *Response Efforts and Health*

5. Traditional practices remain a significant obstacle in countering the epidemic, especially in relation to burial practices. UNMEER Field Crisis Managers (FCMs) in Liberia reported several instances of non-compliance related to burial permits, as well as violent reactions towards burial teams. Despite the intensification of social awareness campaigns in Bomi and Grand Capemount counties, contact tracing and reporting remain problematic.

### *Essential Services*

15. At a meeting of the Food Crises Prevention and Management Network (PREGEC), held in Dakar from 18 to 20 November 2014, a special session was dedicated to the impact of EVD on food and nutrition security. FAO, WFP, UNICEF and partners presented a study of the three most affected countries, which showed a decrease of agricultural production and demand, disruption of the functioning of markets, a deterioration of livelihoods, a decline in the purchasing power of households, and a risk of degradation of the nutrition situation due to more difficult access to food and basic social services.

## **25 November 2014** | *UNMEER External Situation Report*

### *Key Political and Economic Developments*

1. UNMEER SRSG Anthony Banbury has stated in an interview with Newsweek that the mission is already exceeding its 1 December targets in some areas. He added, though, that it is almost certain the targets will not be reached in all areas. The target was to have 70 percent of patients under treatment and 70 percent of victims buried safely. That target has been achieved in some areas, Banbury said, citing progress in Liberia. But he added that the mission will almost certainly fall short in other areas. In both those cases, the mission will adjust to what the circumstances are on the ground. Of greatest concern are rural parts of Sierra Leone, as well as Makeni in the centre and Port Loko in the northwest. Additional efforts by the international community remain needed.

2. Mali has confirmed a new case of EVD, bringing the number of confirmed cases in the country to eight. The patient has been placed in a treatment center. Six of Mali's eight patients have died. The other confirmed case has also been isolated and is receiving treatment. Officials are monitoring 271 people in a bid to contain the disease.

### *Human Rights*

5. According to WHO, in Kourémalé (Siguiri prefecture, Guinea), a village on the Guinea-Mali border, members of the local community have threatened teams of contact tracers who arrived to follow up on recent EVD cases traced to the unsafe burial of the local imam who died of EVD

in late October. Whereas the Mali side of the border today has a functioning isolation/treatment centre, active surveillance in place and no community resistance, there is no such center on the Guinean side. The latter also has only limited surveillance and is experiencing serious community resistance.

6. According to OHCHR, people in Koropara sub-prefecture (Nzérékoré prefecture) threatened to chase away the sub-prefect and health workers after three patients were transferred to Guéckédou ETC and died thereafter. Families of the victims accuse the local authorities of selling their relatives to the Red Cross. Lack of feedback related to the fate of patients at the ETC is one the causes. Red Cross teams in Nzérékoré said they would not operate in Koropara until a sustainable solution is found for security reasons.

#### *Response Efforts and Health*

7. The government of Liberia has completed acquisition of a plot of land to be used as a national cemetery. This is a critical step towards a safe burials system that doesn't require the highly unpopular practice of cremation. A survey showed that throughout October, most of the bodies handled by burial teams came from ETUs (85%). 14.7% came from communities and 0.3% were found abandoned. The survey also indicated that secret burials are on the decline.

8. In Guinea, EVD is spreading in the north up to the border with Mali, an area with no functioning EVD treatment centres or transit centres. The prefecture of Siguiri has seen a resurgence of cases, many of which are related to the unsafe burial at the end of October of a local imam infected with EVD. There is also active transmission in the areas of Kankan and Kouroussa. Meanwhile, the newly opened 40-bed Ebola Treatment Centre (ETC) in Macenta, Guinea, had already surpassed its capacity, with 22 confirmed cases and 19 suspected cases. The ETC in Guéckédou has also had to turn away patients in recent days due to capacity constraints.

9. UNMEER Guinea reports that community reticence in many areas remains the main obstacle to contact tracing. Reticence is often due to communities being disappointed with the EVD response, for instance because of lacking ambulance services or support to the families (often due to logistic and funding shortcomings). In addition, national contact tracing staff is often not paid or paid very little which creates a lack of incentive.

