

The Sentinel

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

Two weeks ending 3 January 2015

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

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

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

The Sentinel is also available as a pdf document linked from this page:

<http://ge2p2-center.net/>

***The Sentinel resumes publication today – 3 January 2015 –
following a holiday break.***

Contents

:: Week in Review

:: Key Agency/IGO/Governments Watch – Selected Updates from 30+ entities

:: NGO/Collaborations/Initiatives Watch – Media Releases, Major Initiatives, Research

:: Foundation/Major Donor Watch – Selected Updates

:: Journal Watch – Key articles and abstracts from 100+ peer-reviewed journals

:: Ebola/EVD Watch

:: Week in Review

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

[Secretary-General Says Arms Trade Treaty's Entry into Force Is Testimony of International Commitment to Stop Irresponsible Arms Transfers](#)

23 December 2014

SG/SM/16436-DC/3537-L/T/4440

Press Release

The following statement by UN Secretary-General Ban Ki-moon was issued today:

Tomorrow, 24 December 2014, the Arms Trade Treaty will enter into force.

This marks the opening of a new chapter in our collective efforts to bring responsibility, accountability and transparency to the global arms trade. From now on, the States parties to this important Treaty will have a legal obligation to apply the highest common standards to their international transfers of weapons and ammunition.

The speed with which the Arms Trade Treaty came into force — less than two years since its historic adoption by the United Nations General Assembly — is testimony to the commitment of States, international organizations and civil society to stop irresponsible arms transfers. Ultimately, it attests to our collective determination to reduce human suffering by preventing the transfer or diversion of weapons to areas afflicted by armed conflict and violence and to warlords, human rights abusers, terrorists and criminal organizations.

I am encouraged by the multitude of initiatives and activities that have already been undertaken by various entities to assist in the implementation of the Arms Trade Treaty. The United Nations will continue to work in partnership with States, regional organizations and civil society to ensure that all States parties will have the capacity to fully comply with the provisions of the Treaty. The multi-donor United Nations Trust Facility Supporting Cooperation on Arms Regulation (UNSCAR) has proven to be an effective tool to that end.

It is also critical that we continue to promote universal participation in the Arms Trade Treaty by encouraging all States, particularly major arms exporters and importers, to join this Treaty. With this in mind, I call on those States who have not yet done so, to accede to it without delay.

[Arms Trade Treaty](#)

New York, 2 April 2013

Entry into force: 24 December 2014

UN Treaty Collection:

https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=XXVI-8&chapter=26&lang=en

[*Excerpt from 25 September 2014 Press Release marking 50 ATT ratifications:*](#)

...Today, the Secretary-General remarked: "The need for the [Arms Trade Treaty] remains abundantly clear. Deadly weaponry continues to find its way into irresponsible hands. Unscrupulous arms brokers defy United Nations arms embargoes. Ruthless leaders turn their arsenals on their own citizens. Ammunition depots are poorly guarded. State-owned weapons go missing. Civilian airplanes end up in the crosshairs. End-use certificates are not standardized and can be easily forged. Pirates wield grenade launchers and machine guns against merchant ships. Drug traffickers outgun police forces. Just as with other commodities, the trade in arms should comply with vigorous, internationally agreed standards. All actors involved in the arms trade must be held accountable.

In adopting the Arms Trade Treaty, Member States came together to support a robust, legally binding commitment to provide a measure of hope to millions of people around the world. Today, we can look ahead with satisfaction to the date of this historic new Treaty's entry into force. Now, we must work for its efficient implementation and seek its universalization, so that

the regulation of armaments — as expressed in the Charter of the United Nations — can become a reality once and for all.”...

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Historic modernisation of official development assistance

OECD – Paris, 16 December 2014

Press Release *[Full text]*

The OECD Development Assistance Committee ended its High Level Meeting 15-16 December 2014 with an historic agreement to modernise the statistical system underpinning development co-operation. These steps will create incentives to mobilise more and better financing for development.

The DAC members agreed to modernise the reporting of concessional loans, which will encourage more resources on softer terms to the poorest nations while putting in place safeguards to ensure debt sustainability.

They also agreed to target more development assistance to the least developed countries and other nations most in need including small island developing states, land-locked developing countries and fragile and conflict-affected states.

This reform package by the DAC will enable donors to mobilise more private finance for development by making use of the available instruments in the financing tool box, such as guarantees and equity investments.

“This modernisation of official development assistance comes at an important time now as the world prepares for post-2015 and a new set of sustainable development goals,” said Erik Solheim, Chair of the OECD Development Assistance Committee.

“To eradicate poverty and continue the huge development success of the past decades, we need to direct more development assistance and concessional loans to the poorest nations and mobilise much more private finances for development.”

OECD: [DAC \(Development Assistance Committee\) High Level Meeting](#)

Development Co-operation Directorate (DCD-DAC)

15 to 16 December 2014, Paris

The OECD Development Assistance Committee DAC convened its 2014 High Level Meeting from 15 to 16 December 2014 in Paris. The principal objective of the meeting was the modernisation of the OECD DAC development finance measurement framework to ensure that it is credible and fit-for-purpose in today’s global context. The decisions and actions taken in the meeting (see [final 2014 HLM Communiqué in English](#) - French version forthcoming - and [statement by the DAC Chair](#)) will enable the OECD and its members to make an important contribution to future monitoring of the financing framework underpinning the forthcoming Sustainable Development Goals.

This meeting was the culmination of an imperative fully endorsed by political leaders at the DAC High Level Meeting in December 2012. They called on the DAC to adapt its long-standing statistical concepts to the profound changes in the global financial and economic landscape. (See 2012 HLM Final Communiqué — [EN](#), [FR](#))

[Final 2014 HLM Communiqué in English](#)

16 December 2015

[Excerpts from opening clauses, and Annexes; Editor’s text bolding]

1. We, the members of the OECD Development Assistance Committee (DAC), convened at high level in Paris on 15-16 December 2014. We welcomed the five new members who have joined the Committee since our last High-Level Meeting in 2012: the Czech Republic, Iceland, Poland, the Slovak Republic and Slovenia. We also welcomed the United Arab Emirates as the first country beyond the OECD membership to become a Participant of our Committee. The International Monetary Fund, the World Bank, the United Nations Development Programme, the Inter-American Development Bank and non-DAC OECD members – Chile, Estonia, Hungary, Israel, Mexico and Turkey – participated in our deliberations.¹

2. We have witnessed tremendous development progress over the past 15 years. Globally, extreme poverty has been halved, substantial progress has been made toward reaching gender parity in school enrolment at all levels and in all developing regions and child mortality has been halved as has the proportion of people without access to safe water. Yet the job of ending global poverty is unfinished, and we encounter continued instability and conflict, humanitarian crises and rising inequality. Addressing all these challenges in a sustainable way requires a renewed global partnership for development.

3. We met as the world prepares the ground for the post-2015 agenda, an ambitious global framework for achieving inclusive, sustainable development for all. Three decisive events taking place next year will sharpen the vision and clarify the means of implementation underpinning this agenda: the Third International Conference on Financing for Development, the United Nations Summit for the Adoption of the Post-2015 Development Agenda, and the 21st Conference of the Parties on the United Nations Framework Convention on Climate Change.

4. As we shape the new sustainable development goals for the post-2015 era, we want to ensure our contributions make the difference that is needed. We invite the OECD to fully use its interdisciplinary expertise to support members and partners as they design and implement the range of policies needed to achieve these goals in all countries. This new set of goals will require both financial and non-financial means and efforts. As regards the financing challenge, a wide array of domestic and international resources – both concessional and commercial in nature – needs to be mobilised from public and private sources and from all providers. These different resources must also be used effectively, drawing on their respective comparative advantages. In this context, we welcome relevant efforts from across the OECD on development finance, including in the areas of taxation and investment. We consider that improving global access to reliable statistics regarding all these resources will be essential for all stakeholders, including developing and provider countries, to optimally plan, allocate, use and account for development resources. Reliable statistics will also facilitate national, regional and global transparency and accountability.

5. OECD DAC statistics on development finance are a global public good that informs policy choices, promotes transparency and fosters accountability. Following a mandate that we adopted at the 2012 High Level Meeting, we began work to modernise our statistical system, measures and standards to ensure the integrity and comparability of data on development finance and create the right incentive mechanisms for effective resource mobilisation. We have today taken stock of progress achieved in this regard, and have taken decisions in a number of areas.

6. Official Development Assistance (ODA) will remain a crucial part of international development co-operation in implementing the post-2015 agenda, particularly for countries most in need. We also acknowledge the important role of international private flows. Domestic resources, however, will continue to be the main pillar of development finance for the broad majority of developing countries.

7. We note that despite challenging fiscal circumstances in many OECD countries, we have maintained high levels of ODA – which reached an all-time high of USD 134.8 billion in 2013. We reaffirm our respective ODA commitments, including those of us who have endorsed the UN target of 0.7 per cent of Gross National Income (GNI) as ODA to developing countries, and agree to continue to make all efforts to achieve them...

Annex 3: Developing a new measure - Total Official support for Sustainable Development

[Excerpt]

1. We, DAC members, recognise that the development agenda is broad and complex and that we need to mobilise resources and expertise to address related challenges.

2. We agree, therefore, that there is a need to capture in OECD DAC statistics the wide array of support we are providing beyond concessional finance through a measure of Total Official support for Sustainable Development (working title). Such a measure would encourage visibility and understanding about development financing options and impacts, enhance transparency and foster accountability beyond ODA, and facilitate information-sharing with providers of development co-operation beyond our Committee. This will contribute to broader global efforts to monitor international resource mobilisation for implementing the post-2015 agenda.

3. We have reviewed the work carried out on this measure and express our appreciation to various stakeholders who have participated in our ongoing efforts to shape its narrative and possible components.

4. We agree, today, to create a TOSD measure, which will:

- :: complement and not replace ODA;
- :: potentially cover the totality of resource flows extended to developing countries and multilateral institutions in support of sustainable development and originating from official sources and interventions, regardless of the types of instruments used and associated terms, i.e. including both concessional and non-concessional financing provided through various instruments, such as grants, loans, equity and mezzanine finance;
- :: cover activities that promote and enable sustainable development, including contributions to global public goods when these are deemed relevant for development and aligned with developing countries' priorities;
- :: make a clear distinction between official support and flows mobilised through official interventions, but also between flows and contingent liabilities; and
- :: capture and report resources on a gross cash-flow basis, while also collecting and publishing net flows so as to ensure full transparency of support and flows.

5. We agree to consult broadly with developing countries, international institutions, other providers of development co-operation and stakeholders on the scope, definition and statistical

features of the measure, with the hope of contributing to a more global monitoring mechanism. We will also explore whether and how private finance mobilised by official interventions could be reflected in this new measure.

6. We will clarify the ultimate parameters once the final shape of the post-2015 agenda has been agreed. We will share the emerging features of this measure with the international community at the July 2015 Financing for Development conference in Addis Ababa, as an additional DAC contribution to the post-2015 monitoring framework, and use the opportunity to collect feedback on these features.

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EBOLA/EVD [to 3 January 2014]

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

[WHO: Ebola response roadmap - Situation report 31 December 2014](#)

Summary [Excerpt]

A total of 20,206 confirmed, probable, and suspected cases of Ebola virus disease (EVD) have been reported in four affected countries (Guinea, Liberia, Mali and Sierra Leone) and four previously affected countries (Nigeria, Senegal, Spain and the United States of America) in the seven days to 28 December (week 52). There have been 7,905 reported deaths (case definitions are provided in Annex 1). On 29 December, the United Kingdom reported its first confirmed EVD case. Reported case incidence has fluctuated between 70 and 160 confirmed cases in Guinea over the past 15 weeks. In Liberia, case incidence has mostly declined in the past six weeks. In Sierra Leone, there are signs that the increase in incidence has slowed, although the country's west is now experiencing the most intense transmission of all the affected countries. The reported case fatality rate in the three intense-transmission countries among all cases for whom a definitive outcome is known is 71%.

Interventions in the three countries continue to progress in line with the UN Mission for Ebola Emergency Response aim to conduct 100% of burials safely and with dignity, and to isolate and treat 100% of EVD cases by 1 January, 2015...

:: [Ould Cheikh Ahmed Arrived in Accra to Officially Take Over as Head of UN Ebola Mission](#)
03 Jan 2015

:: [Outgoing UNMEER Chief: Zero Ebola Cases is "only acceptable outcome"](#)

UNMEER PRESS RELEASE

[Full text]

Accra, 2 January 2015 - Anthony Banbury, Head of the United Nations Mission for Ebola Emergency Response (UNMEER), gave a final review of progress in the fight against Ebola today as he prepares to hand over the role to his successor, Ismail Ould Cheikh Ahmed of Mauritania on Saturday.

"It's important to remember where we were when we started," Banbury told journalists during a press conference in Accra. "At the time, there were predictions of up to 1.4 million cases of Ebola by the start of the year...Here we are in January and we have a total of around 20,000 cases instead of 1.4 million. That's 1.4% of what was being projected as a possibility by credible scientists back in September."

According to the latest World Health Organization report, there are 20,206 confirmed, probable or suspected cases of Ebola and 7,905 reported deaths.

"We are engaged in a big battle with this disease," he said. "It's an insidious, invasive disease that attacks people through acts of caring and kindness...It's going to be extremely hard for us to bring it down to zero but that is what we will do. That is the only acceptable outcome."

Returning from a final review mission in Guinea, Liberia and Sierra Leone, Banbury, who was appointed in September, says there has been significant progress in the fight against Ebola over the past 90 days. Banbury pointed, for instance, to the increased number of isolation beds in each country, which stands at two beds per patient in Guinea, 3.5 in Sierra Leone, and 14 in Liberia.

With support from UNMEER and other partners, the three countries now also have sufficient capacity to isolate and treat 100 percent of confirmed Ebola patients and enough burial teams to ensure safe and dignified burials for 100 percent of all deaths due to Ebola.

Banbury, however, said several challenges remain, including the geographical dispersion of Ebola. He also cited behavior change and community resistance as major obstacles in some areas despite massive interventions.

"It's a bit like putting seatbelts in cars," said Banbury. "If you have seatbelts in cars you can save a lot of lives, but only if people use those seatbelts."

The key to success, according to Banbury, is to effectively engage with communities, and also to maintain vigilance and commitment as the number of cases continues to drop.

"It's an obligation to set very ambitious targets so we can bring this crisis to an end as quickly as possible," he said. "For the UN, it's a very heavy responsibility. But it's also a privilege to work with these communities and these people. We will succeed together."

Banbury is succeeded by Ismail Ould Cheikh Ahmed of Mauritania, who will himself be visiting the affected countries next week to reinforce UNMEER's strategic priorities. Before his new appointment, Ould Cheikh Ahmed was appointed Deputy Special Representative and Deputy Head of the United Nations Support Mission in Libya (UNSMIL).

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Emergencies Scorecard

UN OCHA: [L3 Emergencies](#) [at 3 January 2014]

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

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

[OCHA Iraq>>](#)

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

[OCHA Syria>>](#)

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

[OCHA CAR>>](#)

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

[OCHA South Sudan>>](#)

WHO: Public Health Emergencies of International Concern (PHEIC) [at 3 January 2014]

:: Ebola/EVD

:: Polio

WHO: Grade 3 and Grade 2 emergencies [at 3 January 2014]

:: *WHO Grade 3 emergencies*

- Central African Republic
- Guinea
- Iraq
- Liberia
- Nigeria
- Sierra Leone
- South Sudan
- The Syrian Arab Republic

:: *WHO Grade 2 emergencies*

- Democratic Republic of the Congo
- Guinea
- Mali
- occupied Palestinian territories
- Philippines
- Ukraine

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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 Press Releases [to 3 January 2014]

Secretary General, Security Council, General Assembly

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

30 December 2014

SC/11722

[Resolution in Security Council to Impose 12-Month Deadline on Negotiated Solution to Israeli-Palestinian Conflict Unable to Secure Nine Votes Needed for Adoption](#)

The Security Council today failed to adopt a draft resolution calling for Israel, within three years, to withdraw from Palestinian territory occupied since 1967 and, within one year, for the parties to reach a negotiated solution to the conflict.

23 December 2014

GA/11606

[General Assembly Adopts Resolution to Reinforce United Nations Emergency Humanitarian Response, Decisions on International Criminal Tribunals](#)

The General Assembly today, nearing completion of its work for the main part of the session, adopted three draft texts on international tribunals and on bolstering emergency humanitarian response.

The General Assembly today, nearing completion of its work for the main part of the session, adopted three draft texts on international tribunals and on bolstering emergency humanitarian response.

