

# ***The Sentinel***

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

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***Week ending 8 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.*

### **IPCC: Climate Change 2014 - Synthesis Report**

Intergovernmental Panel on Climate Change <http://www.ipcc.ch/>

November 2014

The Synthesis Report distills and integrates the findings of the three working group contributions to the IPCC Fifth Assessment Report -- the most comprehensive assessment of climate change yet undertaken, produced by hundreds of scientists -- as well as the two Special Reports produced during this cycle.

***:: Summary for Policymakers***

***:: Synthesis Report - Longer Report***

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*[Headline statements from the Summary for Policymakers](#)*

:: Observed Changes and their Causes

Human influence on the climate system is clear, and recent anthropogenic emissions of greenhouse gases are the highest in history. Recent climate changes have had widespread impacts on human and natural systems....

:: Future Climate Changes, Risks and Impacts

Continued emission of greenhouse gases will cause further warming and long-lasting changes in all components of the climate system, increasing the likelihood of severe, pervasive and irreversible impacts for people and ecosystems. Limiting climate change would require substantial and sustained reductions in greenhouse gas emissions which, together with adaptation, can limit climate change risks....

:: Future Pathways for Adaptation, Mitigation and Sustainable Development

Adaptation and mitigation are complementary strategies for reducing and managing the risks of climate change. Substantial emissions reductions over the next few decades can reduce climate risks in the 21st century and beyond, increase prospects for effective adaptation, reduce the costs and challenges of mitigation in the longer term, and contribute to climate-resilient pathways for sustainable development...

:: Adaptation and Mitigation

Many adaptation and mitigation options can help address climate change, but no single option is sufficient by itself. Effective implementation depends on policies and cooperation at all scales, and can be enhanced through integrated responses that link adaptation and mitigation with other societal objectives....

## **UNHCR announces push to end statelessness worldwide by end-2024**

*Excerpts from Press Releases, 4 November 2014*

UNHCR is today launching a global "I Belong" campaign aimed at ending within 10 years the problem of statelessness – a devastating legal limbo for the millions of people worldwide who lack any nationality and the human rights protections that go with it. The goal of eradicating statelessness is looking increasingly possible thanks to dramatic recent progress in the number of States acceding to two key UN human rights treaties.

UN High Commissioner for Refugees António Guterres, UNHCR Special Envoy Angelina Jolie and more than 20 celebrities and world opinion-leaders today published an Open Letter, saying that 60 years after the United Nations first agreed to protect stateless people, "now it's time to end statelessness itself."

At least ten million people worldwide are currently stateless and a baby is born stateless every ten minutes. Not allowed a nationality, they are often denied the rights and services that countries normally offer their citizens.

"Statelessness can mean a life without education, without medical care or legal employment... a life without the ability to move freely, without prospects or hope," the Open Letter said. "Statelessness is inhuman. We believe it is time to end this injustice."...

...UNHCR's campaign is being launched amid signs of a shift in international attitudes surrounding statelessness. Just three years ago, there were barely 100 States parties to the two statelessness treaties – the 1954 UN Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness. Today the number of accessions stands at 144, bringing critical mass within reach...

UNHCR also released today a Special Report on Statelessness which highlights the human impact of the phenomenon, and a ten-point Global Action Plan to End Statelessness which aims both to resolve major existing crises and to ensure no child is born stateless in the future.

4 November 2014

SG/SM/16313-HR/5225-REF/1204

### **'It Is Time to End Statelessness' Says Secretary-General, Calling for 10 Million Signatures Supporting United Nations Refugee Agency Campaign**

Following is Secretary-General Ban Ki-moon's message in support of the Office of the United Nations High Commissioner for Refugees (UNHCR) campaign to end statelessness in 10 years, in Geneva today.

### **UNHCR's Open Letter to End Statelessness**

*[Full text; Text bolding as in original]*

#IBELONG to a world where everyone has the right to a nationality.

**Across the world today more than ten million people are told they don't belong ANYWHERE.**

They are called 'stateless'. They are denied a nationality. And with it, they are denied their basic rights.

Statelessness can mean a life without education, without medical care, or legal employment.

It can mean a life without the ability to move freely, without prospects, or hope.

**Statelessness is inhumane.**

The main reason people are stateless is because of discrimination. Because of their ethnicity. Because of their religion. Because in some countries women cannot pass their nationality on to their children.

**We believe it's time to end this injustice.**

With enough courage we know it is possible. Governments can change their laws and procedures, and give stateless people their rights and a place to belong.

**Within ten years, we can ensure everyone has a nationality.**

Because if we don't this injustice will only get worse. A child is born stateless every ten minutes.

By the time you finish reading this letter another person may have started life without a nationality.

We are ready to make our voices heard. We believe that if we take a stand, others will join us. And if enough of us stand up we will end this inhumanity.

That is why UNHCR is launching the Campaign to End Statelessness in ten years.

**Sixty years ago, the world agreed to protect stateless people. Now it's time to end statelessness itself.**

### **A World that Counts - Mobilising the Data Revolution for Sustainable Development**

*Report prepared at the request of the United Nations Secretary-General, by the Independent Expert Advisory Group on a Data Revolution for Sustainable Development.*

November 2014 :: 32 pages

*[Excerpt from Executive Summary]*

An urgent call for action: key recommendations

The strong leadership of the United Nations (UN) is vital for the success of this process.

The Independent Expert Advisory Group (IEAG), established in August 2014, offers the UN Secretary-General several key recommendations for actions to be taken in the near future, summarised below:

**1. Develop a global consensus on principles and standards:** The disparate worlds of public, private and civil society data and statistics providers need to be urgently brought together to build trust and confidence among data users. We propose that the UN establish a process whereby key stakeholders create a “Global Consensus on Data”, to adopt principles concerning legal, technical, privacy, geospatial and statistical standards which, among other things, will facilitate openness and information exchange and promote and protect human rights.

**2. Share technology and innovations for the common good:** To create mechanisms through which technology and innovation can be shared and used for the common good, we propose to create a global “Network of Data Innovation Networks”, to bring together the organisations and experts in the field. This would: contribute to the adoption of best practices for improving the monitoring of SDGs, identify areas where common data-related infrastructures could address capacity problems and improve efficiency, encourage collaborations, identify critical research gaps and create incentives to innovate.

**3. New resources for capacity development:** Improving data is a development agenda in its own right, and can improve the targeting of existing resources and spur new economic opportunities. Existing gaps can only be overcome through new investments and the strengthening of capacities. A new funding stream to support the data revolution for sustainable development should be endorsed at the “Third International Conference on Financing for Development”, in Addis Ababa in July 2015. An assessment will be needed of the scale of investments, capacity development and technology transfer that is required, especially for low income countries; and proposals developed for mechanisms to leverage the creativity and resources of the private sector. Funding will also be needed to implement an education program aimed at improving people’s, intermediaries’ and public servants’ capacity and data literacy to break down barriers between people and data.

**4. Leadership for coordination and mobilisation:** A UN-led “Global Partnership for Sustainable Development Data” is proposed, to mobilise and coordinate the actions and institutions required to make the data revolution serve sustainable development, promoting several initiatives, such as:

:: A “World Forum on Sustainable Development Data” to bring together the whole data ecosystem to share ideas and experiences for data improvements, innovation, advocacy and technology transfer. The first Forum should take place at the end of 2015, once the SDGs are agreed;

:: A “Global Users Forum for Data for SDGs”, to ensure feedback loops between data producers and users, help the international community to set priorities and assess results;

:: Brokering key global public-private partnerships for data sharing.

**5. Exploit some quick wins on SDG data:** Establishing a “SDGs data lab” to support the development of a first wave of SDG indicators, developing an SDG analysis and visualisation platform using the most advanced tools and features for exploring data, and building a dashboard from diverse data sources on “the state of the world”.

Never again should it be possible to say “we didn’t know”. No one should be invisible. This is the world we want – a world that counts.

More information on the composition, terms of reference and work of the IEAG, see [www.undatarevolution.org](http://www.undatarevolution.org)

## **Humanitarianism in the Age of Cyber-warfare: Towards the Principled and Secure Use of Information in Humanitarian Emergencies**

OCHA POLICY AND STUDIES SERIES

October 2014 | 011 :: 22 pages

*KEY MESSAGES:* [p.2]

1. New information and communication technologies in humanitarian response create opportunities for improved humanitarian response as well as risks to the privacy and security of affected communities.
2. The current system tends to restrict sharing of relatively harmless data, while not sufficiently protecting information that could be used to identify individuals and communities.
3. The information that humanitarians can collect will be shaped in the future by factors that include:
  - a) privacy laws and any appropriate exceptions for disasters and crisis.
  - b) ethical considerations, such as the need for practices that ensure information is used responsibly, particularly when obtaining consent is not practical.
  - c) the extent to which political or criminal groups target humanitarian operations, as well as the level of government surveillance.
4. To respond to these emerging issues, humanitarian organizations should:
  - a) prioritize transparency and evidence based humanitarianism and ensure that scarce resources for data security are focused only on truly sensitive information.
  - b) support ethical innovation, ensuring that projects using new or untested systems are held to a higher standard of oversight, and codes of conduct are regularly updated and enforced.
  - c) adopt codes of conduct and operational procedures for the ethical and principled use of information, in particular personal data, at the organizational level, and consider adopting universal guidelines for the use of information in humanitarian crisis.
  - d) invest in risk analysis and information security, including ensuring basic data security training for staff, and where needed, affected communities, and working with experts to better understand, prevent and respond to attacks.
  - e) promote the idea of a "humanitarian cyberspace" that humanitarian information systems should be off-limits for attacks and advocate that in some cases cyber-attacks on humanitarian actors are violations of international humanitarian law.
  - f) advocate for the co-creation of legal frameworks with affected communities to protect their data in emergencies.

### *Part VII: Conclusion and recommendations* [p. 18-19]

A more connected, data-driven humanitarian system creates an opportunity to save lives and reduce suffering, even as it raises concerns for privacy and security. On one hand, in a humanitarian crisis, in which any delay can cost lives, privacy concerns and consent may be justifiably ignored in the service of the greater good. At the same time, humanitarian principles demand greater moral accountability and consideration of potential harm. Humanitarians also need to address concerns that technologies are being tested without public debate or ability to opt-out.

The bulk of international assistance goes to long-term, complex crises and conflicts,[45 World Humanitarian Data and Trends 2013, OCHA] often in areas with weak governance and little regard for human rights, and in which sophisticated

surveillance by governments and cyber-warfare by armed groups is increasingly the norm. By modelling best practices in the principled use of information and respect for privacy, humanitarian organizations can set a positive example and allay concerns about their neutrality.

Below are some suggested initial steps:

*1. Prioritize transparency and Evidence Based Humanitarianism*

By increasing the use of open data platforms, information sharing and organizational transparency humanitarian organizations can model best practices and prioritize resources to protecting only the most sensitive information. Organizations should consider joining the International Aid Transparency Initiative, adopting open data standards and supporting initiatives to facilitate information sharing, such as the Humanitarian Data Exchange and the Open Humanitarian Initiative. Organizations should also consider “off-line” and “low tech” ways to share their data, making sure that the very people they collect data from, the affected communities, can perform their right to access data regardless of their literacy rate and technological access.

*2. Support ethical innovation*

As information technologies continue to develop, humanitarian organizations need to stay ahead of emerging risks to privacy. Projects using new or untested systems or technologies should be held to a higher standard of oversight, such as through ethical review boards, and full consideration should be given to the concerns of affected people and communities. Codes of conduct and other guidance should be regularly updated to reflect new developments and should have clear systems of monitoring and enforcement.

*3. Adopt codes of conduct and procedures for the ethical use of information*

All humanitarian organizations should have clear codes of conduct or policies for the responsible use of information, with a focus on the principled use of personal data. Beyond the agency level, humanitarian organizations and stakeholders should consider adopting a consensus set of principles or guidance for responsible use of information in humanitarian crisis. Codes of conduct at all levels should be supported with clear internal procedures and capacities for managing information, including anonymization, obtaining or waiving informed consent, and privacy impact assessments and other tools to determine what data should be collected.

*4. Invest in risk analysis and information security*

Humanitarian organizations need to invest in assessing and classifying data to determine what they need to collect and to hold based on potential risks. Organizations need to invest in strengthening their cyber-security, working with experts as needed, including through active checks for security breaches. All staff should be trained in basic data security practices. Evaluations of threats from cyber-groups in different countries should be factored into the design of programs. Humanitarian organizations should look to other sectors, such as human rights, to see what tools and protocols have already been developed.

*5. Advocate for a “humanitarian cyberspace”*

Organizations should investigate ways to engage with online communities and other groups to promote the idea of a “humanitarian cyberspace” and to encourage recognition of humanitarian principles. Humanitarian organizations should advocate that cyber-attacks on humanitarian actors and information systems, as well as civilians, be considered violations of international humanitarian law where appropriate.

*6. Advocate for legal frameworks for sharing data in emergencies*

Humanitarian organizations should advocate for clear legal frameworks at both the national or international level to govern when and how information from affected populations is shared. Humanitarians should also consider partnering with private sector companies and industry

associations, particularly in the telecommunications, internet and social media areas, to develop clear terms of use and agreements for when and how data is released in a crisis.

### **World Disasters Report - Focus on culture and risk [2014]**

International Federation of Red Cross and Red Crescent Societies

November 2014 ::: 276 pages

pdf: <http://www.ifrc.org/Global/Documents/Secretariat/201410/WDR%202014.pdf>

*Introduction*

*[Full text]*

This year, the World Disasters Report takes on a challenging theme that looks at different aspects of how culture affects disaster risk reduction (DRR) and how disasters and risk influence culture. The report asks, for example, what should be done when people blame a flood on an angry goddess (River Kosi, India, in 2008) or a volcanic eruption on the mountain god (Mount Merapi). After the tsunami in 2004, many people in Aceh (Indonesia) believed that Allah had punished them for allowing tourism or drilling for oil, and similar beliefs were widespread in the United States regarding Hurricane Katrina, showing God's displeasure with aspects of the behaviour of the people who live in or visit New Orleans.

Most people who live in places that are exposed to serious hazards are aware of the risks they face, including earthquakes, tropical cyclones, tsunami, volcanic eruptions, floods, landslides and droughts. Yet they still live there because, to earn their living, they need to or have no alternative. Coasts and rivers are good for fishing and farming; valley and volcanic soils are very fertile; drought alternates with good farming or herding. Culture and beliefs, for example, in spirits or gods, or simple fatalism, enable people to live with risks and make sense of their lives in dangerous places. Sometimes, though, unequal power relations are also part of culture, and those who have little influence must inevitably cope with threatening environments.

Together with other organizations that engage in DRR, we in the Red Cross Red Crescent know about people's beliefs and cultures and their different interpretations of risk. However, we find it challenging to fit these seamlessly into our organizational framework and funding models. Instead we tend to assume (or hope) that the people we want to support use the same logic and rationality as we do and that they will want to reduce the disaster risk. Sometimes there is also an institutional reluctance to deal with the issues of inequality and power that make people vulnerable in the places where they make a living.

The one thing that is certain is that we will have less sustained impact if we do not adequately take account of people's cultures, beliefs and attitudes in relation to risk. With climate change leading to damaged livelihoods, and therefore more vulnerability, and making hazards more extreme and/or frequent, we have to get this right.

One important goal of this edition of the World Disasters Report is to bring these complex issues and clashes of cultures into the open for discussion, so that they can be much better incorporated into DRR work.

This publication does not provide all the answers to these complex issues, which vary a great deal around the world. But it shows where the starting points are. It gives some indications of the direction in which we need to go and draws on examples of good integration of traditional and 'modern' ideas for achieving effective vulnerability reduction. Recognizing the significance of the different ways of believing and



behaving will increase the effectiveness of DRR and development initiatives generally and pave the way for greater impact in our responses to the challenges stemming from climate change.

### **Transparency in corporate reporting: assessing the world's largest companies (2014)**

Transparency International  
5 November 2014 :: 40 pages  
pdf:

[http://files.transparency.org/content/download/1839/12366/file/2014\\_TransparencyInCorporateReporting\\_EN.pdf](http://files.transparency.org/content/download/1839/12366/file/2014_TransparencyInCorporateReporting_EN.pdf)

*[Excerpt from Introduction]*

This Transparency International report...evaluates the transparency of corporate reporting by the world's 124 largest publicly listed companies. The report assesses the disclosure practices of companies with respect to their anti-corruption programmes, company holdings and the disclosure of key financial information on a country-by-country basis. It follows on from a 2012 report which focused on the world's 105 largest publicly traded companies. The report is part of a series of studies based on a similar methodology aimed at assessing the transparency practices of companies, the most recent being a 2013 report on leading emerging market companies...

...Transparency International believes that public reporting by companies on their anti-corruption programmes allows for increased monitoring by stakeholders and the public at large, thereby making companies more accountable. Global companies themselves increasingly understand the benefits of corporate reporting on a range of corporate responsibility issues, including their anti-corruption programmes, as an essential management tool rather than a burdensome and costly exercise that is carried out to satisfy stakeholders. The use of voluntary sustainability reporting guidelines such as those provided by the Global Reporting Initiative is on the rise. According to a 2013 survey by KPMG, close to 80 per cent of the largest 100 companies in 41 countries worldwide issuing corporate responsibility reports now use the Global Reporting Initiative's Sustainability Reporting Guidelines. The report notes as well that an impressive 93 per cent of the world's largest 250 companies issue a corporate responsibility report. The introduction in recent years of corporate reporting regulation in Denmark, France and South Africa has also acted as a major driver for company reporting in those countries....

*[The report includes action recommendations focused to global companies, investors, governments and regulatory bodies, and civil society organizations.]*

### **Crime and Corruption Top Problems in Emerging and Developing Countries**

*Most National Institutions Respected, Especially Military*

Pew Research | 6 November 2014 :: 45 pages

pdf: <http://www.pewglobal.org/files/2014/11/Pew-Research-Center-Country-Problems-and-Institutions-Report-FINAL-November-6-2014.pdf>

*About this report*

This report examines public opinion on top country problems, such as crime, corruption and poor quality schools in emerging and developing nations. It also looks at the influence of national institutions and organizations, such as the military, media and religious leaders in these countries. It is based on 38,620 face-to-face interviews in 34 countries with adults 18 and older,



between March 17, 2014 and June 5, 2014. For more details, see survey methods and topline results.

*[Excerpt From introductory content]*

Crime and corruption, common scourges of modern societies, top the list of problems cited by publics in emerging and developing nations. A median of 83% of people across 34 emerging and developing economies say crime is a very big problem in their country, and 76% say the same about corrupt political leaders. Many also worry about issues such as health care, poor quality schools, water and air pollution, and food safety. Generally, electricity shortages and traffic are seen as less pressing issues.

People in Latin America, Africa, Asia and the Middle East all see crime and corruption as the greatest problems in their countries, according to the Pew Research Center survey.

Moreover, crime and corruption as well as poor quality schools are considered growing problems in these emerging and developing countries. Taking the median across the 20 countries surveyed in 2007/2008 and 2014, the number of people citing these three issues as a very big problem has jumped from 64% to 74% for crime, 63% to 73% for corruption and 38% to 51% for poor quality schools.

In nearly all these countries, the list of key challenges exist alongside economic problems including jobs, rising prices and public debt (see Global Public Downbeat about Economy, published September 9, 2014).

When asked to rate key institutions in their countries, people generally assign high marks to the military, with a median of 79% saying it has a good influence on the way things are going in their country. But most major national organizations and groups, such as the media, religious leaders, banks, corporations, the national government and civil servants also get positive marks. Emerging and developing publics are less enamored with their court systems – the only institution polled which receives support from less than half of respondents.

Overall, there have been only slight changes in views of these national groups and institutions since 2007...

**EBOLA/EVD** [to 8 November 2014]

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

## **FINAL COMMUNIQUE: EXTRAORDINARY SESSION OF THE AUTHORITY OF ECOWAS HEADS OF STATE AND GOVERNMENT**

ECOWAS - Economic Community of West African States

Nº: 204/2014

6 NOVEMBER 2014 [Accra, Ghana]

[Excerpts; Editor's text bolding]

### **5. The Summit was deeply concerned by the negative impact of the Ebola Virus**

**Disease** on the economies of the countries directly affected, human security as well as the social and humanitarian situation in the region. It equally expressed concern regarding the threat to the regional integration process as well as regional peace and security posed by this epidemic.

6. The Authority expressed strong feelings at the loss of thousands of lives since the outbreak of the epidemic and reiterated solidarity and sympathy with the people of the affected countries, in particular Guinea, Liberia, Nigeria, Sierra Leone and Mali.

7. The Heads of State and Government reaffirmed their firm commitment to continue their joint and coordinated efforts in the determined fight against the Ebola Virus Disease. To that end, they commended the appropriate actions undertaken by Nigeria and Senegal, which enabled these two Member States to contain the epidemic. While also encouraging the other affected countries in their efforts to contain the epidemic, they expressed their hope that these countries will achieve the same success.

8. In the same vein, **with a view to ensuring the efficiency of all the efforts, the Authority appointed E. Faure Essozimna Gnassingbe President of the Togolese Republic to supervise the Ebola Virus Disease response and eradication process.**

9. Furthermore, after endorsing the Regional Integrated Operational Plan for Response to the Ebola Virus Disease and welcoming the relevance of the areas of intervention contained therein, the Heads of State and Government made the following specific decisions:

To the Member States

10. The Heads of State and Government call on all the Member States to urgently develop and implement guidelines on Ebola treatment and management in line with WHO standards. They also urge them to join ICAO and seek assistance from the ICAO/WHO Cooperation Arrangement for the Prevention of the Spread of Communicable Diseases through Air Travel (CAPSCA).

**11. In addition, Authority urges the Member States to contribute military personnel and logistics to enhance response capacities, support the medical staff on the field and participate in the construction of additional treatment and isolation centres as well as ensure their security. It also encourages Member States to provide additional medical and voluntary staff to the affected countries.**

12. The Summit commends the Member States that made contributions to the Regional Solidarity Fund to fight Ebola mainly Benin, Burkina Faso, Cote d'Ivoire, Mali, Niger, Nigeria, Senegal and Sierra Leone and urges the other countries to fulfill their commitment to the Fund.

**13. The Heads of State and Government reiterate their unwavering commitment to the principles of free movement within the ECOWAS region** and invite all the Member States to adhere to them, in particular by removing restriction and ban on the movement of persons and goods to and from the affected countries, while observing the appropriate health control at the borders.

**14. The Authority urges the Member States to conduct extensive public education, communication and awareness on the Ebola Virus Disease with a view to preventing the stigmatisation of affected persons and stopping the transmission of the disease.**

15. To better address sanitary crisis in the future, the Heads of State and Government consider that it is essential to ensure the strengthening of national health systems by improving upon their effectiveness and also by increasing the resources allocated them in the national budgets in accordance with the Abuja Declaration, which requires the allocation of 15% of the total budget.

