

The Sentinel

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

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

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:: Week in Review

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

UNHCR report shows further growth in forced displacement in first half 2014

Press Releases, 7 January 2015

With war raging across large swathes of the Middle East and Africa plus elsewhere, an estimated 5.5 million people became newly uprooted during the first six months of 2014, signaling a further rise in the number of people forcibly displaced.

UNHCR's new Mid-Year Trends 2014 report shows that of the 5.5 million who were newly displaced, 1.4 million fled across international borders becoming refugees, while the rest were displaced within their own countries (IDPs). Taking into account existing displaced populations, data revisions, voluntary returns and resettlement, the number of people being helped by UNHCR (referred to in the report as People of Concern) stood at 46.3 million as of mid-2014 – some 3.4 million more than at the end of 2013 and a new record high.

Among the report's main findings are that Syrians, for the first time, have become the largest refugee population under UNHCR's mandate (Palestinians in the Middle East fall under the care of our sister-organization UNRWA), overtaking Afghans, who had held that position for more than three decades. At more than 3 million as of June 2014, Syrian refugees now account for 23 per cent of all refugees being helped by UNHCR worldwide.

Despite dropping to second place, the 2.7 million Afghan refugees worldwide remain the largest protracted refugee population under UNHCR care (the agency defines a "protracted refugee situation" as one that has existed for at least five years). After Syria and Afghanistan, the leading countries of origin of refugees are Somalia (1.1 million), Sudan (670,000), South Sudan (509,000), the Democratic Republic of the Congo (493,000), Myanmar (480,000) and Iraq (426,000).

Pakistan, which hosts 1.6 million Afghan refugees, remains the biggest host country in absolute terms. Other countries with large refugee populations are Lebanon (1.1 million), Iran (982,000), Turkey (824,000), Jordan (737,000), Ethiopia (588,000), Kenya (537,000) and Chad (455,000)...

..."In 2014 we have seen the number of people under our care grow to unprecedented levels. As long as the international community continues to fail to find political solutions to existing conflicts and to prevent new ones from starting, we will continue to have to deal with the dramatic humanitarian consequences," said UN High Commissioner for Refugees António Guterres. "The economic, social and human cost of caring for refugees and the internally displaced is being borne mostly by poor communities, those who are least able to afford it. Enhanced international solidarity is a must if we want to avoid the risk of more and more vulnerable people being left without proper support."

Another major finding in the report is the shift in the regional distribution of refugee populations. Until last year, the region hosting the largest refugee population was Asia and the Pacific. As a result of the crisis in Syria, the Middle East and North Africa have now become the regions hosting the largest number of refugees.

UNHCR's Mid-Year Trends 2014 report is based on data from governments and the organization's worldwide offices. As information available to UNHCR at this point in the year is incomplete it does not show total forced displacement globally (those figures are instead presented in June each year in UNHCR's annual Global Trends report, which as of end 2013 showed that 51.2 million people were forcibly displaced worldwide). Nonetheless, the data it presents is a major component of the global total and an important indicator of worldwide refugee and IDP trends.

:: UNHCR: Mid-Year Trends 2014

January 2015 :: 24 pages

The full report: <http://unhcr.org/54aa91d89.html>

Accompanying tables: <http://www.unhcr.org/statistics/mid2014stats.zip>

The Haitian Earthquake Five Years On — Children's Psychological Scars Remain

Save The Children

January 8, 2015

FAIRFIELD, Conn. (Jan. 8, 2015) – Although the catastrophic physical damage to housing, roads and public buildings wrought by the Haitian earthquake on Jan. 12, 2010 is still visible, the psychological legacy that many young earthquake survivors are still struggling to live with is less easy to see with the naked eye.

Five years since the earthquake hit the tiny Caribbean island nation of Haiti, many children there still have limited access to education, and some report exposure to exploitation and sexual violence after the already-fragile country descended into chaos in the aftermath of the disaster. Many Haitian children still show signs of emotional and psychological stress, and remain in desperate need of assistance and protection today.

Their on-going distress, along with their hopes for a better future, is what Riccardo Venturi, World Press Photo award winner in 1997 and 2011, hoped to capture while visiting Save the Children relief programs in Haiti. Venturi's resultant images are a humbling reminder to all involved in the rebuilding of Haiti that the international response to the disaster is far from complete.

Children who have lost one or both parents, are unaccompanied by a family member, or are still living in internally displaced persons (IDP) camps, are particularly at risk of exploitation, with sexual violence against minors in such settlements commonplace.

"I don't feel safe here at all because people don't respect each other. There are many cases of abuse," said *Marie Darline, a 15-year-old girl who has been living in a sprawling Haitian IDP camp for four years.

She is one of more than 85,500 people still living in temporary accommodations following the earthquake, more than half of which are children...

Haiti Earthquake: Five Years On - Results & Lessons Learned

Save the Children

January 2015 :: 22 pages

Excerpt: p.17

Lessons Learned and Perspectives

As we review the work of the past five years we once again thank our multiple donors, partners, and the government of Haiti. Our work would not be possible without your generosity and confidence in our ability to manage successful programming for Children. As we close this chapter on the five year commemoration of the 2010 earthquake we take a moment to express what we have learned:

- :: At the outset of disaster, short-term measures to keep children safe, reunite families, improve institutional care and develop viable alternative care must be implemented immediately;
- :: Prioritizing improved access to and the dependable delivery of quality primary health care, with an emphasis on maternal, infant and child health and nutrition and related hygiene and sanitation is an essential priority;
- :: The international response must support the Ministry of Health and partners to restore and expand access to basic health care for women and children, as well as access to potable water, sanitation and hygiene infrastructure and facilities;
- :: Expanding universal access to basic education must be an immediate goal of the government and development partners, particularly for the minority of children who still have not enrolled at the beginning of the school year;
- :: Longer-term, substantial and sustained investments are needed to strengthen the education sector and enable the Ministry of Education to assume the leadership and oversight role

required to achieve the constitutionally mandated goal of universal coverage at the primary level and the initiation of an Early Childhood Development component;

:: The transition from recovery to development must include strategies to include the beneficiaries, particularly children, in the design and implementation of the programs and activities that affect their future;

:: Over the long term, the government and development partners must invest the financial and technical resources in building a national system to protect children from abuse and trafficking, including activities in disaster risk reduction and resiliency.

Commitment to Development Index 2014

Center for Global Development

Petra Krylová and Owen Barder

5 January 2015 :: 11 pages

The Commitment to Development Index ranks 27 of the world's richest countries on their policies that affect more than five billion people living in poorer nations. Moving beyond comparing how much foreign aid each country gives, the CDI quantifies a range of rich country policies that affect poor people:

- :: Quantity and quality of foreign aid
- :: Openness to trade
- :: Policies that encourage investment and financial transparency
- :: Openness to migration
- :: Environmental policies
- :: Promoting international security
- :: Support for technology creation and transfer

The Index gives credit for generous and high quality aid, incentives for foreign direct investment and financial transparency, open immigration policies, robust support for technological research and development, and contributions to global security and the environment. Scores are reduced for barriers to imports from developing countries, selling arms to poor and undemocratic nations, barriers to sharing technology, and policies that harm shared environmental resources.

The Bottom Line

For the third year in a row, Denmark tops the Commitment to Development Index in 2014. Denmark is also the only country which is at or above the average on all seven components. The runners up are Sweden, Finland, the United Kingdom, and Norway. These five countries do well on the index because of their consistently high performance across all policies.

Among the G7 countries—those that matter most by dint of their economic power—only the United Kingdom places in the top 5. France ranks 9th with average performance across the components, and Germany follows in 12th place, ranking below average on finance and security. The United States is above average in trade, but below average in every other component. Japan and South Korea languish at the bottom of the table, with small aid programs for their sizes, tight borders to the entry of goods and people, and limited involvement in peacekeeping. They are joined near the bottom by Switzerland which ranks last on finance and second last on trade. The Visegrád Group of countries (Czech Republic, Hungary, Poland and Slovakia) rank at or below average in most components but their rapid progress in reducing carbon emissions is recognized in the environment dimension....

WHO: Sexual and intimate partner violence affects millions in Africa

Brazzaville, 5 January 2015 – In the African Region, one in five girls have been sexually abused during childhood, with estimates from some countries placing that proportion closer to one in three. This startling statistic is highlighted in the newly released Global status report on violence prevention 2014.

The report – the first of its kind – features data collected from 27 countries in the African Region and around the world. It highlights some of the key strategies for preventing sexual and intimate partner violence by promoting gender equity, creating a climate of non-tolerance for violence, and starting prevention efforts at a young age.

According to the report, intimate partner violence is a significant social and public health problem affecting 36.6% of ever-partnered women in the African Region.

This violence can lead to unintended pregnancies, unsafe abortions, reproductive health problems, and sexually transmitted infections, such as HIV and syphilis – all conditions undermining progress toward the 2015 Millennium Development Goals (MDGs).

Violence is also associated with other leading causes of death such as heart disease, stroke, cancer and HIV/AIDS as a result of victims adopting behaviours such as smoking, alcohol and drug misuse, and unsafe sex in an effort to cope with the psychological impact of violence.

Despite strong evidence linking experiences of violence to mental health problems, only 15% of countries in African Region reported the availability of mental health services to address the needs of victims. This demonstrates a critical gap that needs to be filled in health systems throughout the Region.