Resuming its consideration of its agenda item on strengthening the coordination of emergency humanitarian assistance of the United Nations, the Assembly adopted, without a vote, a draft resolution on international cooperation on humanitarian assistance in the field of natural disasters, from relief to development.

The representative of Bolivia, speaking for the "Group of 77" developing countries and China, introduced the text, saying that it recognized the clear relationship between emergency response, rehabilitation and development, and reaffirmed that, in order to ensure a smooth transition, emergency assistance must be provided in ways that would be supportive of short-term and medium-term recovery leading to long-term development.

The draft resolution also emphasized the fundamentally civilian character of humanitarian assistance, he said, noting that it urged Member States, the United Nations and development organizations to prioritize risk management and to work towards a common understanding of risks and responsibilities.

22 December 2014

SC/11720

[Security Council, in Divided Vote, Puts Democratic People's Republic of Korea's Situation on Agenda following Findings of Unspeakable Human Rights Abuses](#)

Concerted action by the international community was needed following a Human Rights Council report on appalling, systematic abuses in the Democratic People's Republic of Korea, high United Nations officials told the Security Council today, following a procedural vote of 11 in favour to 2 against (China, Russian Federation), with 2 abstentions (Chad, Nigeria) that put the situation on the body's agenda.

23 December 2014

SG/SM/16436-DC/3537-L/T/4440

[Secretary-General Says Arms Trade Treaty's Entry into Force Is Testimony of International Commitment to Stop Irresponsible Arms Transfers](#)

Secretary-General

Press Release

The following statement by UN Secretary-General Ban Ki-moon was issued today:

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UNICEF [to 3 January 2014]

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

Media Releases [selected]

[UNICEF 'world version' of John Lennon classic invites all to Imagine a better world for children](#)
CAPE TOWN/LONDON/RIO DE JANEIRO/NEW YORK, 31 December 2014 – On New Year's Eve, John Lennon's anthem to hope and peace, Imagine, will take centre stage in capitals across the world to help inspire a global movement towards a better future for every child.

['Build back better' has worked in Aceh – UNICEF](#)

BANDA ACEH, Indonesia, 25 December 2014 - Commemorating the tenth anniversary of the Indian Ocean tsunami, UNICEF commended the people of Aceh, Indonesia's western-most province, for their resilience and their achievements in rising from devastation.

[UNICEF Ebola response: 400+ survivors receive psycho-social support and kits to restart their lives](#)

KENEMA, Sierra Leone, 24 December 2014 – More than 400 Ebola survivors have taken part in four separate survivor conferences over the past few days in the districts of Kailahun, Kenema and Bo, where they learned more about protecting their communities, were informed as to how their bodies defeated the disease, and received psycho-social support.

[UNICEF – Tsunami 10 years on](#)

NEW YORK, 23 December 2014 - "The Indian Ocean tsunami changed lives around the world forever. Entire communities were obliterated in moments. Families were robbed of children, sisters, brothers and parents. In an unprecedented expression of international grief and solidarity, millions of people across the globe mobilised in support of one of the largest relief efforts in history.

UNHCR [to 3 January 2014]

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

[Statement by Vincent Cochetel, UNHCR Europe Bureau Director, on new boat arrival in Italy](#)
2 Jan 2015

"The use of larger cargo ships is a new trend, but it is part of an ongoing and worrying situation that can no longer be ignored by European governments. We need urgent European concerted action in the Mediterranean Sea, increasing efforts to rescue people at sea and stepping up efforts to provide legal alternatives to dangerous voyages. Without safer ways for refugees to find safety in Europe, we won't be able to reduce the multiple risks and dangers posed by these movements at sea.

UNHCR thanks the Italian authorities for their response to these latest incidents, despite the phasing down of the Mare Nostrum operation. We have expressed concerns over the ending of this operation without a similar European search-and-rescue operation to replace it. This will undoubtedly increase the risk for those trying to find safety in Europe."

UNOCHA [to 3 January 2014]

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

02 Jan 2015

[Pakistan: Displaced families face harsh winter in Khyber Pakhtunkhwa](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Pakistan Afeel Khan and his family fled their home in mid-November. They lived in the town of Bara, in the Federally

Administered Tribal Areas (FATA) near the border with Afghanistan. But intense fighting between militants and Government forces made life there unsafe.

31 Dec 2014

[occupied Palestinian territory: OCHA interactive map highlights the impact of the Barrier ten years after the ICJ Advisory Opinion on the Wall](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: occupied Palestinian territory 2014 marked ten years since the International Court of Justice's Advisory Opinion which established the illegality of those parts of Israel's Barrier built in the occupied Palestinian territory. To date, 62 per cent of the Barrier has been constructed, including 200 kilometres since the Advisory Opinion was issued in 2004. The Barrier was constructed with the declared aim of preventing...

26 Dec 2014

[Indonesia: Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Valerie Amos - Remarks at the 10th anniversary of the Indian Ocean Tsunami commemorative event in Phang-Nga, Thailand, 26 December 2014](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Indonesia As delivered Your Excellency, Mr. Prayuth Chan-ocha, Prime Minister of the Kingdom of Thailand, Excellencies, ladies and gentlemen. We are together here in Phang-Nga to commemorate the victims of the 2004 Indian Ocean Tsunami. Ten years ago today when the tsunami hit land it killed 230,000 people, and ruined the lives of many more. Entire villages were destroyed, wiping out people's livelihoods and decimating...

26 Dec 2014

[Pakistan: Fact Sheet: Emergency Response Fund \(ERF\) Pakistan \(January 2015\)](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Pakistan Pakistan remains among the most disaster-prone countries, with a history of humanitarian emergencies caused by floods, drought, cyclones, earthquakes and conflict. In 2010, the humanitarian community established the Emergency Relief Fund (ERF) as a pooled fund mechanism to provide rapid and flexible funds in-country at the onset of an emergency, as an adjunct to other funding streams. ERFs allow Humanitarian...

24 Dec 2014

[Iraq: Additional urgent support needed for IDPs as the winter has arrived \[EN/KU\]](#)

Source: UN Office for the Coordination of Humanitarian Affairs, UN Country Team in Iraq Country: Iraq Close to half of all displaced Iraqis are in the KR-I Erbil, 23 December – The Kurdistan Regional Government (KRG) and the United Nations (UN) have taken stock of progress made in the last months to respond to the needs of internally displaced persons (IDPs). They have identified an urgent requirement for an additional US\$152.2 million of funding to cover the basic needs of close to a million...

22 Dec 2014

[Somalia: Somalia Common Humanitarian Fund - Update 22 December 2014: Statement from the Humanitarian Coordinator for Somalia](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: Somalia (MOGADISHU, 22 December 2014) The Humanitarian Coordinator for Somalia, Philippe Lazzarini, has announced today that the Somalia Common Humanitarian Fund (CHF) will allocate US\$30

million to jump start the response to the most critical humanitarian needs in 2015. Today, there are over 3 million Somalis in need of urgent humanitarian assistance with one million people estimated to be unable to meet their minimum...

UNISDR UN Office for Disaster Risk Reduction [to 3 January 2014]

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

No new digest content identified.

WHO & Regionals [to 3 January 2014]

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

WHO: [2014 in review: key health issues](#)

Health headlines have recently been dominated by the Ebola outbreak in West Africa and humanitarian emergencies in many other countries. 2014 also saw major public health successes, and a clearer understanding of a number of public health threats. WHO produced reports on a range of critical health issues and provided new advice to help countries improve their people's health. Here are a few highlights:

:: [January - April](#)

:: [May - August](#)

:: [September - December](#)

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

- Ebola virus disease – United Kingdom [30 December 2014](#)

On 29 December 2014, WHO was notified by the National IHR Focal Point for the United Kingdom of a laboratory-confirmed case of Ebola Virus Disease (EVD). This is the first EVD case to be detected on UK soil.

- Human infection with avian influenza A(H7N9) virus – China [30 December 2014](#)

- Human infection with avian influenza A(H5N6) virus – China [28 December 2014](#)

- Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia [26 December 2014](#)

- Human infection with avian influenza A(H7N9) virus – China [24 December 2014](#)

:: The **[Weekly Epidemiological Record \(WER\) 19 December 2014](#)**, vol. 89, 51/52 (pp. 577–588) includes:

- Index of countries/areas

- Index, Volume 89, 2014, Nos. 1–52

- Revised guidance on meningitis outbreak response in sub-Saharan Africa

- Monthly report on dracunculiasis cases, January– October 2014

[WHO Regional Offices](#)

[WHO African Region AFRO](#)

Press Releases

:: [National health systems – Africa's big public health challenge](#) 22 December 2014

Feature Stories

:: [Cured of Ebola, Rebecca returns to cure others - 24 December 2014](#)

:: [Liberia: Local students become active Ebola case finders - 22 December 2014](#)

WHO Region of the Americas PAHO

:: [PAHO year in review: 2014 public health highlights in the Americas](#)

Washington, D.C., 24 December 2014 (PAHO/WHO) - The year 2014 was marked by progress as well as significant challenges for public health in the Americas. The region's countries advanced toward goals including universal health coverage, expanded access to vaccination, and ensuring that fewer babies are born with HIV. They also confronted major new challenges, including the arrival and spread of the chikungunya virus and the need to prepare for the possible imported cases of Ebola...

WHO South-East Asia Region SEARO

:: [Strengthening emergency preparedness, response capacities can save lives in mega disasters like tsunami](#) 24 December 2014

WHO European Region EURO

:: [First Ebola case detected on UK soil](#) 02-01-2015

:: [Avian influenza A\(H5N8\) continues to spread in poultry](#) 23-12-2014

WHO Eastern Mediterranean Region EMRO

No new digest content identified.

WHO Western Pacific Region

:: [2014: Pacific year in review](#)

2 January 2015 – The Pacific responded to a number of challenges in 2014, from outbreaks of vector-borne diseases to strengthening capacity to respond to public health threats such as Ebola. At the same time, work to combat the NCD crisis accelerated, through, for example, the launch of the Tobacco Free Pacific initiative and salt reduction activities. The Pacific voice was heard on the global stage at the World Health Assembly and the 3rd International Conference on Small Islands Developing States...

UNAIDS [to 3 January 2014]

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

No new digest content identified.

UNFPA United Nations Population Fund [to 3 January 2014]

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

[UN calls for intensified efforts to end fistula](#)

23 December 2014

UNITED NATIONS, New York – The United Nations General Assembly has adopted a resolution calling for increased actions to end obstetric fistula. The largely preventable condition is estimated to afflict some 2 million women around the world – most of them marginalized, impoverished and without access to essential maternal health services...

The UNFPA-backed resolution, adopted on 18 December, calls on the international community to intensify technical and financial support to maternal health efforts, including action to

eliminate fistula, before the end of 2015. The end of next year is the deadline to achieve the Millennium Development Goals, including Goal 5, which calls for improving maternal health. "The resolution is important for millions of women suffering the pain and shame of fistula," said Dr. Babatunde Osotimehin, Executive Director of UNFPA...

UN Women [to 3 January 2014]

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

[Timeline: Gender equality, 2014 year in review](#)

Date : December 23, 2014

From the passing of one of the Arab region's most progressive Constitutions enshrining women's rights to changes in legislation to provide long overdue redress to wartime survivors of sexual violence, this timeline is a selection of some of the gender equality achievements, milestones and noteworthy moments from around the world this year.

UNDP United Nations Development Programme [to 3 January 2014]

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

30 Dec 2014

[Note to Correspondents – in response to questions on Sudan](#)

The Secretary-General's strongly critical position on the expulsion from Sudan of the Resident Coordinator and Humanitarian Coordinator (RC/HC) and UNDP Country Director is clear.

30 Dec 2014

[UNDP to help cut cross border Ebola infections in West Africa](#)

UNDP is set to help the Liberian government build new border posts to cut cross-border Ebola infections from Sierra Leone. Infections in Liberia's Eastern border region have spiked recently as tight knit cross-border communities spread the disease across the two countries often porous border. 49 new cases have been recorded in the border county of Grand Cape Mount in December, including 12 in the past four days.

29 Dec 2014

[UNDP makes emergency payments to Ebola health workers in Guinea](#)

The United Nations Development Programme (UNDP) has made additional incentive payments to 758 health personnel working in four Ebola treatment units in Guinea, ensuring their life-saving work can continue without any interruption.

26 Dec 2014

[UNDP Statement on Sudan](#)

The Government of Sudan has requested the departure of the United Nations Resident Coordinator and Humanitarian Coordinator, and Resident Representative of the United Nations Development Programme (UNDP) and the UNDP Country Director.

25 Dec 2014

[Statement Attributable to the Spokesman for the UN Secretary-General on Sudan](#)

The United Nations Secretary-General condemns the Government of Sudan's decision to expel the United Nations Resident Coordinator and Humanitarian Coordinator and the Country Director of the United Nations Development Programme.

24 Dec 2014

[UNDP and partners put on a christmas party for Liberian Ebola orphans](#)

Christmas came early to Westpoint, Liberia today where hundreds of children were thrown a big party courtesy of staff from UNDP, UN agencies and NGOs in Liberia and around the world.

23 Dec 2014

[UNDP helps pay 16,000 workers fighting Ebola in Sierra Leone by mobile phone](#)

With support from the United Nations Development Programme (UNDP) 16,000 nurses on the frontline in the fight against Ebola are receiving hazard pay through their mobile phones.

Workers receive text messages with security codes and information on nearby kiosks to pick up the extra pay they receive for risks associated with fighting Ebola.

22 Dec 2014

[Norad-Report Highlights UNDP-Results in Democracy, Human Rights](#)

Norad's annual results report launched earlier this month, showcases 25 examples of assistance in the areas of democracy and human rights. The case studies demonstrate that institutions which promote democracy and respect for human rights are able to carry out their work more effectively as a direct result of this assistance.

UN Division for Sustainable Development [to 3 January 2014]

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

No new digest content identified.

FAO Food & Agriculture Organization [to 3 January 2014]

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

[Growing concern for South Sudan's herders as conflict displaces millions of cattle](#)

Unusual herding and migration routes stir tensions and pose risk of spreading diseases

31-12-2014

[Brazil offers an extra US \\$ 17 million to FAO projects as new government takes helm](#)

Brazil has added US \$ 17 million in funding to projects undertaken in its ongoing partnership with FAO, highlighting the Latin American country's role as a key regional and global contributor to the fight against hunger.

31-12-2014

[2014 in review](#)

Food security and questions of how to feed a growing world remained high on the agenda in 2014. Here's a quick rundown of some of the top FAO stories of the last twelve months.

29-12-2014

[FAO and partners call for a global response to deadly banana disease](#)

FAO and international experts say that a global effort is needed to prevent the rapid spread of the deadly Fusarium wilt disease in bananas, which poses a severe threat to economic welfare and food security in developing countries.

23-12-2014

DESA United Nations Department of Economic and Social Affairs [to 3 January 2014]

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

No new digest content identified.

ILO International Labour Organization [to 3 January 2014]

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

No new digest content identified.

UNESCO [to 3 January 2014]

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

No new digest content identified.

WIPO World Intellectual Property Organization [to 3 January 2014]

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

No new digest content identified.

CBD Convention on Biological Diversity [to 3 January 2014]

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

No new digest content identified.

ITU International Telecommunications Union [to 3 January 2014]

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

No new digest content identified.

USAID [to 3 January 2014]

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

[USAID Awards \\$71 million to Support Primary Education in Ghana](#)

December 29, 2014

Today, the U.S. Agency for International Development (USAID) announced the award of Partnership for Education: Learning, USAID's flagship education project in Ghana, to FHI 360, an international human development NGO. Through the Learning project, the American people are investing \$71 million to support Ghana's educational institutions over five years to improve, expand, and sustain learning outcomes for at least 2.8 million primary students nationwide, with an emphasis on children in kindergarten through grade three.

[USAID Announces Awards to Support Schools and Hospitals Abroad](#)

December 22, 2014

The U.S. Agency for International Development's Office of American Schools and Hospitals Abroad (ASHA) announced today 34 new grants to U.S. organizations to support construction projects and the purchase of equipment for overseas institutions. The projects, spanning 24

countries, are funded through a competitive annual grant and directly support schools, libraries and medical centers outside the United States that share universal values, such as empowering women and inclusive societies, as well as promoting innovation and entrepreneurship, while advancing best practices in healthcare and education. Throughout its history ASHA's impact has covered the globe, working in nearly 80 countries with more than 270 institutions.