To the ECOWAS Commission

16. The Heads of State and Government reiterate the need to strengthen the regional multi-sectoral coordination in the fight against the epidemic and underpin the important role of ECOWAS in that regard.

17. To that end, the Authority requests the Commission to take the necessary measures, in collaboration with of all the stakeholders and persons involved in the field, to mobilise adequate resources for the coordinated implementation of the Regional Operational Plan for Response to the Ebola Virus Disease.

**18. The Authority directs the Commission to actively participate in the various actions undertaken to support the efforts of the Member States particularly in the**

**planning, implementation and coordination of all United Nations Mission for Ebola Emergency Response (UNMEER) and African Union activities in the region.**

The Authority also instructs the Commission to create a consultation framework with the Mission for a short, medium and long-term response.

19. The Summit directs the Commission to support Member States to better coordinate their medical and humanitarian efforts on the field.

20. The Authority instructs the Commission to take all the necessary actions to set up a regional center for disease prevention and control in West Africa and enhance health research in West Africa. **It also encourages the Commission to be involved in the ongoing initiatives towards the development of vaccines.**

21. Authority requests the Commission to deepen the socio-economic and cultural assessment of the epidemic and take all necessary steps to provide the appropriate medium and long term response through a resolute action against poverty and ignorance, for sustainable growth and development.

22. *To the International Community*, the Heads of State and Government welcome the adoption of the United Nations Resolution 2177, which marks its unanimous determination to eradicate the Ebola Virus Disease.

23. In that regard, the Authority commends the show of international solidarity in support to the efforts of the affected countries. In particular, it welcomes the technical and financial support from all the ECOWAS bilateral and multilateral partners on the field.

24. In view of the continuing and increasing challenges of the Ebola Virus Disease, the Summit calls on all the partners to maintain the level of their commitment and support to the region, in particular by increasing their financial assistance to the affected Member States.

25. Similarly, the Summit invites private sector, civil society, regional and international humanitarian and development organizations to intensify efforts in technical, financial and institutional assistance to support treatment centers and other regular medical facilities in the affected countries, as well as public education, awareness and communication.

**26. The Authority also invites all the relevant Partners to accelerate efforts for vaccines and adequate therapy against the virus as well as support the region in the development of research capacity. In addition, Authority calls on them to prioritise the provision of vaccines at subsidized prices to the affected countries, and to the region.**

**27. The Heads of State and Government call on all the airlines and maritime companies to continue flight schedules to the affected countries or resume operations notably to transport health and humanitarian goods, drugs and equipment. They also call on partner countries to lift the restrictions on visa issuance to nationals of affected countries.**

28. The Authority decides to remain seized of the situation of the epidemic in West Africa and directs the President of the Commission to ensure the implementation of adopted decisions and regularly provide updates on the epidemic...

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

**Situation report - 5 November 2014** 'WHO Roadmap'

**HIGHLIGHTS**

:: There have been 13,042 reported cases of Ebola, with 4818 reported deaths, up to the end of 2 November.

:: All districts in Liberia and Sierra Leone have been affected.

:: All 83 contacts of the health-care worker infected in Spain have completed 21-day follow-up  
*[Excerpt from Summary]*

...At the country level, the weekly incidence appears to be stable in Guinea. In Sierra Leone the weekly incidence continues to rise, while in Liberia it appears to be declining. In all three countries, EVD transmission remains persistent and widespread, particularly in the capital cities. All administrative districts in Liberia and Sierra Leone have reported at least 1 confirmed or probable case of EVD since the outbreak began. Cases and deaths continue to be under-reported in this outbreak.

Of the countries with localized transmission, Mali and the United States of America continue to monitor potential contacts. In Spain, all 83 contacts of the health-care worker infected in Madrid have completed the 21-day follow-up period.

### **WHO: African regulators' meeting looking to expedite approval of vaccines and therapies for Ebola**

November 2014

Aiming to make potential Ebola therapies and vaccines available as quickly as possible, the ninth African Vaccine Regulatory Forum (AVAREF), taking place in Pretoria, South Africa, from 3-7 November, will devote the first two days to agree on a collaborative mechanism for fast tracking approvals for clinical trials and registration of these products in the affected countries.

"As the President of Liberia has aptly put, the best cure for Ebola is stronger health systems," said Kees De Joncheere, WHO Director for Essential Medicines and Health products.

"It is crucial that we match the speed with which Ebola vaccines are being developed and tested with equal haste in making them available to populations once they are judged safe and effective," said Sarah Barber, WHO Representative in South Africa. "To do that, we need to agree on the design of clinical trials, and we need to collaborate across borders to fast-track scientific assessment, regulatory approval and roll-out."

The mechanism would cover:

:: Clear pathways and timelines for expedited ethical and regulatory review of clinical trial applications and approval of products;

:: Agreement on timelines and joint safety and efficacy assessments of the new products to fast-track national registration;

:: Endorsement of a panel of safety experts for expedited review of safety data of new products with relevant communication to National Regulatory Authorities (NRAs);

:: Technical assistance from the World Health Organization (WHO) to facilitate these processes.

Ebola, which has killed close to 5 000 people so far and crushed the already weakened health systems of Guinea, Liberia and Sierra Leone, had until recently received little attention from the pharmaceutical sector. The current outbreak, unprecedented in geographical scope and severity, has mobilised numerous private and public stakeholders to accelerate the development of vaccines to contain the outbreak and prevent other such crises in the future.

Three vaccines are currently undergoing human safety trials outside Africa. Once they are judged safe, further trials will take place in the countries affected by Ebola. The vaccines are being developed respectively by Glaxo-Smith-Kline with the US Government, Johnson & Johnson, and the Canadian Public Health Agency.

At the same time, partnerships between WHO and some member states are looking to the plasma of Ebola survivors, who have built antibodies to the virus, as a possible therapeutic option for people who are already infected. The plasma clinical trials will also need expedited review by ethics committees and regulators. If judged safe and effective, this therapy can be rolled out rapidly.

The Pretoria meeting will bring together public health officials, regulatory and industry experts from 25 African countries and international health stakeholders. The meeting has awakened broad interest among African governments because the accelerated mechanism fast track process it will put in place could be used as a model for other countries to accelerate access to potentially useful therapies in emergency situations.

"As the President of Liberia has aptly put, the best cure for Ebola is stronger health systems," said Kees De Joncheere, WHO Director for Essential Medicines and Health products. "That wake-up call could turn things around for Africa and represent another step towards increasing access to and better regulation of health products,

#### *AVAREF*

AVAREF was founded in 2006 by WHO to support NRAs in making informed decisions concerning authorization of clinical trials, evaluation of product registration dossiers, and any other challenging issues related to vaccines evaluation. AVAREF provides African regulatory authorities charged with ensuring the safety of medical products and related research with expertise and opportunities for information sharing and capacity building. It also offers product developers the opportunity for joint review by regulatory authorities from multiple countries of clinical trial and marketing authorization applications for high priority vaccines to be used in African countries. While initially focused on vaccines, AVAREF is beginning to expand to cover medicines and diagnostics as well.

#### **WHO Guidance: [How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease](#)**

October 2014 :: 17 pages

WHO/EVD/Guidance/Burials/14.2

[Download the full version in English](#)

##### *Overview*

This protocol provides information on the safe management of dead bodies and burial of patients who died from suspected or confirmed Ebola virus disease.

These measures should be applied not only by medical personnel but by anyone involved in the management of dead bodies and burial of suspected or confirmed Ebola patients.

Twelve steps have been identified describing the different phases Burial Teams have to follow to ensure safe burials, starting from the moment the teams arrive in the village up to their

:: [Read the note for media](#)

##### *WHO: Ebola situation assessments*

:: [New study sheds light on the importance of supportive care for Ebola patients](#) 6 November 2014

##### *WHO IN ACTION*

:: [Government of Senegal boosts Ebola awareness through SMS campaign](#)

3 November 2014

##### *Related News on Ebola*

:: [Statement from the Travel and Transport Task Force on Ebola virus disease outbreak in West Africa](#) 7 November 2014

*WHO does not recommend general bans on travel or trade*

Leading international organizations and associations from the transport, trade and tourism sector stand firmly with WHO against general bans on travel and trade, as well as restrictions that include general quarantine of travellers from Ebola-affected countries.

The Travel and Transport Task Force, established in August 2014, calls for international cooperation of governments and the transport sector in following the recommendations of the International Health Regulations Emergency Committee on Ebola, convened by WHO.

WHO does not recommend general bans on travel or trade, or general quarantine of travellers arriving from Ebola-affected countries, as measures to contain the outbreak.

Such measures can create a false impression of control and may have a detrimental impact on the number of health care workers volunteering to assist Ebola control or prevention efforts in the affected countries. Such measures may also adversely reduce essential trade, including supplies of food, fuel and medical equipment to the affected countries, contributing to their humanitarian and economic hardship....

*...About the Travel and Transport Task Force*

Members of the Travel and Transport Task Force include the World Health Organization (WHO), the International Civil Aviation Organization (ICAO), the World Tourism Organization (UNWTO), Airports Council International (ACI), International Air Transport Association (IATA), World Travel and Tourism Council (WTTC) International Maritime Organization (IMO), the International Chamber of Shipping (ICS) and the Cruise Lines International Association (CLIA).

:: [WHO welcomes strong commitment from Australia to beating Ebola](#)

6 November 2014

## **WHO – African Region**

:: [Dr Matshidiso Moeti of Botswana nominated new World Health Organization's Regional Director for Africa](#)

Cotonou, Benin, 5 November 2014 - Dr Matshidiso Moeti of the Republic of Botswana was today nominated to be the next World Health Organization's Regional Director for Africa. Health Ministers from the 47 Countries that constitute the WHO African Region nominated her at their annual meeting, which is taking place in Cotonou. Dr Moeti is scheduled to take up her new post on 1 February 2015, succeeding Dr Luis Sambo, whose mandate ends on 31 January 2015 after having served as the Regional Director for the past 10 years.

Speaking after her nomination, she pledged to work for and with every member state to address the health challenges facing the African Region. The Regional Director-elect noted that the Millennium Development Goals propelled the Region to a certain level of health. Dr Moeti also underscored the need to further work to enhance equity and human rights towards universal health care. "I commit myself and colleagues to build on what we have created so far and I am confident that we will ride on the positive things happening in the Region."

Dr Moeti's nomination is subject to confirmation by WHO's Executive Board in January 2015.

More News

:: [Dr Sambo urges countries to accelerate the progress of implementation of the African Public Health Emergency Fund - 06 November 2014](#)

:: [African countries resolve to step up efforts to tackle vaccine preventable diseases - 05 November 2014](#)

:: [Dr Sambo proposes key actions to tackle Ebola - 05 November 2014](#)

:: [President Boni Yayi urges African leaders to strengthen health systems to contain epidemics - 03 November 2014](#)

*[Editor's Note: Selected elements in the speech below (bolded text) generated a number of opinion pieces and op-eds in major media channels including the Wall Street Journal (see Media Watch below)]*

**WHO Director-General addresses the Regional Committee for Africa**

<http://www.who.int/dg/speeches/2014/regional-committee-africa/en/>

Dr Margaret Chan

Director-General of the World Health Organization

Address to the Regional Committee for Africa, Sixty-fourth Session

Cotonou, Republic of Benin

3 November 2014

*[Full text]*

Excellencies, honourable ministers, distinguished delegates, representatives of the African Union, Dr Sambo, ladies and gentlemen,

Many external experts and analysts believe that Africa is at a crossroads. As I speak to you, Africa shows the world two prominent public faces that are strikingly different.

One face shows Africa rising, undergoing an economic and social transformation that is unparalleled in any other region of the world, at any time in recent history.

This is the face that showcases Africa's abundant natural resources, its increasingly educated, peaceful, and healthy populations, and the region's resilience, creativity, and boundless energy. This is the face of beginnings: of prosperity, wellbeing, and a healthy future. But this bright future depends on whether governments make equity in the distribution of benefits an explicit policy goal.

As the latest Progress Panel and Report on Africa, headed by Kofi Annan, notes: "The ultimate measure of progress in Africa is not to be found in GDP numbers and growth rates, but in the wellbeing of people, and in prospects for enabling people to improve their lives."

As you all know, much of Africa's growth has been concentrated in sectors, such as mining and petroleum, that favour the elite but do little to improve living conditions and health status in the rural areas where most of the poor and sick reside.

All nations benefit from an Africa that is prosperous, stable, and fair. This view was underscored in September during an emergency session of the UN Security Council, which considered the Ebola outbreaks in West Africa as a threat to international security.

In Guinea, Liberia, and Sierra Leone, Ebola has set back hard-won political stability and economic recovery, and is reversing some striking recent gains in health outcomes.

Let me give you just one statistic to think about. In 2012, WHO estimated that 21 000 people, 95% of them children, died of malaria in the three West African countries combined. This figure was a marked improvement over the 34 000 malaria deaths estimated for 2000. This is just one of many positive trends that is now under threat.

Ladies and gentlemen,

**The Ebola outbreak that is ravaging parts of West Africa is the most severe acute public health emergency seen in modern times. It has many unprecedented dimensions, including its heavy toll on frontline domestic medical staff.**

I extend my deepest sympathy to the people of West Africa who have seen so many of their fellow countrymen fall ill and die. I extend my deepest sympathy to the families, the loved ones, the neighbours, and entire villages and communities.

I can tell you one thing: every one of these West Africans who died from Ebola was beloved.



All of us must respect the compassion and courage of so many health workers who unselfishly risked their lives, and lost them. The three countries have lost some of their greatest humanitarian heroes.

**In the midst of these alarming trends, two WHO arguments that have fallen on deaf ears for decades are now out there with consequences that all the world can see, every day, on prime-time TV news.**

**The first argument concerns the urgent need to strengthen long-neglected health systems, an argument long-championed by your RD [Regional Director].**

When heads of state in non-affected countries talk about Ebola, they rightly attribute the outbreak's unprecedented severity to the "failure to put basic public health infrastructures in place."

Without fundamental public health infrastructures in place, no country is stable. No society is secure. No resilience exists to withstand the shocks that our 21st century societies are delivering with ever-greater frequency and force, whether from a changing climate or a runaway killer virus.

**The second argument is this. Ebola emerged nearly four decades ago. Why are clinicians still empty-handed, with no vaccines and no cure?**

**Because Ebola has historically been confined to poor African nations. The R&D incentive is virtually non-existent. A profit-driven industry does not invest in products for markets that cannot pay. WHO has been trying to make this issue visible for ages. Now people can see for themselves.**

Ladies and gentlemen,

I will leave it to an African medical correspondent to comment on the two faces of today's Africa.

He has written eloquently about how outbreaks of diseases, like Ebola, make Africa's neglected health systems and impoverished populations highly visible.

He cites the importance of the recent economic transformation to Africa's international reputation as a continent of hope. But he is quick to ask the related question. "What good does it do," he asks, "to cover the ceiling of your house with golden paint when the walls and foundation have cracks?"

I will end my Ebola comments here.

You have a heavy agenda to get through. You need to approve a regional strategic plan for immunization, with highly ambitious targets. Like the rest of the world, you will be transitioning from the Millennium Development Goals to a post-2015 development agenda.

Africa needs to seize this new agenda on its own terms. Frankly, this region has, in the past, suffered from some bad development advice.

Future solutions to Africa's problems must be uniquely African solutions. In the past, Africa has followed in line with the priorities and strategies defined by global health initiatives, and not always as defined by your own governments and perceived health needs. Now Africa needs to lead.

In April, African ministers of health, at their gathering in Luanda, endorsed universal health coverage as a means to achieve and sustain the health MDGs and recognized it as an essential part of the post-2015 development agenda. This is what I mean by leadership.

Among the items on your agenda is the nomination of your next regional director.

I thank Dr Luis Sambo for his years of dedication to WHO and to the health of the African people. I wish him every success as he opens a new chapter in his long career.

For this Regional Office, the next big challenge is to ensure that WHO reform is credible and efficient.

Thank you.

**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 8 November 2014.

*UNMEER External Situation Reports*

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

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

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

**7 November 2014**

*Highlights*

*Key Political and Economic Developments*

1. UN Special Envoy on Ebola Dr. David Nabarro said the extraordinary global response over the past month has made him hopeful the outbreak could end in 2015, though he cautioned that the fight to contain the disease is not even a quarter done. In the past four weeks, the rate of EVD infections seems to be slowing in some parts of West Africa, he said. In other hotspots it appears to be expanding the way it was a month ago. Nabarro said there are five times more beds for treatment in the three most affected countries than there were two months ago, which is helping to reduce the number of cases, along with improving efforts to find infected people and trace their contacts. Nabarro pointed to two other positive signs: the extraordinary global response in the last month and the mobilization of local communities in the three countries as a result of massive media campaigns and house-to-house "sensitization efforts" involving traditional leaders.

*Response Efforts and Health*

5. The EVD outbreak has likely killed far more people than the 4,828 deaths reported by the World Health Organization, WHO's strategy chief Christopher Dye said Thursday, warning that thousands of fatalities were likely not accounted for. The likely explanation is that many people are burying the dead in secret, possibly to avoid having authorities interfere with burial customs like washing and touching the deceased, which is widely blamed for much of the transmission. The fact that WHO-reported numbers of cases and deaths are lower now than they were last week is due a different, more consistent manner of counting, Mr. Dye said. It does not imply a slowing down of the disease.

8. As part of the Rapid Response Team, UNICEF recently conducted rapid assessments of "hot spots" in Liberia – namely Grand Kru, Grand Bassa, Sinoe and Grand Cape Mount counties –

focused on how to rapidly isolate and treat patients with symptoms of Ebola following clear infection control standards. The process involves working with County Health Teams, communities and partners to design local solutions including the setup of Community Care Centers, providing technical assistance on water, sanitation and hygiene management, and advising on how to engage communities. Additional assessments in Gbarpolu and Bomi are underway.

#### *Essential Services*

16. Sierra Leone's Deputy Health Minister Madina Radman said the country's failure to clearly separate its EVD treatment units from regular health facilities had destroyed confidence in hospitals and clinics. "We are struggling to regain confidence in our health facilities because of this mistake", she said. "About 50 per cent of the deaths in the country are not Ebola but, because people fear to come to some of our healthcare facilities, they die needlessly due to other treatable diseases."

17. According to analysis by the ngo Action Contre la Faim and the University of Naples Federico II, in 2015 the EVD crisis will lead to an increase of people suffering from undernourishment in Guinea, Liberia and Sierra Leone. 5,3 to 5,7 million people are expected be undernourished in 2015 in the 3 most affected countries, compared to 5 million before the start of the epidemic.

#### [6 November 2014](#)

#### *Key Political and Economic Developments*

1. The International Finance Corporation (IFC), a member of the World Bank Group, announced a package of at least 450 million USD in commercial financing that will enable trade, investment, and employment in Guinea, Liberia and Sierra Leone. The private sector initiative will include 250 million USD in rapid response projects, and at least 200 million USD in investment projects to support post-epidemic economic recovery. It is part of the World Bank Group's effort to support the most affected countries during the Ebola Virus Disease (EVD) epidemic and prepare them for economic recovery.

3. The Obama administration will ask the US Congress for about 6.2 billion USD in emergency funding to combat the spread of EVD in West Africa and reduce risks for U.S. citizens. According to a statement from the US Office of Management and Budget, the money would be used to strengthen domestic public health systems, contain and mitigate the outbreak in West Africa, and speed up efforts to obtain vaccines. The request seeks 2.4 billion USD for domestic public health services. Another 2.1 billion USD is for the US State Department and its Agency for International Development, 112 million USD for the Pentagon and 1.5 billion USD to be put in a contingency fund.

#### *Human Rights*

7. Sierra Leone said Wednesday it was holding a journalist in a maximum security prison after a guest on his radio show criticised President Ernest Bai Koroma's handling of the Ebola outbreak. David Tam Baryoh, host of the weekly "Monologue" programme on the private radio station Citizen FM, was arrested on Tuesday and sent to Freetown's Pademba Road jail. Baryoh had interviewed an opposition party spokesman who criticised Koroma and his government's handling of the Ebola outbreak.

#### *Response Efforts and Health*

9. The International Federation of Red Cross and Red Crescent Societies (IFRC), the lead agency managing burials and cremations, estimates that of all EVD deaths, 87% (4,404 of 5,060 cumulative deaths) have been managed by a trained burial or cremation team. A limitation of this estimation is that a significant number of deaths and burials are not reported,

and that it does not yet include burials managed by other organizations. WHO estimates there is a need for 528 trained burial teams in the three affected countries. Currently 140 trained teams are on the ground.

#### [5 November 2014](#)

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

1. World Bank President Jim Yong Kim on Tuesday urged Asian countries to send trained health workers to the West African countries hit by Ebola Virus Disease (EVD), warning the focus on stricter border control was not the solution. He welcomed efforts by South Korea, China and Japan to send medical personnel or equipment to combat the outbreak. Asia must send more medical teams to the three affected countries, he said, adding that just 30 medical teams from around the world have gone to assist in the countries so far.

4. Residents in Wonkifong, Guinea, approximately 90 km from Conakry demonstrated yesterday against the establishment of a new EVD treatment unit in their locality; security forces intervened to restore calm. Negotiations are underway to resolve the situation.

##### *Response Efforts and Health*

7. Australia is contracting a private company to staff and operate an EVD treatment unit in Sierra Leone, Prime Minister Tony Abbot has said. He said Australia would commit 17m USD to a 100-bed treatment unit being built by the UK. But he ruled out sending government health workers - most workers would be hired locally with international staff likely to include some Australians.

10. As of last week, 110 UNICEF-supported social and mental health workers had provided psychosocial, family tracing, reunification and reintegration support to 817 children affected by EVD in Liberia's ten most affected counties. In addition, UNICEF is working with the Liberian government to train EVD survivors to care for these children and be engaged in community mobilization activities.

##### *Essential Services*

18. FAO, WFP, governments and other partners are currently carrying out a Crops and Food security Assessment Mission (CFSAM) based on rapid joint assessments in the field in Guinea, Liberia and Sierra Leone. The mission will provide an analysis of the agricultural production, prices, markets, trades and stocks situation. The first outcomes should be available before 18 November 2014.

#### [4 November 2014](#)

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

4. Dr. Peter Salama, Global Ebola Emergency Coordinator for UNICEF, told reporters at UN Headquarters that the agency will be doubling its staff from 300 to 600 in the three most-affected countries - Guinea, Liberia and Sierra Leone - where children account for one-fifth of all Ebola cases. Dr. Salama also said an estimated 5 million children are affected and some 4,000 children have become orphaned from the current epidemic. UNICEF is reaching out to EVD survivors who are often willing to work on the frontlines of the disease response at the community level in local care centers with community health workers.

##### *Human Rights*

6. In Dandayah, in the Forécariah prefecture of Guinea, a group of contact tracers was chased away by residents under threat of death, despite appeals for calm by several officials including the mayor.