“There is no simple or single solution to the problem of violence but there is a growing body of knowledge on how to prevent violence. Countries are investing in prevention programmes but they are not being implemented in a manner or on a level that is necessary to achieve significant and sustainable reductions in violence,” said Dr Luís Sambo, WHO Regional Director for Africa.

The problem of violence in Africa, highlighted in the African Health Report 2014 and the Global status report on violence 2014 highlights the need to include several violence prevention goals in the post-2015 development agenda. These include halving violence-related deaths everywhere, ending violence against children, and eliminating all forms of violence against women and girls by 2030.

One WHO recommendation is to integrate known violence prevention strategies into pre-existing health platforms. This is because violence is a risk factor in many health outcomes such as HIV and sexually transmitted diseases, mental health and substance abuse disorders, and many of these platforms may already exist.

Violence of all types is strongly associated with social determinants of health and cross-cutting risk factors such as excessive use of alcohol. Proven measures to reduce the harmful use of alcohol include restrictions on the sale and serving of alcohol – for example, through excise taxes on beer, wine and spirits, reduced hours or days of sale of alcoholic beverages, minimum age for the purchase of alcohol, and other industry regulations.

In many countries, knowledge about the true extent of sexual and intimate partner violence is hindered by lack of data. Without such data it is difficult to develop effective national plans of action, policies, prevention programmes and services for victims.

Enforcing Human Rights in Latin America

Published January 9, 2015

The MacArthur Foundation reports that a brief from FUNDAR, recipient of the MacArthur Award for Creative and Effective Institutions, explores three cases in which international courts have made pioneering rulings ordering governments to allocate resources and implement policies that seek to enforce and protect human rights. The cases are from Argentina, Colombia, and Mexico, where the judiciary made ruled to restore and enforce the right to education, to an adequate policy for internally displaced people, and to health services, respectively. The brief emphasizes that judicial reviews are transforming justice processes in Latin America and highlights the role of judges as agents of social change and the importance of organized coalitions in providing legal support to victims.

:: JUDICIAL REVIEWS: AN INNOVATIVE MECHANISM TO ENFORCE HUMAN RIGHTS IN LATIN AMERICA

Through ground-breaking rulings, judges in Latin America are driving social change by ordering governments to restore and enforce human rights.

Janet Oropeza Eng, Researcher and ELLA Project Coordinator

29 de septiembre de 2014 :: 7 pages

FUNDAR, Policy Brief - ELLA Evidence and Lessons from Latin America

Summary

Due to persistent and systematic human rights violations, lawsuits have increasingly been brought before various Latin American courts. In some cases, courts have made pioneering rulings ordering governments to allocate budget resources and implement specific public policies aimed at enforcing and protecting human rights. This Brief focuses on three successful cases from Argentina, Colombia, and Mexico, where the judiciary made innovative rulings to restore and enforce the right to education, to an adequate policy for internally displaced people and to health, respectively. In particular, this Brief highlights the way that judicial reviews are transforming processes of justice in Latin America, including the role of judges as agents of social change and the importance of organised coalitions in providing legal support to victims. Since judicial reviews have evolved considerably in Latin America over recent years, human rights practitioners from other regions will likely benefit from learning about the particular characteristics of this phenomenon in Latin America.

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EBOLA/EVD [to 10 January 2015]

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

Ban Ki-moon on his priorities for 2015 - General Assembly, Informal meeting of the plenary - 8 Jan 2014 Excerpt on Ebola

Remarks by United Nations Secretary-General Ban Ki-moon at the informal meeting of the General Assembly on the Year Ahead.

Video: <http://webtv.un.org/watch/ban-ki-moon-on-his-priorities-for-2015-general-assembly-informal-meeting-of-the-plenary/3978253934001>

Text: <http://www.un.org/sg/statements/index.asp?nid=8312>

Excerpt on Ebola

...The outbreak of Ebola in West Africa has been a human tragedy and a setback for development in the hardest hit countries, and has highlighted the need for global vigilance and solidarity.

I thank the General Assembly for its unprecedently rapid action to establish UNMEER, the UN Mission for Ebola Emergency Response. The affected countries are beginning to see some improvements, thanks to their own mobilization and global support. Mali has made progress in controlling the virus, and we hope that Mali will be declared Ebola-free this month.

I have been especially moved by the deployment of health workers from many African countries and other parts of the world. But, Excellencies, we are still short of people and resources. As we strive to fill those gaps, we also need to address the wider impacts and to meet recovery needs.

We must also prepare for any possible new epidemic, wherever it may occur. Strengthening national health systems is a priority. International rapid response capacities must be improved. In that regard, I support the efforts of the World Health Organization led by Dr. Margaret Chan, to begin work on the way forward....

WHO: Ebola response roadmap - Situation report 7 January 2015

[Excerpt]

Summary

:: Reported case incidence continues to fluctuate in Guinea, with no identifiable downward trend. Ebola virus disease (EVD) continues to spread geographically within the country, with the prefecture of Fria reporting 2 confirmed cases for the first time. Case incidence has declined to low levels in Liberia. There are signs that incidence has levelled off in Sierra Leone, although transmission remains intense in the west of the country.

:: The UN Mission for Ebola Emergency Response (UNMEER) set twin targets of isolating and treating 100% of EVD cases, and conducting 100% of burials safely and with dignity by 1 January, 2015, in Guinea, Liberia, and Sierra Leone.

:: Each of the intense-transmission countries has sufficient capacity to isolate and treat patients, with more than 2 treatment beds per reported confirmed and probable case. However, the uneven geographical distribution of beds and cases, and the under-reporting of cases, means that the UNMEER target of isolating and treating 100% of EVD cases is still not met in some areas. An increasing emphasis will be put on the rapid deployment of smaller treatment facilities to ensure that capacity is matched with demand in each area.

:: Similarly, each country has sufficient capacity to bury all people known to have died from EVD, though the under-reporting of deaths means that the UNMEER target of 100% safe burial was not met.

:: In addition to the two UNMMER targets, there are several other crucial aspects of the response, including rigorous contact tracing, access to laboratory services, and community engagement.

:: Guinea, Liberia and Sierra Leone report that more than 90% of registered contacts are monitored, though the number of contacts traced per EVD case remains lower than expected in many districts. In areas where transmission has been driven down to low levels, rigorous contact tracing will be essential to break chains of transmission.

:: There are currently 23 laboratories providing case-confirmation services in the three intense-transmission countries. Five more laboratories are planned in order to meet demand.

:: Case fatality among hospitalized patients (calculated from all hospitalized patients with a reported definitive outcome) is approximately 60% in the three intense-transmission countries.

:: A total of 820 health-care worker infections have been reported in the intense-transmission countries; there have been 488 deaths.

:: Many elements of the response to the EVD outbreak, from safe burials to contact tracing, rely on actively engaging affected communities to take ownership of the response. UNICEF leads the community engagement arm of the EVD response. At present, 33 of 38 (87%) of districts in Guinea, 100% of districts in Liberia, and 57% (8 of 14) of districts in Sierra Leone have systems in place to monitor community engagement activities.

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION

There have been in excess of 20,000 confirmed, probable, and suspected cases of EVD in Guinea, Liberia and Sierra Leone (table 1), with more than 8,000 deaths (deaths are under-reported).

A stratified analysis of cumulative confirmed and probable cases indicates that the number of cases in males and females is about the same (table 2). Compared with children (people aged 14 years and under), people aged 15 to 44 are three times more likely to be affected (33 reported cases per 100 000 population, compared with 98 per 100,000 population). People aged 45 and over (125 reported cases per 100 000 population) are almost four times more likely to be affected than are children.

There have been 26 reported confirmed and probable cases per 100,000 population in Guinea, 206 cases per 100,000 population in Liberia, and 170 cases per 100,000 population in Sierra Leone...

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Emergencies Scorecard

UN OCHA: [L3 Emergencies](#) [at 10 January 2015]

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 10 January 2015]

:: Ebola/EVD

:: Polio

WHO: Grade 3 and Grade 2 emergencies [at 10 January 2015]

:: *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 10 January 2015]

Secretary General, Security Council, General Assembly

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

9 January 2015

SG/A/1537-BIO/4681-PKO/462

[Secretary-General Appoints Major General Salihu Zaway Uba of Nigeria as Force Commander for United Nations Mission in Liberia](#)

United Nations Secretary-General Ban Ki-moon announced today the appointment of Major General Salihu Zaway Uba of Nigeria as the Force Commander for the United Nations Mission in Liberia (UNMIL).

8 January 2015

SG/SM/16449-GA/11610-ORG/1591

['From Development to Peace to Human Rights, the United Nations Must Be Ever More Fit for Purpose,' Secretary-General Tells General Assembly Mapping Year's Work](#)

Following are UN Secretary-General Ban Ki-moon's remarks to an informal meeting of the General Assembly on the year ahead, in New York today...

8 January 2015

SC/11730

[Across West Africa, Unparalleled Public Health Crisis, Political Tensions, Insecurity, Terrorism Threaten to Derail Elections, Security Council Told](#)

West Africa's political landscape remained delicate as nations across the region continued to grapple with insecurity, terrorist threats and tensions ahead of a busy election cycle, the United Nations senior official there told the Security Council this afternoon.

6 January 2015

SC/11726

[Urging End to Ceasefire Violations, Under-Secretary-General Tells Security Council Peace Talks between Mali Government, Armed Groups at Crucial Stage](#)

As serious fighting continued among warring armed groups in Mali, resulting in heavy casualties among both civilians and peacekeepers alike, the strife-torn nation's ongoing peace talks had reached a crucial stage and must move forward, the head of United Nations peacekeeping told the Security Council this afternoon.