DFID [to 3 January 2014]

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

Selected Releases

[Further British aid for refugees fleeing South Sudan](#)

31 December 2014 DFID Press release

The UK will provide emergency food, shelter and sanitation to half a million refugees that have fled the ongoing fighting in South Sudan.

With almost a quarter of refugees reaching camps in Ethiopia, Uganda and Kenya suffering from acute malnutrition, the new £16.4 million package will provide...

ECHO [to 3 January 2014]

<http://ec.europa.eu/echo/en/news>

[Austria contributes additional €1 million to Ebola prevention](#)

23/12/2014

Austria will contribute €1 million to the EU's Ebola prevention and preparedness programme in West Africa, in addition to more than €1.7 million the country has already dedicated to the Ebola response. The funding will go to a treatment centre for...

[EU increases humanitarian aid for South Sudan](#)

23/12/2014

The European Commission is increasing its life-saving assistance to South Sudan by over €7 million, bringing its 2014 relief aid for one of the world's worst humanitarian crises to more than €116 million. The new funds will provide shelter, water,...

[EU provides humanitarian assistance to Libya](#)

22/12/2014

The European Commission is providing €2 million in additional humanitarian assistance to Libyans who have been forced to flee their homes amid the increasing instability and violence, which has plagued the country over recent months...

OECD [to 3 January 2014]

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

No new digest content identified.

African Union [to 3 January 2014]

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

Dec.31.2014 [The African Union notes with concern the latest developments in the Gambia](#)

Dec.30.2014 [African Union Humanitarian Assessment Mission Affirms Commitment to the People of Central African Republic](#)

Dec.29.2014 [24th African Union Summit - 23 to 31 January 2015 in Addis Ababa, Ethiopia](#)
Theme: "Year of Women's Empowerment and Development towards Africa's Agenda 2063"

ASEAN

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

[H.E. Le Luong Minh, the Secretary-General of ASEAN, in a letter to the Minister for Foreign Affairs of Indonesia, expressed his deep concern over the disappearance of Indonesia AirAsia flight QZ8501](#)

Wednesday, 31 December 2014.

UNCTAD [to 3 January 2014]

<http://unctad.org/en/pages/All-News.aspx>

No new digest content identified.

World Trade Organisation [to 3 January 2014]

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

1 January 2015

DIRECTOR-GENERAL

[Azevêdo: WTO celebrates 20 years of helping the global economy grow](#)

Director-General Roberto Azevêdo, noting that the WTO will celebrate its 20th anniversary in 2015, said: "Over the past 20 years, this organization has, on balance, made an important contribution to the global economy and to smoother trading relations between nations. Indeed, at a time when the global economy is more interconnected than ever it is difficult to imagine a world without the WTO".

IMF [to 3 January 2014]

<http://www.imf.org/external/news/default.aspx>

[IMF Response to The Lancet article on "The International Monetary Fund and the Ebola Outbreak"](#)

Sanjeev Gupta; Deputy Director, IMF Fiscal Affairs Department, also served as a member of the Lancet Commission on Investing in Health

December 22, 2014

Submitted for publication to "The Lancet" journal

Dear Sir,

There are several factual inaccuracies in your article "[The International Monetary Fund and the Ebola Outbreak](#)".

First, it is not correct to say that health care expenditures declined in these countries. As my colleagues, Benedict Clements, and Masahiro Nozaki, and I note in a recent [blog](#), spending on health and education have increased faster in low-income countries with IMF-supported programs, than those without.

What about the Ebola-hit countries? Here too, we find an increase in health spending as a percent of GDP. In Guinea, spending increased by 0.7 percentage points, in Liberia by 1.6 points and in Sierra Leone by 0.24 points (from 2010 to 2013).

More generally, World Bank data show that health outcomes in Sub-Saharan Africa, including the three Ebola-hit countries, have improved significantly over the past decade or so, including improvements in mortality rates (falling by about 30 percent), child nutrition (improving by 9 percent), and sanitation (improving by 9 percent).

Second, it is simply not correct to say that the IMF requires caps on the public sector wage bill. Since 2007, the IMF announced a new policy on wage bill ceilings, as part of an overall effort to promote more effective and sustainable use of aid flows to low-income countries. In fact, IMF programs in Guinea, Liberia, and Sierra Leone have not had any limits on the wage bill during the period 2000 -2014 (See also a study by the Independent Evaluation Office).

The fact is that Guinea, Sierra Leone, and Liberia were doing relatively well trying to overcome years of instability as they emerged from conflict, including civil wars that claimed tens of thousands of lives and had a devastating impact on social infrastructure.

The arrival of Ebola put severe pressure on already fragile infrastructure and health care systems. The IMF recognized the urgency of the situation—and moved quickly to help, as you yourself note. The IMF made available an additional \$130 million to the three countries to fight Ebola.

And we are doing more. The international community is helping affected countries meet their needs to fight Ebola. The IMF is working on mechanisms to allow us to move rapidly to provide more debt relief to these countries—which would free up more resources that could be used for health care spending.

World Bank [to 3 January 2014]

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

[Humanitarian-Development Nexus: World Bank Group stepping up its support to crisis and disaster risk management](#)

December 30, 2014

Minimizing increasing disaster and crisis impacts is a joint humanitarian and development responsibility and more needs to be done to improve coordination among actors. We need to change the way we work together. In this context, Cyril Muller, World Bank Group's Vice President for External and Corporate Relations, participated in the Principals' Meeting of the Inter Agency Standing Committee (IASC), held in Geneva on December 9, 2014, and underscored the Bank Group's commitment to partnership with humanitarian community. It is clear that response, recovery and development tend to happen in parallel, such that coordination, discipline and flexibility are more important than ever. The WBG has been stepping up its engagement in crises and disasters, contributing to humanitarian actions through financing, partnerships and innovation. In fact, we know firsthand that crises and disasters undermine sustainable development, and while the WBG does not deliver humanitarian aid, we support nation...

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:: NGO/Collaborations/Initiatives Watch

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

Amref Health Africa [to 3 January 2014]

No new digest content identified.

Aravind Eye Care System [to 3 January 2014]

No new digest content identified.

BRAC [to 3 January 2014]

[Ten years on, post-tsunami Sri Lanka charts a course for global crisis zones](#)

26 December 2014, New York. "From Aid to Enterprise," a case study released by BRAC on the 10th anniversary of the Indian Ocean tsunami, suggests a path from grant-based aid to sustainable interventions and for-profit enterprise. Mangalika and her husband, K.G. Sirisena, recall the wall of water that swept over their home in coastal Sri Lanka ten years ago. "Eight feet of water came into the house," she says. "The only things left were the clothes we were wearing. We were lucky to escape..."

CARE International [to 3 January 2014]

No new digest content identified.

Danish Refugee Council [to 3 January 2014]

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

No new digest content identified.

Casa Alianza [to 3 January 2014]

Covenant House [to 3 January 2014]

No new digest content identified.

ECPAT [to 3 January 2014]

No new digest content identified.

Fountain House [to 3 January 2014]

<http://www.fountainhouse.org/about/news-press>

No new digest content identified.

Handicap International [to 3 January 2014]

No new digest content identified.

Heifer International [to 3 January 2014]

No new digest content identified.

HelpAge International [to 3 January 2014]

No new digest content identified.

International Rescue Committee [to 3 January 2014]

[The IRC's impact in 2014](#)

Posted by The IRC on December 29, 2014

In 2014 the IRC and our local partner organizations restored hope and opportunity for millions of people whose lives have been torn apart by war and conflict. Here's a look at some of our achievements this year.

ICRC - International Committee of the Red Cross [to 3 January 2014]

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

[Iraq: A tough year for civilians, especially the displaced](#)

News release

30 December 2014

Another year in nearly three decades of turbulence in Iraq that saw various armed conflicts and other violence is coming to an end, but is also taking an immense toll on the civilian population. More than two million people were displaced in 2014 and key infrastructure was destroyed. For some, the hope of returning home remains elusive. The ICRC, which has been working in Iraq since 1980, ramped up its activities massively during the year and brought aid to more than two million people.

[Jordan: Providing water to refugees and host communities](#)

News release

22 December 2014

With the influx of hundreds of thousands of Syrian refugees into the northern governorates of Jordan, the demand for water has grown significantly. The ICRC has expanded its water activities to meet people's needs.

IRCT [to 3 January 2014]

No new digest content identified.

MSF/Médecins Sans Frontières [to 3 January 2014]

Selected Press Releases/Field News

[A Mixed Welcome for Homecoming Ebola Survivors](#)

December 31, 2014

Moses's family has been hard hit by Ebola. Four of them were infected with the virus—his father and brother died, but Moses and his sister both survived. Moses was recently discharged from the Doctors Without Borders/Médecins Sans Frontières (MSF) Ebola management center in Bo, Sierra Leone, and made the journey back to his home village, accompanied by MSF health promoter Esmee de Jong.

[Clinical Trial for Potential Ebola Treatment Starts in MSF Clinic in Guinea](#)

December 29, 2014

A clinical trial for a possible treatment for Ebola started in Guinea on December 17. The trial is led by the French medical research institute INSERM and is taking place at the Doctors Without Borders/Médecins Sans Frontières (MSF) Ebola treatment center in Guéckédou, in the east of the country. Although every experimental treatment for Ebola patients offers hope, MSF remains prudent. There's no guarantee that the drug will be effective and safe, and, even if it is, it will not mean the end of the epidemic which continues to spread in the three most affected countries of West Africa...

Mercy Corps [to 3 January 2014]

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

No new digest content identified.

Operation Smile [to 3 January 2014]

Upcoming Mission Schedule

Jan 5 - 9 | Ho Chi Minh City, Vietnam

Jan 1 - 18 | Nagercoil, India

OXFAM [to 3 January 2014]

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

[Arms Trade Treaty enters into force offering fresh hope for the protection of civilians in 2015](#)

23 December 2014

The United Nations Arms Trade Treaty will "enter-into-force" and become international law on December 24, 2014

Campaigners hailed a "huge victory" as after more than a decade of campaigning, the Arms Trade Treaty today becomes international law at last. Oxfam has worked with the Control Arms coalition to make this treaty a reality.

The treaty aims to set the highest standards for controlling the \$85 billion international trade of arms and ammunition and to cut the supply of weapons to all dictators and human rights abusers.

The ATT has taken only 18 months from opening for signature to entry-into-force. This is one of the fastest approval processes for any multilateral arms treaty, and shows the weight of political support the world's nations have invested in the treaty...

Partners In Health [to 3 January 2014]

No new digest content identified.

PATH [to 3 January 2014]

Announcement | December 19, 2014

No new digest content identified.

Plan International [to 3 January 2014]

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

[Children's futures impacted due to Ebola school closures](#)

29 December 2014:

Children in Ebola-stricken Liberia are playing, working or begging to fill their time while schools are closed, according to Plan International.

The virus has kept schools shut for more than five months, in a country which already suffered from limited learning facilities and trained teachers, as well as a high illiteracy rate. New research from Plan shows that a cohort of children and youth will lose half a year or more of education, which is expected to affect their prospects in life, as well as dent their confidence and self-esteem.

The report, entitled [Young Lives on Lockdown: The impact of Ebola on children and communities in Liberia](#), says that while teachers and older children are continuing to teach their children and sibling at home, the majority of parents are themselves uneducated and thus cannot give their children home schooling.

"Most parents cannot read or write so they cannot help their children at home, and at the same time they don't let other people come to their houses to conduct lessons for them or let their children out for even 30 minutes," said one community leader interviewed for the research.

Once schools do re-open, parents worry they will not have the money to pay their children's fees. "Schools will reopen but there's no money to put kids in school," said another community leader, speaking to researchers...

Save The Children [to 3 January 2014]

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

[Number of Children Trying to Flee Central America More Than Doubled in 2014](#)

December 30, 2014

[Save the Children's Sierra Leone Ebola Center Discharges its 60th Survivor](#)

December 24, 2014

[A Decade On, Indian Ocean Tsunami-Affected Communities Tell Save the Children About Their Recovery](#)

December 21, 2014

SOS-Kinderdorf International [to 3 January 2014]

<http://www.sos-childrensvillages.org/about-sos/press/press-releases>

No new digest content identified.

Tostan [to 3 January 2014]

January 2, 2015

[Sintcham Laubé and Saré Bacar Host Intervillage Meetings \(IVMs\) and Campaign to End Violence Against Women and Girls](#)

On November 25, the international community began the 16 days of activism against gender-based violence...

December 23, 2014

[121 Communities in Velingara-Ferlo Publicly Declare Abandonment of FGC and Child/forced Marriage](#)

On a sunny Sunday afternoon in the remote village of Velingara Ferlo, 121 communities from the department of Ranerou in Northern Senegal publicly declared to abandon female genital cutting (FGC) and child/forced marriage...

Women for Women International [to 3 January 2014]

No new digest content identified.

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Disasters Emergency Committee [to 3 January 2014]

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

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

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

27/11/2014

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

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

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

EHLRA/R2HC [to 3 January 2014]

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

No new digest content identified.

END Fund

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

[A Look Back at 2014](#)

Dec 31, 2014

The end of the year provides us all with a wonderful moment to stop and reflect on the past year and rejuvenate ourselves for the possibilities for the year ahead.

GAVI [to 3 January 2014]

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

No new digest content identified.

Global Fund [to 3 January 2014]

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

Press releases

[Global Fund Appoints Mouhamadou Diagne as Inspector General](#)

22 December 2014

GENEVA – The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria appointed Mouhamadou Diagne, a distinguished auditor and financial supervisor, as Inspector General. Mr. Diagne, a Certified Public Accountant, has 20 years of experience managing teams of auditors and financial analysts. With a strong background in international public accounting firms Deloitte, Andersen and Ernst & Young, Mr. Diagne currently serves as Director of Strategy and Operations in the World Bank Group's Internal Audit...

ODI [to 3 January 2014]

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

[Aid and the Islamic State](#)

HPG Crisis Briefs, December 2014

Eva Svoboda and Louise Redvers

In this IRIN/HPG Crisis Brief we examine the flows of international aid into parts of Iraq controlled by militants from the so-called Islamic State (IS).

[Development entrepreneurship: how donors and leaders can foster institutional change](#)

Research reports and studies, December 2014

Jaime Faustino and David Booth

Various communities of practice have been established recently to advance the general idea of thinking and working politically in development agencies. This paper makes a contribution by describing the practice of what has been called development entrepreneurship and explaining some of the ideas from outside the field of development that have inspired it.

The Sphere Project [to 3 January 2014]

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

No new digest content identified.

Start Network [Consortium of British Humanitarian Agencies] [to 3 January 2014]

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

[A recap on 2014: Highlights from the year the Start Network was launched](#)

December 23, 2014

Posted by Tegan Rogers

The Start Network is almost unrecognisable from the consortium of 12 months ago. One year on, we've seen DFID and Irish Aid pledge up to £56 million in total over three years for Build and the Fund; we've overhauled our governance and scaled up the Team to help us deliver on these grants, and we've taken important first steps towards internationalisation. Here is a run-down of our key milestones from 2014...

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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>

No new digest content identified.

Ford Foundation

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

22 December 2014

[Internet Rights are Civil Rights](#)

In an op-ed for MSNBC, Darren Walker makes the case that threats to a free and open Internet are threats to freedom itself. "Without a renewed commitment to Internet Rights, we risk undermining the very core of our democracy, setting ourselves on a course for a modern-day news blackout," he writes.

William and Flora Hewlett Foundation

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

No new digest content identified.

Conrad N. Hilton Foundation

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

No new digest content identified.

Kellogg Foundation

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

No new digest content identified.

MacArthur Foundation

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

[Massachusetts' Evidence-Based Approach to Reducing Recidivism](#)

December 19, 2014

A case study from the Pew-MacArthur Results First initiative explores efforts in Massachusetts to establish an evidence-based approach to policymaking to decrease criminal justice spending, reduce crime, and improve public safety.

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>

[Genetic Alliance Receives Robert Wood Johnson Foundation Grant to Create 'White Label' Version of Platform for Engaging Everyone Responsibly](#)

December 22, 2014 | News Release

Genetic Alliance will create and evaluate a tool that enables individuals to share health information with researchers and each other. The tool, supported by RWJF, will allow patients to set the conditions under which their data is shared.

Wellcome Trust

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

[Wellcome Trust appoints new head of Neuroscience and Mental Health](#)

23 December 2014

We are pleased to announce that John Isaac has been appointed the new Head of Neuroscience and Mental Health at the Wellcome Trust.