##### *Resource Mobilisation*

1. The African Union (AU) is seeking funding from some of the continent's richest people, including several billionaires, to pay the costs for volunteer doctors and nurses fighting EVD in West Africa, it said yesterday. The bloc is seeking to raise \$35 million in the first round and eventually as much as \$100m for the Business-to-Rescue Fund. A separate campaign to ask for contributions from citizens will follow.

#### *Essential Services*

11. The peak season for Lassa fever in West Africa is about to begin. The virus has been largely forgotten in the EVD crisis, and health workers are warning that they may not have the resources to deal with the disease if cases increase. The symptoms of Lassa are largely identical to EVD, posing an extra problem. All of the countries worst hit by EVD are home to Lassa fever.

### 3 November 2014

#### *Human Rights*

6. According to a survey by UNICEF, 96 percent of Ebola survivors in Sierra Leone have experienced some sort of discrimination. More than three-quarters of respondents told UNICEF they would not welcome back an Ebola survivor into their community.

#### *Essential Services*

20. Women are no longer giving birth in health facilities due to EVD. Contraception distributions have also dropped by 70 per cent leading to fears of a high rate of new teenage pregnancies and a doubling of severe acute malnutrition of children under five with mothers struggling to earn money for food. Indeed, new data on severe acute malnutrition admissions in Liberia for the month of September 2014 revealed that a total of 325 severely malnourished children under the age of five were admitted to UNICEF-supported integrated management of acute malnutrition treatment sites.

21. MSF has begun distributing antimalarial medicines in Monrovia, Liberia, a crucial medical intervention in a city where the basic health care system has collapsed in recent months. Malaria is endemic in Liberia but due to the incredible demand of the EVD outbreak on the medical system, basic health care such as malaria treatment is now very difficult to find in Monrovia. MSF's program will prevent new malaria cases and minimize the number of people with malaria at EVD treatment units. US philanthropist Bill Gates on Sunday announced he will donate over USD 500 million to fight malaria.

### 2 November 2014 | Weekly Situational Analysis

6. EVD survivors and health workers in the affected countries regularly report being shunned by their communities. While some EVD survivors have been branded as witches for surviving the disease, members of burial teams have faced calls for eviction from their homes. The latter is all the more worrying as a study by the Yale School of Public Health this week found that the greatest impact in terms of the EVD response would come from ensuring safe burials: if transmission via burial practices were eliminated, it is assessed that the secondary infection rate would drop below one per EVD case.

#### UNMEER site: Press Releases

:: WFP Continues Scaling Up Ebola Response With Partners: "Together We Must Do More" (6 November 2014)

**UNICEF** [to 8 November 2014]

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

:: [Massive UNICEF shipments of supplies to fight Ebola reach 3,000MT mark](#)

GENEVA/COPENHAGEN/NEW YORK, 7 November 2014 – UNICEF has sent almost 3,000 metric tonnes of life-saving supplies including protective equipment and essential medicine in the past three months to fight the spread of Ebola in Guinea, Liberia and Sierra Leone. The children's agency is among the largest source of supplies in the Ebola response.

[Obama seeks \\$6.2 billion for Ebola fight](#)

Associated Press November 5

[US officials unveil plan to test Ebola drugs](#)

Associated Press November 5

[Thousands break Ebola quarantine to find food](#) [Sierra Leone]

Associated Press | 4 November 2014

By SARAH DiLORENZO

DAKAR, Senegal (AP) — Thousands of people in Sierra Leone are being forced to violate Ebola quarantines to find food because deliveries are not reaching them, aid agencies said. Large swaths of the West African country have been sealed off to prevent the spread of Ebola, and within those areas many people have been ordered to stay in their homes.

The government, with help from the U.N.'s World Food Program, is tasked with delivering food and other services to those people. But there are many "nooks and crannies" in the country that are being missed, Jeanne Kamara, Christian Aid's Sierra Leone representative, said Tuesday...

...While public health authorities have said heavy restrictions may be necessary to bring under control an Ebola outbreak unlike any other, the Disasters Emergency Committee, an umbrella organization for aid organizations, [warned](#) on Monday that they were cutting off food to thousands of people.

"The quarantine of Kenema, the third largest town in Sierra Leone, is having a devastating impact on trade — travel is restricted so trucks carrying food cannot freely drive around," the committee said in a statement. "Food is becoming scarce, which has led to prices increasing beyond the reach of ordinary people."

Because services are not reaching them, people who are being monitored for signs of Ebola — and should be staying at home — are venturing out to markets to look for food, potentially contaminating many others, said Kamara of Christian Aid...

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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 8 November 2014]

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

4 November 2014

SG/SM/16312-HR/5224-L/T/4437

[On Thirtieth Anniversary of Convention against Torture, Secretary-General Urges 156 State Parties to Fulfil Treaty's Promise, Banish 'Heinous Practice'](#)

*Following is Secretary-General Ban Ki-moon's message on the thirtieth anniversary of the Convention against Torture, in Geneva today:*

Thirty years have passed since the United Nations Convention against Torture entered into force, enshrining in international law an unequivocal prohibition of this heinous practice under all circumstances.

The Convention has inspired new national laws, helped put in place important protection mechanisms and raised awareness about the needs and rights of victims. Yet torture continues across the world, with devastating impacts on people and societies alike.

Universal ratification and full implementation of the Convention must remain our imperatives. I fully support the Convention against Torture initiative to achieve universal ratification in the next 10 years. I would also like to highlight the crucial role of civil society in fulfilling the goals of the Convention.

I call on the 156 States parties to the Convention to do more to uphold the responsibilities assigned to them by this Treaty. Equally important, I call on States to meet their reporting obligations. Reporting to the Committee against Torture provides a unique opportunity for States to comprehensively and self-critically review and improve domestic laws and practices. I also encourage States to respond promptly to the recommendations provided by the Committee, take meaningful steps to eradicate torture and meet the needs of traumatized torture victims and their families.

People have a right to trustworthy institutions of justice; Governments have a duty to protect, not oppress, people. Torture has no place in the peaceful, equitable and sustainable future we are striving to build. Together, let us spare no effort to banish torture, bring torturers to justice and uphold human rights for all.

**UNICEF** [to 8 November 2014]

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

*Media Releases [selected]*

[Statement of release of kidnapped UNICEF staff member in Yemen](#)

NEW YORK/SANAA, 8 November 2014 – Colleagues at UNICEF are delighted that James Massaquoi, who was abducted in Yemen in October 2013, has today been released and is safe and well.

[One year after Typhoon Haiyan: building stronger, resilient communities](#)

MANILA, Philippines, 8 November 2014 – A year after Typhoon Haiyan left more than 6 million children in need of emergency assistance, UNICEF is helping build stronger more resilient communities that are better prepared for future disasters.

[Statement on the protection of children during the armed conflict in Eastern Ukraine](#)

GENEVA/KYIV, 7 November 2014 – The senseless killing of two children and injury of four others in the shelling of a school sports field in Donetsk, Ukraine, on Wednesday is a shocking reminder of the price being paid by children and families in the ongoing violence in Eastern Ukraine.



[Statement by Hanaa Singer, UNICEF Representative for Syria on attack on the Al Hayat Primary School in Eastern Damascus](#)

DAMASCUS, Syria, 7 November 2014 – The attack on the Al Hayat Primary School in the district of Qaboun in eastern Damascus on Wednesday killed 11 children and injured many more – yet another horrific reminder of the terrible price Syria's children are paying in a brutal conflict now well into its fourth year.

[Massive UNICEF shipments of supplies to fight Ebola reach 3,000MT mark](#)

GENEVA/COPENHAGEN/NEW YORK, 7 November 2014 – UNICEF has sent almost 3,000 metric tonnes of life-saving supplies including protective equipment and essential medicine in the past three months to fight the spread of Ebola in Guinea, Liberia and Sierra Leone. The children's agency is among the largest source of supplies in the Ebola response.

[UNICEF statement on deaths of children in Donetsk, Ukraine](#)

KYIV/GENEVA, 6 November 2014 - UNICEF is saddened to learn that at least two children were killed and four have been injured as a result of shelling of a school sports field in Donetsk city on 5 November 2014. We at UNICEF express our deepest sympathies to the families of the children who have lost their lives or been injured. UNICEF reminds all parties to the conflict that they have a responsibility to keep children out of harm's way.

**UNHCR** [to 8 November 2014]

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

[UNHCR welcomes new General Recommendation on refugee and stateless women](#)

5 November 2014

The UN refugee agency has welcomed a new set of international guidelines, adopted today by the UN Committee on the Elimination of All Forms of Discrimination against Women, calling for countries to adopt a more gender-sensitive approach to dealing with women refugees, asylum-seekers and stateless people in order to take account of the abuses they frequently suffer.

"We see many cases of women who flee their countries and seek asylum as a result of widespread gender-based violence. This General Recommendation should assist countries on how to deal with these cases in a gender-appropriate way," said UNHCR's Director of International Protection, Volker Türk.

Building on UNHCR's own guidelines and work on gender-related persecution, the General Recommendation explains that countries need to take account of gender equality and non-discrimination in their asylum processes. A failure to adopt a gender-sensitive approach can all too often result in inconsistent asylum decisions and deprive many women and girls of international protection.

Arranging for women-asylum seekers to be interviewed by female case officers is a crucial element in the new guidelines, alongside putting in place procedures that allow women to present their claims in their own right, in a safe environment, free from intimidation. "These guidelines reinforce that no woman or girl shall be returned to persecution or gender-based violence and that they have a right to seek asylum," Mr Türk emphasised.

Another key focus is women's right to nationality, including the right to acquire, change or retain their nationality and to confer their nationality on their children and spouses. Removing gender discrimination from nationality laws is one of the 10 Actions proposed in the Global Action Plan to End Statelessness: 2014-2024, which was launched by UNHCR yesterday as part

of a new campaign on the issue (<http://www.unhcr.org/stateless2014/>). There are still 27 countries, for example which do not allow women to pass on their nationality to their children, which can render children stateless, with devastating consequences for their childhood and into adulthood.

"The General Recommendation is an important tool to help us tackle this issue and avoid future generations joining the ranks of the world's stateless; there are currently 10 million stateless people in the world and we want to eradicate this anomaly, not see it further increase," said Türk....

[Education Above All Launches Multi-Sector Education Project in Kenyan Refugee Camp](#)

5 November 2014

[Secretary-General's message in support of UNHCR's Campaign to End Statelessness in Ten Years Geneva, Switzerland, 4 November 2014](#)

4 November 2014

[UNHCR announces push to end statelessness worldwide by end-2024](#)

4 November 2014

**UNOCHA** [to 8 November 2014]

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

07 Nov 2014

[Philippines: Statement by the Resident and Humanitarian Coordinator in the Philippines, on behalf of the humanitarian Country Team and the United Nations Country Team, on the first anniversary of Typhoon Haiyan \(Yolanda\)](#)

Source: UN Office for the Coordination of Humanitarian Affairs, UN Country Team in The Philippines, Humanitarian Country Team in the Philippines Country: Philippines (Manila, 6 November 2014) Marking the first anniversary of super Typhoon Haiyan (known locally as Yolanda) the Humanitarian Country Team and the United Nations Country Team and their partners in the Philippines take the opportunity to remember all those who lost their lives and to acknowledge the extraordinary resilience of...

07 Nov 2014

[Libya: OCHA Flash Update 3: A United Nations inter-agency assessment mission to Libya took place from 17-22 October to assess current programming priorities and the operational environment in Tripoli.](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Libya A United Nations inter-agency assessment mission to Libya took place from 17-22 October to assess current programming priorities and the operational environment in Tripoli. It is now estimated that two million people may have been affected by the conflict, which has generated shortages in food, fuel, water, medical supplies and electricity, as well as reduced access to health care and public services.

04 Nov 2014

[Afghanistan: New Common Humanitarian Fund to respond to urgent health and nutrition needs in Afghanistan](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Afghanistan Kabul, 10 July 2014: Around one million people in Afghanistan are expected to benefit from emergency health and nutrition projects, thanks to the first grant allocations from the newly-established Common Humanitarian Fund. The Common Humanitarian Fund was created in 2014. Its purpose is to enable a rapid and coordinated response to emergencies and to improve the targeting of relief efforts to the most urgent...

04 Nov 2014

[Iraq: US\\$173 million needed for winter \[EN/AR/KU\]](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Iraq (Erbil, 4 November 2014): The United Nations is calling for US\$173.1 million to address the immediate needs of 1.26 million people across Iraq in need of assistance over winter. "More resources are urgently needed," Jacqueline Badcock, the UN Humanitarian Coordinator in Iraq, said. "Winter is here and in many parts of the country displaced populations are already being hit with heavy rains, winds, storms and low...

03 Nov 2014

[Syrian Arab Republic: Syria: Emergency Response Fund Monthly Update – September 2014](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Iraq, Jordan, Lebanon, Syrian Arab Republic OVERVIEW \$79.2 million Contributions since 2012 (including pipeline funds) USD 1.9 million \$75 million Allocated (including pipeline) to life-saving projects and emerging needs since 2012 \$4.3 million Current balance \$5.5 million Applications under review 13 million Affected people targeted

03 Nov 2014

[Sudan: Additional US \\$1.6 million brings Government of Norway's funding of Common Humanitarian Fund in Sudan to \\$8.4 million this year \[EN/AR\]](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Norway, Sudan To help address Sudan's growing humanitarian needs, the Government of Norway has contributed an additional US \$1.6 million to the Sudan Common Humanitarian Fund (CHF), following an US \$8.4 million contribution earlier this year. "The CHF provides timely assistance and fills critical gaps in our response to humanitarian needs in vulnerable parts of Sudan" said Morten Aasland, Norway's Ambassador to Sudan. "...

01 Nov 2014

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

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

**UNISDR** UN Office for Disaster Risk Reduction [to 8 November 2014]

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

*No new digest content identified.*

## **WHO & Regionals**

:: WHO - Global Alert and Response (GAR) - Disease outbreak news

Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia 7 November 2014

:: PPP launched to improve prevention of women's cancers and quality of cancer registries in Latin America and the Caribbean

04 NOVEMBER 2014,

- PAHO (Pan American Health Organization) Foundation and International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) combine efforts to improve breast and cervical cancer prevention and control.

- The partnership aims to improve understanding and practices among primary health care providers and patients for breast cancer screening and early detection as well as increase capacity of cancer registries in the region.

- Three-year joint project is receiving \$600,000 funding from IFPMA as well as in-kind contributions such as communications and infrastructure supplies.

New York, 4 November 2014 – The PAHO (Pan American Health Organization) Foundation and the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) announced today a partnership to jointly build regional capacity to fight woman's cancers in Latin America and the Caribbean. The three-year collaboration will allow the first phase of a \$5M initiative to focus on women's cancers in selected countries in Latin America and the Caribbean. ...

## **UNAIDS** [to 8 November 2014]

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

*Press statement*

Namibia's Supreme Court upholds the dignity of women living with HIV

GENEVA, 6 November 2014—UNAIDS welcomes Namibia's Supreme Court decision to uphold the Namibian High Court finding that three women living with HIV were subjected to coercive sterilization in public hospitals without their informed consent.

"This is a great victory for all women in Namibia and the world. This decision reinforces the right to sexual and reproductive health for all women, irrespective of their HIV status," said UNAIDS Executive Director Michel Sidibé.

The Supreme Court's dismissal of the appeal follows the 30 July 2012 ruling of the High Court of Namibia—in the first formal court case of its kind in Africa—that medical practitioners have a "legal duty to obtain informed consent from a patient" and that the health service provider could not forcibly obtain consent during labour.

UNAIDS worked closely with civil society and other key partners in the AIDS response in Namibia to ensure that the voices of the women affected were heard. UNAIDS calls on countries to investigate and address all reported cases of forced sterilization as well as other legal and social practices violating the basic rights of all people in health-care systems...

## **UNDP** United Nations Development Programme [to 8 November 2014]

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

07 Nov 2014

Reaching out to people living with disabilities in Sierra Leone

Through its Ebola Response programming, UNDP ensures that vulnerable groups such as people living with disabilities in Sierra Leone receive tailor-made information and tools to help prevent the spread of the Ebola virus disease.

07 Nov 2014

[Samoa starts cross-sectoral response to climate change adaptation](#)

Samoa is set to adopt a whole-of-government approach to climate change adaptation through a US\$12.3 million initiative, in partnership with the United Nations Development Programme (UNDP).

06 Nov 2014

[Haiyan one year on: With UNDP help, slowly getting back to normal](#)

One year ago, when Typhoon Haiyan struck Barangay 88, it left 80 percent of the homes completely destroyed, and the streets littered with bodies. The storm also caused massive destruction to public and commercial infrastructure, leaving most of the 2,500 families who live in the barangay without livelihood.

05 Nov 2014

[Magdy Martínez-Solimán: Remarks at the Business for Social Responsibility Conference 2014 - Transparency and Transformation](#)

New York, New York.

05 Nov 2014

[Ebola crisis draining development budgets in West Africa, study finds](#)

The Ebola outbreak in West Africa is impairing the ability of governments to raise revenues, increasing their exposure to domestic and foreign debts and may make them more dependent on aid, according to the latest study on the socio-economic impact of the crisis carried out by the UN development agency.

04 Nov 2014

[UNDP garners prestigious ICT awards for a third year in a row](#)

International Data Group's Chief Security Officer (CSO) magazine recently announced the United Nations Development Programme (UNDP) as a winner of the prestigious CSO50 Award for 2015, given to the top 50 information security organizations worldwide.

04 Nov 2014

[Helen Clark: The Future We Want– Can We Make it a Reality? at the Dag Hammarskjöld Foundation](#)

Uppsala, Sweden

03 Nov 2014

[Investing in people-centred innovation and technology essential to Africa's development](#)

Decision-makers and business leaders, economists and academics from across the globe met for the 9th Annual African Economic Conference to discuss how to harness knowledge and innovation to boost youth employment, foster the adoption of new technologies, and enhance Africa's economic transformation.

03 Nov 2014

[Helen Clark: Speech at the High Level Round Table on Achieving Structural Transformation of LLDC Economies, Second UN Conference on Landlocked Developed Countries](#)

Vienna, Austria

03 Nov 2014

[World Must Act to Halt Isolation of Poor Landlocked Countries, says UN](#)

Urgent reforms on trade, finance and transport systems are needed to connect Landlocked Developing Countries (LLDCs) with the global economy and improve the lives of their citizens, United Nations development head Helen Clark said today at a global gathering of Heads of States, multilateral organizations and businesses

**UN Division for Sustainable Development** [to 8 November 2014]

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

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

**UN Women** [to 8 November 2014]

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

["This is a wake-up call," UN Women Executive Director tells European Beijing+20 Regional Review Meeting](#)

Date : November 7, 2014

Geneva — Government representatives of UN Economic Commission for Europe (UNECE) Member States, experts, academics, and members of international, civil society and private sector organizations gathered in Geneva from 6-7 November to review progress towards the the Beijing Declaration and Platform for Action, the most comprehensive plan for advancing women's rights, in the lead-up to its 20th anniversary. The goals laid out in the Beijing Declaration have also served as a catalyst to the global Beijing+20 advocacy campaign.

[Civil society organizations from Europe and Central Asia call for action and accountability at Beijing+20 review](#)

Date : November 7, 2014

Geneva - A diverse group of 700 participants from 56 countries of the United Nations Economic Commission for Europe (UNECE) region gathered from 3-5 November to review progress made in the region on the Beijing Declaration and Platform for Action nearly 20 years after its adoption. The Beijing Declaration, signed by 189 countries, is widely known as the blueprint for women's empowerment, and focuses on 12 critical areas of concern, from women and the environment to ending violence against women.

[UN Women Executive Director to make first official trip to India](#)

Date : November 7, 2014

Starting on 8 November, UN Women Executive Director Phumzile Mlambo-Ngcuka will travel to India on her first visit to the sub-continent as the head of UN Women. She is the first high-level UN official to visit India since the formation of a new government led by Narendra Modi in May this year.

[Pressure is mounting for gender equality — Phumzile Mlambo-Ngcuka](#)

Date : November 6, 2014

Introductory Statement by UN Women Executive Director Phumzile Mlambo-Ngucka at the Economic Commission for Europe's Beijing+20 Regional Review Meeting, on 6 November 2014 in Geneva.

#### [UN Women and African civil society applaud progress and recommit to equality](#)

Date : November 6, 2014

Civil society is known as one of the tenets in maintaining democracy, holding governments accountable for citizens' rights in support of both national and international laws and legislative frameworks. Ethiopia's strong civil society convened from 21-22 October to recommit to gender equality and to review progress made within the country on achieving advancement for women in line with the Beijing Declaration and Platform for Action. The forum, organized by UN Women and United Nations Economic Commission for Africa (UNECA), as well as The African Women's Development and Communication Network (FEMNET) and IPAS, focused on a range of important issues, such as women's participation in the economy and as legislators.

#### [Gender gap figures must give us a sharper hunger for change — Phumzile Mlambo-Ngucka](#)

Date : November 6, 2014

Speech by UN Women Executive Director Phumzile Mlambo-Ngucka at the "Spring Forward for Women" Conference in Brussels, 5 November 2014.

#### [Expanding dialogue on gender equality, UN Women at the MenEngage Symposium in India](#)

Date : November 6, 2014

As part of UN Women's Beijing+20 campaign marking the 20-year commemoration of the Fourth World Conference on Women, a series of thematic events are taking place focused on accelerating effective implementation of the Beijing Platform for Action. These events are bringing together policymakers, gender experts and political leaders to look at the achievements in gender equality as well as the challenges that exist, and the road ahead. One of the key Beijing+20 global events in 2014 is the 2nd Global Symposium "Men and Boys for Gender Justice", from 10-13 November in New Delhi, India.

#### [UN Women launches Ethiopia Civil Society Advisory Group](#)

Date : November 6, 2014

On 30 October, UN Women's Ethiopia office officially launched its Civil Society Advisory Group (CSAG), which will use its expertise to advise UN Women on its work in the country. Two new regional Civil Society Advisory Groups were recently set up in Africa, for Eastern and Southern Africa as well as for Western and Central Africa, respectively. To date, UN Women has established one global, five regional, three multi-country and 30 national Civil Society Advisory Groups around the world.

#### [Arab and European parliamentarians to meet at 'Spring Forward for Women' Conference](#)

Date : November 5, 2014

Brussels — The European Commission, the European Parliament and UN Women this morning kicked off the two-day Spring Forward for Women conference at the European Parliament in Brussels. The Conference brings together women lawmakers from the Arab States and Members of the European Parliament. Participants will share their experiences in advancing gender equality and women's empowerment in both the European Union and the Arab States.