UNICEF [to 10 January 2015]

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

Media Releases [selected]

[UNICEF helps restart measles immunizations in Ebola-hit countries](#)

GENEVA/DAKAR/CONAKRY/FREETOWN/MONROVIA, 9 January 2015 – UNICEF is helping governments and communities restart stalled immunizations amid a surge in measles cases in Ebola-affected countries, where health systems are overwhelmed and tens of thousands of children are left vulnerable to deadly diseases.

[UNICEF and WFP partner to help vulnerable Syrian families in Za'atari and Azraq camps protect their children against the winter cold](#)

AMMAN, 7 January 2015 – As Jordan braces for a winter storm in the next few days, the United Nations Children's Fund (UNICEF) in partnership with the UN World Food Programme (WFP) today launched a winter cash assistance programme to provide 41,000 vulnerable Syrian refugee children under the age of 14 in Za'atari and Azraq refugee camps with 14 Jordanian Dinars (JOD) each, to allow their families to get them winter clothes.

[New Year in Syria offers little chance of children's education as schools remain targets of conflict](#)

GENEVA/DAMASCUS, 6 January 2015 – Continuing conflict and the recent closure of some schools in Raqqa and Deir-ez-Zour governorates and parts of rural Aleppo in Syria is believed to have disrupted education for 670,000 children of primary and lower high school age, said UNICEF today.

UNHCR [to 10 January 2015]

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

[UNHCR report shows further growth in forced displacement in first half 2014](#)

7 January 2015

[see full treatment above]

UNOCHA [to 10 January 2015]

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

9 Jan 2015 - [Chad: Revue de Presse Humanitaire au Tchad, Du 29 décembre 2014 au 9 janvier 2015](#)

08 Jan 2015 - [Colombia: Impacto del CERF en el Guaviare](#)

06 Jan 2015 - [Democratic Republic of the Congo: 30 Millions de dollars américains du Fonds Commun Humanitaire pour assister les victimes des conflits armés et de la malnutrition en RD Congo](#)

UNISDR UN Office for Disaster Risk Reduction [to 10 January 2015]

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

[DRR negotiations resume next week](#)

8 Jan 2015

The draft programme for the first global conference on disasters in ten years has been published by UNISDR ahead of negotiations next week in Geneva on a post-2015 framework for disaster risk reduction, the first of three interlocking international agreements expected this year...

[Turkey leads on earthquake-safety](#)

8 Jan 2015

Turkey was yesterday praised as an emerging leader in disaster risk reduction as it marked the 5th anniversary of the creation of AFAD, the national disaster and emergency management authority under the direct control of the Prime...

WHO & Regionals [to 10 January 2015]

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

WHO & Regionals [to 10 January 2015]

:: [WHO grants approval for safe, effective meningitis A vaccine for infants](#)

9 January 2015

WHO has opened the door to routine immunization of infants in Africa by approving for use an innovative and affordable vaccine that has all but rid the meningitis belt of a major cause of deadly epidemics.

Since its introduction in Africa in December 2010, MenAfriVac has had an immediate and dramatic impact in breaking the cycle of meningitis A epidemics, leading the safe, effective technology to be approved by WHO through its prequalification process for use in infants, and paving the way for protecting millions more children at risk of the deadly disease.

[Read the news release on meningitis A vaccine](#)

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

- 5 January 2015 - [Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Jordan](#)

On 25 December 2014, the National IHR Focal Point of Jordan notified WHO of 1 additional case of Middle East respiratory syndrome coronavirus (MERS-CoV) infection.

Contact tracing of household contacts and healthcare contacts is ongoing for this case.

The National IHR Focal Point for the Kingdom of Saudi Arabia also notified WHO of the death of 3 previously reported MERS-CoV cases.*

Globally, the WHO has been notified of 945 laboratory-confirmed cases of infection with MERS-CoV, including at least 348 related deaths.

WHO Regional Offices

WHO African Region AFRO

Press Releases

:: [Sexual and intimate partner violence affects millions in Africa](#)

Brazzaville, 5 January 2015 – In the African Region, one in five girls have been sexually abused during childhood, with estimates from some countries placing that proportion closer to one in three. This startling statistic is highlighted in the newly released Global status report on violence prevention 2014.

WHO Region of the Americas PAHO

:: [PANAFTOSA marks three years without foot-and-mouth disease outbreaks in the Americas](#)

Rio de Janeiro, 5 January 2015 (PANAFTOSA) - January 2015 marks the third year in a row in which the Region of the Americas has had no outbreak of foot-and-mouth disease (FMD), a highly contagious animal disease that can have a devastating impact on livestock.

In marking the achievement, the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), a specialized technical center of the Pan American Health Organization (PAHO), noted the importance of the investments and hard work of the two organizations' member countries.

Foot-and-mouth disease (FMD) is a highly contagious viral disease that primarily affects cloven-hooved livestock and wildlife. Outbreaks can severely disrupt livestock production and trade, causing major economic losses and threatening food security. FMD is not related to hand, foot and mouth disease, a condition seen only in humans, and is not considered a public health problem, as human cases are extremely rare...

WHO South-East Asia Region SEARO

No new digest content identified.

WHO European Region EURO

:: [United Kingdom Ebola case: tracing of airline passengers completed](#) 10-01-2015

:: [Kyrgyz initiatives help reduce preventable child mortality](#) 08-01-2015

WHO Eastern Mediterranean Region EMRO

No new digest content identified.

WHO Western Pacific Region

No new digest content identified.

UNAIDS [to 10 January 2015]

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

No new digest content identified.

UNFPA United Nations Population Fund [to 10 January 2015]

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

[Midwives help lower Afghanistan's towering maternal death rate](#)

7 January 2015

NEW YORK/KABUL – Boosting the ranks of midwives has helped to lower Afghanistan's towering maternal and newborn death rates, a new report shows.

Decades of grinding conflict and repressive attitudes towards women had led to enormous maternal and infant death rates, according to the report, [the State of Afghanistan's Midwifery 2014](#). After Taliban insurgents gained control in 1996, restrictions on women's health care – in particular, a prohibition on receiving care from male health workers – left many pregnant women without the assistance of skilled health personnel such as doctors, nurses or [midwives](#). By 2002, Afghanistan's maternal mortality ratio was one of the highest in the world. For every 100,000 live births, some 1,600 women died from causes related to pregnancy or childbirth, says the report, which was jointly produced by UNFPA, Afghanistan's health ministry, and other partners.

Empowering midwives

To reverse this trend, health officials and international partners sought to strengthen midwifery services – both in hospital settings and in rural communities, where many women live beyond the reach of conventional health facilities. To develop the skills of midwives, UNFPA and partner organizations supported a variety of two-year [training programmes...](#)

[Mobile app promises to speed Ebola response in Guinea](#)

5 January 2015

CONAKRY, Guinea – As the Ebola epidemic continues to ravage parts of West Africa, health officials are intensifying their efforts on the ground. Now included in their arsenal is a mobile phone application that promises...

UN Women [to 10 January 2015]

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

No new digest content identified.

UNDP United Nations Development Programme [to 10 January 2015]

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

08 Jan 2015

[Europe gears up for new development agenda](#)

The Year will be officially launched on 9 January in Riga, Latvia by the European Union as Latvia assumes the EU Presidency. At this occasion Homi Kharas of the Brookings Institution will deliver a Kapuscinski Development Lecture, an initiative of the European Commission and UNDP.

08 Jan 2015

[Time for Global Action on Sustainable Development Says UN Secretary-General Ban Ki-moon](#)

Launching a new campaign, 2015: Time for Global Action, United Nations Secretary-General Ban Ki-moon said world leaders have an historic opportunity this year to make transformative economic, environmental and social changes that will have a positive and meaningful impact on people's lives and ensure peace and stability.

07 Jan 2015

[New leadership set for UNDP's governing body](#)

Ambassador Luis Fernando Carrera of Guatemala was today elected as the President of the United Nations Development Programme's (UNDP) Executive Board, the Organization's governing body, for 2015.

05 Jan 2015

[UNDP and Zambian Government sign multi-donor support for the 2015 presidential by-election](#)

The Ministry of Finance, Electoral Commission of Zambia, and the United Nations Development Programme (UNDP) on behalf of Ireland, Japan, Sweden, the United Kingdom, and the United States of America have entered into a cooperative agreement to support the 2015 Presidential Election to be held on 20 January, 2015 with a total sum of USD3.09 million.

UN Division for Sustainable Development [to 10 January 2015]

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

No new digest content identified.

FAO Food & Agriculture Organization [to 10 January 2015]

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

No new digest content identified.

DESA United Nations Department of Economic and Social Affairs [to 10 January 2015]

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

[Preparing for a year of global action](#)

5 January 2015, New York

2015 is expected to be a historic year for global sustainable development. A number of milestone events are expected to set in motion crucial actions that will benefit both the people and the planet. With UN DESA playing a leading role in these efforts, DESA News met with Mr. Wu Hongbo, UN DESA's Under-Secretary-General, to learn more about upcoming events as well as gains made during the past year.

ILO International Labour Organization [to 10 January 2015]

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

No new digest content identified.

UNESCO [to 10 January 2015]

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

No new digest content identified.

WIPO World Intellectual Property Organization [to 10 January 2015]

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

No new digest content identified.