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:: Journal Watch

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

American Journal of Disaster Medicine

Winter 2014, Volume 9, Number 1

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

[Reviewed earlier]

American Journal of Infection Control

Volume 42, Issue 12, p1255-1343 January 2014
<http://www.ajicjournal.org/current>
[Reviewed earlier]

American Journal of Preventive Medicine

January 2015 Volume 48, Issue 1, p1-120

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

[Lifecourse Epidemiology and Molecular Pathological Epidemiology](#)

Akihiro Nishi, MD, DrPH, Ichiro Kawachi, MD, PhD, Karestan C. Koenen, PhD, Kana Wu, MD, PhD, Reiko Nishihara, PhD, Shuji Ogino, MD, PhD

DOI: <http://dx.doi.org/10.1016/j.amepre.2014.09.031>

Abstract

Lifecourse epidemiology studies long-term effects of social and environmental exposures on health and disease.^{1,2} A key challenge to the three models of lifecourse epidemiology is translating its empirical evidence into intervention planning, especially among populations where the critical social and environmental exposures happened in the past or when they represent difficult groups with which to intervene. In this article, molecular pathological epidemiology (MPE), which was first described in 2010, is reviewed.

American Journal of Public Health

Volume 105, Issue 1 (January 2015)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

December 2014; 91 (6)

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

[Reviewed earlier]

BMC Health Services Research

(Accessed 3 January 2014)

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

[No new relevant content]

BMC Infectious Diseases

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

(Accessed 3 January 2014)

Research article

[Mitigation of infectious disease at school: targeted class closure vs school closure](#)

Valerio Gemmetto, Alain Barrat and Ciro Cattuto

BMC Infectious Diseases 2014, 14:3841 doi:10.1186/s12879-014-0695-9

Published: 31 December 2014

Abstract (provisional)

Background

School environments are thought to play an important role in the community spread of infectious diseases such as influenza because of the high mixing rates of school children. The closure of schools has therefore been proposed as an efficient mitigation strategy. Such measures come however with high associated social and economic costs, making alternative, less disruptive interventions highly desirable. The recent availability of high-resolution contact network data from school environments provides an opportunity to design models of micro-interventions and compare the outcomes of alternative mitigation measures.

Methods and results

We model mitigation measures that involve the targeted closure of school classes or grades based on readily available information such as the number of symptomatic infectious children in a class. We focus on the specific case of a primary school for which we have high-resolution data on the close-range interactions of children and teachers. We simulate the spread of an influenza-like illness in this population by using an SEIR model with asymptomatics, and compare the outcomes of different mitigation strategies. We find that targeted class closure affords strong mitigation effects: closing a class for a fixed period of time τ equal to the sum of the average infectious and latent durations $\tau_{\text{infectious}} + \tau_{\text{latent}}$ whenever two infectious individuals are detected in that class decreases the attack rate by almost 70% and significantly decreases the probability of a severe outbreak. The closure of all classes of the same grade mitigates the spread almost as much as closing the whole school.

Conclusions

Our model of targeted class closure strategies based on readily available information on symptomatic subjects and on limited information on mixing patterns, such as the grade structure of the school, show that these strategies might be almost as effective as whole-school closure, at a much lower cost. This may inform public health policies for the management and mitigation of influenza-like outbreaks in the community.

BMC Medical Ethics

(Accessed 3 January 2014)

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

[No new relevant content]

BMC Public Health

(Accessed 3 January 2014)

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

Research article

Pilot study of home-based delivery of HIV testing and counseling and contraceptive services to couples in Malawi

Stan Becker, Frank O Taulo, Michelle J Hindin, Effie K Chipeta, Dana Loll and Amy Tsui

BMC Public Health 2014, 14:1309 doi:10.1186/1471-2458-14-1309

Published: 20 December 2014

Abstract (provisional)

Background

HIV counseling and testing for couples is an important component of HIV prevention strategies, particularly in Sub Saharan Africa. The purpose of this pilot study is to estimate the uptake of

couple HIV counseling and testing (CHCT) and couple family planning (CFP) services in a single home visit in peri-urban Malawi and to assess related factors.

Methods

This study involved offering CHCT and CFP services to couples in their homes; 180 couples were sampled from households in a peri-urban area of Blantyre. Baseline data were collected from both partners and follow-up data were collected one week later. A pair of male and female counselors approached each partner separately about HIV testing and counseling and contraceptive services and then, if both consented, CHCT and CFP services (pills, condoms and referrals for other methods) were given. Bivariate and multivariate logistic regression analyses were done to examine the relationship between individual partner characteristics and acceptance of the services. Selected behaviors reported pre- and post-intervention, particularly couple reports on contraceptive use and condom use at last sex, were also tested for differences.

Results

89% of couples accepted at least one of the services (58% CHCT-only, 29% CHCT + CFP, 2% CFP-only). Among women, prior testing experience ($p < 0.05$), parity ($p < 0.01$), and emotional closeness to partner ($p < 0.01$) had significant bivariate associations with acceptance of at least one service. Reported condom use at last sex increased from 6% to 25% among couples receiving any intervention. First-ever HIV testing was delivered to 25 women and 69 men, resulting, respectively, in 4 and 11 newly detected infections.

Conclusions

Home-based CHCT and CFP were very successful in this pilot study with high proportions of previously untested husbands and wives accepting CHCT and there were virtually no negative outcomes within one week. This study supports the need for further research and testing of home- and couple-based approaches to expand access to HCT and contraceptive services to prevent the undesired consequences of sexually transmitted infection and unintended pregnancy via unprotected sex.

BMC Research Notes

(Accessed 3 January 2014)

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

[No new relevant content]

British Medical Journal

03 January 2015(vol 350, issue 7989)

<http://www.bmj.com/content/350/7989>

Editor's Choice

One promise fulfilled, much still to be done

Fiona Godlee, editor in chief, The BMJ

This year, 2015, was the deadline for some pretty big promises. When these were made it must have seemed a long way off. In an article in the Lancet in 2004 I and others set 2015 as the date when there would be, we hoped, "health information for all" (Lancet 2004;364:295-300). More prominently, 2015 was the deadline for the United Nations' millennium development goals. Now, with much achieved but of course still more to do, we are into the post-2015 development agenda.

But one important promise for 2015 has been fulfilled. The European Medicines Agency said that it would make publicly available the raw data from clinical trials of all newly approved drugs. And despite legal action from the drug industry (doi:[10.1136/bmj.f1636](https://doi.org/10.1136/bmj.f1636)) the agency has pushed ahead, and the new policy is in place. It will be a little while longer—until mid-2016—before it takes full effect. And the agency can still make restrictions and redactions to protect commercial confidentiality.

However, the fact remains that within two years the public and researchers will be able to read, in full, clinical study reports for all newly approved drugs, whether the trials were conducted by the industry or academia. This is an enormous achievement and something to celebrate...

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 93, Number 1, January 2015, 1-64

<http://www.who.int/bulletin/volumes/93/1/en/>

Editorial

[The Ebola epidemic: a transformative moment for global health](#)

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Bulletin of the World Health Organization 2015;93:2.

doi: <http://dx.doi.org/10.2471/BLT.14.151068>

The devastating effects of the current epidemic of Ebola virus disease in western Africa have put the global health response in acute focus. The index case is believed to have been a 2-year-old child in Guéckédou, Guinea, who died in December 2013.¹ By late February 2014, Guinea, Liberia and Sierra Leone were in the midst of a full-blown and complex global health emergency.² The response by multilateral and humanitarian organizations has been laudable and – at times – heroic. Much of the worst affected region is recovering from civil conflicts. This region is characterized by weak systems of government and health-care delivery, high rates of illiteracy, poverty and distrust of the government and extreme population mobility across porous, artificial boundaries. A more coordinated, strategic and proactive response is urgently needed.

According to the World Health Organization (WHO), the outbreak had involved 17 145 probable, suspected or confirmed cases of Ebola virus disease and 6070 reported deaths, by 3 December 2014.³ The management of the outbreak has largely been taken out of the hands of the affected communities, even though such communities have cultural mechanisms and expertise to deal with various adversities. Local churches and community-based organizations, which have previously been involved in the response to health emergencies and conflicts, have been largely excluded. Although the worst-affected communities have been subject to quarantines and cordons sanitaires, the governments imposing these have often failed to

provide adequate food and water to the people thus isolated. In addition, cordons sanitaires are hard to maintain when local police and military personnel are not trusted.

Although it is difficult to build trust and community support during an Ebola outbreak, the community-directed interventions developed by the WHO's Special Programme for Training and Research in Tropical Diseases⁴ might usefully be implemented. The interventions are designed to prevent, treat and control infectious diseases of poverty by empowering and mobilizing communities and building effective cross-sectoral partnerships. To be effective in addressing salient transborder health issues, global health initiatives must focus on multilateral and cross-sectoral cooperation. Often, such cooperation must accommodate high levels of poverty and illiteracy and other substantive barriers to accessing formal health systems.

As we endeavour to combine biomedicine and social medicine to create a trans-disciplinary workforce for the Ebola frontline, we must ensure that our efforts are focused on the people, households and communities at risk. If we are to achieve any global health goals, we must empower the marginalized and voiceless. In the era of globalized supply chains and rapid transportation across very porous borders, it is in our self-interest to recognize our interdependence.

We also need a dose of humility and effective approaches at household, community, societal and global levels. At the household level, we need to promote family-centred interactions and interventions. Cultural practices such as embalming, burial and caregiving are family-based as well as community-based activities.

At community level, we need to re-emphasize the value of partnerships led by trusted community- and faith-based organizations. Even in the best of situations, most of the world's resource-limited communities tend to be wary of government officials and other outsiders.

At societal level, we need approaches that engage, mobilize and energize non-state, non-political actors while coordinating the ministries involved in health, welfare, finance and education. Grassroots groups with a high reserve of trust can be successfully engaged and motivated to intervene in a manner that is culturally sensitive.

Finally, we need global approaches that will intensify the international response. The global health community should treat the Ebola outbreak as the complex humanitarian emergency that it is.

We admire, commend and thank the tireless and brave frontline workers responding to this tragic outbreak – they are genuine heroes and national treasures. However, without a more effective and robust emergency response – and years of intensive health systems strengthening –there will be many more serious epidemics of Ebola and other infectious diseases. Such epidemics threaten not just the world's most resource-poor settings but also the entire global community.

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Editorial

Expensive medicines: ensuring objective appraisal and equitable access

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doi: <http://dx.doi.org/10.2471/BLT.14.148924>

Research

Responses to donor proliferation in Ghana's health sector: a qualitative case study

Sarah Wood Pallas, Justice Nonvignon, Moses Aikins & Jennifer Prah Ruger

Abstract

Objective

To investigate how donors and government agencies responded to a proliferation of donors providing aid to Ghana's health sector between 1995 and 2012.

Methods

We interviewed 39 key informants from donor agencies, central government and nongovernmental organizations in Accra. These respondents were purposively selected to provide local and international views from the three types of institutions. Data collected from the respondents were compared with relevant documentary materials – e.g. reports and media articles – collected during interviews and through online research.

Findings

Ghana's response to donor proliferation included creation of a sector-wide approach, a shift to sector budget support, the institutionalization of a Health Sector Working Group and anticipation of donor withdrawal following the country's change from low-income to lower-middle income status. Key themes included the importance of leadership and political support, the internalization of norms for harmonization, alignment and ownership, tension between the different methods used to improve aid effectiveness, and a shift to a unidirectional accountability paradigm for health-sector performance.

Conclusion

In 1995–2012, the country's central government and donors responded to donor proliferation in health-sector aid by promoting harmonization and alignment. This response was motivated by Ghana's need for foreign aid, constraints on the capacity of governmental human resources and inefficiencies created by donor proliferation. Although this decreased the government's transaction costs, it also increased the donors' coordination costs and reduced the government's negotiation options. Harmonization and alignment measures may have prompted donors to return to stand-alone projects to increase accountability and identification with beneficial impacts of projects.

Neonatal cause-of-death estimates for the early and late neonatal periods for 194 countries: 2000–2013

Shefali Oza, Joy E Lawn, Daniel R Hogan, Colin Mathers & Simon N Cousens

Abstract

Objective

To estimate cause-of-death distributions in the early (0–6 days of age) and late (7–27 days of age) neonatal periods, for 194 countries between 2000 and 2013.

Methods

For 65 countries with high-quality vital registration, we used each country's observed early and late neonatal proportional cause distributions. For the remaining 129 countries, we used

multinomial logistic models to estimate these distributions. For countries with low child mortality we used vital registration data as inputs and for countries with high child mortality we used neonatal cause-of-death distribution data from studies in similar settings. We applied cause-specific proportions to neonatal death estimates from the United Nations Inter-agency Group for Child Mortality Estimation, by country and year, to estimate cause-specific risks and numbers of deaths.

Findings

Over time, neonatal deaths decreased for most causes. Of the 2.8 million neonatal deaths in 2013, 0.99 million deaths (uncertainty range: 0.70–1.31) were estimated to be caused by preterm birth complications, 0.64 million (uncertainty range: 0.46–0.84) by intrapartum complications and 0.43 million (uncertainty range: 0.22–0.66) by sepsis and other severe infections. Preterm birth (40.8%) and intrapartum complications (27.0%) accounted for most early neonatal deaths while infections caused nearly half of late neonatal deaths. Preterm birth complications were the leading cause of death in all regions of the world.

Conclusion

The neonatal cause-of-death distribution differs between the early and late periods and varies with neonatal mortality rate level. To reduce neonatal deaths, effective interventions to address these causes must be incorporated into policy decisions.

Lessons from the Field

Informing evidence-based policies for ageing and health in Ghana

Islene Araujo de Carvalho, Julie Byles, Charles Aquah, George Amofah, Richard Biritwum, Ulysses Panisset, James Goodwin & John Beard

Abstract

Problem

Ghana's population is ageing. In 2011, the Government of Ghana requested technical support from the World Health Organization (WHO) to help revise national policies on ageing and health.

Approach

We applied WHO's knowledge translation framework on ageing and health to assist evidence based policy-making in Ghana. First, we defined priority problems and health system responses by performing a country assessment of epidemiologic data, policy review, site visits and interviews of key informants. Second, we gathered evidence on effective health systems interventions in low- middle- and high-income countries. Third, key stakeholders were engaged in a policy dialogue. Fourth, policy briefs were developed and presented to the Ghana Health Services.

Local setting

Ghana has a well-structured health system that can adapt to meet the health care needs of older people.

Relevant changes

Six problems were selected as priorities, however after the policy dialogue, only five were agreed as priorities by the stakeholders. The key stakeholders drafted evidence-based policy recommendations that were used to develop policy briefs. The briefs were presented to the Ghana Health Service in 2014.

Lessons learnt

The framework can be used to build local capacity on evidence-informed policy-making. However, knowledge translation tools need further development to be used in low-income countries and in the field of ageing. The terms and language of the tools need to be adapted to

local contexts. Evidence for health system interventions on ageing populations is very limited, particularly for low- and middle-income settings.

Measuring the incidence and prevalence of obstetric fistula: approaches, needs and recommendations

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Bulletin of the World Health Organization 2015;93:60-62.

doi: <http://dx.doi.org/10.2471/BLT.14.141473>

Complexity

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

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

[Reviewed earlier]

Conflict and Health

[Accessed 3 January 2014]

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

[No new relevant content]

Cost Effectiveness and Resource Allocation

(Accessed 3 January 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 25, Issue 1, 2015

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

[Reviewed earlier]

Disability and Rehabilitation: Assistive Technology

Volume 10, Number 1 (January 2015)

<http://informahealthcare.com/toc/idt/current>
[Reviewed earlier]

Disaster Medicine and Public Health Preparedness

Volume 8 - Issue 06 - December 2014

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

Brief Reports

Perceptions of the Utility and Acceptability of an Emergency Child Minding Service for Health Staff

Janine Lawlor^{a1} [c1](#), Richard C. Franklina^{a1}, Peter Aitkena^{a1a2}, Bethany Hooke^{a2},
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Townsville, Queensland, Australia

^{a2} Townsville Hospital and Health Services, Emergency Department, Townsville, Queensland,
Australia.

Abstract

Objective

Tropical Cyclone Yasi in North Queensland activated the disaster management plans at The Townsville Hospital, including the establishment of an emergency child minding service to facilitate the return of staff to work.

Methods

This report describes the establishment of this service and the results of brief electronic surveys that were distributed in the 2 weeks following the cyclone to gather feedback from staff who had placed their children in the care of the service (consumers), staff who had manned the service (staff), and allied health managers whose staff had manned the service (managers).

Results

Overall, approximately 94 episodes of care were provided by the child minding service. All consumers responded "yes" in answer to the question of whether the emergency child minding service facilitated their return to work in the immediate post-disaster period. The survey also identified that a lack of effective advertising may have prevented further uptake of the child minding service.