[UN Women and Publish What You Pay launch gender guide for natural resource management](#)

Date : November 4, 2014

Today, UN Women and Publish What You Pay (PWYP), a global coalition campaigning for an open extractive sector, launched the toolkit "Extracting Equality – A Guide", which examines how to approach the issue of gender within the extractive sector. Written by PWYP and UN Women, along with experts working on gender and the extractives worldwide, the guide is the first-ever extractive value chain to combine gender with good governance.

**UNFPA** United Nations Population Fund [to 8 November 2014]

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

06 November 2014 - Dispatch

[UNFPA partners with the Guardian in the fight against FGM](#)

NAIROBI, Kenya – A new campaign highlighting the critical role of media in helping to end female genital mutilation (FGM) was launched in Kenya, Nairobi, last week. The campaign will engage global media outlets, particularly in Africa, on how to improve their coverage of the consequences of this practice on women and girls, their families and their communities. It will also encourage reporting on the communities' efforts to abandon FGM and protect women's and girls' rights. The aim is to help end this practice within a generation.

05 November 2014 - Dispatch

[West Darfur woman defies opposition to antenatal care, safely delivers triplets](#)

MORNEI, Sudan – Raising awareness of the importance of maternal health care is the first step toward improving maternal survival. This is what 26-year-old Khadija Abdulla did when she safely gave birth to triplets in the conflict-affected state of West Darfur.

04 November 2014 - Dispatch

[UNFPA supports pregnant women affected by floods in Pakistan](#)

PUNJAB PROVINCE, Pakistan – When torrential rains flooded Asma Bibi's village last month, the pregnant 18 year old was able to reach a rural health centre in the neighbouring Jhang District, where she received basic care and health supplies. But not all expectant mothers were able to make it to higher ground.

03 November 2014 - Dispatch

[Fistula campaign in South Sudan seeks lasting solutions](#)

WAU, South Sudan – In South Sudan, an estimated 60,000 women and girls are living with obstetric fistula, a devastating injury caused by prolonged obstructed labour without treatment. The condition can leave women incontinent, stigmatized and in deepening poverty. In July, a UNFPA-supported programme brought an international group of surgeons to Wau to bring relief to women suffering fistula, and sought to address the need for long-term solutions.

03 November 2014 - Press Release

[New Report Shows More Women and Girls Have Access to Contraceptives in the World's Poorest Countries](#)

LONDON—Today, Family Planning 2020 (FP2020) released its second progress report detailing achievements since the landmark 2012 London Summit on Family Planning.

**DESA** United Nations Department of Economic and Social Affairs [to 8 November 2014]  
<http://www.un.org/en/development/desa/news.html>  
*No new digest content identified.*

**ILO International Labour Organization** [to 8 November 2014]  
<http://www.ilo.org/global/lang--en/index.htm>  
After Haiyan  
[The Philippines builds back better, greener, stronger](#)  
07 November 2014

**FAO** Food & Agriculture Organization [to 8 November 2014]  
<http://www.fao.org/news/archive/news-by-date/2014/en/>  
[Typhoon Haiyan - One year later](#)  
One year after Typhoon Haiyan devastated coastal and farmland areas in the central Philippines, farmers and fishers are well on the road to recovery and building more resilient livelihoods.  
7-11-2014

[FAO food price index shows signs of stabilization](#)  
Global staple food prices were broadly stable in October, as sugar and vegetable oil prices rose to offset declines in dairy and meat prices. The Food Price Index dipped to 192.3, technically its seventh consecutive monthly decline although only a marginal 0.2% drop from the revised September figure  
6-11-2014

[Strengthening links between industry and agriculture to build sustainable food systems](#)  
Industrialization can be an important tool for poverty and hunger reduction but should not come at the expense of agricultural development, FAO Director-General José Graziano da Silva said today. "Industrial development and agriculture should complement each other," he told participants at the Second Inclusive and Sustainable Industrial Development Forum (ISID Forum II) in Vienna (3-4 November).  
4-11-2014

**UNESCO** [to 8 November 2014]  
<http://en.unesco.org/>  
[Japan's civil society and private partners take forward UNESCO's values](#)  
08 November 2014

[Lead the change and the world will follow - Director-General's message to young people](#)  
07 November 2014

[1000 Years of Arabic Optics to be a Focus of the International Year of Light in 2015](#)  
06 November 2014

**UNCTAD** [to 8 November 2014]

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

[UNCTAD and Slow Food hold workshop on promoting traditional food products from least developing countries](#)

07 Nov - Participants consider how laws on geographical indications and branding initiatives can assist rural communities in LDCs to promote their products and enter value chains, while preserving territorial integrity and biodiversity.

[Twelfth UNCTAD-OECD Report on G20 Investment Measures released](#)

06 Nov - The Report finds that most policy measures taken in the review period eased conditions for international investment.

[New UNCTAD-International Labour Organization partnership in Rwanda leads to sustained technical assistance](#)

04 Nov - UNCTAD accesses Rwanda's One UN Fund for the seventh consecutive year thanks to its role within the UN Inter-Agency Cluster on Trade and Productive Capacity.

[Biofuels remain an important and growing sector for developing countries, new UNCTAD report says](#)

04 Nov - The report entitled: "The State of the Biofuels Market: Regulatory, Trade and Development Perspectives" offers a comprehensive snapshot of today's biofuels market and how it contributes to enhancing access to renewable energy sources sustainably and improving the livelihoods of people in developing countries.

[Ethiopia strengthens its information and communication technology policies with UNCTAD support](#)

03 Nov - UNCTAD is assisting Ethiopia in the production of information economy statistics and a review of its e-commerce laws.

**ITU** International Telecommunications Union [to 8 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)

[International community commits to Global ICT Agenda for 2020](#)

*Connect 2020 Agenda sets out vision, goals and specific targets for future development of ICT sector*

Busan, 6 November 2014 – A global agenda to shape the future of the ICT sector has been unanimously adopted at the ITU [2014 Plenipotentiary Conference](#) (PP-14). Resolution WG-PL/9 'Connect 2020 Agenda for Global Telecommunication/ICT Development' sets out the shared vision, goals and targets that Member States have committed to achieve by 2020 in collaboration with all stakeholders across the ICT ecosystem. ITU will contribute to Connect 2020 Agenda through its 2016-2019 Strategic Plan, which has also been adopted at PP-14. Through the [Connect 2020 Agenda](#) ITU Member States committed to work towards "an information society, empowered by the interconnected world, where telecommunication/ICT enables and accelerates socially, economically and environmentally sustainable growth and development for everyone."

The four pillars of the agenda – growth, inclusiveness, sustainability, and innovation and partnership – represent an invitation to all stakeholders, including the private sector, civil society and academia, to work together towards achieving agreed, quantifiable and specific

targets. Building on the UN's previous commitments to sustainable development as defined in the Millennium Development Goals (MDGs), the World Summit on the Information Society (WSIS), the work of the UN Broadband Commission for Digital Development, and the on-going discussions on the Post-2015 Development Agenda, the Connect 2020 goals aim to ensure that telecommunications and ICTs act as key enablers of the economic, social and environmental dimensions of sustainable development...

#### ITU and Internet Society collaborate to combat spam

*Spam accounts for 80 per cent of global e-mail traffic*

Busan, 06 November 2014 – ITU and the Internet Society today signed a letter of agreement to collaborate on combating the global problem of spam. Spam now accounts for a significant amount of all global e-mail traffic and presents particular difficulties in areas where bandwidth is insufficient to handle the congestion that spam creates.

...Under the new agreement, the Internet Society and the ITU Telecommunication Development Sector (ITU-D) will identify the best ways to build long-term capacity for addressing spam in developing countries. This collaborative partnership will explore and identify potential joint cooperative activities to address the growing need for information on how to address the issue of spam...

#### ITU, GSMA and Internet Society unite in fight against Ebola

Busan, 3 November 2014 – At the ITU Plenipotentiary Conference in Busan the International Telecommunication Union (ITU), the GSMA and the Internet Society (ISOC), announced that they are joining forces in the fight against Ebola. The three organizations will bring together the global telecommunications and Internet communities, leveraging their extensive reach, capacity and respective memberships to increase the effectiveness of information and communications technologies (ICT), especially mobile communication and the Internet, for better preparedness, early warning and response.

ITU Secretary-General Dr Hamadoun I. Touré convened a special session with ITU membership during the Plenipotentiary Conference currently underway in Busan, Republic of Korea, to identify recommendations for a more effective use of ICTs in the fight against Ebola.

Dr Touré stated: "The ICT Sector is critical in dealing with the Ebola threat. ICTs are already being used by ITU and its partners to support awareness raising and emergency communications, and our immediate challenge is to ensure regulatory barriers are removed to facilitate deployment and use of telecommunications applications for the purpose of saving lives. We will focus on innovative measures to increase the effective use of communications systems and applications. Human life has to be preserved and protected." ...

#### **WIPO** World Intellectual Property Organization [to 8 November 2014]

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

*No new digest content identified.*

#### **CBD** Convention on Biological Diversity [to 8 November 2014]

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

*No new digest content identified.*

**USAID** [to 8 November 2014]

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

[USAID Launches Long-term Commitment to Afghan Women and Girls](#)

November 8, 2014

USAID's Largest Gender Program Will Build upon Afghan Progress from the Past Decade  
U.S. Agency for International Development (USAID) Administrator Rajiv Shah today launched a five-year program in Afghanistan focusing on the education, promotion, and training of 75,000 Afghan women between 18 and 30 years of age. The Promote program will support women's efforts to enhance their contribution to Afghanistan's development by strengthening women's rights groups, boosting female participation in the economy, increasing the number of women in decision-making positions within the Afghan government, and helping women gain business and managerial skills. USAID is committing \$216 million to Promote and is seeking up to \$200 million in additional financial commitments from other donors. Promote is the largest women's empowerment program supported by USAID anywhere in the world.

[Acting Director of USAID's Global Development Lab Lona Stoll to Participate in Techcon 2014: USAID's Higher Education Solutions Network Conference in California](#)

November 7, 2014

Acting Director of USAID'S Global Development Lab Lona Stoll will travel to California to join over 350 student innovators, faculty researchers, development experts, investors, and thought leaders who will meet this weekend in the Bay Area for the Higher Education Solutions Network's TechCon 2014.

[Administrator Shah to Deliver Remarks on U.S. Response to Ebola in West Africa](#)

November 7, 2014

On Wednesday, November 12, U.S. Agency for International Development (USAID) Administrator Rajiv Shah will participate in a discussion on the U.S. response to the Ebola crisis in West Africa at an event hosted by the Brookings Institution. Brookings President Strobe Talbott and Administrator Shah will discuss Shah's assessment of the U.S. response after a recent trip to West Africa, as well as "Fighting Ebola: A Grand Challenge for Development," USAID's effort to generate new ideas to fight Ebola.

[U.S. Government Announces Child Stunting Rates Drop in Ethiopia, Maize Yields Increase in Zambia](#)

November 6, 2014

Bipartisan legislation to support Feed the Future pending in House and Senate  
The U.S. Agency for International Development (USAID) announced new data today demonstrating the impact of the U.S. Government's innovative global hunger efforts, including the Feed the Future initiative led by USAID in partnership with 10 other federal agencies. Just weeks after the UN Food and Agriculture Organization (FAO) announced the number of chronically undernourished people in the world has fallen by more than 100 million over the last decade, new data in Zambia and Ethiopia underscore the impact of U.S. leadership in the fight against global hunger and undernutrition.

[USAID Administrator Shah Announces Water and Sanitation, Clean Energy and Financial Inclusion Commitments in India following Prime Minister Modi and President Obama's Recent Dialogue](#)

November 5, 2014

At the completion of a two-day trip to India on November 4-5, U.S. Agency for International Development (USAID) Administrator Rajiv Shah announced USAID support for three priority areas of partnership as identified in the recent summit between Prime Minister Modi and President Barak Obama in Washington: USAID will support the Government of India's efforts to strengthen water and sanitation, expand access to clean energy, and increase access to banking services for Indians. The announcements totaled up to \$71 million in initial support for the initiatives. The Administrator announced the efforts after meeting with officials from the Government of India.

#### [USAID Announces Four Grants to Pilot Innovative Technologies for Atrocity Prevention](#)

November 4, 2014

Today, USAID announced four new grants to winners of the joint USAID-Humanity United Tech Challenge for Atrocity Prevention. The grants of up to \$50,000 will help recipients partner with an operational NGO or an established human rights group to further develop and pilot their innovations to document atrocities and facilitate communication for those at risk.

#### [Power Africa Coordinator Andrew M. Herscowitz Presents on Business Opportunities in Sub-Saharan Africa at Conference in Atlanta](#)

November 4, 2014

Power Africa Coordinator Herscowitz will participate in a plenary session on Power Africa and Infrastructure Opportunities at the Discover Global Markets Business Forum Series on Sub-Saharan Africa hosted by the U.S. Commercial Service of the U.S. Department of Commerce's International Trade Administration and the Georgia District Export Council.

#### [USAID Senior Coordinator for Gender Equality and Women's Empowerment Susan Markham Travels to the West Bank](#)

November 3, 2014

On November 3-6, U.S. Agency for International Development (USAID) Senior Coordinator for Gender Equality & Women's Empowerment Susan Markham will travel to the West Bank and Israel. Her visit will focus on USAID's development assistance to the Palestinians, specifically programs supporting gender integration and women's empowerment, in the economic, democracy and governance, health and education sectors.

#### [USAID & World Bank Make Youth Critical Focus of Violence Prevention Conference](#)

November 3, 2014

Launch of Inter-American Municipal Forum will create network of cities across Americas  
WASHINGTON, D.C. – To combat youth violence, gangs, and some of the highest murder rates in the world, the U.S. Agency for International Development (USAID), the World Bank, and the Government of Guatemala will bring together public, private, and civil society leaders from across the Americas to examine crime and violence prevention approaches.

**DFID** [to 8 November 2014]

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

*Selected Releases*

[British weather experts to help the Philippines prepare for disasters like Typhoon Haiyan](#)

Published 7 November 2014 Press release DFID

[Preventing sexual violence in conflict](#)

Published 5 November 2014

Policy CO, DFID and FCO

[First British Ebola treatment facility opens in Sierra Leone](#)

Published 5 November 2014 Press release DFID, MOD and Number 10

[Factsheet: The UK's humanitarian aid response to the Syria crisis](#)

Updated 4 November 2014 Statistics DFID

**ECHO** [to 8 November 2014]

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

[Ebola response: EU scales up aid with planes, material aid and research support](#)

Thu, 06/11/2014 - 12:00

European Commission - Press release Brussels, 06 November 2014 The European Union and its Member States have now pledged more than €1 billion in response to the Ebola crisis in West Africa. This means the Union has already gone beyond the target set by the European Council on 24 October...

**OECD** [to 8 November 2014]

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

5-November-2014

[Redesigning how health services are delivered in Japan would better meet the needs of a super-ageing population, says OECD](#)

Elderly individuals with complex, chronic diseases need continuous and tailored care to maintain their health and maximise their ability to participate in society. Japan must change the way it delivers health services for older citizens by strengthening its specialist primary care and making mental health care services more widely available, according to a new OECD report.

**African Union** [to 8 November 2014]

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

[COMMUNIQUE OF AFRICA BUSINESS INITIATIVE RESPONSE TO EBOLA](#)

AU Conference Centre, Addis Ababa, Ethiopia 8 November 2014

8 November 2014

At an historic meeting today, the African Union together with African Development Bank, the United Nations Economic Commission for Africa and leading businesses in Africa committed to join forces to create and support a funding mechanism to deal with the Ebola outbreak and its consequences.

To date, the Ebola virus disease has devastated communities, infecting more than 13,700 people and killing over 4,900. While the global response to the current crisis has increased in recent weeks, there is still a critical need for additional competencies to care for those infected, strengthen local health systems and prevent the disease spreading.

African business leaders at the Roundtable comprised CEOs from different sectors, including banking, telecommunications, mining, energy, services and manufacturing, among others. They agreed to establish a fund under the auspices of the African Union Foundation through a facility



managed by the African Development Bank, to boost efforts to equip, train and deploy African health workers to fight the epidemic.

At the meeting, participants saluted Governments, International Organizations, Institutions, NGOs and businesses that have been at the frontlines of the Ebola response, and agreed to urgently scale up the deployment of health workers in the three most affected countries: Liberia, Sierra Leone and Guinea. They also noted with appreciation that a number of African countries to date have pledged over 2,000 trained health workers to support the efforts in West Africa, with additional commitments expected.

Responding to appeals from these countries, leading companies in Africa, present at the Roundtable, committed logistical support, in kind contributions and over \$28 million as part of the first wave of pledges. In addition, a number of businesses represented in the meeting undertook to immediately consult with their governance structures and will announce their pledges to this effort in the next few days. Roundtable participants further called on the private sector across Africa to join them in this effort. Businesses also agreed to leverage their resources and capacity to help galvanize citizen action around a 'United Against Ebola' campaign, and to provide individuals across Africa and globally with an opportunity to contribute.

These funds will be used to support an African medical corps – including doctors, nurses and lab technicians – to care for those infected with Ebola, strengthen the capacity of local health services and staff Ebola treatment centres in Liberia, Sierra Leone and Guinea. These resources will be deployed in the framework of the African Union Support to Ebola Outbreak in West Africa (ASEOWA), in close coordination with the national taskforces in the Ebola-affected countries and the United Nations Mission for Ebola Emergency Response (UNMEER). The resources mobilized will be part of a longer term program to build Africa's capacity to deal with such outbreaks in the future.

Moreover, participants decided that the Africa Business Roundtable would become an annual meeting of the African Union to help solidify collaboration with the private sector in Africa on key development issues facing the region.

Business leaders agreed on a follow up mechanism to implement the commitments made at today's meeting, reach out to other business entities, monitor the roadmap and agreed to act with urgency.

## **ASEAN**

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

*No new digest content identified.*

## **World Trade Organisation** [to 8 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 report says restrictive trade measures continue to rise in G-20 economies](#)

Restrictive trade measures introduced by G-20 economies since 2008 continue to rise, according to the latest WTO report on recent trade developments issued on 6 November 2014. Given the continuing uncertainties in the global economy, the report stresses the need for countries to show restraint in imposing new measures and to eliminate more of the existing measures.

[Exports of poorest countries rebounded in 2013 but their trade share remains marginal](#)

The exports of goods and commercial services from least developed countries (LDCs) increased by 5.2% last year but the total share of LDCs in world trade remains marginal, the LDC sub-committee heard on 6 November 2014.

**IMF** [to 8 November 2014]

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

*No new digest content identified.*

**World Bank** [to 8 November 2014]

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

[Data and Measurement Essential to Reaching the World Bank's Twin Goals](#)

This October the World Bank's research department released a Policy Research Report entitled "A Measured Approach to Ending Poverty and Boosting Shared Prosperity: Concepts, Data, and the Twin Goals ." Prepared by a team led by Peter Lanjouw and Dean Jolliffe, economists in the research department, the report makes the case that campaigning around the World Bank Group's twin goals of ending poverty and boosting shared prosperity requires an understanding of the theory and accompanying measurement challenges of the goals. The World Bank hosted two events at its headquarters to highlight the report's findings and facilitate a dialogue around the World Bank's twin goals: first a Policy Research Talk in which Peter Lanjouw discussed the report in depth...

Meetings. Date: November 6, 2014

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

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

**Amref Health Africa** [to 8 November 2014]

[ASTRAZENECA LAUNCHES HEALTHY HEART AFRICA PROGRAMME TO ADDRESS HYPERTENSION IN AFRICA](#)

Published: 07 November 2014 Marie Kinyanjui

AstraZeneca has today launched a programme aimed at tackling the burden of hypertension in Africa. Healthy Heart Africa is designed in consultation and collaboration with non-governmental and community based organisations, international organisations, health experts...

**Aravind Eye Care System** [to 8 November 2014]

*No new digest content identified.*

**BRAC** [to 8 November 2014]  
*No new digest content identified.*

**CARE International** [to 8 November 2014]  
<http://www.care-international.org/news/press-releases.aspx>  
*No new digest content identified.*

**Danish Refugee Council** [to 8 November 2014]  
<http://drc.dk/news/archive/>  
[Event: Displacement and development in the Somalia context](#)  
06.11.14

How does the Somalia New Deal Compact address displacement? Danish Refugee Council and Solutions Alliance Somalia will host a joint side-event on November 18 to the Somalia New Deal Compact High Level Partnership Forum.

Together with UNHCR, the side-event will discuss the ways in which the New Deal Compact accounts for displacement and more broadly discuss displacement as a development challenge in the Somalia context...

**Casa Alianza** [to 8 November 2014]  
**Covenant House** [to 8 November 2014]  
*No new digest content identified.*

**ECPAT** [to 8 November 2014]  
[Announcement of the Global Study and its Taskforce to End Sexual Exploitation of Children in Travel and Tourism](#)

*NEW GLOBAL TASKFORCE LAUNCHED TO END CHILD SEX TOURISM*

*Time to re-think what works, as the problem continues to outpace the response*

4 NOVEMBER 2014, LONDON, UK: A new global Taskforce, launched in London today, aims to tackle the rapid acceleration of sexual exploitation of children in travel and tourism. Eight eminent leaders from the travel industry, the United Nations, Governments and NGOs, under the leadership of Dr. Maalla M'jid Former Special Rapporteur on the sale of children, child prostitution and child pornography, will re-think approaches to a crime that has, to date, outpaced every attempt to respond. The sexual exploitation of children in travel and tourism is now a phenomenon of global dimensions, and as Dr. Maalla M'jid states, a phenomenon that "seriously harms countless children around the world, often with irreparable consequences."...

...Offenders are increasingly adept at using the travel and tourism industries as a route to child exploitation and new developments have heightened the dangers for children: the rise of the Internet and greater access to international travel have expanded 'demand.' At the same time, social and economic disparities, poverty and lack of education – combined with weak child protection systems – have fuelled the 'supply' of children...

...The Taskforce will oversee the ECPAT International-initiated Global Study on the Sexual Exploitation of Children in Travel and Tourism, the first of its kind, funded by the Dutch Government.

"The global study, which will involve many actors at international, regional and national level – including children – aims to provide a global and updated picture of sexual exploitation of children in travel and tourism," says Dr. Najat Maalla M'jid. "It will analyse its emerging trends and its global dimensions, highlighting the progress made and the remaining challenges since the last World Congress on the Sexual Exploitation of Children in 2008, in Rio. The Global Study aims to provide a set of concrete recommendations to improve government, non-government and private-sector responses to protect all children, without discrimination, from this crime"...

...Milena Grillo, Executive Director of Fundación Paniamor in Costa Rica and the ECPAT Representative at the Taskforce concludes: "It is ECPAT's conviction that countries of origin and destination need to work together to put a halt on the growing crime of commercial sexual exploitation of children and adolescents linked to travel and tourism. The Global Study aims to present these countries and other interested parties at global and regional levels – mainly the tourism industry, international cooperation agencies and the NGO community – with state-of-the-art, reliable information to inform a multi-country and sustained commitment to ensure that this exploitation is not only punishable, but socially unacceptable. We owe this to the children of the world."...