CBD Convention on Biological Diversity [to 10 January 2015]

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

No new digest content identified.

ITU International Telecommunications Union [to 10 January 2015]

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

No new digest content identified.

USAID [to 10 January 2015]

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

No new digest content identified.

DFID [to 10 January 2015]

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

No new digest content identified.

ECHO [to 10 January 2015]

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

[Ebola: Germany provides additional medical evacuation capacity](#)

09/01/2015

Germany is adding a specialized medical evacuation airplane to the voluntary pool of resources which EU countries have made available to fight the Ebola epidemic in West Africa.

OECD [to 10 January 2015]

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

[Mexico has a unique opportunity to boost growth and share prosperity more widely, according to the OECD](#)

8-January-2015

Mexico now has the chance to dramatically boost growth rates and resume convergence of its living standards towards those of advanced economies, reduce pervasive labour market informality and drive down high rates of poverty and income inequality.

African Union [to 10 January 2015]

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

Jan.08.2015

[African Union and Kenya Sending 170 Health Workers to Ebola Affected Countries](#)

Jan.02.2015

[ASEOWA Guinea- Over 80 Health Workers from DRC to Respond to EVD Outbreak](#)

The African Development Bank Group [to 10 January 2015]

<http://www.afdb.org/en/news-and-events/press-releases/>

[African Water Facility to help tackle food insecurity, flooding and droughts in Uganda and South Sudan.](#)

09/01/2015 - The African Water Facility (AWF) announced on January 9, 2015 that it has offered a €1.97 million grant to the Nile Equatorial Lakes Subsidiary Action Program (NELSAP) to increase water availability for multiple purposes in the Nyimur region of Uganda and South Sudan. The grant will support the improvement of irrigated agriculture and food production, fisheries, electricity generation and sanitation as well as the prevention of flooding and droughts in the region.

[Ghana and Togo sign project agreement to bring drinking water to Lomé and Ghana's coastal communities](#)

09/01/2015 - The governments of Ghana and Togo signed on 12 December 2014 a memorandum of understanding (MoU) for the construction of an African Water Facility - supported pipeline to bring drinking water from the lower Volta River in Ghana to the city of Lomé in Togo and the Ghanaian communities along the water transfer route.

ASEAN

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

[ASEAN Supports Flood Relief Efforts in Malaysia](#)

on Thursday, 08 January 2015

PULAU MERANTI, 8 January 2014 - The ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) today symbolically handed-over disaster emergency relief items to Majlis Keselamatan Negara (MKN) Malaysia as part of ASEAN's solidarity. The symbolic hand-over of ASEAN support was conducted at National Disaster Command Centre (NDCC), Pulau Meranti and was attended by Mr Ogu Salim bin Omar, Deputy Secretary of MKN; Mr Said Faisal, Executive Director of AHA Centre; and Ms Adelina Kamal of the ASEAN Secretariat.

UNCTAD [to 10 January 2015]

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

09 Jan 2015

[Joakim Reiter of Sweden appointed Deputy Secretary-General of UNCTAD](#)

World Trade Organisation [to 10 January 2015]

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

No new digest content identified.

IMF [to 10 January 2015]

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

No new digest content identified.

World Bank [to 10 January 2015]

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

[Developing Countries Need To Rebuild Fiscal Space to Weather Growth Slowdowns, Says a New Report by the World Bank Group](#)

WASHINGTON, January 7, 2015 – Faced with weaker export prospects, an impending rise in global interest rates, and fragile financial market sentiment, developing countries need to rebuild fiscal buffers to support economic activity in case of a growth slowdown, says the new edition of Global Economic Prospects, released today by the World Bank Group. For many developing economies, lower oil prices have provided a timely opportunity for doing so. In countries with elevated domestic debt or inflation, monetary policy options to deal with a potential slowdown are constrained. In the foreseeable future, these countries may need to employ fiscal stimulus measures to support growth. But many developing countries have less fiscal space now than they did prior to 2008, having used fiscal stimulus during the global financial crisis...

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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 10 January 2015]

No new digest content identified.

Aravind Eye Care System [to 10 January 2015]

No new digest content identified.

BRAC [to 10 January 2015]

No new digest content identified.

CARE International [to 10 January 2015]

[Concern for Refugees Paramount as Winter Storm Strikes in Jordan, Lebanon](#)

JORDAN, LEBANON

09 JANUARY 2015

Syrian refugees, fleeing violence in their homeland, have found their situation exacerbated following the onslaught of winter storm "Huda".

Danish Refugee Council [to 10 January 2015]

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

[1 million liters of water per day to South Sudanese refugees](#) (08.01.15)

For months, South Sudanese refugees have waded through the flood waters at Leitchuor camp in Gambella, Ethiopia. Built on a floodplain, the camp has been submerged since the beginning of the rainy...

["I feel caught up in this camp" – South Sudanese youth in Kakuma](#) (07.01.15)

One year since the breakout of conflict in South Sudan, many of the refugee youth in Kakuma refugee camp in Kenya are having a difficult time to adjust to the new camp life. Majority of them have...

[DRC returns to Ukraine](#) (07.01.15)

After completing a six-year mission in Ukraine in January 2013 the Danish Refugee Council (DRC) has returned to begin emergency relief operations for internally displaced in the war-torn country....

Casa Alianza [to 10 January 2015]

Covenant House [to 10 January 2015]

[Covenant House Ranked Top Non-Profit](#)

Wednesday, December 31, 2014 at 11:30 am

Charities like Covenant House get valuable feedback from the public they serve. And these reviews help donors understand which nonprofits are making a difference on the ground than from the people who experience it.

That's why we are so grateful that our stellar reviews helped name us one of Great NonProfits top-rated charities in 2014 for our work with homeless youth

Read more here: <https://www.linkedin.com/pulse/top-rated-nonprofit-list-2014-perla-ni>

ECPAT [to 10 January 2015]

No new digest content identified.

Fountain House [to 10 January 2015]

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

No new digest content identified.

Handicap International [to 10 January 2015]

No new digest content identified.

Heifer International [to 10 January 2015]

No new digest content identified.

HelpAge International [to 10 January 2015]

No new digest content identified.

International Rescue Committee [to 10 January 2015]

Press Releases

No new digest content identified.

ICRC - International Committee of the Red Cross [to 10 January 2015]

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

[Democratic Republic of the Congo: 152 former child soldiers reunited with families](#)

News release

09 January 2015

Families living in the eastern provinces of North Kivu, South Kivu and Orientale are due to be reunited with their children today after months or even years apart. The 147 boys and five girls all belonged to armed forces or groups until recently.

IRCT [to 10 January 2015]

No new digest content identified.

MSF/Médecins Sans Frontières [to 10 January 2015]

Selected Press Releases/Field News

Field news

[Health Care Underprioritized in Haiti Reconstruction](#)

January 08, 2015

Five years have passed since a devastating earthquake shook Haiti, affecting approximately 3 million people and killing 220,000, according to government estimates. What is the situation in Haiti now after five years of reconstruction efforts, and what health care services does Doctors Without Borders/Médecins Sans Frontières (MSF) still provide in the country? MSF's Haiti Country Director Oliver Schulz discusses...

Field news

[Oxford University Begins Trial of Possible Ebola Treatment at MSF Treatment Center in Monrovia](#)

January 07, 2015

A clinical trial of a possible treatment for Ebola began on January 1, 2015, at ELWA 3, the Doctors Without Borders/Médecins Sans Frontières (MSF) Ebola Management Center in Monrovia, Liberia. Led by Oxford University, the trial aims to determine if the antiviral drug brincidofovir is a safe and effective treatment for Ebola. While MSF hopes that brincidofovir might help patients survive infection, it is still not sure whether this will be the case.

Field news

[Providing Care and Health Education for Mothers in South Sudan](#)

January 07, 2015

On the bright morning of November 3, 2014, a 29-year-old mother of three named Adem arrived at the Yambio State Hospital's maternity ward with advanced labor pains. While taking her medical and obstetric history, the medical team discovered that she had undergone a Caesarean section exactly one year earlier.

Mercy Corps [to 10 January 2015]

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

No new digest content identified.

Operation Smile [to 10 January 2015]

Upcoming Mission Schedule

Jan 11 - 18 | Nagercoil, India

Jan 12 - 16 | Hanoi, Vietnam

Jan 30 - Feb 2 | Siem Reap, Cambodia

Feb 2 - 6 | Ho Chi Minh City, Vietnam

Feb 2 - 6 | Hanoi, Vietnam

Feb 5 - 9 | Balabac, Palawan, Philippines

Feb 12 - 20 | Guadalajara, Mexico

Feb 15 - 21 | Cauayan, Isabela, Philippines

Feb 18 - 21 | Cobarruguis, Quirino, Philippines

Feb 19 - 27 | Tegucigalpa, Honduras

OXFAM [to 10 January 2015]

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

[Increases in Perceived Seriousness of Poverty and Homelessness: Global Poll](#)

Germany and Spain amongst countries with most significant increases

LONDON, 8 JAN 2015 - Germany and Spain have made the most dramatic increases in perceived seriousness of poverty and homelessness according to a GlobeScan poll of 24,000 citizens across 24 countries. This global poll shows the abiding strength of people's concerns about poverty and their perceptions of economic unfairness.

Poverty and homelessness continue as top-tier concerns with majorities in 15 of the 24 countries polled seeing these as a very serious problem (an average of over 80 percent see it at least as somewhat serious). These concerns are at the same high level as crime and violence, unemployment and the rising cost of food and energy – all of which are seen as more serious than “economic problems and uncertainty” and nine other issues tested.