#### *Logistics*

14. The first inter-agency airlift, supported by the Logistics Emergency Team and facilitated by the Logistics Cluster, from Germany's Cologne Bonn airport to Monrovia is set to depart tomorrow. The flight will transport over 560m3 of cargo (including two vehicles) on behalf of eight organisations.

### **24 November 2014 | UNMEER External Situation Report**

#### *Key Political and Economic Developments*

4. On the occasion of the opening of the Kakata ETU, local counterparts emphasized to UNMEER that the EVD response has entered into the second phase, which they described as "hunting the virus". The officials also mentioned the need to expedite the payment for EVD health workers, as key government personnel are taking jobs with NGOs. Case denial at the family level for fear of quarantine and stigma reportedly also remains present in several communities.

#### *Outreach and Education*

16. Following the death in Bamako of an imam from Guinea, UNDP and UNICEF have helped organize a gathering of 35 muslim leaders and local officials in Kankan, Eastern Guinea, where they were trained on how to protect themselves and vowed to encourage people to join the fight against EVD.



17. The NGO International SOS has released a mobile app designed to help share its medical and travel information on EVD. The free app is available on iOS and Android devices. It provides online, instant access to key sections from International SOS' dedicated EVD website, including maps of the affected areas and the latest updates on the outbreak.

#### *Essential Services*

18. EVD has crippled the provision of treatment and care to people living with HIV/AIDS in Liberia, according to health workers and patients. There are an estimated 30,000 people living with HIV in Liberia, according to UNAIDS. Before the EVD outbreak, more than 70 per cent of them had access treatment via 144 HIV/AIDS care centers across the country. But now, due to a shortage of health workers and fear about EVD transmission, more than 60 per cent of these facilities have closed. The National AIDS Control Program (NACP) is now going door to door in Montserrado county to deliver antiretroviral drugs each week or else refer people to mobile treatment centers to fill prescriptions.

### **UNDP: Ebola Virus Disease (EVD) Outbreak and Price Dynamics in Guinea, Liberia and Sierra Leone**

*Ebola, through its impact on prices, is reducing people's purchasing power and is increasing their vulnerability*

UNDP Africa Policy Note, Vol. 1, No. 4, 9 November 2014 12 pages

...Stemming the tide of EVD on future prices is doable. Some of the strategic interventions to achieve this include:

:: In Guinea, Liberia and Sierra Leone, price shocks increase the vulnerability of the poor and the marginalized communities, especially rural areas experiencing the outbreak. This calls for a well-targeted social protection for people and communities heavily affected by price hikes.

:: The closure of borders reduces the supply of imported commodities that could compensate for the shortfall in domestic production. Countries should desist from closing their borders to avert the inflationary impact of such actions on the epicentre countries.

:: The Governments of these three countries should strategically support local farmers to prepare for the next planting season to avoid food shortages in 2015 and beyond. This includes the provision of improved seedlings, fertilizers and finances. It is also important to address all impediments that make locally produced rice more expensive than imported rice.

:: The ministries of finance and central banks of these countries should effectively coordinate fiscal and monetary policies to ensure that exchange rates and domestic borrowing do not distort the price system.

:: Given that EVD affected the planting seasons of these countries, the international community should scale up support for the provision of food and related items to cushion the effect of food shortages and the associated price hikes.

### **World Bank [to 29 November 2014]**

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

### **World Bank Group to support Cote d'Ivoire's Health Systems Strengthening and Ebola Preparedness**

WASHINGTON, November 25, 2014- The World Bank Group's Board of Executive Directors today approved a \$US70 million International Development Association (IDA)\* credit to help Cote d'Ivoire improve deployment and quality of health services in selected regions, with a focus on maternal, newborn and child health and nutrition services. Today's financing will



support the Health Systems Strengthening and Ebola Preparedness project and part of the funds (\$10.0 million) is aimed at promoting Cote d'Ivoire's pro-active measures to prevent the spread of Ebola. Recent political and social crises have taken a heavy toll on the country's health system. During 2002-2010, most of the health centers were closed in the central and northern part of the country (over 52% of health centers nationally), and only Non-Governmental Organization (NGO) facilities remained open...

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