**Fountain House** [to 8 November 2014]

<http://www.fountainhouse.org/blog/fountain-house-receive-15-million-hilton-humanitarian-prize>  
*No new digest content identified.*

**Handicap International** [to 8 November 2014]

*No new digest content identified.*

**Heifer International** [to 8 November 2014]

November 4, 2014

[Heifer International Releases New Kid's Book for Read to Feed Program](#)

LITTLE ROCK, Ark.

Heifer International is pleased to release our newest children's book, "Flora and the Runaway Rooster," written by author John Claude Bemis and illustrated by Robert Crawford

**HelpAge International** [to 8 November 2014]

[Older people key to success in rebuilding Haiyan-affected communities](#)

Older people have been key to helping 150,000 people recover from Typhoon Haiyan, says a new report released today by HelpAge International and the Coalition of Services of the Elderly.  
Posted: 08 November 2014

[Latin American Experts to Discuss Financial Needs of Aging Populations in a Joint Initiative between Center for Financial Inclusion at Accion, HelpAge International, and MetLife Foundation](#)

On November 11, 2014, over 40 leaders from across Latin America, including the banking, microfinance, academic, and aging advocacy sectors, will join together in Bogota, Colombia for a roundtable on the topic of Aging and Financial Inclusion.

Posted: 07 November 2014

**International Rescue Committee** [to 8 November 2014]

07 Nov 2014

**Ericsson and the International Rescue Committee join forces to transform humanitarian response**

*Ericsson and the IRC partner on frontline response to improve disaster and crisis response using mobile technology*

07 Nov 2014 - Ericsson (NASDAQ:ERIC) and the International Rescue Committee (IRC) today announced a multi-faceted partnership aimed at connecting and providing support for those impacted by health, natural disaster and conflict-driven humanitarian crises.

The partnership initially will focus on the use of mobile phones and applications designed to support Ebola infection-prevention efforts at primary healthcare facilities in Liberia and Sierra Leone. Specifically, the technology will enable IRC teams to more accurately and efficiently capture and monitor data related to the facilities' Ebola preparedness and response.

The partnership also will provide technology and services that enable displaced families to reconnect with one another. Longer term, the organizations will collaborate on employee volunteer engagement, common projects, advocacy and knowledge-sharing...

**ICRC - International Committee of the Red Cross** [to 8 November 2014]

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

**Peacekeeping operations: ICRC statement to the United Nations, 2014 Statement**

06 November 2014

*Comprehensive review of the whole question of peacekeeping operations, United Nations, General Assembly, 69th session, Fourth Committee, item 53 of the agenda, statement by the ICRC, New York, 31 October 2014.*

The mandates of peacekeeping missions have grown increasingly complex in recent years. Peacekeeping has moved beyond its traditional role of monitoring peace agreements to focus as well on the rule of law, security sector reforms, humanitarian assistance and the protection of civilians, to name but a few dimensions...

**Refugees, returnees and displaced persons: ICRC statement to the United Nations, 2014 Statement**

05 November 2014

*Report of the United Nations High Commissioner for Refugees, questions relating to refugees, returnees and displaced persons and humanitarian questions. United Nations, General Assembly, 69th session, Third Committee, Item 61 of the agenda, statement by the ICRC, New York, 7 November 2014.*

The number of internally displaced persons worldwide has reached an unprecedented level. If the international community is to curb this trend, it must address two distinct challenges. The first is better conflict prevention and resolution – tasks that are primarily incumbent upon States...

**Ebola: The world needs humanitarian workers in West Africa Statement**

04 November 2014

*The world needs humanitarian workers in West Africa. Stigmatizing them or restricting their movement will hinder the global response.*

**Statement by the International Red Cross and Red Crescent Movement**

An effective global response to the Ebola crisis in West Africa requires unhindered movement to and from the region for humanitarian workers. The International Red Cross and Red Crescent Movement is urging all governments to support and facilitate this, and ensure health workers returning from Ebola-affected countries are treated with respect and without discrimination. These workers are on the frontline of all our efforts to contain and combat the disease...

**IRCT** [to 8 November 2014]

News

**[After the fall: The hidden trauma behind the Berlin Wall](#)**

07 November 2014

Statements & declarations

**[Venezuela appears before the Committee against Torture](#)**

05 November 2014

News

**[IRCT congratulates PRAWA on 20th anniversary](#)**

05 November 2014

The IRCT wishes to congratulate Nigerian member centre PRAWA for its 20th anniversary. The IRCT would also like to take this opportunity to acknowledge PRAWA's outstanding work to promote human rights and justice in Africa and across the globe.

**MSF/Médecins Sans Frontières** [to 8 November 2014]

**[Access to Malaria Treatment Must Be Increased in Western South Sudan](#)**

November 06, 2014

A malaria epidemic in South Sudan has gone neglected due to the political crisis raging throughout the country, leading to insufficient distribution of antimalarial drugs in many peripheral health centers and an increase in the number of severe life-threatening cases of the disease.

**Mercy Corps** [to 8 November 2014]

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

**[Philippines: Mercy Corps expands mobile banking in the Philippines](#)**

November 5, 2014

Portland, Ore. – One year after Typhoon Haiyan devastated the Philippines, Mercy Corps is helping expand mobile banking solutions in remote, low-income communities hardest hit by the storm. Mercy Corps and BPI Globe BankO, the Philippines' first mobile phone-based savings bank, have distributed a total of US \$2.3 million in emergency cash assistance to typhoon-affected families since the storm hit 12 months ago.

**Operation Smile** [to 8 November 2014]

### *Upcoming Mission Schedule*

Nov 5 - 15 | Guatemala City, Guatemala

Nov 5 - 8 | Tegucigalpa, Honduras

Nov 6 - 11 | Nanjing, Jiangsu, China

Nov 16 - 29 | Jimma, Ethiopia

### **OXFAM** [to 8 November 2014]

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

#### [Oxfam volunteers go door-to-door to prevent Ebola spread](#)

6 November 2014

Hundreds of local volunteers are helping Oxfam to provide support and information to more than 400,000 people living in Ebola-affected communities in West Africa to stop the spread of the disease.

#### [Learning from Typhoon Haiyan: Asian governments failing to respond to climate change](#)

6 November 2014

Many countries in Asia, including Bangladesh, Viet Nam, Indonesia, Pakistan, and the Philippines, should invest more in their governments' capacity to protect their citizens given the region's vulnerability to climate change.

### **Partners In Health** [to 8 November 2014]

#### [Count Survivors: Survivors Count](#)

November 05, 2014

As PIH ramps up its response to Ebola in Sierra Leone and Liberia, we'll be hiring survivors from the communities affected by this ongoing epidemic.

[Watch Video +](#)

### **PATH** [to 8 November 2014]

Announcement | November 03, 2014

#### [PATH to collaborate with GlaxoSmithKline to develop a test critical to malaria care](#)

New diagnostics for a common enzyme deficiency will bolster malaria elimination efforts

### **Plan International** [to 8 November 2014]

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

#### [Typhoon Haiyan, One year on: Building Back Better in the Philippines](#)

5 November 2014: Tacloban, Philippines: One year after the most powerful storm to ever make landfall slammed into the Philippines, the resilience of the Filipino people and the unprecedented scale of the international response has led to a recovery that is both remarkable and a testament to the resilience of the people of the Philippines.

While much progress has been made, significant needs remain, particularly for children, education, shelter and preparedness for future disasters...

### **Save The Children** [to 8 November 2014]



<http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6150563/k.D0E9/Newsroom.htm>  
[Are We There Yet?" Children's views on Haiyan recovery and the road ahead](#)  
Save the Children - Typhoon Haiyan One Year Report  
Nov. 7, 2014 :: 24 pages

[IKEA Soft Toys for Education Campaign Returns; It's Already Improved the Lives of 11 Million Children](#)  
November 4, 2014

[Save the Children Opens Ebola Treatment Center in Sierra Leone](#)  
November 4, 2014

**SOS-Kinderdorf International** [to 8 November 2014]

[Turning 25: The UN Convention on the Rights of the Child](#)

07.11.2014 - The UNCRC is now a quarter century old, but has it come of age? Are children's rights being fulfilled? We look at the differences the UNCRC has made, and the work that's still to be done. Plus, download our youth-friendly poster about child rights! More...

['I thought computers are for rich people, but I was wrong': ICT4D in Tanzania](#)

04.11.2014 - At the Hermann Gmeiner School in Arusha, Tanzania, teachers, students and co-workers are learning how to make computing work for them. It's part of SOS Children's Villages Tanzania's latest project in ICT4D.

**Tostan** [to 8 November 2014]

November 7, 2014

[Sewing and cloth dyeing skills training for detainees in Diourbel Prison](#)

From the 20th to the 29th of October 2014, under the umbrella of the Community Empowerment Program(CEP), the Tostan Prison Project team delivered a training workshop in cloth dyeing.

This was the inaugural training workshop following the launch of the Prison Project in Diourbel in September 2014. 15 detainees took part in the workshop, which was overseen by Madame Awa Fall, an expert in the art of dyeing, who had herself taken part in the CEP whilst in prison. She had received a presidential pardon, and now provides training in dyeing in the five prisons where Tostan offers the CEP...

**Women for Women International** [to 8 November 2014]

*No new digest content identified.*

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**Disasters Emergency Committee** [to 8 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]*

[8m people reached](#)

6/11/2014

Member agencies of the Disasters Emergency Committee have reached over 8 million people in the fight to tackle the devastating Ebola crisis in west Africa.

Over half a million people have received practical support and 7.5 million people have received vital public health information to keep themselves safe and stop the spread of the disease.

DEC member agencies and their partners have supported over 415,000 people in their homes or health clinics with water, sanitation and hygiene services or supplies. Partners of the British Red Cross have provided treatment for 143 people infected with Ebola, safely buried over 3,800 bodies of people infected or potentially infected with Ebola and have traced almost 50,000 people who have had contact with Ebola carriers so they could be quarantined, tested or treated. Members have also provided food to over 80,000 people, many of whom are living under quarantine.

Over 35,000 volunteers are getting life safe-messages across through street theatre, house to house information sessions and religious services, and members have also used radio broadcast to share life-saving information about how to avoid catching the disease, how to identify if a loved one might be infected and encouraging those infected to seek early treatment...

**EHLRA/R2HC** [to 8 November 2014]

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

*No new digest content identified*

**END Fund**

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

*No new digest content identified*

**GAVI** [to 8 November 2014]

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

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

08 November 2014

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

**Global Fund** [to 8 November 2014]

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

*No new digest content identified.*

**ODI** [to 8 November 2014]

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

### [The future framework for disaster risk reduction: A guide for decision makers – second edition](#)

Research reports and studies, November 2014

Jan Kellett, Tom Mitchell, Emma Lovell, Virginie le Masson, Katie Peters, Emily Wilkinson, Amy Kirbyshire, Aditya Bahadur, Elizabeth Carabine and Virginia Murray (Public Health England)

This guide to the future framework for disaster risk reduction (DRR) is intended for decision-makers, particularly those in government responsible for contributing to the new agreement.

### [Counter-terrorism laws: what aid agencies need to know](#)

HPN Network Papers, November 2014

Jessica Burniske, Naz Modirzadeh and Dustin Lewis

Do aid workers risk violating counter-terrorism laws to reach people who need humanitarian support? This Network Paper gives an overview on the challenges and possible consequences of counter-terrorism legislation for humanitarian action, the questions that humanitarian actors face in planning principled operations in high-risk environments and what approaches might enable them to tackle these challenges.

External Link: <http://www.odihpn.org/hpn-resources/network-papers/counter-terrorism-laws-what-a...>

### **The Sphere Project** [to 8 November 2014]

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

#### [Why the Sphere community is growing stronger in Asia](#)

05 November 2014 | Sphere Project

A recent gathering of Sphere country focal points demonstrated the increasing strength of the community of humanitarian practitioners working with Sphere standards in the region. Meeting in Bangkok 14-15 October, 19 participants representing 14 organisations from 11 countries participated in the second Asian forum of Sphere focal points. The first forum took place in 2011.

Focal points are organisations that work with - and promote the adoption of - Sphere standards among the humanitarian community in their countries...

### **Start Network** [Consortium of British Humanitarian Agencies] [to 8 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.*

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

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

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

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

:: [Gates Foundation Commits More than \\$500 Million to Tackle The Burden of Infectious Disease in Developing Countries](#)

[Excerpt]

NEW ORLEANS (November 2, 2014) – Calling the Ebola epidemic a “critical moment in the history of global health,” Bill Gates, Co-chair of the Bill & Melinda Gates Foundation, today urged greater investment in scientific innovation to ensure that the world stays ahead of rapidly evolving disease threats such as drug-resistant malaria and dengue fever.

Addressing the 63rd annual meeting of the American Society of Tropical Medicine and Hygiene, Gates announced that the foundation is committing more than \$500 million in 2014 to reduce the burden of malaria, pneumonia, diarrheal diseases, and an array of parasitic infections that are leading causes of death and disability in developing countries. Gates also announced that the foundation has boosted its annual funding for malaria by 30 percent, and he laid out a vision for how malaria can be eradicated by the middle of the 21st century. Gates said important lessons from the Ebola epidemic must guide the world’s response to all infectious diseases, particularly the need to strengthen health systems in developing countries, improve infectious disease surveillance systems and sustain investments in the R&D pipeline.

“The Ebola epidemic has shown, once again, that in today’s interconnected world, health challenges anywhere create health challenges everywhere – and the best way to overcome those challenges is to dedicate ourselves to the great cause of reducing the global burden of infectious disease,” Gates said in his prepared remarks.

On September 10, the foundation announced a \$50 million commitment to support the scale up of efforts to contain the Ebola outbreak in West Africa. This funding – which is in addition to the more than \$500 million announced today – will support emergency response efforts for Ebola, including capacity building and the establishment of Emergency Operations Centers in affected countries. The foundation is also supporting research on Ebola interventions, including rapid diagnostics, vaccines and ZMapp, an experimental Ebola treatment.

:: [GAIA Vaccine Foundation's Story-Telling Cloth gets "Innovation" Award For West African-Style "Social Media" Cervical Cancer Prevention Campaign](#)

PROVIDENCE, R.I., Nov. 6, 2014 /PRNewswire/ -- The Bill and Melinda Gates Foundation awarded \$100,000 to GAIA Vaccine Foundation to test whether dissemination of a printed cloth that tells the story of HPV and cervical cancer, coupled with a media campaign led by influential women musicians, will improve HPV knowledge and incite women to be screened for cervical cancer and (when vaccine is available) to vaccinate their daughters against HPV in West Africa.. Cervical cancer is one of the most common and lethal cancers (67% mortality) among women in Africa, with rates that are approximately 5 fold higher than in the US. Nine out of ten (87%) cervical cancer deaths occur in less developed regions of the world, like Mali. This exceptionally high rate of cervical cancer is almost entirely due to lack of knowledge about HPV, since at least in Mali, cervical cancer screens are free and available at every health center.

Gates Foundation is funding the innovative idea that story-telling 'Pagnes', a traditional cloth worn by most women in West Africa, can motivate women to be screened for cancer while making use of fashion to disseminate cervical cancer education...

**Ford Foundation**

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

:: [Ford Foundation Appoints Alfred Ironside Vice President for Global Communications](#)

3 November 2014

As Ford’s director of communications since 2006, Ironside has been integral to developing and executing the foundation’s strategic vision

:: [Ford Foundation Appoints John W. Bernstein as Chief Operating Officer](#)

3 November 2014:

Bernstein brings over 25 years of experience managing not-for-profit institutions and their financial and operational health and effectiveness.

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

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

[Eli Sugarman to Join Hewlett Foundation as Program Officer for the Cyber Initiative](#)

Nov 5, 2014

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

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

*No new digest content identified.*

### **Kellogg Foundation**

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

[Statement on Detroit's bankruptcy ruling](#) - From the foundation working group engaged in the "Grand Bargain"

Nov. 7, 2014 Detroit, Mich. – *The following is a statement to the people of Detroit and Michigan from a foundation working group, which includes the Community Foundation for Southeast Michigan, William Davidson Foundation, Fred A. and Barbara M. Erb Family Foundation, the Max M. & Marjorie S. Fisher Foundation, Ford Foundation, Hudson-Webber Foundation, W.K. Kellogg Foundation, John S. and James L. Knight Foundation, Kresge Foundation, McGregor Fund, Charles Stewart Mott Foundation and the A. Paul and Carol C. Schaap Foundation:*

We are pleased with Judge Rhodes' ruling that the plan of adjustment is fair and feasible, and glad that the City of Detroit has moved swiftly to resolve the bankruptcy and hasten the start of a new era. As foundations with deep ties to the region and a shared commitment to its future, we are proud to have contributed to a plan that helps put Detroit back in the starting blocks.

The DIA Settlement, commonly referred to as the "Grand Bargain," is a balanced, forward-looking and thoughtful plan that helps the City honor its commitment to hardworking retirees and preserves a key civic asset that contributes to the City's vibrancy and supports the local economy. It would not have been possible without the leadership and sacrifice shown by Detroit's hardworking retirees and public sector unions, whose continued commitment to a better Detroit should be honored and acknowledged today.

We also applaud the diverse group of individuals and organizations that came together behind a common goal to forge a workable agreement, including residents of the region who have been steadfast in their commitment to a more sustainable Detroit; Judge Gerald Rosen, Eugene Driker and the entire mediation team; the governor, state legislators and city and county elected officials on both sides of the aisle; the DIA; and Detroit's business community.

Today is a day of determination for Detroit. With Judge Rhodes' confirmation, the City and its residents can focus on the important tasks of rebuilding institutions, repairing communities, reinvigorating the economy and restoring the trust of its citizens. We are confident in Detroit's future – an optimism that stems from the spirit of positive engagement that exists in the City as it does from today's ruling. As foundations, we will continue our investment in the City, and we pledge to work with all those in Detroit who are leading efforts to advance a better future for an essential American city – a future that is worthy of all those who call Detroit home.

**MacArthur Foundation**

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

*No new digest content identified.*

**David and Lucile Packard Foundation**

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

*No new digest content identified.*

**Rockefeller Foundation**

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

*No new digest content identified.*

**Robert Wood Johnson Foundation**

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

[Robert Wood Johnson Foundation Hosts Culture of Health Forum in Jersey City](#)

November 6, 2014 | News Release

The Robert Wood Johnson Foundation (RWJF) convened a forum in Jersey City on November 6, 2014, to discuss how different sectors can work together to build a Culture of Health in their community.

**Wellcome Trust**

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

*No new digest content identified.*

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**:: Journal Watch**

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

**American Journal of Disaster Medicine**

Winter 2014, Volume 9, Number 1

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

Volume 47, Issue 5, p531-688 November 2014

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

## **Assessing Immunization Interventions in the Women, Infants, and Children (WIC) Program**

Tracy N. Thomas, MPH, MSc, Maureen S. Kolasa, MPH, Fan Zhang, PhD, Abigail M. Shefer, MD  
National Center for Immunization and Respiratory Disease, CDC, Atlanta, Georgia

Published Online: September 13, 2014

DOI: <http://dx.doi.org/10.1016/j.amepre.2014.06.017>

### ***Abstract***

#### **Background**

Vaccination promotion strategies are recommended in Women, Infants, and Children (WIC) settings for eligible children at risk for under-immunization due to their low-income status.

#### **Purpose**

To determine coverage levels of WIC and non-WIC participants and assess effectiveness of immunization intervention strategies.

#### **Methods**

The 2007–2011 National Immunization Surveys were used to analyze vaccination histories and WIC participation among children aged 24–35 months. Grantee data on immunization activities in WIC settings were collected from the 2010 WIC Linkage Annual Report Survey. Coverage by WIC eligibility and participation status and grantee-specific coverage by intervention strategy were determined at 24 months for select antigens. Data were collected 2007–2011 and analyzed in 2013.

#### **Results**

Of 13,183 age-eligible children, 5,699 (61%, weighted) had participated in WIC, of which 3,404 (62%, weighted) were current participants. In 2011, differences in four or more doses of the diphtheria, tetanus toxoid, and acellular pertussis (DTaP) vaccine by WIC participation status were observed: 86% (ineligible); 84% (current); 77% (previous); and 69% (never-eligible). Children in WIC exposed to an immunization intervention strategy had higher coverage levels than WIC-eligible children who never participated, with differences as great as 15% (DTaP).

#### **Conclusions**

Children who never participated in WIC, but were eligible, had the lowest vaccination coverage. Current WIC participants had vaccination coverage comparable to more affluent children, and higher coverage than previous WIC participants.

## **American Journal of Public Health**

Volume 104, Issue 11 (November 2014)

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

[Reviewed earlier]

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

November 2014; 91 (5)

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

## **Global Health Research in Narrative: A Qualitative Look at the FICRS-F Experience**

Benjamin Bearnot, Alexandra Coria, Brian Scott Barnett, Eva H. Clark, Matthew G. Gartland, Devan Jaganath, Emily Mendenhall, Lillian Seu, Ayaba G. Worjolah, Catherine Lem Carothers, Sten H. Vermund and Douglas C. Heimburger\*

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New York University School of Medicine, New York, New York; Geisel School of Medicine at Dartmouth, Hanover, New Hampshire; Vanderbilt University School of Medicine, Nashville, Tennessee; Vanderbilt Institute for Global Health, Nashville, Tennessee; University of Alabama at Birmingham, Birmingham, Alabama; University of California at Los Angeles, Los Angeles, California; Georgetown University, Washington, District of Columbia; Duke University Medical Center, Durham, North Carolina

*Abstract.*

For American professional and graduate health sciences trainees, a mentored fellowship in a low- or middle-income country (LMIC) can be a transformative experience of personal growth and scientific discovery. We invited 86 American trainees in the Fogarty International Clinical Research Scholars and Fellows Program and Fulbright–Fogarty Fellowship 2011–2012 cohorts to contribute personal essays about formative experiences from their fellowships. Nine trainees contributed essays that were analyzed using an inductive approach. The most frequently addressed themes were the strong continuity of research and infrastructure at Fogarty fellowship sites, the time-limited nature of this international fellowship experience, and the ways in which this fellowship period was important for shaping future career planning. Trainees also addressed interaction with host communities vis-à-vis engagement in project implementation. These qualitative essays have contributed insights on how a 1-year mentored LMIC-based research training experience can influence professional development, complementing conventional evaluations. Full text of the essays is available at <http://fogartyscholars.org/>.