In 12 of the 24 countries polled, the perceived seriousness of poverty and homelessness has either increased or remained stable at a high level since the question was last fielded in 2012. The most significant increases in perceived seriousness over the last two years are found in Europe, notably Germany where it has increased dramatically by 20 per cent (from 24% to 44%) and in Spain with an increase of 10 per cent (from 76% to 86%).

Relative to other challenges tested, poverty and homelessness is today one of the most serious issues globally, being seen most seriously in Spain, Nigeria, Chile, France and Peru.

Winnie Byanyima, Executive Director, Oxfam International said: "This poll is powerful evidence that, all over the world, the public clamour to tackle inequality and poverty is growing and hardening by the day. Our political and business leaders will ignore this at their peril." At the same time, a significant 43 percent see "economic inequality" as a very serious problem (with an average of 80 percent rating it at least somewhat serious).

This is consistent with previous polling. In a 2012 survey of 22 countries conducted by GlobeScan for the BBC World Service, fully 61 per cent of citizens worldwide felt that economic benefits and burdens have not been shared fairly in their country, with over a quarter (27%) concluding they had been shared "not at all fairly" and only 7 per cent "very fairly".

GlobeScan Foundation president Doug Miller commented, "The current media focus on the growing gap between rich and poor has been deeply felt by citizens the world over since we first asked about it in 2008. In a number of countries, the strong sense of unfairness threatens to undermine the basic social contract that has kept both rich and poor working towards common ends."

According to the latest poll, citizens look primarily to government to show leadership on addressing issues of economic and social justice, with 59 per cent selecting government when asked who should lead on this, compared to only 13 per cent for large companies, 6 per cent for trade unions. Another 12 per cent say "all of them" should be collectively responsible. Developing countries place the strongest emphasis on government leadership, particularly in Nigeria (73%), Chile (70%) and Indonesia (70%).

However in some countries citizens have stronger expectations of leadership on the part of large companies, most notably in the USA (28%), India (27%), South Korea (21%) and France (19%).

[No link to actual research documentation was evident on the respective websites posting the above]

Partners In Health [to 10 January 2015]

[Ophelia Dahl: Haiti 5 Years after the Earthquake](#)

January 09, 2015

Video: 03.54

PIH Welcomes Dr. Gary Gottlieb

January 09, 2015

This week Partners In Health Co-founders Dr. Paul Farmer and Ophelia Dahl penned an opinion piece in The Boston Globe about the recent announcement that Dr. Gary Gottlieb will be taking the helm of PIH later this year. Farmer and Dahl, who say Dr. Gottlieb's transition "has to be seen as one of the great boons to global health in these frightening times," note that Gottlieb will be tasked with leading PIH's Ebola response in West Africa and will bring his decades of experience building health systems to PIH sites around the world...

PATH [to 10 January 2015]

Announcement | December 19, 2014

No new digest content identified.

Plan International [to 10 January 2015]

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

Continued investment in Haiti essential to break cycle of poverty and disaster vulnerability

- *As country marks 5-year anniversary of Haiti earthquake*

9 January 2014, Port-au-Prince, Haiti:

Continued investment, especially in children and young people, is needed in Haiti, 5 years after the deadly earthquake reduced it to rubble, says child rights and humanitarian organisation Plan International.

On 12 January, 2010, the poorest country in the western hemisphere was struck with a 7.0 magnitude earthquake near its capital Port-au-Prince, affecting 3.5 million people, killing an estimated 220,000 people and destroying or damaging 4,000 schools*.

Five years on, the landscape is very different.

Now, most of the estimated 19 million cubic metres of rubble generated by the earthquake is gone. Over 1 million people - some 10% of the entire population of Haiti - made homeless by the earthquake have been rehoused after living in camps since the earthquake.

Roads, especially in Port-au-Prince, have been repaired and many paved for the first time. Houses damaged by the earthquake have been rebuilt and small businesses have multiplied. Several international standard hotels and large supermarkets have also been constructed.

Plan was at the forefront of the emergency response, rebuilding schools and setting up child-friendly spaces, to ensure children were able to access psychosocial support in the immediate aftermath of the earthquake...

Save The Children [to 10 January 2015]

<http://www.savethechildren.org/site/c.8rKLXMGIpI4E/b.6150563/k.D0E9/Newsroom.htm>

The Haitian Earthquake Five Years On — Children's Psychological Scars Remain

January 8, 2015

[see full treatment above]

Deadly Threat to Syrian Children as Temperatures Plummet

January 7, 2015

SOS-Kinderdorf International [to 10 January 2015]

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

No new digest content identified.

Tostan [to 10 January 2015]

January 9, 2015

Fistula Camps in Southern Senegal Provide Medical and Social Support for Women and Their Communities

Following the successful launch of the [Zero Fistula Project](#) and the [first repair surgery camp](#) held back in September—where 14 women were successfully treated and 20 received consultations--two more camps were organized at the end of December in the regions of Kolda-Sedhiou and Tambacounda-Kedougou in Southern Senegal. A total of 30 women underwent surgery for obstetric fistula: in Kolda-Sedhiou, 36 women received consultations and 25 received repair surgery, while in Tambacounda-Kedougou, seven women received consultations and five received repair surgery.

Before the start of the camps, partners put emphasis on raising awareness about fistula using radio. Field staff appealed to health specialists and religious leaders to help mobilize communities and to discuss the partnership with [Amref](#) and the Hospital in Kolda and Dakar. In the five days leading up to the surgery, the women having traveled from different areas were received by the regional Tostan office in Kolda, who used their resources to facilitate a place for them to stay.

Also prior to the camps, several awareness-raising activities, such as intervillage meetings (IVM) and workshops were organized for community members and local authorities. In the Kolda-Sedhiou region, two IVM's took place on October 31st and December 23rd with 10 villages present and 240 participants, and two additional workshops in November with a midwife. In Tambacounda-Kedougou, two workshops with 86 participants were held in November with the attendance of the health commission of the Community Management Committee (CMC) of Dougue, as well as a health prefect. These workshops taught participants how to identify fistula...

Women for Women International [to 10 January 2015]

No new digest content identified.

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Disasters Emergency Committee [to 10 January 2015]

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

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

No new digest content identified.

EHLRA/R2HC [to 10 January 2015]

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

No new digest content identified.

END Fund

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

No new digest content identified.

GAVI [to 10 January 2015]

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

No new digest content identified.

Global Fund [to 10 January 2015]

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

Press releases

[Zambia and Global Fund Sign \\$234 Million in New Grants](#)

09 January 2015

LUSAKA, Zambia - The Government of the Republic of Zambia, the Churches Health Association of Zambia, and the Global Fund today reaffirmed their partnership, signing four new grants worth US\$234 million to fight HIV, TB and malaria in Zambia.

The financial resources provided through the Global Fund come from many donors, represented today by the European Union, Sweden, the United Kingdom and the United States. Beyond finances, the grant agreements embody solidarity with the people of Zambia, supporting health initiatives through partnership with UNAIDS, UNICEF, UNDP, UNFPA, WFP and WHO, (RED), ONE and the Bill & Melinda Gates Foundation and others.

The HIV/TB grants expand availability of anti-retroviral medication for people living with both HIV and tuberculosis from 80 percent in 2013 to a target of 90 percent by 2017. Zambia will also intensify TB case detection among key populations, children, prisoners and other groups identified by Zambia's TB survey, and enhance HIV/TB integration.

The malaria grants aim to sustain universal coverage of treatment and increase household use of mosquito nets from 49 percent in 2012 to 85 percent by 2017. The number of malaria cases and deaths is expected to halve in 2017 compared with 2013. The grants also strengthen community and health systems...

ODI [to 10 January 2015]

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

No new digest content identified.

The Sphere Project [to 10 January 2015]

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

No new digest content identified.

Start Network [Consortium of British Humanitarian Agencies] [to 10 January 2015]

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

No new digest content identified.

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:: Foundation/Major Donor Watch

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

BMGF (Gates Foundation)

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

JANUARY 07, 2015

[New Collection by More Than 30 World-Renowned Artists Illustrates the Global Impact of Vaccines](#)

The Art of Saving a Life Project Features the Work of Angélique Kidjo, Chimamanda Ngozi Adichie, GMB Akash, Sophie Blackall, Thomas Ganter, Vik Muniz, Alexia Sinclair and Others, and Debuts at Critical Moment for Global Vaccine Advocacy .

Ford Foundation

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

5 January 2015

[Foundation Appoints Don Chen New Director of Metropolitan Opportunity](#)

New director will lead the foundation's work on equitable urban development in the U.S. and developing world

William and Flora Hewlett Foundation

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

[Vidya Krishnamurthy to Join Hewlett Foundation as Director of Communications](#)

Jan 7, 2015

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>

[All Indian Health Service Birthing Hospitals Achieve Baby-Friendly Designation](#)

Jan. 8, 2015

Three years ago, First Lady Michelle Obama launched Let's Move! in Indian Country, with a bold vision to make every Indian Health Service (IHS) birthing hospital in the United States Baby-Friendly, meaning the hospital provides optimal support for breastfeeding. In December, IHS announced the realization of this goal, an accomplishment that will benefit more than 4,500 Native American mothers and their children each year.