Conclusions

The provision of an emergency child minding service facilitated the return to work of health care staff immediately after Tropical Cyclone Yasi. More research is needed to understand the effect disaster type has on the uptake of a child minding service. (Disaster Med Public Health Preparedness. 2014;8:485-488)

Original Research

Behavioral Consequences of Disasters: A Five-Stage Model of Population Behavior

Sasha Rudenstine^{a1} [c1](#) and Sandro Galea^{a1}

^{a1} Department of Epidemiology, Columbia University, New York, New York.

ABSTRACT

Objective

We propose a model of population behavior in the aftermath of disasters.

Methods

We conducted a qualitative analysis of an empirical dataset of 339 disasters throughout the world spanning from 1950 to 2005.

Results

We developed a model of population behavior that is based on 2 fundamental assumptions: (i) behavior is predictable and (ii) population behavior will progress sequentially through 5 stages from the moment the hazard begins until it is complete.

Conclusions

Understanding the progression of population behavior during a disaster can improve the efficiency and appropriateness of institutional efforts aimed at population preservation after large-scale traumatic events. Additionally, the opportunity for population-level intervention in the aftermath of such events will improve population health. (Disaster Med Public Health Preparedness. 2014;8:497-504)

Original Research

Educating First Responders to Provide Emergency Services to Individuals with Disabilities

Susan B. Wolf-Fordhama¹ [c1](#), Janet S. Twyman^{a1} and Charles D. Hamada^{a1}
^{a1} University of Massachusetts Medical School, E.K. Shriver Center, Charlestown, Massachusetts.

Abstract

Objective

Individuals with disabilities experience more negative outcomes due to natural and manmade disasters and emergencies than do people without disabilities. This vulnerability appears to be due in part to knowledge gaps among public health and safety emergency planning and response personnel (responders). We assessed the effectiveness of an online program to increase emergency responder knowledge about emergency planning and response for individuals with disabilities.

Methods

Researchers developed an online course designed to teach public health, emergency planning and management, and other first response personnel about appropriate, efficient, and equitable emergency planning, response, interaction, and communication with children and adults with disabilities before, during, and after disasters or emergencies. Course features included an ongoing storyline, exercises embedded in the form of real-life scenarios, and game-like features such as points and timed segments.

Results

Evaluation measures indicated significant pre- to post-test gains in learner knowledge and simulated applied skills.

Conclusion

An online program using scenarios and simulations is an effective way to make disability-related training available to a wide variety of emergency responders across geographically disparate areas. (Disaster Med Public Health Preparedness. 2014;8:533-540)

Disaster Prevention and Management

Volume 23 Issue 5

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

[Reviewed earlier]

Disasters

January 2015 Volume 39, Issue 1 Pages 1–184

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2015.39.issue-1/issuetoc>

[Reviewed earlier]

Emergency Medicine Journal

January 2015, Volume 32, Issue 1

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

[Reviewed earlier]

Epidemics

Volume 9, In Progress (December 2014)

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

[Reviewed earlier]

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Summer 2014 Vol 4 Issue 2

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

[Reviewed earlier]

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Volume 24, Issue 6, 01 December 2014

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[Reviewed earlier]

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

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

[Reviewed earlier]

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Volume 6, Issue 6, December 2014

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[Reviewed earlier]

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Volume 41, Issue 3, 2014

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

[Reviewed earlier]

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Volume 8, Number 2 /2014

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December 2014 | Volume 2 | Issue 4

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[Accessed 3 January 2014]

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[No new relevant content]

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Volume 10, Issue 1, 2015

http://www.tandfonline.com/toc/rgph20/10/1#.VI0Y33tW_4U

[Reviewed earlier]

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[Accessed 3 January 2014]

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

Research

[China's role as a global health donor in Africa: what can we learn from studying under reported resource flows?](#)

Karen A Grépin^{12*}, Victoria Y Fan²³, Gordon C Shen⁴ and Lucy Chen⁵

Author Affiliations

Globalization and Health 2014, 10:273 doi:10.1186/s12992-014-0084-6

Published: 30 December 2014

Abstract (provisional)

Background

There is a growing recognition of China's role as a global health donor, in particular in Africa, but there have been few systematic studies of the level, destination, trends, or composition of these development finance flows or a comparison of China's engagement as a donor with that of more traditional global health donors.

Methods

Using newly released data from AidData on China's development finance activities in Africa, developed to track under reported resource flows, we identified 255 health, population, water, and sanitation (HPWS) projects from 2000-2012, which we descriptively analyze by activity sector, recipient country, project type, and planned activity. We compare China's activities to projects from traditional donors using data from the OECD's Development Assistance Committee (DAC) Creditor Reporting System.

Results

Since 2000, China increased the number of HPWS projects it supported in Africa and health has increased as a development priority for China. China's contributions are large, ranking it among the top 10 bilateral global health donors to Africa. Over 50% of the HPWS projects target infrastructure, 40% target human resource development, and the provision of equipment and drugs is also common. Malaria is an important disease priority but HIV is not. We find little evidence that China targets health aid preferentially to natural resource rich countries.

Conclusions

China is an important global health donor to Africa but contrasts with traditional DAC donors through China's focus on health system inputs and on malaria. Although better data are needed, particularly through more transparent aid data reporting across ministries and agencies, China's approach to South-South cooperation represents an important and distinct source of financial assistance for health in Africa.

Health Affairs

December 2014; Volume 33, Issue 12

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

[Reviewed earlier]

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Volume 16, Issue 2 December 2014

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

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[Reviewed earlier]

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Volume 10 - Special Issue 01 January 2015

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

SPECIAL ISSUE: Global Financial Crisis, Health and Health Care

[Reviewed earlier].

Health Policy and Planning

Volume 29 Issue 8 December 2014

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 3 January 2014]

Research

[Does health intervention research have real world policy and practice impacts: testing a new impact assessment tool](#)

Gillian Cohen, Jacqueline Schroeder, Robyn Newson, Lesley King, Lucie Rychetnik, Andrew J Milat, Adrian E Bauman, Sally Redman and Simon Chapman

Health Research Policy and Systems 2015, 13:3 doi:10.1186/1478-4505-13-3

Published: 1 January 2015

Abstract (provisional)

Background

There is a growing emphasis on the importance of research having demonstrable public benefit. Measurements of the impacts of research are therefore needed. We applied a modified impact assessment process that builds on best practice to 5 years (2003-2007) of intervention research funded by Australia's National Health and Medical Research Council to determine if these studies had post-research real-world policy and practice impacts.

Methods

We used a mixed method sequential methodology whereby chief investigators of eligible intervention studies who completed two surveys and an interview were included in our final sample (n = 50), on which we conducted post-research impact assessments. Data from the surveys and interviews were triangulated with additional information obtained from documentary analysis to develop comprehensive case studies. These case studies were then summarized and the reported impacts were scored by an expert panel using criteria for four impact dimensions: corroboration; attribution, reach, and importance.

Results

Nineteen (38%) of the cases in our final sample were found to have had policy and practice impacts, with an even distribution of high, medium, and low impact scores. While the tool facilitated a rigorous and explicit criterion-based assessment of post-research impacts, it was not always possible to obtain evidence using documentary analysis to corroborate the impacts reported in chief investigator interviews.

Conclusions

While policy and practice is ideally informed by reviews of evidence, some intervention research can and does have real world impacts that can be attributed to single studies. We recommend impact assessments apply explicit criteria to consider the corroboration, attribution, reach, and importance of reported impacts on policy and practice. Impact assessments should also allow sufficient time between impact data collection and completion of the original research and include mechanisms to obtain end-user input to corroborate claims and reduce biases that result from seeking information from researchers only.

Research

[Climate for evidence informed health system policymaking in Cameroon and Uganda before and after the introduction of knowledge translation platforms: a structured review of governmental policy documents](#)

Pierre Ongolo-Zogo, John N Lavis, Goran Tomson, Nelson K Sewankambo Health Research Policy and Systems 2015, 13:2 (1 January 2015)

Abstract (provisional)

Background

There is a scarcity of empirical data on African country climates for evidence-informed health system policymaking (EIHSP) to backup the longstanding reputation that research evidence is not valued enough by health policymakers as an information input.

Herein, we assess whether and how changes have occurred in the climate for EIHSP before and after the establishment of two Knowledge Translation Platforms housed in government institutions in Cameroon and Uganda since 2006.

Methods

We merged content analysis techniques and policy sciences analytical frameworks to guide this structured review of governmental policy documents geared at achieving health Millennium

Development Goals. We combined i) a quantitative exploration of the usage statistics of research-related words and constructs, citations of types of evidence, and budgets allocated to research-related activities; and (ii) an interpretive exploration using a deductive thematic analysis approach to uncover changes in the institutions, interests, ideas, and external factors displaying the country climate for EIHSP. Descriptive statistics compared quantitative data across countries during the periods 2001-2006 and 2007-2012.

Results

We reviewed 54 documents, including 33 grants approved by global health initiatives. The usage statistics of research-related words and constructs showed an increase over time across countries. Varied forms of data, information, or research were instrumentally used to describe the burden and determinants of poverty and health conditions. The use of evidence syntheses to frame poverty and health problems, select strategies, or forecast the expected outcomes has remained sparse over time and across countries. The budgets for research increased over time from 28.496 to 95.467 million Euros (335%) in Cameroon and 38.064 to 58.884 million US dollars (155%) in Uganda, with most resources allocated to health sector performance monitoring and evaluation. The consistent naming of elements pertaining to the climate for EIHSP features the greater influence of external donors through policy transfer.

Conclusions

This structured review of governmental policy documents illustrates the nascent conducive climate for EIHSP in Cameroon and Uganda and the persistent undervalue of evidence syntheses. Global and national health stakeholders should raise the profile of evidence syntheses (e.g., systematic reviews) as an information input when shaping policies and programmes.

Human Rights Quarterly

Volume 36, Number 4, November 2014

http://muse.jhu.edu/journals/human_rights_quarterly/toc/hrq.36.4.html

[Reviewed earlier]

Human Service Organizations Management, Leadership & Governance

Volume 38, Issue 5, 2014

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

[Reviewed earlier]

Humanitarian Exchange Magazine

ISSUE 62 September 2014

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

[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 3 January 2014]

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

Research Article

Equity and seeking treatment for young children with fever in Nigeria: a cross-sectional study in Cross River and Bauchi States

Bikom Patrick Odu, Steven Mitchell, Hajara Isa, Iyam Ugot, Robinson Yusuf, Anne Cockcroft and Neil Andersson

Infectious Diseases of Poverty 2015, 4:1 doi:10.1186/2049-9957-4-1

Published: 2 January 2015

Abstract (provisional)

Background

Poor children have a higher risk of contracting malaria and may be less likely to receive effective treatment. Malaria is an important cause of morbidity and mortality in Nigerian children and many cases of childhood fever are due to malaria. This study examined socioeconomic factors related to taking children with fever for treatment in formal health facilities.

Methods

A household survey conducted in Bauchi and Cross River states of Nigeria asked parents where they sought treatment for their children aged 0-47 months with severe fever in the last month and collected information about household socio-economic status. Fieldworkers also recorded whether there was a health facility in the community. We used treatment of severe fever in a health facility to indicate likely effective treatment for malaria. Multivariate analysis in each state examined associations with treatment of childhood fever in a health facility.

Results

43% weighted (%wt) of 10,862 children had severe fever in the last month in Cross River, and 45%wt of 11,053 children in Bauchi. Of these, less than half (31%wt Cross River, 44%wt Bauchi) were taken to a formal health facility for treatment. Children were more likely to be taken to a health facility if there was one in the community (OR 2.31 [95%CI 1.57-3.39] in Cross River, OR 1.33 [95%CI 1.0-1.7] in Bauchi). Children with fever lasting less than five days were less likely to be taken for treatment than those with more prolonged fever, regardless of whether there was such a facility in their community. Educated mothers were more likely to take children with fever to a formal health facility. In communities with a health facility in Cross River, children from less-poor households were more likely to go to the facility (OR 1.30; 95%CI 1.07-1.58).

Conclusion

There is inequity of access to effective malaria treatment for children with fever in the two states, even when there is a formal health facility in the community. Understanding the details of inequity of access in the two states could help the state governments to plan interventions to increase access equitably. Increasing geographic access to health facilities is needed but will not be enough.

International Health

Volume 6 Issue 4 December 2014

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

[Reviewed earlier]

International Journal of Epidemiology

Volume 43 Issue 6 December 2014

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

Editorials

To hasten Ebola containment, mobilize survivors

Zena A Stein^{1,2}, Jack Ume Tocco^{1,*}, Joanne E Mantell¹ and Raymond A Smith¹

Author Affiliations

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Extract

The current Ebola outbreak is unique in its magnitude and its dispersion in dense, mobile populations. Physician and nurse responders face high mortality, and foreign aid in the form of medical supplies and staff continues to be unequal to the scope of the problem. Fear and loss have overwhelmed affected communities, already among the poorest in the world and still recovering from brutal civil wars. While the number of Ebola cases in Liberia appears to be on the decline, Ebola infections in Sierra Leone and Guinea continue to increase.¹ That the response to the epidemic be swift and massive is a matter of life and an unknown number of deaths.

Survivors of Ebola infection are valuable resources still largely overlooked in the struggle to contain the epidemic. With a case recovery rate of around 30% at the present time for the current West African epidemic,² survivors already number thousands. There are several reasons why Ebola survivors may be critical to controlling the epidemic.

First, and most importantly, the recovered have developed immunity to the current strain of Ebola and therefore are able to care for the sick with ...

International Journal of Disaster Resilience in the Built Environment

Volume 5 Issue 4 2014

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

[Reviewed earlier]

International Journal of Disaster Risk Reduction

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

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[Reviewed earlier]

International Journal of Infectious Diseases

January 2015 Volume 30, p1

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

Guidelines for treatment of patients with Ebola Virus Diseases are urgently needed

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¹ProMED Moderator, Parasitic Diseases

The Ebola Virus Diseases, EVD, epidemic is still unfolding in West Africa with Guinea, Sierra Leone and Liberia most severely affected. This week it was estimated that there is at least 500 new cases every week and the total number of cases has passed 16,000, but there is probably a substantial underreporting of both cases and fatalities.¹ There are some doubts about the mortality rate, but one recent case series reported a mortality of 72%.²

The outbreak is unprecedented in magnitude and few would have predicted that such an outbreak was possible. However, it seems clear that it is not due to a more pathogenic version of the Ebola virus and indeed low virus genetic diversity has been observed in person-to-person virus transmission.^{3, 4} Therefore, the current situation is most probable due to the poor status of the health care systems especially in Liberia and Sierra Leone, which has both recently suffered long civil wars, which have left the countries drained for educated health care staff and a dilapidated health infrastructure.

There is no approved, specific treatment of EVD. Several experimental anti-virals, immune-therapy⁵ and use of hyperimmune plasma from survivors have been proposed, but data from controlled clinical trials are lacking.⁶

After a slow start the international community including many Non Governmental Organizations, NGO's, are managing treatment facilities in West Africa

But what are these treatment facilities offering?

Very little data has emerged. One published study reported a mortality of 72% but astonishingly the study contained no information of any treatment.² Thus the question remains if the patients included in that study received any treatment at all. These patients were all from Sierra Leone and in contrast, nationals from industrialized countries are evacuated and treated in their home country and survived.^{7, 8} In particular, the case evacuated to Germany⁷ show very clearly that the treatment with classical tools used for patients in severe shock (bacterial septicemia, severe malaria) is expected to substantially reduce mortality. The patients received 30 liters of fluid intravenously over the first three days, had paralytic ileus and thus could not take oral fluid, had an fecal output of 14 liters over three days and severe hypokalemia. The same problems were seen in the two patients evacuated to the United States and one of these also had malaria.⁸

Is this a proper level of inpatient care in the Ebola treatment facilities or should we aim higher?

A mortality of 43% were reported in a case series of 80 patients with EVD from Guinea where 76% of the patients received intravenous fluid even though only 1 liter over 24 hours in average.⁹ If the difference in mortality between the report from Sierra Leone (72%)² and Guinea (43%)⁹ are due to the use of intravenous fluid and even though one liter intravenous fluid seems very modest in view the need in the three expatriated cases^{7, 8}, it seems that intravenous fluid replacement may significantly reduce mortality in the treatment centers perhaps by as much as 50%. This can be done in the conditions prevailing in West Africa using pulse, blood pressure, body weight and urine output as guidance and using simple point-of-care tests for measuring electrolytes, but require intravenous access, abundant fluid for intravenous administration and trained staff.