**Short-Term Global Health Education Programs Abroad: Disease Patterns Observed in Haitian Migrant Worker Communities Around La Romana, Dominican Republic**

Brian J. Ferrara, Elizabeth Townsley, Christopher R. MacKay, Henry C. Lin and Lawrence C. Loh\*

**Author Affiliations**

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*Abstract.*

The possibility of encountering rare tropical disease presentations is commonly described as a benefit derived by developed world medical trainees participating in clinical service-oriented short-term global health experiences in the developing world. This study describes the health status of a population served by a short-term experience conducted by a North American institute, and the results of a retrospective review are used to identify commonly encountered diseases and discuss their potential educational value. Descriptive analysis was conducted on 1,024 encounter records collected over four unique 1-week-long trips by a North American institution serving Haitian migrant workers in La Romana, Dominican Republic. The top five diagnoses seen in the clinic were gastroesophageal reflux disease (GERD), hypertension (HTN), upper respiratory infections, otitis media, and fungal skin infection. On occasion, diagnoses unique to an indigent tropical population were encountered (e.g., dehydration, malnutrition, parasites, and infections.). These findings suggest a similarity between frequently encountered diagnoses on a short-term clinical service trip in Dominican Republic and primary care presentations in developed world settings, which challenges the assumption that short-term

service experiences provide exposure to rare tropical disease presentations. These findings also represent additional data that can be used to better understand the health and healthcare planning among this vulnerable population of Haitian migrant workers.

### **Epidemiology of Sexually Transmitted Infections in Rural Southwestern Haiti: The Grand'Anse Women's Health Study**

Kathleen A. Jobe, Robert F. Downey\*, Donna Hammar, Lori Van Slyke and Terri A. Schmidt

#### *Author Affiliations*

University of Washington, Division of Emergency Medicine, Seattle, Washington; Seattle–King County Disaster Team, Seattle, Washington; Sysmex America, Inc., Laboratory Application Services, San Diego, California; Providence Health and Services, North Coast Urgent Care Clinics, Seaside, Oregon; MultiCare Health System, Department of Social Work, Tacoma, Washington; Oregon Health & Science University, Department of Emergency Medicine, Portland, Oregon

#### *Abstract.*

The study attempts to define socioeconomic, clinical, and laboratory correlates in vaginitis and other sexually transmitted infections in rural southwestern Haiti. A convenience sample of subjects recruited from a rural women's health clinic and attending an established clinic at the Haitian Health Foundation (HHF) clinic was studied. A standardized history and physical examination, including speculum examination, and collection of blood, urine, and vaginal swabs were obtained from the women at the rural clinic. Additional vaginal swab samples only for Nucleic Acid Amplification Test (NAAT) testing were obtained from women at the HHF clinic in Jérémie. Laboratory results from Leon subjects were positive for *Gardnerella vaginalis* in 41% (41 of 100), *Trichomonas vaginalis* in 13.5% (14 of 104), *Candida* sp. in 9% (9 of 100), *Mycoplasma genitalium* in 6.7% (7 of 104), *Chlamydia trachomatis* in 1.9% (2 of 104), and *Neisseria gonorrhea* in 1% (1 of 104) of patients. Human immunodeficiency virus (HIV) antibody tests were negative in 100% (103 of 103) of patients, and syphilis antibody testing was positive for treponemal antibodies in 7.7% (8 of 104) patients. For subjects from the HHF, 19.9% were positive for *T. vaginalis*, 11.9% were positive for *C. trachomatis*, 10.1% were positive for *M. genitalium*, and 4.1% were positive for *N. gonorrhea*. Infections with *G. vaginalis*, *T. vaginalis*, and *Candida* were the most common. *N. gonorrhea*, *C. trachomatis*, *Candida* sp., *T. vaginalis*, and *M. genitalium* infections were associated with younger age (less than 31 years old).

### **Cholera at the Crossroads: The Association Between Endemic Cholera and National Access to Improved Water Sources and Sanitation**

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#### *Author Affiliations*

Division of Foodborne, Waterborne and Environmental Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia

#### *Abstract.*

We evaluated World Health Organization (WHO) national water and sanitation coverage levels and the infant mortality rate as predictors of endemic cholera in the 5-year period following water and sanitation coverage estimates using logistic regression, receiver operator characteristic curves, and different definitions of endemicity. Each was a significant predictors of endemic cholera at  $P < 0.001$ . Using a value of 250 for annual cases reported in 3 of 5 years, a national water access level of 71% has 65% sensitivity and 65% specificity in predicting endemic cholera, a sanitation access level of 39% has 63% sensitivity and 62% specificity, and an infant mortality rate of 65/1,000 has 67% sensitivity and 69% specificity. Our findings reveal the tradeoff between sensitivity and specificity for these predictors of endemic cholera and

highlight the substantial uncertainty in the data. More accurate global surveillance data will enable more precise characterization of the benefits of improved water and sanitation.

## **BMC Health Services Research**

(Accessed 8 November 2014)

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

*Research article*

### **Frontline health workers as brokers: provider perceptions, experiences and mitigating strategies to improve access to essential medicines in South Africa**

Bvudzai Priscilla Magadzire<sup>1\*</sup>, Ashwin Budden<sup>2</sup>, Kim Ward<sup>13</sup>, Roger Jeffery<sup>4</sup> and David Sanders<sup>1</sup>

Author Affiliations

BMC Health Services Research 2014, 14:520 doi:10.1186/s12913-014-0520-6

Published: 5 November 2014

*Abstract* (provisional)

#### **Background**

Front-line health providers have a unique role as brokers (patient advocates) between the health system and patients in ensuring access to medicines (ATM). ATM is a fundamental component of health systems. This paper examines in a South African context supply- and demand- ATM barriers from the provider perspective using a five dimensional framework: availability (fit between existing resources and clients? needs); accessibility (fit between physical location of healthcare and location of clients); accommodation (fit between the organisation of services and clients? practical circumstances); acceptability (fit between clients? and providers? mutual expectations and appropriateness of care) and affordability (fit between cost of care and ability to pay).

#### **Methods**

This cross-sectional, qualitative study uses semi-structured interviews with nurses, pharmacy personnel and doctors. Thirty-six providers were purposively recruited from six public sector Community Health Centres in two districts in the Eastern Cape Province representing both rural and urban settings. Content analysis combined structured coding and grounded theory approaches. Finally, the five dimensional framework was applied to illustrate the interconnected facets of the issue.

#### **Results**

Factors perceived to affect ATM were identified. Availability of medicines was hampered by logistical bottlenecks in the medicines supply chain; poor public transport networks affected accessibility. Organization of disease programmes meshed poorly with the needs of patients with comorbidities and circular migrants who move between provinces searching for economic opportunities, proximity to services such as social grants and shopping centres influenced where patients obtain medicines. Acceptability was affected by, for example, HIV related stigma leading patients to seek distant services. Travel costs exacerbated by the interplay of several ATM barriers influenced affordability. Providers play a brokerage role by adopting flexible prescribing and dispensing for `stable? patients and aligning clinic and social grant appointments to minimise clients? routine costs. Occasionally they reported assisting patients with transport money.

#### **Conclusion**

All five ATM barriers are important and they interact in complex ways. Context-sensitive responses which minimise treatment interruption are needed. While broad-based changes

encompassing all disease programmes to improve ATM are needed, a beginning could be to assess the appropriateness, feasibility and sustainability of existing brokerage mechanisms.

*Research article*

**Cost-effectiveness analysis in Developing Nations: A cross sectional survey about Exposure, Interest and Barriers**

Jackson Musuuza, Mendel E Singer, Anna Mandalakas and Achilles Katamba

Author Affiliations

BMC Health Services Research 2014, 14:539 doi:10.1186/s12913-014-0539-8

Published: 4 November 2014

*Abstract* (provisional)

Background

Cost effectiveness analysis (CEA) is a useful tool for allocation of constrained resources, yet CEA methodologies are rarely taught or implemented in developing nations. We aimed to assess exposure to, and interest in CEA, and identify barriers to implementation in Uganda.

Methods

A cross-sectional survey was carried out in Uganda using a newly developed self-administered questionnaire (via online and paper based approaches), targeting the main health care actors as identified by a previous study.

Results

Overall, there was a 68% response rate, with a 92% (69/75) response rate among the paper-based respondents compared to a 40% (26/65) rate with the online respondents. Seventy eight percent (74/95) of the respondents had no exposure to CEA. None of those with a master of medicine degree had any CEA exposure, and 80% of technical officers, who are directly involved in policy formulation, had no CEA exposure. Barriers to CEA identified by more than 50% of the participants were: lack of information technology (IT) infrastructure (hardware and software); lack of local experts in the field of CEA; lack of or limited local data; limited CEA training in schools; equity or ethical issues; and lack of training grants incorporating CEA. 93% reported a lot of interest in learning to conduct CEA, and over 95% felt CEA was important for clinical decision making and policy formulation.

Conclusions

Among health care actors in Uganda, there is very limited exposure to, but substantial interest in conducting CEA and including it in clinical decision making and health care policy formation. Capacity to undertake CEA needs to be built through incorporation into medical training and use of regional approaches.

**BMC Infectious Diseases**

(Accessed 8 November 2014)

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

[No new relevant content]

**BMC Medical Ethics**

(Accessed 8 November 2014)

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

[No new relevant content]

## **BMC Public Health**

(Accessed 8 November 2014)

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

*Research article*

### **Knowledge and attitude towards child marriage practice among women married as children-a qualitative study in urban slums of Lahore, Pakistan**

Muazzam Nasrullah, Rubeena Zakar, Muhammad Zakria Zakar, Safdar Abbas, Rabia Safdar, Mahwish Shaukat and Alexander Krämer

Author Affiliations

BMC Public Health 2014, 14:1148 doi:10.1186/1471-2458-14-1148

Published: 6 November 2014

*Abstract* (provisional)

Background

Child marriage (<18 years) is prevalent in Pakistan which is associated with negative health outcomes. Our aim is to describe women's knowledge and attitude towards child marriage practice who themselves were married as children.

Methods

Women of reproductive age (15-49 years) who were married prior to 18 years, for at least 5 years and had at least one child birth were recruited from most populous slum areas of Lahore, Pakistan. Themes for the interview were developed using published literature and everyday observations of the researchers. Interviews were conducted by trained interviewers in Urdu language and were translated into English. The interviews were tape-recorded, transcribed, analyzed and categorized into themes.

Results

Nineteen of 20 participants who agreed to participate were married between 11-17 years. Most respondents were uneducated, poor and were working as housemaids. The majority participants were unaware of the negative health outcomes of child marriages. They appeared satisfied by the decision of their parents of marrying them before 18 years, and even condemned banning child marriages in Pakistan. Strong influence of culture and community perceptions, varying interpretation of religion, and protecting family honor are some of the reasons that were narrated by the participants, which seems playing a role in continuation of child marriage practice in Pakistan.

Conclusion

Raising awareness of the negative health outcomes of child marriage, implementing and enforcing strict laws against child marriage practice, promoting civil, sexual and reproductive health rights for women, can help eliminate child marriages in Pakistan.

*Research article*

### **Health effects of single motherhood on children in sub-Saharan Africa: a cross-sectional study**

Lorretta FC Ntoimo and Clifford O Odimegwu

Author Affiliations

BMC Public Health 2014, 14:1145 doi:10.1186/1471-2458-14-1145

Published: 5 November 2014

*Abstract* (provisional)

Background

Although progress has been made toward reducing child morbidity and mortality globally, a large proportion of children in sub-Saharan Africa still die before age five and many suffer chronic malnutrition. This study investigated the influence of single motherhood on stunting and

under-5 mortality in Cameroon, Nigeria and Democratic Republic of the Congo (DRC). Particular attention was paid to the influence of mother's economic resources, parental care and health behaviour on the difference in children's health in single and two-parent families.

#### Methods

Data were obtained from most recent Demographic and Health Surveys in Cameroon (2011), Nigeria (2008) and DRC (2007). The sample included women aged 15-49 years old and their under-5 children 11,748 in Cameroon, 28,100 in Nigeria, and 8,999 in DRC. Logistic regression and Cox proportional hazard analysis were used to estimate stunting and under-5 mortality, respectively.

#### Results

The result showed that compared with children whose mothers were in union, children of single mothers who were not widows were more likely to be stunted (OR 1.79  $p < 0.01$  in Cameroon and 1.69  $p < .01$  in DRC). Economic resources and parental care significantly influenced the higher odds of stunting in single mother households in Cameroon and DRC. Relative to children of mothers in union, the risk of under-5 mortality in single mother families was higher in the three countries (HR 1.40  $p < .05$  in Cameroon, 1.27  $p < 0.10$  in DRC, 1.55  $p < .01$  in Nigeria). Economic resources, parental care and health behaviour accounted for the difference in Nigeria and Cameroon; in DRC, only economic resources had marginal influence.

#### Conclusions

Single motherhood is a risk factor for children's nutritional status and chances of survival before age 5 years in sub-Saharan Africa. To achieve improved reduction in children's exposure to stunting and under-5 mortality, there is the need for public health interventions targeted at single mother households in sub-Saharan Africa.

#### **BMC Research Notes**

(Accessed 8 November 2014)

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

[No new relevant content]

#### **British Medical Journal**

08 November 2014 (vol 349, issue 7981)

<http://www.bmj.com/content/349/7981>

[New issue; No relevant content]

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

20.1 Fall–Winter 2013

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

[Reviewed earlier]

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

Volume 92, Number 11, November 2014, 773-848

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

[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>

*The Simply complex*

### **Exponential growth in Ebola outbreak since May 14, 2014**

Allen G. Hunt\*

Article first published online: 18 OCT 2014

DOI: 10.1002/cplx.21615

*Excerpt*

Contrary to general opinion, the current Ebola outbreak in West Africa followed an exponential growth curve starting already in mid-May. The death toll followed an exponential growth curve with almost the same time constant, allowing direct calculation of the mortality of the outbreak. This value remained steady at about 72%, contrary to the estimate of the World Health Organization of slightly above 50%. Until the last 2 weeks, the projected date at which the number of infected individuals would reach 100,000 had remained steady at January 19. Updated statistics from September 6 advanced that date by at least a month. Estimates suggest that over 20,000 already have been infected, exceeding the number that the WHO has declared could be the eventual outcome...

## **Conflict and Health**

[Accessed 8 November 2014]

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

*Research*

### **Measurement of attacks and interferences with health care in conflict: validation of an incident reporting tool for attacks on and interferences with health care in eastern Burma**

Rohini J Haar, Katherine H Footer, Sonal Singh, Susan G Sherman, Casey Branchini, Joshua Sclar, Emily Clouse and Leonard S Rubenstein

Author Affiliations

Conflict and Health 2014, 8:23 doi:10.1186/1752-1505-8-23

Published: 3 November 2014

*Abstract* (provisional)

**Background**

Attacks on health care in armed conflict and other civil disturbances, including those on health workers, health facilities, patients and health transports, represent a critical yet often overlooked violation of human rights and international humanitarian law. Reporting has been limited yet local health workers working on the frontline in conflict are often the victims of chronic abuse and interferences with their care-giving. This paper reports on the validation and revision of an instrument designed to capture incidents via a qualitative and quantitative evaluation method.

**Methods**

Based on previous research and interviews with experts, investigators developed a 33-question instrument to report on attacks on healthcare. These items would provide information about who, what, where, when, and the impact of each incident of attack on or interference with health. The questions are grouped into 4 domains: health facilities, health workers, patients, and health transports. 38 health workers who work in eastern Burma participated in detailed



discussion groups in August 2013 to review the face and content validity of the instrument and then tested the instrument based on two simulated scenarios. Completed forms were graded to test the inter-rater reliability of the instrument.

#### Results

Face and content validity were confirmed with participants expressing that the instrument would assist in better reporting of attacks on health in the setting of eastern Burma where they work. Participants were able to give an accurate account of relevant incidents (86% and 82% on Scenarios 1 and 2 respectively). Item-by-item review of the instrument revealed that greater than 95% of participants completed the correct sections. Errors primarily occurred in quantifying the impact of the incident on patient care. Revisions to the translated instrument based on the results consisted primarily of design improvements and simplification of some numerical fields.

#### Conclusion

This instrument was validated for use in eastern Burma and could be used as a model for reporting violence towards health care in other conflict settings.

#### Review

### **[Conflict, forced displacement and health in Sri Lanka: a review of the research landscape](#)**

Chesmal Siriwardhana and Kolitha Wickramage

#### Author Affiliations

Conflict and Health 2014, 8:22 doi:10.1186/1752-1505-8-22

Published: 3 November 2014

#### Abstract (provisional)

Sri Lanka has recently emerged from nearly three decades of protracted conflict, which came to an end five years ago in 2009. A number of researchers have explored the devastating effect the conflict has had on public health, and its impact on Sri Lanka's health system - hailed as a success story in the South Asian region. Remarkably, no attempt has been made to synthesize the findings of such studies in order to build an evidence-informed research platform. This review aims to map the 'research landscape' on the impact of conflict on health in Sri Lanka. Findings highlight health status in select groups within affected communities and unmet needs of health systems in post-conflict regions. We contend that Sri Lanka's post-conflict research landscape requires exploration of individual, community and health system resilience, to provide better evidence for health programs and interventions after 26 years of conflict.

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

(Accessed 8 November 2014)

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

[No new relevant content]

### **Developing World Bioethics**

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

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

[Reviewed earlier]

### **Development in Practice**

Volume 24, Issue 7, 2014

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

[Reviewed earlier]

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

Volume 9, Number 6 (November 2014)

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

[Reviewed earlier]

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

Volume 8 - Issue 04 - August 2014

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

[Reviewed earlier]

### **Disaster Prevention and Management**

Volume 23 Issue 5

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

[Reviewed earlier]

### **Disasters**

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

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

[Reviewed earlier]

### **Emergency Medicine Journal**

November 2014, Volume 31, Issue 11

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

[Reviewed earlier]

### **Epidemics**

Volume 9, In Progress (December 2014)

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

[Reviewed earlier]

### **End of Life Journal**

Summer 2014 Vol 4 Issue 2

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

[Reviewed earlier]

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

Volume 24, Issue suppl 2, 01 October 2014  
[http://eurpub.oxfordjournals.org/content/24/suppl\\_2](http://eurpub.oxfordjournals.org/content/24/suppl_2)  
Supplement: 7th European Public Health Conference  
*Introduction to Glasgow 2014*

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

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

## **Food Policy**

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

### **Food as a human right during disasters in Uganda**

Peter Milton Rukundoa, b, Per Ole Iversenb, Arne Oshaugc, Lovise Ribe Omuajuanfoc, Byaruhanga Rukookod, Joyce Kikafundae, Bård Anders Andreassenf

DOI: 10.1016/j.foodpol.2014.09.009

Open Access

#### *Highlights*

- :: Implementation of relevant constitutional and policy provisions on the right to adequate food and disaster management in Uganda appeared slow.
- :: There is a reality gap since supportive policies and plans are not financed by the national budget in anticipation of external assistance.
- :: Specific legislation to fund and institutionalize disaster preparedness and management capabilities was lacking.
- :: Due to capacity constraints, an approach of humanitarian relief was being entrenched in contradiction to State obligations on the right to adequate food.
- :: Human rights capacity development is paramount.

#### *Abstract*

Natural and human induced disasters are a threat to food security, economic progress and livelihoods in Uganda. However, we have limited knowledge regarding the putative role of the human rights dimension to the impact and management of such tragedies. In this article we assessed the present policies, legislation and institutional capabilities to ascertain whether they could assure the right to adequate food during disaster situations in Uganda.

Using purposive sampling, 52 duty bearers working in institutions deemed relevant to food security, nutrition and disaster management were interviewed using a semi-structured guide. Relevant provisions from policy, legislation, institutional budgets and records of Parliament provided the context for analysis.

The most important concern coming from the analyses of the information retrieved were inadequate preparedness mechanisms and capabilities. Whereas Uganda's Constitution proclaims the right to adequate food, and the need to establish a contingencies fund and commission responsible for disaster preparedness and management, they had not been

instituted. Implementation of relevant policies appeared slow, especially with regard to assuring adequate relief food as a State obligation. Legislation to guarantee funding and institutionalisation of necessary disaster preparedness and management capabilities was not in place. An ambitious 5-year Uganda Nutrition Action Plan adopted in 2011 had not yet been funded by mid-2013, implying a reality gap in nutrition programming. Budget architecture and financing to disaster management have in effect fallen short of assuring adequate relief food as a human right.

Due to capacity constraints, an approach of humanitarian relief may be entrenched in contradiction of State obligations to respect, protect and fulfil human rights. To stay ahead of the potential threats, the Government with support of the Parliament and relevant partners need to enact legislation to appropriate budget resources needed to institute a mechanism of capabilities to implement the constitutional and policy provisions on the right to adequate food and disaster management.

### **Politics & technology: U.S. polices restricting unmanned aerial systems in agriculture**

P.K. Freemana, R.S. Freelandb, ,

DOI: 10.1016/j.foodpol.2014.09.008

#### *Highlights*

- :: UASs to enter US airspace by 2015.
- :: Agriculture within the U.S. is posed to substantially benefit from UASs.
- :: State "Ag-Gag" laws and privacy bills attempt to regulate UAS use.
- :: The economic impact of ag drones is currently moderating legislation.
- :: Local restrictions may cause short-term turmoil for UAS use.

#### *Abstract*

Many industry observers foresee that agriculture worldwide is posed to substantially benefit from the use of unmanned aircraft systems (UASs), commonly known as drones. Industry special interests predict that 80% of domestic sales of UASs in the U.S. will be for agriculture. However, some fear that the public anxiety of the UAS operating in U.S. airspace could stall their introduction, a move that would potentially place some of American farmers' production practices at an economic disadvantage. Currently, this public policy controversy is influencing UAS integration into U.S. agriculture, with the potential of spilling over internationally.

This project examines the nature of the current debate surrounding the UAS within the U.S., analyzes the impact on agriculture from the legislation considered, discusses policy options to ameliorate the controversy, and describes the factors that will likely determine UAS operations within the U.S. The information was obtained from government documents, academic research, industry studies, nonprofit organizations, and media reports. An analysis was done using these data on how UAS legislation may affect agriculture.

Popularized images of the silent-kills overseas using militarized UASs, safety concerns, and a fear of privacy invasions were found to generate intense opposition to their domestic integration. Spurred by the FAA's congressional mandate to fully integrate UASs into the nation's airspace, a significant number of bills, particularly in state legislatures, have been introduced in an attempt to regulate UAS use. Although geared toward privacy protection and law enforcement, some laws may adversely affect agriculture because they create legal uncertainty and/or they sweepingly ban or highly curtail local UAS operations. Possible solutions have been proposed: (1) reducing the legal uncertainty regarding UASs, (2) adopting an industry Code of Conduct and Safe Practices, and (3) producing a consensus on UAS regulations among diverse groups through an open discussion of how to balance UAS operations with safeguards on privacy and property rights. The perceived economic potential of the UAS,

particularly in agriculture, combined with the lobbying power of the UAS industry, strongly suggest that policy will eventually be developed that will allow the use of this technology for agriculture in U.S. airspace.