"We congratulate Indian Health Service on this incredible achievement to ensure more Native American mothers and babies have the opportunity to breastfeed and experience breastfeeding's benefits," says Carla D. Thompson, vice president of program strategy at the W.K. Kellogg Foundation. "IHS has set a new standard of care for Indian Country, and will help reduce persistent inequities and improve the health and well-being of Native American mothers and children."

Native American mothers have the second lowest breastfeeding rates in the nation, and Native American children face a serious health epidemic, with skyrocketing rates of obesity and diabetes. Breastfeeding can change this, as it decreases obesity and diabetes in children, and protects mothers from a myriad of diseases, like breast and ovarian cancers and hypertension...

MacArthur Foundation

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

[A New Era of Immigration Federalism](#)

Published January 9, 2015

A report from the Center for Migration Studies of New York analyzes the increasingly dynamic interaction among states, localities, and the federal government in the formulation and implementation of immigration policy. The report reviews immigration policy developments over the last 20 years that have led to a patchwork of policies, determined by a mix of local, state,

and federal directives rather than a single federal policy set in Washington, D.C. The paper contends that we are now in an era of immigration federalism characterized by increasingly broad distribution of powers across all levels of government and wide variations in immigration regimes and practices

[Enforcing Human Rights in Latin America](#)

Published January 9, 2015

A brief from FUNDAR, recipient of the MacArthur Award for Creative and Effective Institutions, explores three cases in which international courts have made pioneering rulings ordering governments to allocate resources and implement policies that seek to enforce and protect human rights. The cases are from Argentina, Colombia, and Mexico, where the judiciary made ruled to restore and enforce the right to education, to an adequate policy for internally displaced people, and to health services, respectively. The brief emphasizes that judicial reviews are transforming justice processes in Latin America and highlights the role of judges as agents of social change and the importance of organized coalitions in providing legal support to victims.

David and Lucile Packard Foundation

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

[The Packard Foundation Joins the PropelNext California Partnership](#)

January 5, 2015

Five foundations—the William and Flora Hewlett Foundation, the David and Lucile Packard Foundation, the Sobrato Family Foundation, the Weingart Foundation, and the Edna McConnell Clark Foundation—have joined together to pilot the PropelNext California Partnership and help youth-serving organizations in the state boost their impact on young peoples' lives.

PropelNext, an initiative of the Edna McConnell Clark Foundation, helps leading nonprofits gain the mastery to collect, use and apply data for ongoing improvement and learning. The five foundations will partner to deliver the PropelNext program to 12-16 California nonprofits eager to transform their passion for helping disadvantaged youth into data-driven insights and practices that will help them deliver even stronger results.

PropelNext will offer grantees an integrated program that couples unrestricted funding (up to \$400,000 per organization) with an equal investment in expert coaching, group learning sessions, and a peer learning community over three years so they can enhance their program models, implement strong performance management systems, and develop organizational cultures that practice ongoing learning and evaluation. As a result, grantees will be able to set strategic priorities informed by data and improved decision-making, measure and track performance and impact, and use evidence to increase support for their work. In the end, the five foundations believe the life prospects of disadvantaged youth in California will be improved by even smarter, stronger organizations.

The PropelNext California Partnership focuses on nonprofits operating in 15 counties in the San Francisco Bay Area and Southern California.

[Packard Foundation Names Dr. Michael J. Klag as a New Trustee](#)

January 5, 2015

The David and Lucile Packard Foundation announced today that Dr. Michael J. Klag has joined the Foundation's Board of Trustees. Dr. Klag is Dean of the Johns Hopkins Bloomberg School of Public Health, the oldest and largest independent graduate school of public health in the United

States. The Foundation's Board of Trustees unanimously voted to approve Klag's appointment at their quarterly meeting held on December 11-12, 2014...

Rockefeller Foundation

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

No new digest content identified.

Robert Wood Johnson Foundation

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

No new digest content identified.

Wellcome Trust

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

No new digest content identified.

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;; Journal Watch

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

American Journal of Disaster Medicine

Winter 2014, Volume 9, Number 1

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

[Reviewed earlier]

American Journal of Infection Control

January 2015 Volume 43, Issue 1, p1-98

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

[No issue; No relevant content]

American Journal of Preventive Medicine

January 2015 Volume 48, Issue 1, p1-120

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

[Reviewed earlier]

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

January 2015; 92 (1)

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

Editorial

Expanding the Toolbox in Pursuit of a Strain Transcendent Malaria Vaccine

Anne E.P. Frosch and Chandy C. John

Am J Trop Med Hyg 2015 92:1-2; Published online November 24, 2014, doi:10.4269/ajtmh.14-0662

[No abstract]

Environmental Surveillance for Toxigenic Vibrio cholerae in Surface Waters of Haiti

Am J Trop Med Hyg 2015 92:118-125; Published online November 10, 2014,

doi:10.4269/ajtmh.13-0601

Amy M. Kahler, Bradd J. Haley, Arlene Chen, Bonnie J. Mull, Cheryl L. Tarr, Maryann Turnsek, Lee S. Katz, Michael S. Humphrys, Gordana Derado, Nicole Freeman, Jacques Boncy, Rita R. Colwell, Anwar Huq, and Vincent R. Hill

Abstract

Epidemic cholera was reported in Haiti in 2010, with no information available on the occurrence or geographic distribution of toxigenic Vibrio cholerae in Haitian waters. In a series of field visits conducted in Haiti between 2011 and 2013, water and plankton samples were collected at 19 sites. Vibrio cholerae was detected using culture, polymerase chain reaction, and direct viable count methods (DFA-DVC). Cholera toxin genes were detected by polymerase chain reaction in broth enrichments of samples collected in all visits except March 2012. Toxigenic V. cholerae was isolated from river water in 2011 and 2013. Whole genome sequencing revealed that these isolates were a match to the outbreak strain. The DFA-DVC tests were positive for V. cholerae O1 in plankton samples collected from multiple sites. Results of this survey show that toxigenic V. cholerae could be recovered from surface waters in Haiti more than 2 years after the onset of the epidemic.

The Development and Implementation of a Competency-Based Curriculum for Training in Global Health Research

Thanh G. N. Ton, Sophia P. Gladding, Joseph R. Zunt, Chandy John, Vivek R. Nerurkar, Cheryl A. Moyer, Nicole Hobbs, Molly McCoy and Joseph C. Kolars*

Author Affiliations

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Abstract

The Fogarty International Center (FIC) Global Health Fellows Program provides trainees with the opportunity to develop research skills through a mentored research experience, increase their content expertise, and better understand trends in global health research, funding organizations, and pathways to generate support. The Northern Pacific Global Health Fellows

Research and Training Consortium, which hosts one of the FIC Global Health Programs, sought to enhance research training by developing, implementing, and evaluating a competency-based curriculum that uses a modular, asynchronous, web-based format. The curriculum has 8 core competencies, 36 learning objectives, and 58 assignments. Nineteen trainees completed their 11-month fellowship, engaged in the curriculum, and provided pre- and post-fellowship self-assessments. Self-assessed scores significantly improved for all competencies. Trainees identified the curriculum as one of the strengths of the program. This competency-based curriculum represents a first step toward creating a framework of global health research competencies on which further efforts could be based.

BMC Health Services Research

(Accessed 10 January 2015)

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

[No new relevant content]

BMC Infectious Diseases

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

(Accessed 10 January 2015)

[No new relevant content]

BMC Medical Ethics

(Accessed 10 January 2015)

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

[No new relevant content]

BMC Public Health

(Accessed 10 January 2015)

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

[No new relevant content]

BMC Research Notes

(Accessed 10 January 2015)

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

[No new relevant content]

British Medical Journal

10 January 2015(vol 350, issue 7990)

<http://www.bmjjournals.org/content/350/7990>

Editorials

[Two or three doses of human papillomavirus vaccine?](#)

Julia Brotherton, medical director

[Author affiliations](#)

BMJ 2015; 350 doi: <http://dx.doi.org/10.1136/bmj.g7778> (Published 07 January 2015) Cite this as: BMJ 2015;350:g7778

Switching to two doses looks feasible, but only with careful monitoring

Human papillomavirus (HPV) vaccines have the potential to prevent the considerable morbidity and mortality caused by oncogenic HPV types. In the eight years since the vaccines were first licensed, we have seen remarkable reductions in genital warts, HPV infections, and pre-cancerous cervical lesions in vaccinated populations.^{1 2 3 4 5 6 7 8} However, achieving high coverage with three doses of vaccine is challenging in many populations, and the cost of the vaccine has kept it out of reach for many countries. In a linked paper (doi:10.1136/bmj.g7584), Jit and colleagues explore, through modelling, the potential cost effectiveness of a two dose HPV vaccination schedule.⁹

Both the bivalent and quadrivalent HPV vaccines were initially registered for use as three dose courses given over six months, using the model of subunit vaccines for which multiple doses are needed to generate a sufficient immune response. However, HPV vaccines are notably immunogenic, producing very high and durable antibody responses, and the virus-like particle structure of the vaccines, with their repetitive antigen display, may be stimulating immunity that is more akin to the response generated by viral infections or live vaccines.¹⁰ ...

Research

Comparison of two dose and three dose human papillomavirus vaccine schedules: cost effectiveness analysis based on transmission model

Mark Jit, mathematical modeller and health economist¹², Marc Brisson, associate professor of mathematical epidemiology and health economics³⁴⁵, Jean-François Laprise, mathematical modeller³, Yoon Hong Choi, mathematical modeller¹⁶

Author affiliations

BMJ 2015; 350 doi: <http://dx.doi.org/10.1136/bmj.g7584> (Published 07 January 2015) Cite this as: BMJ 2015;350:g7584

Abstract

Objective

To investigate the incremental cost effectiveness of two dose human papillomavirus vaccination and of additionally giving a third dose.