It is telling that the NGO's have not published any treatment results and it is unclear if there is any control of treatment outcomes in EVD treatment facilities. Simply notifying confirmed cases and outcomes (fatal or not) and publishing weekly updates broken down to different NGO's would allow quality control and allow adjustment of treatment algorithms adopting

procedures identifying the highest survival rates. The difference in mortality between the two published case series^{2, 9} indicate that this is urgently needed.

We must ensure that treatment is not palliation and that the so-called “Ebola hospitals” are hospitals and not hospices for untreated cases with the sole purpose of isolating cases from the community.

It is estimated in a study from Liberia, that only 25% of known Ebola patients had been admitted to an Ebola treatment facility as of August 14, 2014.¹⁰ The reasons for this low number are many, but a key point is probably that the chance of survival in these units does not differ significantly from patients staying at home.

The national governments in the affected countries do not have the resources nor the manpower to ensure the quality of the care provided by NGO's and others. Thus the World Health Organization or others with the necessary resources should establish a notification system, to ensure that facilities are providing treatment and not only palliation and publish for instance weekly updates of survival figures broken down for each NGO to ensure quality control, transparency and optimization of treatment algorithms.

The German patient⁷ had septicemia and one of the American patients had malaria.⁸ Both diagnosis can lead to disseminated intravascular coagulation and will thus easily be confused with Ebola. If diagnostics are not available perhaps every patient in this highly endemic malaria area should receive a malaria treatment course and an infusion of a broad spectrum antibiotic, for instance ceftriaxone.

It is important to know if a patient is HIV positive as a low CD4 T cell count is expected to increase the risk of a fatal outcome, and thus treatment efficacy if at all possible should be stratified according to HIV status.

It is urgently needed to develop guidelines for treatment of EVD patients and to distinguish treatment from palliation and hospitals from hospices.

We suggest that the World Health Organization take the leadership and develop guidelines for treatment including:

1. Diagnosis of EVD
2. Principles for intravenous fluid replacement
3. Principles for measurement of electrolyte imbalance
4. Principles for correction of electrolyte imbalance
5. Diagnosis and treatment of concomitant malaria
6. When to administer antibiotics based on suspicion of septicemia
7. HIV testing.
8. Implement a reporting system for all EVD treatment facilities

These measures can all be implemented under the field conditions in West Africa, provided the staff are trained in high volume fluid replacement. Participating should be a prerequisite for receiving financial support from governments and receiving permission to manage EVD treatment facilities.

The staffing of the treatment facilities is a crucial issue and it can be speculated that the NGO's do not have access to physicians and nurses with knowledge and experience in high volume fluid replacement and correction of electrolyte imbalance.

One solution could be twinning with hospitals in industrialized countries where these hospitals adopt an EVD treatment facility and ensure staffing and training. This of course would need support from the national health authorities. Such a program would ensure effective intravenous fluid replacement therapy were provided, most probably significantly reduce mortality, ensure confidence in the treatment facilities from the local population and thus

increase the use of these facilities (earlier admission and higher proportion of cases treated, isolated and recovered).

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International Journal of Mass Emergencies & Disasters

November 2014 (VOL. 32, NO. 3)

<http://www.ijmed.org/issues/32/3/>

:: [Determining Causal Factors of Community Recovery](#), 405 -427

:: ["Everything Always Works": Continuity as a Source of Disaster Preparedness Problems](#), 428 - 458

:: [The Private and Social Benefits of Preparing For Natural Disasters](#), 459 -483

:: [Modeling Psychosocial Decision Making in Emergency Operations Centres](#), 484 -507

:: [Vietnamese Refugees' Perspectives on their Community's Resilience in the Event of a Natural Disaster](#), 508 -531

International Journal of Sustainable Development & World Ecology

Volume 21, Issue 6, 2014

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Fall 2014 Volume 48, Issue 3 Pages 577–917

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

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

Special Section: Rehabilitation processes of former child soldiers

[Reviewed earlier]

JAMA

December 24/31, 2014, Vol 312, No. 24

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

[The 2014 Ebola Outbreak and Mental Health: Current Status and Recommended Response](#)

James M. Shultz, MS, PhD, Florence Baingana, MB, ChB, MMed (Psychiatry), MSc (HPPF), Yuval Neria, PhD.

JAMA. Published online December 22, 2014. doi:10.1001/jama.2014.17934

Editorial / December 24/31, 2014

[2015 Theme Issue on Trauma Associated With Violence and Human Rights Abuses](#)

Call for Papers FREE

Annette Flanagan, RN, MA1; Thomas B. Cole, MD, MPH2,3

Author Affiliations

JAMA. 2014;312(24):2627-2628. doi:10.1001/jama.2014.16413.

Excerpt

In August 2015, JAMA will publish a theme issue on violence and human rights with an emphasis on the causes, consequences, and management of trauma. Violence is an important cause of physical and emotional trauma, and the scope of trauma care is broad, including care for survivors of unintentional injuries as well as injuries resulting from many forms of violence. Injuries and violence cause 5.8 million deaths each year worldwide, accounting for about 10% of the world's deaths, more than the number of deaths that result from malaria, tuberculosis, and AIDS combined.^{1,2} The primary causes of these 5.8 million deaths are road traffic crashes, suicide, and homicide, followed by falls, drowning, poisoning, burns, and war.² In the United States, data from the Global Burden of Disease 2010 Study indicate the following among the leading diseases and injuries contributing to premature mortality: road injury (fifth leading cause), self-harm (sixth), and interpersonal violence (12th).³ For the 2015 JAMA theme issue, we are soliciting papers on trauma resulting from unintentional and intentional injury, from interpersonal and community-levels of violence, and from mass conflict, war, displacement, and natural disasters...

Effect of Maternal Multiple Micronutrient vs Iron–Folic Acid Supplementation on Infant Mortality and Adverse Birth Outcomes in Rural Bangladesh: The JiViA-3 Randomized Trial

Keith P. West Jr, DrPH; Abu Ahmed Shamim, MSc; Sucheta Mehra, MS; Alain B. Labrique, PhD; Hasmat Ali, MBBS, MPH; Saijuddin Shaikh, PhD, MPH; Rolf D. W. Klemm, DrPH; Lee S-F. Wu, MHS; Maithilee Mitra, MS; Rezwanul Haque, MA; Abu A. M. Hanif, MBBS; Allan B. Massie, PhD; Rebecca Day Merrill, PhD; Kerry J. Schulze, PhD; Parul Christian, DrPH, MSc

Importance
Maternal micronutrient deficiencies may adversely affect fetal and infant health, yet there is insufficient evidence of effects on these outcomes to guide antenatal micronutrient supplementation in South Asia.

Objective

To assess effects of antenatal multiple micronutrient vs iron–folic acid supplementation on 6-month infant mortality and adverse birth outcomes.

Design, Setting, and Participants

Cluster randomized, double-masked trial in Bangladesh, with pregnancy surveillance starting December 4, 2007, and recruitment on January 11, 2008. Six-month infant follow-up ended August 30, 2012. Surveillance included 127 282 women; 44 567 became pregnant and were included in the analysis and delivered 28 516 live-born infants. Median gestation at enrollment was 9 weeks (interquartile range, 7–12).

Interventions

Women were provided supplements containing 15 micronutrients or iron–folic acid alone, taken daily from early pregnancy to 12 weeks postpartum.

Main Outcomes and Measures

The primary outcome was all-cause infant mortality through 6 months (180 days). Prespecified secondary outcomes in this analysis included stillbirth, preterm birth (<37 weeks), and low birth weight (<2500 g). To maintain overall significance of $\alpha = .05$, a Bonferroni-corrected $\alpha = .01$ was calculated to evaluate statistical significance of primary and 4 secondary risk outcomes (.05/5).

Results

Among the 22 405 pregnancies in the multiple micronutrient group and the 22 162 pregnancies in the iron–folic acid group, there were 14 374 and 14 142 live-born infants, respectively, included in the analysis. At 6 months, multiple micronutrients did not significantly reduce infant mortality; there were 764 deaths (54.0 per 1000 live births) in the iron–folic acid group and 741 deaths (51.6 per 1000 live births) in the multiple micronutrient group (relative risk [RR], 0.95; 95% CI, 0.86–1.06). Multiple micronutrient supplementation resulted in a non–statistically significant reduction in stillbirths (43.1 vs 48.2 per 1000 births; RR, 0.89; 95% CI, 0.81–0.99; $P = .02$) and significant reductions in preterm births (18.6 vs 21.8 per 100 live births; RR, 0.85; 95% CI, 0.80–0.91; $P < .001$) and low birth weight (40.2 vs 45.7 per 100 live births; RR, 0.88; 95% CI, 0.85–0.91; $P < .001$).

Conclusions and Relevance

In Bangladesh, antenatal multiple micronutrient compared with iron–folic acid supplementation did not reduce all-cause infant mortality to age 6 months but resulted in a non–statistically significant reduction in stillbirths and significant reductions in preterm births and low birth weight.

JAMA Pediatrics

December 2014, Vol 168, No. 12

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

[Reviewed earlier]

Journal of Community Health

Volume 39, Issue 6, December 2014

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Volume 114, *In Progress* (May 2015)

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January 2015, Volume 69, Issue 1

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[No relevant content]

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Volume 10, Issue 3, 2014

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Volume 25, Number 4, November 2014

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[Reviewed earlier]

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Volume 4 Issue 2

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[Reviewed earlier]

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Volume 16, Issue 6, December 2014

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Special Issue: New Forms of Intolerance in European Political Life

[Reviewed earlier]

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Volume 211 Issue 1 January 1, 2015

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[Reviewed earlier]

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November 2014 Volume 26, Issue 8 Pages 1097–1196

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

[Reviewed earlier]

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Fall 2014 Volume 42, Issue 3 Pages 280–401

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[Reviewed earlier]

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December 2014, Volume 40, Issue 12

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

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Vol 7, No 6 (2014) December 2014

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Vol 10, No 2 (2014)

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Jan 03, 2015 Volume 385 Number 9962 p1-88 e1-e3

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

Comment

[Ebola: worldwide dissemination risk and response priorities](#)

[Benjamin J Cowling](#), [Hongjie Yu](#)

Open Access

DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)61895-X](http://dx.doi.org/10.1016/S0140-6736(14)61895-X)

References

The scale of the current outbreak of Ebola virus disease in west Africa is staggering. Thousands of infections and deaths have been reported in recent months, and unless major changes occur in the situation, incidence of Ebola virus disease has been projected to continue to grow and cumulative incidence to exceed 20,000 by November.^{[1](#)} A humanitarian crisis that

stretches far beyond the impact of Ebola virus infections is unfolding in Africa, devastating the health systems and economies in affected countries.² In the present outbreak, most infections remain confined to west Africa, although four cases have been detected outside this region: three cases diagnosed in Dallas, USA (of which one infection was contracted in Liberia and two were associated with nosocomial transmission from the first case), and one case in Madrid, Spain, associated with nosocomial transmission ([figure](#)).

Among all reported cases in the 2014 outbreak to date, most infections have been contracted in three countries in west Africa: Guinea, Liberia, and Sierra Leone. In *The Lancet*, Isaac Bogoch and colleagues³ report on the potential for international dissemination of Ebola virus disease. Their assessment of risk for different countries is an advance over previous work,⁴ which analysed flight networks and connectivity, but did not account for passenger flows and final destinations. Because of the assumptions of uniform risk across the population and constant prevalence of infection (whereas, in fact, risk within the population is not likely to be uniform and incidence is doubling every 15–30 days),¹ the relative risks comparing different countries can be more valuable than the estimated absolute risks. Bogoch and colleagues report that the two countries at highest risk of receiving cases are Ghana and Senegal and, outside Africa, the risk for export to the UK or France combined was estimated to be about eight times higher than the risk for export to the USA (15·8 vs 2·0).³ In other words, for every case of Ebola virus disease exported to the USA, the authors predict that there will be roughly eight cases exported to the UK or France combined.

Bogoch and colleagues³ then studied the potential for exit and entry screening to reduce export of unidentified infections, concluding that exit screening would be a much more efficient approach than entry screening. We would like to add several points to this discussion. First, international support would be essential for implementation of exit screening in the three highly-affected resource-poor countries in west Africa. However, implementation of more stringent checks beyond what is already being done could be very challenging. The affected countries have many urgent priorities—resources including money, personnel, medical equipment, and supplies are urgently needed to expand capacity for detection, diagnosis, and treatment of patients with Ebola virus disease, and to implement isolation and contact tracing, which are currently the best available interventions to control the outbreak. Meanwhile, the outbreak is having a catastrophic effect on the local health-care systems, which were already fragile.^{2, 5} No announcements have been made yet about earmarked contributions from the international community to support exit screening.

Second, exit and entry screening might not have a substantial effect on export rates, because of the long incubation period of the disease (average 8–10 days, range 2–21 days),¹ combined with rapid disease progression after onset, so that most exportations would be incubating infections missed at border screening points. Finally, a choice is posed between entry and exit screening in Bogoch and colleagues' study,³ with exit screening shown to be more efficient than entry screening and the combination of entry and exit screening shown to have little incremental usefulness. However, some countries have implemented and will continue entry screening^{6, 7} for various reasons. Subject to entry screening already being implemented, exit screening from the affected countries might not have incremental utility, especially considering the other urgent priorities in the region. In addition to any entry or exit screening, vigilance within countries is essential for early detection of imported cases of Ebola virus disease.³

There are several important near-future research needs. Perhaps most urgent is a better understanding of the effectiveness of existing treatment options, including convalescent serum. In the medium term, it is hoped that new vaccines and drugs will be available quickly for human clinical trials and in exposed populations.⁸ The WHO Ebola Response team has neatly

summarised the transmission dynamics and epidemiological characteristics including the reproductive number, incubation period, and case fatality risk in the current Ebola virus outbreak,¹ but one important unknown is the proportion of infections that are asymptomatic or mildly symptomatic. If mild infections do occur and are infectious, disease control outside west Africa might be increasingly challenging. However, this scenario is thought to be unlikely.⁹ One particularly pressing need is for the reassessment of appropriate procedures for infection control, and the potential for the virus to spread via small particle aerosols¹⁰ in addition to via contact with infected patients or their bodily fluids. Infection of health-care personnel in west Africa is often attributed to the scarcity of appropriate protective equipment and supplies, or inadequate administrative controls.^{11, 12} However, the nosocomial cases in Dallas and Madrid have raised the concern that present protocols might not be sufficient to protect health-care personnel fully against infection, particularly if cases are managed in health-care facilities that are not fully prepared.

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Articles

[Assessment of the potential for international dissemination of Ebola virus via commercial air travel during the 2014 west African outbreak](#)

[Isaac I Bogoch](#), MD, [Maria I Creatore](#), PhD, [Martin S Cetron](#), MD, [John S Brownstein](#), PhD, [Nicki Pesik](#), MD, [Jennifer Miniota](#), MSc, [Theresa Tam](#), MD, [Wei Hu](#), MSA, [Adriano Nicolucci](#), MSA, [Saad Ahmed](#), BSc, [James W Yoon](#), MSt, [Isha Berry](#), Prof [Simon I Hay](#), DSc, [Aranka Anema](#), PhD, [Andrew J Tatem](#), PhD, [Derek MacFadden](#), MD, [Matthew German](#), MSc, Dr [Kamran Khan](#),
Open Access

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Open access funded by Wellcome Trust

Summary

Background

The WHO declared the 2014 west African Ebola epidemic a public health emergency of international concern in view of its potential for further international spread. Decision makers worldwide are in need of empirical data to inform and implement emergency response measures. Our aim was to assess the potential for Ebola virus to spread across international borders via commercial air travel and assess the relative efficiency of exit versus entry screening of travellers at commercial airports.

Methods

We analysed International Air Transport Association data for worldwide flight schedules between Sept 1, 2014, and Dec 31, 2014, and historic traveller flight itinerary data from 2013 to describe expected global population movements via commercial air travel out of Guinea, Liberia, and Sierra Leone. Coupled with Ebola virus surveillance data, we modelled the expected number of internationally exported Ebola virus infections, the potential effect of air travel restrictions, and the efficiency of airport-based traveller screening at international ports of entry and exit. We deemed individuals initiating travel from any domestic or international airport within these three countries to have possible exposure to Ebola virus. We deemed all other travellers to have no significant risk of exposure to Ebola virus.