### **Food Security**

Volume 6, Issue 4, August 2014

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

[Reviewed earlier]

### **Forum for Development Studies**

Volume 41, Issue 3, 2014

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

[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 8 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 8 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*

### **Integrating Public Health And Community Development To Tackle Neighborhood Distress And Promote Well-Being**

Manuel Pastor<sup>1,\*</sup> and Rachel Morello-Frosch<sup>2</sup>

#### **Author Affiliations**

<sup>1</sup>Manuel Pastor is a professor of sociology and of American studies and ethnicity and director of the Program for Environmental and Regional Equity, University of Southern California, in Los Angeles.

<sup>2</sup>Rachel Morello-Frosch is a professor in the School of Public Health and the Department of Environmental Science, Policy, and Management, both at the University of California, Berkeley.

#### ***Abstract***

Recently there have been calls for public health to reconnect to urban planning in ways that emphasize the impact of place on health and that address fundamental causes of poor health, such as poverty, social inequality, and discrimination. Community developers have realized that poor health limits individuals' and communities' economic potential and have begun to integrate into their work such neighborhood health issues as access to fresh food and open space. In this article we review recent shifts in the community development field and give examples of programs that operate at the intersection of community development, public health, and civic engagement. For example, in Sacramento, California, the Building Healthy Communities program successfully promoted the creation of community gardens and bike paths and the redevelopment of brownfields. A major housing revitalization initiative in San Francisco, California, known as Sunnysdale-Velasco, is transforming the city's largest public housing site into a mixed-income community that provides existing residents with new housing, infrastructure, services, and amenities. These examples and others illustrate the need to identify and make use of interdisciplinary approaches to ensure that all places are strong platforms for economic mobility, full democratic participation, and community health.

### **Case Study: San Francisco's Use Of Neighborhood Indicators To Encourage Healthy Urban Development**

Rajiv Bhatia<sup>1</sup>

#### **Author Affiliations**

<sup>1</sup>Rajiv Bhatia is a visiting scholar at the University of California, Berkeley, and director of the Civic Engine, an organization that develops innovations for civic engagement and healthy public policy, in Oakland, California.

#### ***Abstract***

Neighborhood indicators are quantitative measures of neighborhood quality, including measures of attributes such as crime, noise, proximity to parks, transit services, social capital, and student performance. In 2007 the San Francisco Department of Public Health, with broad public input, developed a comprehensive system of neighborhood indicators to inform, influence, and monitor decisions made by the Department of City Planning and other community development institutions. Local public agencies, businesses, and citizens' groups used the indicators to identify disparities in environmental and social conditions, inform and shape neighborhood land use plans, select appropriate sites for development projects, craft new environmental regulations, and justify demands on developers to make financial contributions to community

infrastructure. Among other things, the use of indicators contributed to policies to prevent residential displacement, a city ordinance requiring stricter building ventilation standards in areas with high air pollution, and the redeployment of traffic police to high-injury corridors. Data that can be used to create neighborhood indicators are increasingly available, and participation by public health and health care institutions in the indicators' development, dissemination, and application could help improve several conditions that contribute to poor population health.

### **A Framework To Extend Community Development Measurement To Health And Well-Being**

Joseph Schuchter<sup>1,\*</sup> and Douglas P. Jutte<sup>2</sup>

Author Affiliations

<sup>1</sup>Joseph Schuchter is an independent consultant in Berkeley, California.

<sup>2</sup>Douglas P. Jutte is an associate professor at the University of California, Berkeley, and executive director of the Build Healthy Places Network, in San Francisco.

#### *Abstract*

Measurement can help community development and health practitioners align and optimize their investments and leverage additional resources to achieve shared goals. However, there is no clear guidance for reconciling the established systems for measuring community development activities and outputs—such as housing units built, jobs created, and people served—with the outcomes and impacts of health. We therefore reviewed community development measurement systems—encompassing assessment, monitoring, evaluation, and standards—and identified strategies for using those systems to support health in community development decision making. We highlight promising innovations by organizations such as the Reinvestment Fund and NeighborWorks America and place these in an ecosystem framework to illustrate opportunities for shared measurement. We then discuss policies and processes to build the ecosystem's infrastructure, balance stakeholders' priorities within the ecosystem, and use it to drive investments in health.

### **The Child Opportunity Index: Improving Collaboration Between Community Development And Public Health**

Dolores Acevedo-Garcia<sup>1,\*</sup>, Nancy McArdle<sup>2</sup>, Erin F. Hardy<sup>3</sup>, Unda Ioana Crisan<sup>4</sup>, Bethany Romano<sup>5</sup>, David Norris<sup>6</sup>, Mikyung Baek<sup>7</sup> and Jason Reece<sup>8</sup>

Author Affiliations

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<sup>2</sup>Nancy McArdle is a senior research consultant at the Heller School for Social Policy and Management, Brandeis University.

<sup>3</sup>Erin F. Hardy is research director of [diversitydatakids.org](http://diversitydatakids.org) and a fellow at the Heller School for Social Policy and Management, Brandeis University.

<sup>4</sup>Unda Ioana Crisan is a research associate at the Heller School for Social Policy and Management, Brandeis University.

<sup>5</sup>Bethany Romano is senior department coordinator for the Institute for Child, Youth, and Family Policy at the Heller School for Social Policy and Management, Brandeis University.

<sup>6</sup>David Norris is a senior researcher at the Kirwan Institute for the Study of Race and Ethnicity, Ohio State University, in Columbus.

<sup>7</sup>Mikyung Baek is a research and technical associate at the Kirwan Institute for the Study of Race and Ethnicity, Ohio State University.



8Jason Reece is director of research at the Kirwan Institute for the Study of Race and Ethnicity, Ohio State University.

#### *Abstract*

Improving neighborhood environments for children through community development and other interventions may help improve children's health and reduce inequities in health. A first step is to develop a population-level surveillance system of children's neighborhood environments. This article presents the newly developed Child Opportunity Index for the 100 largest US metropolitan areas. The index examines the extent of racial/ethnic inequity in the distribution of children across levels of neighborhood opportunity. We found that high concentrations of black and Hispanic children in the lowest-opportunity neighborhoods are pervasive across US metropolitan areas. We also found that 40 percent of black and 32 percent of Hispanic children live in very low-opportunity neighborhoods within their metropolitan area, compared to 9 percent of white children. This inequity is greater in some metropolitan areas, especially those with high levels of residential segregation. The Child Opportunity Index provides perspectives on child opportunity at the neighborhood and regional levels and can inform place-based community development interventions and non-place-based interventions that address inequities across a region. The index can also be used to meet new community data reporting requirements under the Affordable Care Act.

### **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 8 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 4, 2014

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

[Reviewed earlier]

### **Humanitarian Exchange Magazine**

Issue 61 May 2014

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

[Reviewed earlier]

### **IDRiM Journal**

Vol 4, No 1 (2014)

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

[Reviewed earlier]

### **Infectious Diseases of Poverty**

[Accessed 8 November 2014]

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

*Research Article*

#### **Multinational corporations and infectious disease: Embracing human rights management techniques**

Kendyl Salcito, Burton H Singer, Mitchell G Weiss, Mirko S Winkler, Gary R Krieger, Mark Wielga and Jürg Utzinger

Author Affiliations

Infectious Diseases of Poverty 2014, 3:39 doi:10.1186/2049-9957-3-39

Published: 3 November 2014

*Abstract (provisional)*

Background

Global health institutions have called for governments, international organisations and health practitioners to employ a human rights-based approach to infectious diseases. The motivation for a human rights approach is clear: poverty and inequality create conditions for infectious diseases to thrive, and the diseases, in turn, interact with social-ecological systems to promulgate poverty, inequity and indignity. Governments and intergovernmental organisations should be concerned with the control and elimination of these diseases, as widespread infections delay economic growth and contribute to higher healthcare costs and slower processes for realising universal human rights. These social determinants and economic outcomes associated with infectious diseases should interest multinational companies, partly because they have bearing on corporate productivity and, increasingly, because new global norms impose on companies a responsibility to respect human rights, including the right to health.

Methods

We reviewed historical and recent developments at the interface of infectious diseases, human rights and multinational corporations. Our investigation was supplemented with field-level insights at corporate capital projects that were developed in areas of high endemicity of infectious diseases, which embraced rights-based disease control strategies.

#### Results

Experience and literature provide a longstanding business case and an emerging social responsibility case for corporations to apply a human rights approach to health programmes at global operations. Indeed, in an increasingly globalised and interconnected world, multinational corporations have an interest, and an important role to play, in advancing rights-based control strategies for infectious diseases.

#### Conclusions

There are new opportunities for governments and international health agencies to enlist corporate business actors in disease control and elimination strategies. Guidance offered by the United Nations in 2011 that is widely embraced by companies, governments and civil society provides a roadmap for engaging business enterprises in rights-based disease management strategies to mitigate disease transmission rates and improve human welfare outcomes.

### **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 3

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

[Reviewed earlier]

### **International Journal of Disaster Risk Reduction**

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

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

[Reviewed earlier]

### **International Journal of Infectious Diseases**

Volume 28, p8 November 2014

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

[Reviewed earlier]

### **International Journal of Mass Emergencies & Disasters**

August 2014 (VOL. 32, NO. 2)

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

[Reviewed earlier]

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

Volume 21, Issue 5, 2014

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

[Reviewed earlier]

### **International Migration Review**

Fall 2014 Volume 48, Issue 3 Pages 577–917

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

[Reviewed earlier]

### **Intervention – Journal of Mental Health and Psychological Support in Conflict Affected Areas**

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

#### **Introduction to the Special Section on former child soldiers' rehabilitation: connecting individual and communal worlds**

Derluyn, Ilse; De Haene, Lucia; Vandenhoe, Wouter; Reiffers, Relinde; Tankink, Marian

[No abstract]

#### **'I Can't Go Home'. Forced migration and displacement following demobilisation: the complexity of reintegrating former child soldiers in Colombia**

Denov, Myriam; Marchand, Ines

#### ***Abstract***

This paper examines the reintegration experiences of a group of demobilised youth who were associated with various armed groups during the course of ongoing armed conflict in Colombia. In particular, the paper traces how the realities of forced migration and displacement profoundly shape and inform their reintegration experiences. Drawing upon qualitative interviews with a sample of 22 former child soldiers, the authors highlight the key challenges and impacts participants faced as a result of forced migration and displacement, particularly in relation to family, place, and (in) security. Our study indicates that despite these ongoing challenges, and within a context of ongoing war and armed violence, these former child soldiers have been able to lead industrious and productive lives through their commitment to education, employment and peer support.

#### **Protective and risk factors of psychosocial wellbeing related to the reintegration of former child soldiers in Nepal**

Adhikari, Ramesh Prasad; Kohrt, Brandon A.; Luitel, Nagendra Prasad; Upadhaya, Nawaraj;

Gurung, Dristy; Jordans, Mark J.D.

#### ***Abstract***

This paper explores protective and risk factors for mental health and psychosocial wellbeing among 300 child soldiers (verified minors) through a longitudinal study. Both the Hopkins Symptoms Check list and the Posttraumatic Stress Disorder Checklist (civilian version) were

used to measure mental health problems, while the Generalised Estimating Equation was used to identify both the protective and risk factors over time. Anxiety and posttraumatic stress disorder decreased over a nine month period, while depression prevalence did not change. Social support, inter-caste marriage, low caste and residence in far western geographic regions were all associated with greater mental health problems. Rehabilitation packages were not associated with improved mental health, and former child soldiers enrolled in vocational programmes had greater posttraumatic stress disorder symptom severity. The findings suggest that strong social support is needed, as rehabilitation packages alone may be insufficient to improve mental health.

[Unfulfilled promises, unsettled youth: the aftermath of conflict for former child soldiers in Yumbe District, north western Uganda](#)

Both, Jonna; Reis, Ria

[Child soldiers or war affected children? Why the formerly abducted children of northern Uganda are not child soldiers](#)

Angucia, Margaret

[Harnessing traditional practices for use in the reintegration of child soldiers in Africa: examples from Liberia and Burundi](#)

Babatunde, Abosede Omowumi

[Rebuilding the social fabric: community counselling groups for Rwandan women with children born as a result of genocide rape](#)

Hogwood, Jemma; Auerbach, Carl; Munderere, Sam; More

[Emergency psychiatric care in North Kivu in the Democratic Republic of the Congo](#)

Goodfriend, Marlene; ter Horst, Rachel; Pintaldi, Giovanni;

[Key factors that facilitate intergroup dialogue and psychosocial healing in Rwanda: a qualitative study](#)

King, Régine Uwibereyeho

[Examining promising practice: an integrated review of services for young survivors of sexual violence in Liberia](#)

Landis, Debbie; Stark, Lindsay

## **JAMA**

November 5, 2014, Vol 312, No. 17

<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>

*Viewpoint / November 2014*

[Global Child Health: A Call to Collaborative Action for Academic Health Centers](#)

Parminder S. Suchdev, MD, MPH<sup>1,2,3</sup>; Robert F. Breiman, MD<sup>3,4</sup>; Barbara J. Stoll, MD<sup>1,2</sup>

[+] [Author Affiliations](#)

JAMA Pediatr. 2014;168(11):983-984. doi:10.1001/jamapediatrics.2014.1566.

*This Viewpoint calls for collaborative action in order for academic health centers to improve global child health.*

Despite substantial progress toward achieving the Millennium Development Goals of maternal and child survival, challenges persist, including tackling factors beyond survival such as improving quality of life and long-term physical and cognitive development. The web of health determinants have evolved and include food security, climate change, urbanization, and noncommunicable diseases. These 21st century realities underscore an urgent need to engage a wide array of disciplines to catalyze new ways to implement sustainable solutions for the health of the planet.<sup>1</sup>

*Viewpoint / November 2014*

### **Social Impact Bonds - Behavioral Health Opportunities**

Eric Trupin, PhD<sup>1</sup>; Nicholas Weiss, MD<sup>1</sup>; Suzanne E. U. Kerns, PhD<sup>1</sup>

[\[+\] Author Affiliations](#)

JAMA Pediatr. 2014;168(11):985-986. doi:10.1001/jamapediatrics.2014.1157.

The past 2 decades have seen remarkable growth in the development of cost-beneficial, evidence-based programs in pediatric health, behavioral health, youth juvenile justice, and child welfare. Despite the economic and system constraints that have slowed broad dissemination, research-proven approaches have exceptional potential to improve population-level well-being while simultaneously protecting society from the burdensome costs of failing to treat the problems they target.

### **Journal of Community Health**

Volume 39, Issue 6, December 2014

<http://link.springer.com/journal/10900/39/6/page/1>

### **Comorbid Mental and Physical Health and Health Access in Cambodian Refugees in the US**

S. Megan Berthold, Sengly Kong, Richard F. Mollica...

Pages 1045-105

### **Smallpox Inoculation (Variolation) in East Africa with Special Reference to the Practice Among the Boran and Gabra of Northern Kenya**

Pascal James Imperato, Gavin H. Imperato

Pages 1053-106

### **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 1, 2014

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

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

[Reviewed earlier]

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

Volume 25, Number 3, August 2014

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

[Reviewed earlier]

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

Volume 4 issue 1 - Current Issue

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

[Reviewed earlier]

## **Journal of Immigrant and Minority Health**

Volume 16, Issue 5, October 2014

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

[Reviewed earlier]

## **Journal of Immigrant & Refugee Studies**

Volume 12, Issue 4, 2014

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

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

[Reviewed earlier]

## **Journal of Infectious Diseases**

Volume 210 Issue 10 November 15, 2014

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

[Reviewed earlier]

## **Journal of International Development**

October 2014 Volume 26, Issue 7 Pages 939–1096

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

[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>

*Editorial*

#### **[A proposal to rethink how we track tuberculosis spread around the world](#)**

Phyllis Freeman<sup>a</sup> and Anthony Robbins<sup>a</sup>

<sup>a</sup>Co-Editors

Journal of Public Health Policy (2014) 35, 423–424. doi:10.1057/jphp.2014.36; published online 11 September 2014

We are pleased to publish in this issue an article that lays out a novel and promising global strategy for tuberculosis (TB).<sup>1</sup> Becerra and Swaminathan start with children, who within the global epidemic remain largely invisible. They explain why it is useful to think of children with TB as 'sentinels' – as well as a neglected population that urgently needs quality attention. Every year about 1 million children get sick with TB. Children are exposed to TB, mostly in homes shared with others who cough the mycobacterium into the air. Each child is a sentinel, helping detect the infecting cases, and creating an opportunity for preventive treatment for some, treatment of active disease for many others. But it will not be easy.

Becerra and Swaminathan identify key difficulties:

- the very nature of pediatric TB;
- the inadequacy of diagnostic tools;
- lack of data for good disease burden estimates; and
- failure, in most of world, to field contact investigations.

The plight of children signals a continuing failure of two decades of global TB policy – focused on Directly Observed Therapy with a set regime of 'first line drugs' (effective in the absence of drug resistance) – for all but the most affluent countries. If the world were to adopt additional tools used commonly in wealthier nations, contact investigation followed by use of existing diagnostic tools, and drug sensitivity testing to learn about the infecting organisms, it should be possible to set quantitative treatment and prevention targets among children exposed at home to multidrug-resistant TB, country by country. The article describes the strategy in detail. These authors are not satisfied with their ambitious proposal for case finding and preventive treatment. They have organized a science-advocacy network to take action – the Sentinel Project on Pediatric Drug-Resistant Tuberculosis. Their activities warrant following ([sentinel-project.org](http://sentinel-project.org)).

Those in developing countries seem more aware of today's dilemma for improving response to TB than those in more affluent settings. An Indian colleague writes: 'It is disheartening to see that whenever the problem of TB is discussed among experts, it gets largely confined to multidrug resistant TB and HIV induced TB, as if the regular form is already under control'.<sup>2</sup> His comment may reflect the difference between richer countries, where TB spread has nearly been halted compared with countries with fewer resources, where prevalence is high in the general population and epidemic spread persists. For richer countries two exceptions require special attention: continuing vulnerability for people infected with drug-resistant strains and for those with compromised immune systems.

To mount more urgent and informed global support, this article provides a crucial link between 'business as usual' in TB action, and a future where attention to children can protect many in danger and lead to a more comprehensive and effective set of programs worldwide.

**[Commentary: A targets framework: Dismantling the invisibility trap for children with drug-resistant tuberculosis](#)**

Open

Mercedes C Becerra<sup>a</sup> and Soumya Swaminathan<sup>b</sup>

<sup>a</sup>Department of Global Health and Social Medicine, Harvard Medical School, 641 Huntington Avenue, Boston, MA 02115, USA

<sup>b</sup>National Institute for Research in Tuberculosis, Chennai, India

The online version of this article is available Open Access

***Abstract***

Tuberculosis (TB) is an airborne infectious disease that is both preventable and curable, yet it kills more than a million people every year. Children are highly vulnerable, but often invisible casualties. Drug-resistant forms of TB are on the rise globally, and children are as vulnerable as adults but less likely to be counted as cases of drug-resistant disease if they become sick. Four factors make children with drug-resistant TB 'invisible': first, the nature of the disease in children; second, deficiencies in existing diagnostic tools; third, overreliance on these tools; and fourth, our collective failure to deploy one effective tool for finding and treating children – contact investigation. We describe a nascent science-advocacy network – the Sentinel Project on Pediatric Drug-Resistant Tuberculosis – whose goal is to end child deaths from this disease. Provisional annual targets, focused on children exposed at home to multidrug-resistant TB, to be updated every year, constitute a framework to focus attention and collective actions at the community, national, and global levels. The targets in two age groups, under 5 and 5–14 years old, tell us the number of: (i) children who require complete evaluation for TB disease and infection; (ii) children who require treatment for TB disease; and (iii) children who would benefit from preventive therapy.

**[Building capacities of elected national representatives to interpret and to use evidence for health-related policy decisions: A case study from Botswana](#)**

Open

Anne Cockcroft<sup>a</sup>, Mokgweetsi Masisi<sup>b</sup>, Lehana Thabane<sup>c</sup>, and Neil Andersson<sup>d,e</sup>

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<sup>b</sup>Minister for Presidential Affairs and Public Administration, Office of the President, Private Bag 001, Gaborone, Botswana

<sup>c</sup>Department of Epidemiology and Biostatistics, McMaster University, Canada

<sup>d</sup>Centro de Investigación de Enfermedades Tropicales, Universidad Autónoma de Guerrero, Acapulco, Mexico

<sup>e</sup>CIET/PRAM, Department of Family Medicine, McGill University, Montreal, Canada

Correspondence: Anne Cockcroft, E-mail: [acockcroft@ciet.org](mailto:acockcroft@ciet.org)

The online version of this article is available Open Access

### *Abstract*

Elected national representatives make decisions to fund health programmes, but may lack skills to interpret evidence on health-related topics. In 2011, we surveyed the 61 members of Botswana's Parliament about their use of epidemiological evidence, then provided two half-days of training about using evidence. We included the importance of counter-factual evidence, the number needed to treat, and unit costs of interventions. A further session in 2012 covered evidence about the HIV epidemic in Botswana and planning the best mix of interventions to reduce new HIV infections. The 27 respondents reported they lacked good quality, timely evidence, and had difficulty interpreting and using evidence. Thirty-six, including seven ministers, attended one or both trainings. They participated actively and their evaluation was positive. Our experience in Botswana could potentially be extended to other countries in the region to support evidence-based efforts to tackle the HIV epidemic.

### **Journal of the Royal Society – Interface**

December 6, 2014; 11 (101)

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

[No new relevant content]

### **Journal of Sustainable Development**

Vol 7, No 5 October 2014

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

[Reviewed earlier]

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

Vol 10, No 2 (2014)

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

[Reviewed earlier]

### **The Lancet**

Nov 08, 2014 Volume 384 Number 9955 p1641 – 1720 e52 - 56

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

*Editorial*

#### **The medium and the message of Ebola**

The Lancet

...Social media during a health crisis has the potential to bring experts together in a transparent and democratic forum with global participation to generate a mass of new and potentially helpful ideas. Scaling up the positive and constructive discussion of an informed Twitter discussion could remove boundaries between scientists, health professionals, and policy makers, creating a new diverse community that gives everyone a voice and an opportunity to contribute. To create the conditions to defeat Ebola, we need more of that kind of global engagement, knowledge, and commitment.

#### **A new Lancet Commission on Essential Medicines**

The Lancet

*Preview /*

Access to essential medicines globally is a highly charged political issue that is often about trade, policies, and protest. Essential medicines are crucial if countries are to achieve universal health coverage, and access will be a major goal for the post-2015 development era.

*Special Report*

### **The WHO AFRO Regional Director candidates**

Udani Samarasekera

*Preview /*

The *Lancet* asked the candidates for one of the most important jobs in Africa five questions ahead of the meeting that will decide who will be nominated for the position. Udani Samarasekera reports.

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

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

[New issue; No relevant content]

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

November 6, 2014 Vol. 371 No. 19

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

*Perspective*

*History of Medicine*

**Ebola in a Stew of Fear**

Gregg Mitman, Ph.D.