Design

Cost effectiveness study based on a transmission dynamic model of human papillomavirus vaccination. Two dose schedules for bivalent or quadrivalent human papillomavirus vaccines were assumed to provide 10, 20, or 30 years' vaccine type protection and cross protection or lifelong vaccine type protection without cross protection. Three dose schedules were assumed to give lifelong vaccine type and cross protection.

Setting

United Kingdom.

Population

Males and females aged 12-74 years.

Interventions

No, two, or three doses of human papillomavirus vaccine given routinely to 12 year old girls, with an initial catch-up campaign to 18 years.

Main outcome measure

Costs (from the healthcare provider's perspective), health related utilities, and incremental cost effectiveness ratios.

Results

Giving at least two doses of vaccine seems to be highly cost effective across the entire range of scenarios considered at the quadrivalent vaccine list price of £86.50 (€109.23; \$136.00) per dose. If two doses give only 10 years' protection but adding a third dose extends this to lifetime protection, then the third dose also seems to be cost effective at £86.50 per dose (median incremental cost effectiveness ratio £17 000, interquartile range £11 700-£25 800). If two doses protect for more than 20 years, then the third dose will have to be priced substantially lower (median threshold price £31, interquartile range £28-£35) to be cost effective. Results are similar for a bivalent vaccine priced at £80.50 per dose and when the same scenarios are explored by parameterising a Canadian model (HPV-ADVISE) with economic data from the United Kingdom.

Conclusions

Two dose human papillomavirus vaccine schedules are likely to be the most cost effective option provided protection lasts for at least 20 years. As the precise duration of two dose schedules may not be known for decades, cohorts given two doses should be closely monitored

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/>

[Reviewed earlier]

Complexity

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

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

[Reviewed earlier]

Conflict and Health

[Accessed 10 January 2015]

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

Case study

Implementing people-centred health systems governance in 3 provinces and 11 districts of Afghanistan: a case study

Anwari Z, Shukla M, Maseed BA, Wardak GF, Sardar S, Matin J, Rashed GS, Hamed SA et al.

Conflict and Health 2015, 9:2 (7 January 2015)

Case study

Lessons learnt from coordinating emergency health response during humanitarian crises: a case study of implementation of the health cluster in northern Uganda

Olu O, Usman A, Woldetsadik S, Chamla D and Walker O Conflict and Health 2015, 9:1 (7 January 2015)

Abstract (provisional)

Background

Between the late 1980s and 2000s, Northern Uganda experienced over twenty years of armed conflict between the Government of Uganda and Lord's Resistance Army. The resulting humanitarian crisis led to displacement of a large percentage of the population and disruption of the health care system of the area. To better coordinate the emergency health response to the crisis, the humanitarian cluster approach was rolled out in Uganda in October 2005. The health, nutrition and HIV/AIDS cluster became fully operational at the national level and in all the conflict affected districts of Acholi and Lango in April 2006. It was phased out in 2011 following the return of the internally displaced persons to their original homelands.

Conclusions

The implementation of the health cluster approach in the northern Uganda and other humanitarian crises in Africa highlights a few issues which are important for strengthening health coordination in similar settings. While health clusters are often welcome during humanitarian crises because they have the possibility to improve health coordination, their potential to create an additional layer of bureaucracy into already complex and bureaucratic humanitarian response architecture is a real concern. Although anecdotal evidence has showed that implementation of the humanitarian reforms and the roll out of the cluster approach did improve humanitarian response in northern Uganda; it is critical to establish a mechanism for measuring the direct impact of health clusters on improving health outcomes, and in reducing morbidity and mortality during humanitarian crisis. Successful implementation of health clusters requires availability of other components of the humanitarian reforms such as predictable funding, strong humanitarian coordination system and strong partnerships. Importantly, successful health clusters require political commitment of national humanitarian and government stakeholders.

Recommendations:

Although leaving health coordination entirely to governments (in crises where they exist) may result in political interference and ineffectiveness of the aid response efforts, the role of government in health coordination cannot be overemphasized. Health clusters must respond to the rapidly changing humanitarian environment and the changing needs of populations affected by humanitarian crises as they evolve from emergency towards transition, early recovery and development.

Cost Effectiveness and Resource Allocation

(Accessed 10 January 2015)

<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>

[Reviewed earlier]

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.bmjjournals.org/content/current>

[Reviewed earlier]

Epidemics

Volume 9, In Progress (December 2014)

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

[Reviewed earlier]

End of Life Journal

Summer 2014 Vol 4 Issue 2

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

[Reviewed earlier]

The European Journal of Public Health

Volume 24, Issue 6, 01 December 2014

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

[Reviewed earlier]

Food Policy

Volume 51, In Progress (February 2015)

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

Measuring and understanding the drivers of agricultural innovation: Evidence from Ireland

Original Research Article

Pages 1-8

Doris Läpple, Alan Renwick, Fiona Thorne

Abstract

Despite the well-known importance of innovation to productivity growth in the agri-food sector, very few studies have attempted to measure farm-level innovation. This article contributes to the literature by developing an agricultural innovation index that goes beyond measuring innovation through adopted technologies. Based on this index, drivers and barriers of innovation are assessed. The findings reveal that innovation efforts differ between farm systems. Moreover, farm size and intensity, access to credit and agricultural education foster innovation, while increasing age and working off-farm hinder innovation. The paper concludes with policy recommendations to facilitate innovation in the agri-food sector.

Innovation grants to smallholder farmers: Revisiting the key assumptions in the impact pathways

Original Research Article

Pages 9-23

Giel Ton, Laurens Klerkx, Karin de Grip, Marie-Luise Rau

Abstract

Grant funds specifically targeted to smallholder farmers to facilitate innovation are a promising agricultural policy instrument. They stimulate smallholders to experiment with improved practices, and to engage with research, extension and business development services providers. However, evidence on impact and effectiveness of these grants is scarce. Partly, because attribution of changes in practices and performance to the grant alone is challenging, and the grant is often invested in innovation processes that benefitted from other support in the past. We discuss three modalities: vouchers, business development matching grants and farmer-driven innovation support funds. Our review points to an important and transversal outcome area of innovation grant systems: the creation of human and social capital to sustain creative thinking and innovative practices. Harmonising measurement on these outcomes could enhance the usefulness and comparability of impact studies and facilitate benchmarking of different policy options for smallholder innovation.

Food Security

Volume 6, Issue 6, December 2014

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

[Reviewed earlier]

Forum for Development Studies

Volume 41, Issue 3, 2014

<http://www.tandfonline.com/toc/sfds20/current>
[Reviewed earlier]

Genocide Studies International

Volume 8, Number 2 /2014

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

Global Health: Science and Practice (GHSP)

December 2014 | Volume 2 | Issue 4

<http://www.ghspjournal.org/content/current>
[Reviewed earlier]

Global Health Governance

[Accessed 10 January 2015]

<http://blogs.shu.edu/ghg/category/complete-issues/summer-2013/>
[No new relevant content]

Global Public Health

Volume 10, Issue 1, 2015

http://www.tandfonline.com/toc/rgph20/10/1#.VI0Y33tW_4U
[Reviewed earlier]

Globalization and Health

[Accessed 10 January 2015]

<http://www.globalizationandhealth.com/>
[No new relevant content]

Health Affairs

January 2015; Volume 34, Issue 1

<http://content.healthaffairs.org/content/current>
Variety Issue
[New issue; No relevant content]

Health and Human Rights

Volume 16, Issue 2 December 2014

<http://www.hhrjournal.org/volume-16-issue-2/>
Papers in Press: Special Issue on Health Rights Litigation
[Reviewed earlier]

Health Economics, Policy and Law

Volume 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 10 January 2015]

[No new relevant content]

Human Rights Quarterly

Volume 36, Number 4, November 2014

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

[Reviewed earlier]

Human Service Organizations Management, Leadership & Governance

Volume 38, Issue 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 2 (2014)

<http://idrimjournal.com/index.php/idrim/issue/view/12>

Decision-Making, Policy Choices and Community Rebuilding after the Tohoku Disaster

Junko Mochizuki

Abstract

The long-term reconstruction following the 2011 tsunami disaster has required extensive deliberation at all levels of government that is now redefining and redrawing the future of the region. Based on semi-structured interviews conducted with municipal government officials and

community leaders in the cities of Miyako and Kesennuma in January 2013, this study identifies the ways in which local communities have defined, prioritized and adopted a set of objectives and measures for long-term reconstruction, and how these will likely to affect the disaster risk and community rebuilding in the coming years. Particular attention is paid to the debate surrounding tsunami defense measures, including the rebuilding of sea walls, the relocation of communities, and other land-use adjustments, and how multi-layered governance plays out in balancing the need for swift recovery, optimal resource allocation, and future disaster risk reduction. Since the 2011 Great Tohoku Earthquake, the national recovery policy has stressed the need to build 'tsunami-resilient' communities, envisioning the construction of multi-buffer tsunami defense systems characterized by coastal land-use restrictions based on nationally determined guidelines of relatively frequent to extreme rare tsunamis. While this hands-on approach by the national government has contributed to streamlining the reconstruction processes, limited opportunities for citizen participation have contributed to tensions among stakeholders, calling into question the community ownership of decision-making following a disaster.