Findings

Based on epidemic conditions and international flight restrictions to and from Guinea, Liberia, and Sierra Leone as of Sept 1, 2014 (reductions in passenger seats by 51% for Liberia, 66% for Guinea, and 85% for Sierra Leone), our model projects 2·8 travellers infected with Ebola virus

departing the above three countries via commercial flights, on average, every month. 91,547 (64%) of all air travellers departing Guinea, Liberia, and Sierra Leone had expected destinations in low-income and lower-middle-income countries. Screening international travellers departing three airports would enable health assessments of all travellers at highest risk of exposure to Ebola virus infection.

Interpretation

Decision makers must carefully balance the potential harms from travel restrictions imposed on countries that have Ebola virus activity against any potential reductions in risk from Ebola virus importations. Exit screening of travellers at airports in Guinea, Liberia, and Sierra Leone would be the most efficient frontier at which to assess the health status of travellers at risk of Ebola virus exposure, however, this intervention might require international support to implement effectively.

Funding

Canadian Institutes of Health Research.

Series

HIV and sex workers

Global epidemiology of HIV among female sex workers: influence of structural determinants

Kate Shannon, Steffanie A Strathdee, Shira M Goldenberg, Putu Duff, Peninah Mwangi, Maia Rusakova, Sushena Reza-Paul, Joseph Lau, Kathleen Deering, Michael R Pickles, Marie-Claude Boily

HIV and sex workers

Combination HIV prevention for female sex workers: what is the evidence?

Linda-Gail Bekker, Leigh Johnson, Frances Cowan, Cheryl Overs, Donela Besada, Sharon Hillier, Willard Cates

The Lancet Infectious Diseases

Jan 2015 Volume 15 Number 1 p1-130

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

Articles

Spatial and temporal distribution of soil-transmitted helminth infection in sub-Saharan Africa: a systematic review and geostatistical meta-analysis

Dimitrios-Alexios Karagiannis-Voules, MSc, Patricia Biedermann, MSc, Uwem F Ekpo, PhD, Amadou Garba, MD, Erika Langer, MSc, Els Mathieu, MD, Prof Nicholas Midzi, PhD, Pauline Mwinzi, PhD, Anton M Polderman, PhD, Giovanna Raso, PhD, Moussa Sacko, PhD, Idrissa Talla, MD, Prof Louis-Albert Tchuem Tchuente, PhD, Seydou Touré, MD, Mirko S Winkler, PhD, Prof Jürg Utzinger, PhD, Dr Penelope Vounatsou, PhD

Published Online: 02 December 2014

Summary

Background

Interest is growing in predictive risk mapping for neglected tropical diseases (NTDs), particularly to scale up preventive chemotherapy, surveillance, and elimination efforts. Soil-transmitted helminths (hookworm, *Ascaris lumbricoides*, and *Trichuris trichiura*) are the most widespread NTDs, but broad geographical analyses are scarce. We aimed to predict the spatial and temporal distribution of soil-transmitted helminth infections, including the number of infected people and treatment needs, across sub-Saharan Africa.

Methods

We systematically searched PubMed, Web of Knowledge, and African Journal Online from inception to Dec 31, 2013, without language restrictions, to identify georeferenced surveys. We extracted data from household surveys on sources of drinking water, sanitation, and women's level of education. Bayesian geostatistical models were used to align the data in space and estimate risk of with hookworm, *A lumbricoides*, and *T trichiura* over a grid of roughly 1 million pixels at a spatial resolution of 5 × 5 km. We calculated anthelmintic treatment needs on the basis of WHO guidelines (treatment of all school-aged children once per year where prevalence in this population is 20–50% or twice per year if prevalence is greater than 50%).

Findings

We identified 459 relevant survey reports that referenced 6040 unique locations. We estimate that the prevalence of hookworm, *A lumbricoides*, and *T trichiura* among school-aged children from 2000 onwards was 16·5%, 6·6%, and 4·4%. These estimates are between 52% and 74% lower than those in surveys done before 2000, and have become similar to values for the entire communities. We estimated that 126 million doses of anthelmintic treatments are required per year.

Interpretation

Patterns of soil-transmitted helminth infection in sub-Saharan Africa have changed and the prevalence of infection has declined substantially in this millennium, probably due to socioeconomic development and large-scale deworming programmes. The global control strategy should be reassessed, with emphasis given also to adults to progress towards local elimination.

Funding

Swiss National Science Foundation and European Research Council.

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Volume 18, Issue 10, December 2014

<http://link.springer.com/journal/10995/18/10/page/1>

Special Issue: Island Maternal and Child Health

[20 articles covering a range of health topics pertinent to the special issue theme]

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

December 2014 Volume 92, Issue 4 Pages 633–840

[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

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

[New issue; No relevant content]

New England Journal of Medicine

January 1, 2015 Vol. 372 No. 1

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

Perspective

[Communicating Uncertainty — Ebola, Public Health, and the Scientific Process](#)

L. Rosenbaum

Interactive Perspective

[International Health Care Systems — Selected Measures](#)

N Engl J Med 2015; 372:e1 [January 1, 2015](#) DOI: 10.1056/NEJMp1413937

An interactive graphic presents characteristics of selected health care systems from around the world, as well as health outcomes achieved in each country covered in the Perspective series on International Health Care Systems.

[Clinical Presentation of Patients with Ebola Virus Disease in Conakry, Guinea](#)

E.I. Bah and Others

Editorials

[International Health Care Systems](#)

S. Morrissey, D. Blumenthal, R. Osborn, G.D. Curfman, and D. Malina

Nonprofit and Voluntary Sector Quarterly

December 2014; 43 (6)

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

[Reviewed earlier]

Oxford Monitor of Forced Migration

OxMo Volume 4, No. 1 May 2014

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

[Reviewed earlier]

The Pediatric Infectious Disease Journal

December 2014 - Volume 33 - Issue 12 pp: 1211-1312,e316-e337

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

[Reviewed earlier]

Pediatrics

December 2014, VOLUME 134 / ISSUE 6

<http://pediatrics.aappublications.org/current.shtml>

[Reviewed earlier]

PLOS Currents: Disasters

[Accessed 3 January 2014]

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

[Snow Tweets: Emergency Information Dissemination in a US County During 2014 Winter Storms](#)

December 22, 2014 · Research article

Introduction: This paper describes how American federal, state, and local organizations created, sourced, and disseminated emergency information via social media in preparation for several winter storms in one county in the state of New Jersey (USA).

Methods: Postings submitted to Twitter for three winter storm periods were collected from selected organizations, along with a purposeful sample of select private local users. Storm-related posts were analyzed for stylistic features (hashtags, retweet mentions, embedded URLs). Sharing and re-tweeting patterns were also mapped using NodeXL.

Results: Results indicate emergency management entities were active in providing preparedness and response information during the selected winter weather events. A large number of posts, however, did not include unique Twitter features that maximize dissemination and discovery by users. Visual representations of interactions illustrate opportunities for developing stronger relationships among agencies.

Discussion: Whereas previous research predominantly focuses on large-scale national or international disaster contexts, the current study instead provides needed analysis in a small-scale context. With practice during localized events like extreme weather, effective information dissemination in large events can be enhanced.

PLoS Currents: Outbreaks

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

(Accessed 3 January 2014)

[Sequential Outbreaks Due to a New Strain of *Neisseria Meningitidis* Serogroup C in Northern Nigeria, 2013-14](#)

December 29, 2014 · Research

Background

Neisseria meningitidis serogroup C (NmC) outbreaks occur infrequently in the African meningitis belt; the most recent report of an outbreak of this serogroup was in Burkina Faso, 1979.

Médecins sans Frontières (MSF) has been responding to outbreaks of meningitis in northwest Nigeria since 2007 with no reported cases of serogroup C from 2007-2012. MenAfrivac®, a serogroup A conjugate vaccine, was first used for mass vaccination in northwest Nigeria in late 2012. Reactive vaccination using polysaccharide ACYW135 vaccine was done by MSF in parts of the region in 2008 and 2009; no other vaccination campaigns are known to have occurred in the area during this period. We describe the general characteristics of an outbreak due to a novel strain of NmC in Sokoto State, Nigeria, in 2013, and a smaller outbreak in 2014 in the adjacent state, Kebbi.

Methods

Information on cases and deaths was collected using a standard line-list during each week of each meningitis outbreak in 2013 and 2014 in northwest Nigeria. Initial serogroup confirmation was by rapid Pastorex agglutination tests. Cerebrospinal fluid (CSF) samples from suspected meningitis patients were sent to the WHO Reference Laboratory in Oslo, where bacterial isolates, serogrouping, antimicrobial sensitivity testing, genotype characterisation and real-time PCR analysis were performed.

Results

In the most highly affected outbreak areas, all of the 856 and 333 clinically suspected meningitis cases were treated in 2013 and 2014, respectively. Overall attack (AR) and case fatality (CFR) rates were 673/100,000 population and 6.8% in 2013, and 165/100,000 and 10.5% in 2014. Both outbreaks affected small geographical areas of less than 150km² and populations of less than 210,000, and occurred in neighbouring regions in two adjacent states

in the successive years. Initial rapid testing identified NmC as the causative agent. Of the 21 and 17 CSF samples analysed in Oslo, NmC alone was confirmed in 11 and 10 samples in 2013 and 2014, respectively. Samples confirmed as NmC through bacterial culture had sequence type (ST)-10217.

Conclusions

These are the first recorded outbreaks of NmC in the region since 1979, and the sequence (ST)-10217 has not been identified anywhere else in the world. The outbreaks had similar characteristics to previously recorded NmC outbreaks. Outbreaks of NmC in 2 consecutive years in northern Nigeria indicate a possible emergence of this serogroup. Increased surveillance for multiple serogroups in the region is needed, along with consideration of vaccination with conjugate vaccines rather than for NmA alone.

PLoS Medicine

(Accessed 3 January 2014)

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

[No new relevant content]

PLoS Neglected Tropical Diseases

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

(Accessed 3 January 2014)

[No new relevant content]

PLoS One

[Accessed 3 January 2014]

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

Research Article

Costs of Eliminating Malaria and the Impact of the Global Fund in 34 Countries

Brittany Zelman mail, Anthony Kiszewski, Chris Cotter, Jenny Liu

Published: December 31, 2014

DOI: 10.1371/journal.pone.0115714

Abstract

Background

International financing for malaria increased more than 18-fold between 2000 and 2011; the largest source came from The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Countries have made substantial progress, but achieving elimination requires sustained finances to interrupt transmission and prevent reintroduction. Since 2011, global financing for malaria has declined, fueling concerns that further progress will be impeded, especially for current malaria-eliminating countries that may face resurgent malaria if programs are disrupted.

Objectives

This study aims to 1) assess past total and Global Fund funding to the 34 current malaria-eliminating countries, and 2) estimate their future funding needs to achieve malaria elimination and prevent reintroduction through 2030.

Methods

Historical funding is assessed against trends in country-level malaria annual parasite incidences (APIs) and income per capita. Following Kiszewski et al. (2007), program costs to eliminate

malaria and prevent reintroduction through 2030 are estimated using a deterministic model. The cost parameters are tailored to a package of interventions aimed at malaria elimination and prevention of reintroduction.

Results

The majority of Global Fund-supported countries experiencing increases in total funding from 2005 to 2010 coincided with reductions in malaria APIs and also overall GNI per capita average annual growth. The total amount of projected funding needed for the current malaria-eliminating countries to achieve elimination and prevent reintroduction through 2030 is approximately US\$8.5 billion, or about \$1.84 per person at risk per year (PPY) (ranging from \$2.51 PPY in 2014 to \$1.43 PPY in 2030).

Conclusions

Although external donor funding, particularly from the Global Fund, has been key for many malaria-eliminating countries, sustained and sufficient financing is critical for furthering global malaria elimination. Projected cost estimates for elimination provide policymakers with an indication of the level of financial resources that should be mobilized to achieve malaria elimination goals.

PLoS Pathogens

<http://journals.plos.org/plospathogens/>

(Accessed 3 January 2014)

[No new relevant content]

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

(Accessed 3 January 2014)

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

[No new relevant content]

Prehospital & Disaster Medicine

Volume 29 - Issue 06 - December 2014

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

[Reviewed earlier]

Public Health Ethics

Volume 7 Issue 3 November 2014

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

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

[Reviewed earlier]

Qualitative Health Research

December 2014; 24 (12)

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

Special Issue: Concepts in Promoting Health

[Reviewed earlier]

Refugee Survey Quarterly

Volume 33 Issue 4 December 2014

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

[Reviewed earlier]

Resilience: International Policies, Practices and Discourses

Volume 2, Issue 3, 2014

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

[Reviewed earlier]

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

September 2014 Vol. 36, No. 3

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

[Reviewed earlier]

Risk Analysis

November 2014 Volume 34, Issue 11 Pages 1969–2062

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-11/issuetoc>

[New issue; No relevant content]

Science

2 January 2015 vol 347, issue 6217, pages 1-100

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

[New issue; No relevant content]

Social Science & Medicine

Volume 126, *In Progress* (February 2015)

<http://www.sciencedirect.com/science/journal/02779536/126>

[Reviewed earlier]

Stability: International Journal of Security & Development

[accessed 3 January 2014]

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

[No new relevant content]

Sustainability

Volume 7, Issue 1 (January 2015), Pages 1-
<http://www.mdpi.com/2071-1050/6/11>

Article:

[The Informal Economy as a Catalyst for Sustainability](#)

by William Ruzek

Sustainability 2015, 7(1), 23-34; doi:[10.3390/su7010023](https://doi.org/10.3390/su7010023)

Received: 13 September 2014; Accepted: 17 December 2014 / Published: 23 December 2014

[PDF Full-text](#) (671 KB) | [HTML Full-text](#) | [XML Full-text](#)

Abstract: Sustainability typically involves the balancing of three major factors: the economy, the environment, and some notion of equity. Though the economy is already a key aspect, the recognition of the informal economy, seems to be absent from the many possible permutations of these three. This paper will explore the various aspects of the informal economy and how it can make a considerable impact on achieving a more sustainable future. Specifically, this paper focuses on how the informal economy can encourage the sustainable use of goods, while offering an alternative to the regulated market economy. By supporting the informal sectors such as farmers markets, street vendors and non-market activities, a shift away from a car-dominated society and singular economic trajectory can begin. The informal sector can provide, social capital, promote local economies, create jobs and provide the need economic shift toward a sustainable future.

Article:

[Fit for the Future? A New Approach in the Debate about What Makes Healthcare Systems Really Sustainable](#)

by Matthias Fischer

Sustainability 2015, 7(1), 294-312; doi:[10.3390/su7010294](https://doi.org/10.3390/su7010294)

Received: 26 May 2014; Accepted: 24 December 2014 / Published: 30 December 2014

[PDF Full-text](#) (925 KB) | [HTML Full-text](#) | [XML Full-text](#)

Abstract: As healthcare systems face enormous challenges, sustainability is seen as a crucial requirement for making them fit for the future. However, there is no consensus with regard to either the definition of the term or the factors that characterize a “sustainable healthcare system”. Therefore, the aim of this article is twofold. First, it gives examples of the existing literature about sustainable healthcare systems and analyzes this literature with regard to its understanding of sustainability and the strengths and weaknesses of the different approaches. The article then identifies crucial factors for sustainable healthcare systems, and the result, a conceptual framework consisting of five distinct and interacting factors, can be seen as a starting point for further research.

TORTURE Journal

Volume 24, Nr. 1, 2014

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

[Reviewed earlier]

Tropical Medicine and Health

Vol. 42(2014) No. 4

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

[No relevant content]

Tropical Medicine & International Health

January 2015 Volume 20, Issue 1 Pages 1–119

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2014.20.issue-1/issuetoc>

[Reviewed earlier]

UN Chronicle

Vol.LI No. 2 2014 September 2014

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

[Reviewed earlier]

Vulnerable Children and Youth Studies

An International Interdisciplinary Journal for Research, Policy and Care

Volume 9, Issue 4, 2014

<http://www.tandfonline.com/toc/rvch20/current#.Uzg2bFcWNdc>

[Reviewed earlier]

World Heritage Review

n°73 - November 2014

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

World Heritage and our protected planet

[Reviewed earlier]

Yale Human Rights & Development Law Journal

Volume XIV, Issue 2

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

[Reviewed earlier]

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Ebola/EVD: Additional Coverage

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 3 January 2014.