N Engl J Med 2014; 371:1763-1765

November 6, 2014

DOI: 10.1056/NEJMp1411244

**Nonprofit and Voluntary Sector Quarterly**

October 2014; 43 (5)

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

[Reviewed earlier]

**Oxford Monitor of Forced Migration**

OxMo Volume 4, No. 1 May 2014

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

[Reviewed earlier]

**The Pediatric Infectious Disease Journal**

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

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

[New issue; No relevant content]

**PLoS One**

[Accessed 8 November 2014]

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

*Research Article*

**Incidence of Rotavirus and Circulating Genotypes in Northeast Brazil during 7 Years of National Rotavirus Vaccination**

Ricardo Q. Gurgel, Alberto De Juan Alvarez, Alda Rodrigues, Robergson R. Ribeiro, Sílvia S. Dolabella, Natanael L. Da Mota, Victor S. Santos, Miren Iturriza-Gomara, Nigel A. Cunliffe, Luis E. Cuevas mail

Published: October 31, 2014

DOI: 10.1371/journal.pone.0110217

*Abstract*

Background and Aims

Rotavirus causes severe diarrhoea and Brazil introduced the Rotarix G1P[8] vaccine in 2006. We aimed to describe changes in rotavirus incidence and diarrhoea epidemiology before and after vaccine introduction.

Methods

Design: (i) hospital-based survey of children with diarrhoea (2006–2012); (ii) diarrhea-mortality and hospitalization surveillance (1999–2012).

Setting

(i) Aracaju and (ii) state and national level.

Results

1841 children were enrolled and 231 (12.5%) had rotavirus. Rotavirus was less frequent from January-June than from July-December (9.4% versus 20.9%,  $p<0.01$ ), but the seasonal variation was less defined after 2009. Very few rotavirus cases (8–3.9%) were detected in 2011, with an increase in 2012 (13–18.5%). In 2006, unvaccinated children were more likely to have rotavirus, but thereafter unvaccinated and vaccinated children had equally low incidence. Older children and those with rotavirus were more likely to have severe diarrhea episodes. The most frequent genotype from 2006 to 2010 was G2P[4]; except in 2009, when most cases were G1P[8]. Very few G2P[4] were detected from 2011 and 50% cases in 2012 were G8P[4]. Diarrhoea-hospitalizations decreased nationally from 89,934 (2003) to 53,705 (2012; 40.3% reduction) and in the state from 1729 to 748 (56.7% reduction). Diarrhoea-deaths decreased nationally from 4368 in 1999 to 697 in 2012 (84% reduction,  $p<0.001$ ) and in the state from 132 to 18 (86% reduction). These changes were much larger after vaccine introduction.

#### Conclusions

The vaccine was associated with substantial reductions in rotavirus incidence and diarrhoea-hospitalizations and deaths. The G2P[4] genotype predominance disappeared over time and may be replaced by other heterotypic genotypes.

#### Research Article

### **Effect of Pneumococcal Conjugate Vaccination in Uruguay, a Middle-Income Country**

Gabriela García Gabarrot, Mariana López Vega, Gabriel Pérez Giffoni, Silvia Hernández, Pablo Cardinal, Viviana Félix, Jean Marc Gabastou, Teresa Camou mail, the Uruguayan SIREVA II Group

Published: November 06, 2014

DOI: 10.1371/journal.pone.0112333

#### Abstract

##### Background

In 2008, a 7-valent pneumococcal conjugate vaccine (PCV7) was introduced into the routine childhood immunization program in Uruguay, with a 2+1 schedule. In 2010, PCV13 replaced PCV7, and the same 2+1 schedule was used. The effect of these pneumococcal vaccines on the incidence of invasive pneumococcal infections (IPD) and on serotype distribution was analyzed retrospectively, based on passive national laboratory surveillance.

##### Methods

Data from 1,887 IPD isolates from 5 years before and 5 years after PCV7 introduction (7 before and 3 after PCV13 introduction) was examined to assess the incidence rate per 100,000 age-specific population of all IPD, PCV7-serotypes, and PCV13-serotypes associated IPD among children <2 years and 2 to 4 years old, and patients  $\geq 5$  years old. Trends of frequency for each serotype were also analyzed.

##### Results

Comparison of pre-vaccination (2003–2007) and post-vaccination (2008–2012) periods showed a significant decrease in IPD incidence among children <2 years old (IR 68.7 to IR 29.6,  $p<0.001$ ) and children 2 to 4 years ( $p<0.04$ ). IPD caused by serotypes in PCV7 was reduced by 95.6% and IPD caused by 6 serotypes added in PCV13 was reduced by 83.9% in children <5 years old. Indirect effects of both conjugate vaccines were observed among patients  $\geq 5$  years old one year after the introduction of each vaccine, in 2010 for PCV7 and in 2012 for PCV13. Nevertheless, for reasons that still need to be explained, perhaps due to ascertainment bias, total IPD in this group increased after 2007. In 2012, the relative frequency of vaccine serotypes among vaccinated and unvaccinated population declined, except for serotype 3. Non vaccine serotypes with increasing frequency were identified, in rank order: 12F, 8, 24F, 22F, 24A, 15C, 9N, 10A and 33.

## Conclusion

Consecutive immunization with PCV7 and PCV13 has significantly reduced IPD in children <5 years of age in Uruguay.

## Research Article

### **Global Systematic Review of the Cost-Effectiveness of Indigenous Health Interventions**

Blake J. Angell mail, Janani Muhunthan, Michelle Irving, Sandra Eades, Stephen Jan Published: November 05, 2014

DOI: 10.1371/journal.pone.011124

## Abstract

### Background

Indigenous populations around the world have consistently been shown to bear a greater burden of disease, death and disability than their non-Indigenous counterparts. Despite this, little is known about what constitutes cost-effective interventions in these groups. The objective of this paper was to assess the global cost-effectiveness literature in Indigenous health to identify characteristics of successful and unsuccessful interventions and highlight areas for further research.

### Methods and Findings

A systematic review of the published literature was carried out. MEDLINE, PSYCINFO, ECONLIT, EMBASE and CINAHL were searched with terms to identify cost-effectiveness evaluations of interventions in Indigenous populations around the world. The WHO definition was followed in identifying Indigenous populations. 19 studies reporting on 27 interventions were included in the review. The majority of studies came from high-income nations with only two studies of interventions in low and middle-income nations. 22 of the 27 interventions included in the analysis were found to be cost-effective or cost-saving by the respective studies. There were only two studies that focused on Indigenous communities in urban areas, neither of which was found to be cost-effective. There was little attention paid to Indigenous conceptions of health in included studies. Of the 27 included studies, 23 were interventions that specifically targeted Indigenous populations. Outreach programs were shown to be consistently cost-effective.

### Conclusion

The comprehensive review found only a small number of studies examining the cost-effectiveness of interventions into Indigenous communities around the world. Given the persistent disparities in health outcomes faced by these populations and commitments from governments around the world to improving these outcomes, it is an area where the health economics and public health fields can play an important role in improving the health of millions of people.

## **PLOS Currents: Disasters**

[Accessed 8 November 2014]

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

### **The Race to Save Lives: Demonstrating the Use of Social Media for Search and Rescue Operations**

November 6, 2014 · [Research article](#)

Importance: Utilizing social media in an emergency can enhance abilities to locate and evacuate casualties more rapidly and effectively, and can contribute towards saving lives following a disaster, through better coordination and collaboration between search and rescue teams.



**Objective:** An exercise was conducted in order to test a standard operating procedure (SOP) designed to leverage social media use in response to an earthquake, and study whether social media can improve joint Israeli-Jordanian search and rescue operations following a regional earthquake.

**Design:** First responders from both Jordan and Israel were divided into two mixed groups of eight people each, representing joint (Israeli-Jordanian) EMS teams. Simulated patients were dispersed throughout the Ben-Gurion University Campus. The first search and rescue team used conventional methods, while the second team also used social media channels (Facebook and Twitter) to leverage search and rescue operations.

**Participants:** Eighteen EMS and medical professionals from Israel and Jordan, which are members of the Emergency Response Development and Strategy Forum working group, participated in the exercise.

**Results:** The social media team found significantly more mock casualties, 21 out of 22 (95.45%) while the no-media team found only 19 out of 22 (86.36%). Fourteen patients (63.63%) were found by the social media team earlier than the no-media team. The differences between the two groups were analyzed using the Mann-Whitney U-test, and evacuation proved to be significantly quicker in the group that had access to social media. The differences between the three injury severities groups' extraction times in each group were analyzed using the Kruskal-Wallis test for variance. Injury severity influenced the evacuation times in the social media team but no such difference was noted in the no-media team.

**Conclusions:** Utilizing social media in an emergency situation enables to locate and evacuate casualties more rapidly and effectively. Social media can contribute towards saving lives during a disaster, in national and bi-national circumstances. Due to the small numbers in the groups, this finding requires further verification on a larger study cohort.

## **PLoS Medicine**

(Accessed 8 November 2014)

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

[No new relevant content]

## **PLoS Neglected Tropical Diseases**

(Accessed 8 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 8 November 2014)

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

### **[Probabilistic cognition in two indigenous Mayan groups](#)**

Laura Fontanaria, Michel Gonzalez, Giorgio Vallortigara, and Vittorio Girotto, 1

Author Affiliations

Edited by Philip N. Johnson-Laird, Emeritus Princeton University, Princeton, NJ, and approved October 3, 2014 (received for review June 6, 2014)

*Significance*

Correct probabilistic evaluations are one of the hallmarks of rationality. Is the human ability to make them dependent on formal education, or does it emerge regardless of instruction and culture? This paper shows that preliterate and prenumerate Mayan adults are able to solve a variety of probabilistic problems. These individuals correctly use prior and posterior information, proportions and elementary combinatorial procedures to predict the occurrence of random outcomes. And they perform like Mayan school children and Western controls. The finding that adults with no formal education are able to make suitable predictions indicates that, regardless of schooling and culture, the human mind possesses a basic probabilistic knowledge.

#### *Abstract*

Is there a sense of chance shared by all individuals, regardless of their schooling or culture? To test whether the ability to make correct probabilistic evaluations depends on educational and cultural guidance, we investigated probabilistic cognition in preliterate and prenumerate Kaqchikel and K'iche', two indigenous Mayan groups, living in remote areas of Guatemala. Although the tested individuals had no formal education, they performed correctly in tasks in which they had to consider prior and posterior information, proportions and combinations of possibilities. Their performance was indistinguishable from that of Mayan school children and Western controls. Our results provide evidence for the universal nature of probabilistic cognition.

### **Prehospital & Disaster Medicine**

Volume 29 - Issue 05 - October 2014

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

[Reviewed earlier]

### **Public Health Ethics**

Volume 7 Issue 2 July 2014

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

[Reviewed earlier]

### **Qualitative Health Research**

December 2014; 24 (12)

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

*Special Issue: Concepts in Promoting Health*

#### **[Giving Voice to Service Providers Who Work With Survivors of Torture and Trauma](#)**

[Allysa J. Barrington](#)<sup>1</sup>, [Jane Shakespeare-Finch](#)<sup>1</sup>

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[a.barrington@connect.qut.edu.au](mailto:a.barrington@connect.qut.edu.au)

#### *Abstract*

Clinicians who support people from refugee- and asylum-seeking backgrounds are routinely exposed to stories of trauma as part of their work. Hearing these stories can be highly distressing for clinicians but simultaneously provide opportunities for positive personal growth. Adopting a longitudinal qualitative design, we interviewed 12 service providers at two time points a year apart. We used a semistructured interview protocol and analyzed the data

according to interpretative phenomenological analysis. Five superordinate and nineteen constituent themes emerged from the analysis at Time 1 and Time 2. We found that participants were both positively and negatively affected by their work, and their experiences remained relatively stable across time. The participants highlighted the use of organizational and personal coping strategies to help minimize distress and maximize well-being. Adopting a broad repertoire of such strategies is not only advantageous for the service providers but ultimately for those people they seek to assist.

### **Refugee Survey Quarterly**

Volume 33 Issue 3 September 2014

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

[Reviewed earlier]

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

Volume 2, Issue 3, 2014

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

#### **Humanitarian challenges of urbanisation in Manila: the position of the Philippine Red Cross in a changing disaster and aid landscape**

Raimond Duijsensab\* & Marijn Falingc

DOI:10.1080/21693293.2014.948314

pages 168-182

Published online: 26 Aug 2014

#### *Abstract*

Recognising increased vulnerabilities because of ongoing urbanisation, the Philippine Red Cross has embarked on a five-year programme to strengthen the resilience of poor settlements in the National Capital city of Valenzuela. The programme expands the organisation's traditional response orientation to also address underlying causes of structural vulnerability, and as such puts the organisation ahead of many other Red Cross and Red Crescent Societies. While this engagement fits the organisation because of its mandate, strategies and reach, the traditional strengths of the organisation increasingly emerge as challenging factors. Applying a 'resilience approach', particularly in Manila's urban humanitarian arena, also puts pressure on how the Philippine Red Cross is able to be guided by its Fundamental Principles, especially in relation to donor obligations, working with non-Red Cross organisations, engaging with communities and taking a more critical role towards the government. The approach requires a transformation in mind set and activities that requires time to achieve.

### **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)

#### **Infant feeding practices in the Peruvian Amazon: implications for programs to improve feeding**

[Prácticas de alimentación de lactantes en la Amazonia peruana: implicaciones para los programas de mejora de la alimentación]

Gwenyth Lee, Maribel Paredes Olortegui, Sylvia Rengifo Pinedo, Ramya Ambikapathi, Pablo Peñataro Yori, Margaret Kosek, and Laura E. Caulfield  
[Desigualdad e inequidad en la utilización de servicios médicos según grupos etarios en Chile, 2000–2011](#) [**Inequality and inequity in the use of medical services in Chile, by age group, 2000–2011**]

Alejandra Chovar Vera, Felipe Vásquez Lavín y Guillermo Paraje

*INFORMES ESPECIALES / SPECIAL REPORTS*

[El camino hacia la erradicación de la poliomielitis a través de la Organización Panamericana de la Salud](#) [**The road to polio eradication via the Pan American Health Organization**]

Miguel Armando Mosquera Gordillo, Natalia Barón Cano  
y Rosa Ballester Añón

## **Risk Analysis**

September 2014 Volume 34, Issue 9 Pages 1581–1774

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

[New issue; No relevant content]

## **Science**

7 November 2014 vol 346, issue 6210, pages 669-784

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

*In Depth*

*Infectious Diseases*

[Delays hinder Ebola genomics](#)

Gretchen Vogel

As the Ebola epidemic sweeps through West Africa, scientists lack key genetic data to answer a question that has provoked much worried speculation: Is the virus becoming more transmissible or more deadly, or acquiring changes that would let it evade diagnostic tests or vaccines? Thousands of blood samples from Ebola patients have been sitting in refrigerators in Africa and Europe, untouched. And, as Science went to press, the few groups that have new sequence data have not made them public. Researchers are eager for a close-up look at how the virus may be evolving. Besides answering questions about its virulence, genomic data could reveal details about the epidemic, including hotspots of transmission and how often the virus has escaped from its animal reservoir to humans. But faced with the all-consuming public health response to the epidemic, bureaucratic obstacles, and chaotic record keeping, scientists have had to wait.

## **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 8 November 2014]

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

## **Sustainability**

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

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

[No relevant content]

## **TORTURE Journal**

Volume 24, Nr. 1, 2014

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

[An Innovative Model of Culturally Tailored Health Promotion Groups for Cambodian Survivors of Torture](#)

Sarah Y. Berkson, Svang Tor, Richard Mollica, James Lavelle, Carol Cosenza

[Forensic odontological examinations of alleged torture victims at the University of Copenhagen 1997-2011](#)

Sára O. Arge, Steen Holger Hansen, Niels Lynnerup

[Symptoms, Quality of Life and level of functioning of traumatized refugees at Psychiatric Trauma Clinic in Copenhagen](#)

Cæcilie Buhman, Erik Lykke Mortensen, Stine Lundstrøm, Jasmina Ryberg, Merete Nordentoft, Morten Ekstrøm

[Psychotherapy with traumatised refugees – the design of a randomised clinical trial](#)

Erik Vindbjerg, Christoph Klimpke, Jessica Carlsson

[Activity of Daily Living Performance amongst Danish Asylum Seekers: A cross-sectional study](#)

Anne-Le Morville, Lena-Karin Erlandsson, Mona Eklund, Bente Danneskiold-Samsøe, Robin Christensen, Kirstine Amris

## **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.

[Reviewed earlier]

### **Vulnerable Children and Youth Studies**

An International Interdisciplinary Journal for Research, Policy and Care

Volume 9, Issue 4, 2014

<http://www.tandfonline.com/toc/rvch20/current#.Uzg2bFcWNdc>

[Reviewed earlier]

### **World Heritage Review**

n°72 - June 2014

<http://whc.unesco.org/en/review/72/>

*Special Issue - World Heritage in Qatar*

Each year, the special issue of World Heritage coinciding with the annual World Heritage Committee session gives us the opportunity to focus on the heritage of a particular country or region. This year the 38th session of the Committee is hosted by the State of Qatar so we are taking a closer look at the cultural and natural heritage of this country, which deserves to be better known.

### **Yale Human Rights & Development Law Journal**

Volume XIV, Issue 2

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

[Reviewed earlier]

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### **From Google Scholar & other sources: Selected Journal Articles, Newsletters, Dissertations, Theses**

#### **Journal of Evidence-Based Medicine**

*Article in Press*

**[Evidence Aid: a resource for those preparing for and responding to natural disasters, humanitarian crises and major healthcare emergencies](#)**

Claire Allen\*

DOI: 10.1111/jebm.12127

*Abstract*

This article describes the dissemination and knowledge transfer activities of Evidence Aid, which was established after the Indian Ocean tsunami of December 2004 to provide a single source of evidence that would help people make well-informed decisions when preparing for and responding to disasters. Evidence Aid has a dedicated website ([www.EvidenceAid.org](http://www.EvidenceAid.org)) to provide access to more than 160 systematic reviews and several other documents relevant to people working on disaster risk reduction, planning, response, recovery, rehabilitation and resilience. It combines this with a social media presence and Special Collections that bundle together related Cochrane Reviews ([www.TheCochraneLibrary.com](http://www.TheCochraneLibrary.com)). The aim is to make it easier for users who need this evidence and don't have time to browse through multiple

documents and distill them before making their decisions. Evidence Aid will continue to identify and share resources and knowledge with those who most need it at the time that they need it most. It is working with several partners to identify relevant Cochrane and non-Cochrane systematic reviews and is engaging with users who, by sharing their information and their knowledge needs, will allow Evidence Aid to target its efforts to these priority areas.

## **International Community Law Review**

Volume 16, Issue 4, pages 399 – 404

### **Introduction: The Use of Private Military and Security Companies by the United Nations**

Elżbieta Karska<sup>1</sup> and Karol Karski<sup>2</sup>

Publication Year : 2014

DOI: [10.1163/18719732-12341286](https://doi.org/10.1163/18719732-12341286)

#### *Abstract*

The work of private military and security contractors is extremely controversial from the point of view of international law and of practice. Sometimes there are doubts as to whether some of their activities should be considered legal activities or illegal mercenarism. Like any other entities using force, they can violate human rights as well as international humanitarian law. They provide their services to, amongst others, states and intergovernmental organisations, including the un. This requires a precise definition of the rules under which such contractors operate, both with regard to the law of treaties and the domestic law of the entities using their services. A question also arises as to whether there is any legal limit to their services being used by intergovernmental organisations, i.e. entities deriving their competences from the will of their member states. The work of the un is an interesting example here. The organisation uses such contractors, but on the other hand, it undertakes various activities to eliminate any potential threats in this respect.

## **Wireless Communications, IEEE**

Volume:21 Issue:5

### **Cognitive radio for disaster response networks: survey, potential, and challenges**

Ghafoor, S. ; University College Cork, Ireland ; Sutton, P.D. ; Sreenan, C.J. ; Brown, K.N.

#### *Abstract*

In the wake of a natural or man-made disaster, restoration of telecommunications is essential. First responders must coordinate their responses, immediate casualties require assistance, and all affected citizens may need to access information and contact friends and relatives. Existing access and core infrastructure may be damaged or destroyed, so to support the required services, new infrastructure must be rapidly deployed and integrated with undamaged resources still in place. This new equipment should be flexible enough to interoperate with legacy systems and heterogeneous technologies. The ability to selforganize is essential in order to minimize any delays associated with manual configuration. Finally, it must be robust and reliable enough to support mission-critical applications. Wireless systems can be more easily reconfigured than wired solutions to adapt to the various changes in the operating environment that can occur in a disaster scenario. A cognitive radio is one that can observe its operating environment, make decisions and reconfigure in response to these observations, and learn from experience. This article examines the use of cognitive radio technologies for disaster response networks and shows that they are ideally suited to fulfill the unique requirements of these



networks. Key enabling technologies for realizing real-world cognitive radio networks for disaster response are discussed and core challenges are examined.

## **Journal of Anxiety Disorders**

Available online 1 November 2014 *In Press, Accepted Manuscript* — Note to users

### **The impact of disaster work on community volunteers: The role of peri-traumatic distress, level of personal affectiveness, sleep quality and resource loss, on post-traumatic stress disorder symptoms and subjective health**

Sigridur B. Thormar, Berthold P.R. Gersons, Maria Nelden Djakababa, Thorlakur Karlsson, Miranda Olff

#### *Highlights*

- :: We carry out longitudinal research, 6,-12,-18 months post-disaster in community volunteers
- :: We measure levels of post-traumatic distress and subjective health complaints
- :: Level of complaints is still high at 18 months
- :: Paying attention to quality of sleep in volunteers may reduce mental health complaints
- :: Supplementing lost resources of the volunteers may reduce mental health complaints

#### *Abstract*

Disaster work has shown to cause PTSD symptoms and subjective health complaints in professional emergency personnel. However, very little is known about how disaster work affects community volunteers.

This first time longitudinal study examined factors contributing to post-traumatic stress disorder symptoms (PTSD) and subjective health complaints in volunteers working in an earthquake setting. At six and eighteen months post disaster, a sample of 506 Indonesian Red Cross volunteers were assessed using the Impact of Event Scale-Revised and the Subjective Health Complaints Inventory. Factors analysed in relation to the outcomes included: peri-traumatic distress, level of personal affectedness by the disaster, sleep quality and loss of resources as a consequence of the disaster.

At 18 months post-disaster the findings showed high levels of PTSD symptoms and subjective health complaints. Quality of sleep was related to both outcomes but resource loss only to PTSD symptoms. Neither peri-traumatic distress nor level of affectedness by the disaster (external versus directly affected volunteers), were predictive of symptoms. This study indicates that characteristics of disaster work e.g. low quality of sleep, may be an important contributor to PTSD symptoms and subjective health complaints in volunteers.

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