UNMEER External Situation Reports

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

- *Highlights*
- *Key Political and Economic Developments*

- *Human Rights*
- *Response Efforts and Health*
- *Logistics*
- *Outreach and Education*
- *Resource Mobilisation*
- *Essential Services*
- *Upcoming Events*

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

:: **02 Jan 2015** *UNMEER External Situation Report*

Key Political and Economic Developments

1. SRSB Banbury concluded his farewell visit to the three most affected countries in Sierra Leone from 30 to 31 December. He travelled to Bombali District, where he met with members of the District Ebola Response Center and visited three Ebola Treatment Units as well as a Community Care Center. He also met with President Ernest Bai Koroma in Freetown to commend him for his leadership and engagement on the Ebola crisis. The President thanked UNMEER for the support provided to date, noting its positive impact on the ground. He expressed his hope that Sierra Leone, with the support of the international community, will be able to fully contain the Ebola outbreak by mid-2015 and pursue the economic agenda that had been set.

2. In his New Year's Day Address, President Ernest Bai Koroma called on the country to begin a week of fasting and prayers to end the Ebola outbreak. The President urged people not to touch the sick or corpses and not to disobey quarantine orders. The President also indicated that schools, which have been closed since July due to the outbreak, would reopen soon.

Resource Mobilisation

11. The OCHA Ebola Virus Outbreak Overview of Needs and Requirements, now totaling USD 1.5 billion, has been funded for USD 1.1 billion, which is around 74% of the total ask.

12. The Ebola Response Multi-Partner Trust

:: **31 Dec 2014** *UNMEER External Situation Report*

Key Political and Economic Developments

1. On 29 December, the Prime Minister of Guinea visited the construction site of the new centre for epidemiological research and microbiology funded by the Russian aluminum company Rusal in Kindia. The centre will become part of the Institut Pasteur de Guinée which has secured funding from the Institut Pasteur in France and the French Government to enhance its capacity for surveillance, detection and prevention of infectious diseases in Guinea and the sub-region.

2. On 30 December, three national trade unions in Guinea issued a statement requesting that the government decrease the retail price of gasoline and fuel to reflect the drop in the price of oil in the global market. They have also urged the government to honour its pledges concerning the revised pay scale of civil servants and retirees. This request comes at a time when six other trade unions have threatened to launch

Response Efforts and Health

5. To support the Government of Sierra Leone's response to the EVD outbreak, the World Bank and UNFPA have designed a joint project to reinforce and scale-up contact tracing, so as to strengthen the existing surveillance system.

7. In Liberia, WHO has identified the growing need for more disaggregated epidemiological data on children affected by the Ebola crisis for cross-cluster planning. Other vulnerable groups (patients, affected families, the elderly and the disabled) should also be considered.

Outreach and Education

16. In Guinea, the prefect of Lola prefecture conducted a sensitization mission in the village of Thuo on 30 December to address community resistance. Thuo has seen a flare-up of EVD cases in the past ten days and 2 new suspected cases were transferred today to the ETC in Nzérékoré. Members of the local community have reportedly threatened EVD response partners who have mostly left the area due to the tensions. The return of response partners is pending the outcome of the prefect's mission. Save the Children has begun identifying 40 children in Thuo who have lost one or both parents to EVD with the aim of providing protection, but they will only deploy after a lifting of community resistance in Thuo.

17. Similarly, on 29 December, the prefectural coordination in Nzérékoré prefecture, Guinea, deployed a sensitization mission to the resistant communities of Banzou North and Zeremouda. The mission faced difficulties in engaging in dialogue with the members of the local community in both areas. UNMEER's FCM covering Nzérékoré is following up to ascertain the reasons for resistance in these specific communities.

Essential Services

19. In Sierra Leone, the World Bank and UNFPA have developed a joint project to support the Government of Sierra Leone to establish appropriate arrangements to revitalize Reproductive, Maternal, Adolescent and Newborn Health (RMANH) services in the context of Ebola.

20. In Liberia, the Ministry of Health with support from UNFPA is conducting fistula prevention awareness in two counties (Margibi and Grand Bassa). UNFPA also hired a local NGO (Liberia Prevention Maternal Mortality) to conduct Maternal and Newborn Health (MNH) needs assessments in 20 health facilities in four Counties (Montserrado, Cape Mount, Margibi and Grand Bassa).

:: **30 Dec 2014** UNMEER External Situation Report

Key Political and Economic Developments

2. The Minister of Health of Guinea is continuing his sensitization and oversight mission in EVD affected prefectures. On 27 December, the minister took part in the prefectural coordination meeting in Nzérékoré, attended by the main response partners. The prefectural coordinator gave a briefing on the current situation, highlighting challenges including persistent resistance in communities in Sadou, Banzou North, Baya and Zenemouda; insufficient supply of thermo flash thermometers; lack of equipment and electricity; lack of an office for the prefectural coordination; and weak coordination among response partners. Concerning local resistance, the minister advised that partners must enable community members to take ownership of the sensitization process to engage their respective communities. Concerning the Community Watch Committees (CWCs), response partners briefed the minister that a number have been established but their members have not yet received training and are not operational. The minister stressed that partners involved with the CWCs had to work faster and he warned that alternative measures would be taken in case partners could not deliver on the operationalization of CWCs. He also encouraged response partners to better integrate their activities under the umbrella of the prefectural coordination and to increase their actions in the field where flare-ups and resistance are persistent.

Response Efforts and Health

4. UNDP has made additional incentive payments to 758 health personnel working in four ETUs in Guinea, ensuring their continued engagement in saving patients. The agency was

requested by Guinea's National Coordination Unit against Ebola to complete existing salaries with incentive pays for the French Red Cross, Doctors without Borders and Alima, three Non-Governmental Organizations (NGOs) operating ETUs in Donka, Macenta, Kissidougou and Nzérékoré. Together with UNMEER and the World Bank, UNDP assisted the Ministry of Health in harmonizing incentives, and ensured that US\$ 220,000 were deposited in local banks.

:: **29 Dec 2014** UNMEER External Situation Report

KEY POINTS

- A field hospital donated by Israel will be established as an Ebola Treatment Unit (ETU) in Dubreka, Guinea.
- UNICEF joined partners in engaging the population of the quarantined and neighboring villages of Lonfaye town and Yekepa town, Liberia, following two separate outbreaks there.
- In response to measles cases in Lofa county, Liberia, the UNICEF-supported periodic intensification of routine immunization, or PIRI, is ongoing across all of the 15 counties.

Response Efforts and Health

3. On 26 December, the National Ebola Response Coordinator informed UNMEER that a field hospital donated by Israel would be established as an ETU in Dubreka, Guinea. He added that the target opening date was 15 January. This ETU and the one in Coyah will help relieve the caseload on the ETU in Conakry (Donka) coming from prefectures adjacent to the capital.

4. According to recent data from the Liberian health ministry, there have been at least 1,042 confirmed cases of children with EVD in the country. The number of children identified by name and location as orphaned by EVD is 4,115. All of the children identified are currently receiving follow-up and psychosocial support. Over 250 volunteer contact tracers, trained and engaged by UNICEF, are now reporting cases of children orphaned or otherwise affected by EVD. UNICEF is working to ensure that children who have lost their parents due to EVD continue to receive care through a kinship arrangement. That way children may be from becoming institutionalized, for example in an orphanage.

Essential Services

15. West Africa's fight to contain EVD has hampered the campaign against malaria, which is a fully preventable and treatable disease. In Guéckédou, Guinea, doctors have had to stop pricking fingers to do blood tests for malaria. Bernard Nahlen, deputy director of the US President's Malaria Initiative, said Guinea's 40% drop in reported malaria cases this year is likely because people are too scared to go to health facilities and are not getting treated for malaria. Nets for Life Africa, a New York-based charity that provides insecticide-treated mosquito nets, said some 15,000 Guineans died from malaria last year.

16. In response to measles cases in Lofa county, Liberia, the UNICEF-supported periodic intensification of routine immunization, or PIRI, is ongoing across all 15 counties. The goal is to rapidly reduce the number of unimmunized children against measles. This intensification comes in lieu of an immunization campaign, which is not recommended in the EVD context. Vaccinators are being trained simultaneously across the country on infection prevention and control measures, supervision during PIRI and on how to conduct outreach sessions in remote areas. In addition, UNICEF provided basic infection control kits, including infrared thermometers, to 500 health facilities providing immunization services in Liberia.

:: **26 Dec 2014** UNMEER External Situation Report

Key Political and Economic Developments

1. Sierra Leone has declared a lockdown of at least three days in the north of the country to try to contain an EVD flare-up there. Response workers will go door to door to look for

suspected cases of EVD. Shops, markets and travel services will be shut down. Sierra Leone had already banned many public Christmas celebrations. Alie Kamara, resident minister for the Northern Region, indicated that "muslims and christians are not allowed to hold services in mosques and churches throughout the lockdown, except for christians on Christmas day". No unauthorized vehicles will be allowed to operate, except those officially assigned to EVD-related assignments. The lockdown is scheduled to last for at least three days, but this could be extended if deemed necessary.

10. The Liberian health ministry has received permission from the World Bank to release funds for the payment of workers' salaries to the counties. Unfortunately the pre-Christmas deadline was missed, but the plan to pay all workers in the counties through banks and off-site payments is being completed by the government. UNDP will support the teams financially and logistically to execute the payments, which are planned over several days and are expected to begin through the holiday period. Separately, funds that had been provided to banks in time were not paid to contact tracers and active case finders by the 23rd, due to banks' liquidity issues. There were demonstrations at the health ministry as a result.

11. UNDP has received a request to pay more than 400 workers in Montserrado, Liberia, including staff of the newly established IMS for the county. UNDP, as a provider of last resort, will seek to ensure that all other avenues for payment have been exhausted before committing to these payments.

Essential Services

21. From 10-16 December, as part of the Integrated Management of Acute Malnutrition (IMAM), a total of 18,885 children under 5 were screened at the community level in 64 out of 149 chiefdoms (389 communities) in Sierra Leone. 506 were referred for treatment at the Peripheral Health Units that provide nutrition treatment services.

:: **24 Dec 2014** UNMEER External Situation Report

Key Political and Economic Developments

1. The director of the US Centers for Disease Control and Prevention (CDC), Dr. Tom Frieden, said on Monday that even though the number of cases in West Africa has not reached worst-case scenario predictions, the world remains at risk until it drops to zero. "I'm hopeful about stopping the epidemic, but I remain realistic that this is going to be a long, hard fight", he said. On his recent visit to Liberia, Guinea and Sierra Leone, Dr. Frieden said he had seen "real momentum and real progress" in combating the virus. "I am hopeful that we are going to see continued progress. The challenge is not to let up, not to be complacent and to really double down". Asked about the CDC's report in September that in certain scenarios, EVD cases could reach 550,000 by January, Frieden replied: "The projections we released a few months ago showed what could happen if nothing more were done - in fact an enormous amount has been done."

2. Peter Piot, a leading researcher who helped to discover EVD, has also said that the EVD crisis is likely to last until the end of 2015, warning that vaccines would take time to develop. Professor Piot was one of the scientists who discovered EVD in 1976 and is now director of the London School of Hygiene and Tropical Medicine. He said that even though the outbreak has peaked in Liberia and was likely to peak in Sierra Leone in the next few weeks, the epidemic could have a "very long tail and a bumpy tail". Piot stated: "We need to be ready for a long effort, a sustained effort for probably the rest of 2015." But he added that he was impressed by the progress that he had seen on a recent visit to Sierra Leone: "Treatment units have now been established across the country. You don't see any longer the scenes where people are dying in the streets".

Response Efforts and Health

5. A Nigerian peacekeeper diagnosed with EVD, who had been evacuated to the Netherlands for treatment, has recovered and has returned to the UN mission in Liberia. The peacekeeper will resume duties while undergoing monitoring and psychological counseling. The man arrived in the Netherlands earlier this month. The Netherlands has followed Germany, France and Switzerland in taking on EVD patients at the request of the World Health Organization.

:: **23 Dec 2014** UNMEER External Situation Report

Key Political and Economic Developments

1. The United Nations must learn lessons from the EVD crisis and begin preparing now for the next outbreak of a deadly disease, Secretary-General Ban Ki-moon said in New York after returning from a visit to West Africa. "We must learn the lessons of Ebola, which go well beyond strengthening public health systems", Ban stated. "The international community needs better early warning and rapid response." The UN chief said he will launch a serious effort to "explore what more we can do to stay ahead of the next outbreak of disease -- a test that is sure to come." Ban also called for recovery efforts to be stepped up in West Africa in order to rebuild shattered economies, get children back in school and begin caring for EVD orphans.

2. Sierra Leone is withdrawing its troops from Somalia after the African Union blocked the West African country from rotating its soldiers over fears for EVD. Sierra Leone sent 850 troops to Somalia in 2013 for a 12-month deployment to fight jihadist terrorist group al-Shabab. Their rotation was delayed after a group of 800 soldiers, who were waiting to replace their comrades in Somalia, were quarantined after one of the soldiers was tested positive for EVD. In August, Somalia's President Hassan Sheikh Mohamud said no new troops from Sierra Leone will be deployed to his country after calls by activists and a campaign on social media by Somalis calling for a halt to the deployment.

:: **22 Dec 2014** UNMEER External Situation Report

Key Political and Economic Developments

1. United Nations Secretary-General Ban Ki-moon made a three-day tour of the region on Friday and Saturday, visiting Liberia, Sierra Leone, Guinea, Mali and Ghana. He met with the leaders of those countries as well as with survivors of Ebola Virus Disease (EVD), healthcare workers and UN staff. In Liberia, the SG participated in an Incident Management System (IMS) meeting with EVD response partners, where he discussed current trends and the next steps in the response. He warned against complacency at what remains a critical time. The Secretary-General also visited several treatment facilities. On his visits he was accompanied by the Director General of WHO, Dr. Margaret Chan, the UN Special Envoy on Ebola, Dr. David Nabarro, and the Head of UNMEER, Anthony Banbury.

2. In Guinea, Secretary-General Ban Ki-moon warned about rising EVD infection rates in the south-east of the country. While infection rates in Liberia, one of the nations hardest hit by the outbreak, have been slowing, other areas have registered an uptick in the rate of the disease's progress. Infection rates in south-eastern Guinea, the region where the deadliest outbreak in history began a year ago, have also failed to decline substantially. Solid cross border collaboration is necessary to prevent a resurgence of the epidemic, Ban said in Conakry. The Secretary-General also warned of the serious socio-economic consequences the outbreak is likely to have in the affected countries. "While our immediate priority is to stop the spread of the disease, it is not too early to start thinking about recovery," Ban said. "We must scale up our efforts to restore basic social services, strengthen health services, support economic activity and build up the countries' resilience."

3. In Sierra Leone, Ban Ki-moon met Rebecca Johnson, a Sierra Leonean nurse who caught the virus but survived. She recounted how she fell gravely ill, recovered and is now back treating EVD patients. Ban said he was moved by Johnson's story, especially that she still faced a stigma as a survivor. "There should be no discrimination for those who have been working or helping with Ebola. Those people are giving all of themselves," Ban said. He also made it clear that UNMEER is intended to be a short term mission: "My intention is not to keep UNMEER longer than one year. If that isn't the case, people will regard it as a failure".

Response Efforts and Health

6. Last week, in support of quarantined households in the Western Area of Sierra Leone, UNICEF has distributed 2,580 jerry cans, together with a 21-day supply of aqua tabs. To date, UNICEF has provided around 6,648 quarantined households with 23,720 jerry cans and 254,643 aqua tabs, benefiting 40,164 people in quarantined households and communities. Supplies have been distributed through WFP packages. UNICEF also delivered a total of 184,000 litres of safe water to two 100-bed EVD treatment centers, while setup work is ongoing in two new 24-bed Community Care Centers (CCCs) in the Western area. UNICEF, with its partners, has also ensured that 12 newly constructed CCCs were fully stocked with Water, Sanitation and Hygiene (WASH) packages.

7. In Sierra Leone, UNDP has supported the payment of hazard pay entitlements for 16,000 EVD workers in five days, through a mobile cash transfer system. With concurrent support to the government of Sierra Leone by UNDP, the World Bank and the African Development Bank, policy and guidelines are being drafted to streamline the system.

Outreach and Education

15. Last week, 8,220 households in Liberia were reached through door-to-door campaigns with EVD prevention messages as well as through 167 meetings and group discussions, reaching 13,787 women, 11,142 men and 8,912 children across all counties. 675 community leaders and elders were engaged.

16. In the first week of December, 1,414 social mobilizers were trained by UNICEF in Sierra Leone. 48% were women and 44% were less than 25 years old. Participants were trained on topics including infection prevention and control, home protection, safe burial practices, and quarantined households. 370 religious leaders and 65 paramount chiefs were sensitized to support social mobilization activities in 8 districts. Social mobilizers engaged by partners reached 5,867 households to disseminate key messages and sensitize the community.

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