Disaster Risk and Effect of Informal Insurance on Human Capital Formation in Rural Areas of Developing Countries

Shiyu ZHANG, Muneta YOKOMATSU

Abstract

"Disaster and poverty" has become one of the main topics of global development for decades. Nowadays, in the rural areas of many developing countries, farmers' fate is still decided by natural conditions. They have little savings and little chance to finance from the banks. Obviously, they are extremely vulnerable to the natural disasters like droughts, floods, typhoons and earthquakes. Many methodologies dealing with poverty in developing countries have been investigated from a variety of aspects. However, few of these researches focus on human capital. Recognizing the importance of human capital in agricultural activity, this paper develops a methodology to analyze the human capital formation under disaster risk in rural areas of developing countries. Taking intergenerational externalities into consideration, this paper builds a three-period overlapping generations model. It is assumed that after the occurrence of a disaster, farmers are forced to leave rural areas if they cannot get enough food from their harvest to survive. In the rural areas where no insurance is provided by financial sector, farmers try to keep staying in their village in various ways of what we call informal insurance. In order to figure out the effect of these informal insurance mechanism on the formation of human capital as well as emigration from rural areas, Quasi-Credit contracts and saving of livestock are considered in the latter part of the paper. Findings in this paper show that farmers are exposed to the risk of emigration without informal insurance and the existence of a vicious circle between low human capital and little human capital investment is confirmed. Moreover, Quasi-Credit contract could prevent large-scale emigration but might bring down the incentive to invest in human capital at the same time. However, within a certain range, saving of livestock might be effective to reduce emigration and raise the human capital investment as well.

Infectious Diseases of Poverty

[Accessed 10 January 2015]

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

Letter to the Editor

Are surveillance response systems enough to effectively combat and contain the Ebola outbreak?

Viroj Wiwanitkit, Ernest Tambo, Emmanuel Chidiebere Ugwu, Jeane Yonkeu Ngogang and Xiao-Nong Zhou

Infectious Diseases of Poverty 2015, 4:7 doi:10.1186/2049-9957-4-7

Published: 9 January 2015

Abstract (provisional)

The epidemic of the Ebola virus infection in West Africa in 2014 has become a worldwide concern. Due to the nature of the disease, which has an extremely high mortality potential, this outbreak has received much attention from researchers and public health workers. An article entitled "Need of surveillance response systems to combat Ebola outbreaks and other emerging infectious diseases in African countries," published in the journal *Infectious Diseases of Poverty* in August 2014, concluded that a good surveillance system to monitor disease transmission dynamics is essential and needs to be implemented to combat the outbreak. Issues regarding the limitation of the passive surveillance system have been raised by Professor Viroj Wiwanitkit, who emphasizes the need for an active disease detection system such as mass screening in this letter to editor. The different function between passive and active surveillance system in combating the disease outbreak has been agreed upon by Ernest Tambo et al. There have also been discussions between Wiwanitkit and Tambo et al. on the following issues: (i) the extreme resource limitations in outbreak areas, (ii) new technology to improve the available systems. Further recommendations echoed in this letter to editor by Wiwanitkit, who outlined the research priorities on the development of appropriate combined disease monitoring systems and good policy to allocate available tools and technology in resource-limited settings for epidemic scenarios. The journal's editor, Professor Xiao-Nong Zhou, has therefore collated all parts of these discussions between authors in this letter to editor paper, in order to further promote research on a combined active and passive system to combat the present extending Ebola outbreak.

International Health

Volume 7 Issue 1 January 2015

<http://inthealth.oxfordjournals.org/content/7/1.toc>

EDITORIAL

Chikungunya: here today, where tomorrow?

Stephen Higgs and Dana L. Vanlandingham

Until 2005, chikungunya virus (CHIKV) was a relatively little-studied pathogen restricted to parts of Africa and Asia. Epidemics were sporadic and separated by years of quiescence. In late 2004, the East Central South African genotype of CHIKV moved from Kenya onto the Indian Ocean island of Comoros. The global onslaught of CHIKV had begun. In November of 2005, viral isolates were identified with, what might normally be regarded as an insignificant, single alanine to valine mutation at position 226 of the envelope E1 gene.¹ This simple mutation had a remarkable effect; making the virus approximately 100 times more infectious to the Asian tiger mosquito, *Aedes albopictus*, and it was this species that was transmitting the virus rather than the usual vector, *Aedes aegypti*.² Subsequent 'second-step' mutations further enhanced the ability of the virus to infect and/or disseminate from the midgut to the salivary glands in *Ae. albopictus*.³ However, these viruses can still be transmitted by *Ae. aegypti*. Within a year of the Indian Ocean lineage emerging, over 250 000 people had been infected. An epidemic in Asia began within months and has infected several million people in India and other Asian countries.

Chikungunya infections occurred in many countries as a result of people travelling from areas with active transmission. The presence of tiger mosquito vector has been critical to enable localized CHIKV outbreaks in Italy and France. This species continues to invade new territory...

Human rabies deaths in Africa: breaking the cycle of indifference

Betty Dodeta,*^a, Mathurin C. Tejiokemb^b, Abdou-Rahman Aguemonc and Hervé Bourhyd^c

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Received July 22, 2014.

Revision received September 3, 2014.

Accepted September 3, 2014.

Abstract

The current outbreak of Ebola virus disease has mobilized the international community against this deadly disease. However, rabies, another deadly disease, is greatly affecting the African continent, with an estimated 25,000 deaths every year. And yet, the disease can be prevented by a vaccine, if necessary with immunoglobulin, even when administered after exposure to the rabies virus. Rabies victims die because of neglect and ignorance, because they are not aware of these life-saving biologicals, or because they cannot access them or do not have the money to pay for them. Breaking the cycle of indifference of rabies deaths in humans in Africa should be a priority of governments, international organizations and all stakeholders involved

High coverage of vitamin A supplementation and measles vaccination during an integrated Maternal and Child Health Week in Sierra Leone

Fatmata F. Sesaya,*^a, Mary H. Hodgesa, Habib I. Kamaraa, Mohamed Turaya, Adam Wolfeb, Thomas T. Sambac, Aminata S. Koromad, Wogba Kamarae, Amadou Fallf, Pamela Mitulaf, Ishata Conteef, Nuhu Makshag and Amara Jambaih^c

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eNational HIV/AIDS Secretariat, Ministry of Health and Sanitation, Kingharman Road Freetown, Sierra Leone

fWorld Health Organization, Country Office, Sierra Leone and Inter Country Support Team for West Africa (IST-WA)

gUnited Nations Children's Fund, Country Office, Sierra Leone

hDirectorate of Disease Prevention and Control, Ministry of Health and Sanitation, Freetown, Sierra Leone

Abstract

Background

In May 2012, the twice-yearly Maternal and Child Health Week (MCHW) integrated vitamin A supplementation (VAS) and supplementary measles vaccination to reach all children 6–59 months in Sierra Leone. Following the MCHW, a post event coverage survey was conducted to validate VAS coverage and assess adverse events following immunization.

Methods

Using the WHO Expanded Program on Immunization sampling methodology, 30 clusters were randomly selected using population proportionate to size sampling. Fourteen caregivers of children 6–59 months were interviewed per cluster for precision of $\pm 5\%$. Responses were collected via mobile phones using EpiSurveyor.

Results

Overall VAS and measles coverage was 91.9% and 91.6%, respectively, with no significant differences by age group, sex, religion or occupation. Major reasons given for not receiving VAS and measles vaccination were not knowing about the MCHW or being out of the area.

Significantly more mild adverse events (fever, pain at injection site) were reported via the post event coverage survey (29.1%) than MCHW (0.01%) ($p < 0.0001$).

Conclusion

The MCHW reached $>90\%$ of children in Sierra Leone with equitable coverage. Increased reporting of mild adverse events during the survey may be attributed to delayed onset after measles vaccination and/or direct inquiry from enumerators. Even mild adverse events following immunization requires strengthened reporting during and after vaccination campaigns.

International Journal of Epidemiology

Volume 43 Issue 6 December 2014

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

[Reviewed earlier]

International Journal of Disaster Resilience in the Built Environment

Volume 5 Issue 4 2014

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

[Reviewed earlier]

International Journal of Disaster Risk Reduction

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

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

[Reviewed earlier]

International Journal of Infectious Diseases

January 2015 Volume 30, p1

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

[Reviewed earlier]

International Journal of Mass Emergencies & Disasters

November 2014 (VOL. 32, NO. 3)

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

[Reviewed earlier]

International Journal of Sustainable Development & World Ecology

Volume 21, Issue 6, 2014

<http://www.tandfonline.com/toc/tsdw20/current#.VIORRsILDg2>

[Reviewed earlier]

International Migration Review

Fall 2014 Volume 48, Issue 3 Pages 577–917

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

[Reviewed earlier]

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

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

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

Special Section: Rehabilitation processes of former child soldiers

[Reviewed earlier]

JAMA

January 6, 2015, Vol 313, No. 1

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

Viewpoint | January 6, 2015

The President's National Security Agenda - Curtailing Ebola, Safeguarding the Future

FREE

Lawrence O. Gostin, JD1; Henry A. Waxman, JD2; William Foege, MD, MPH3

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

JAMA. 2015;313(1):27-28. doi:10.1001/jama.2014.16572.

[Excerpt]

The Ebola epidemic is projected to affect tens of thousands in Sierra Leone, Liberia, and Guinea, with immense economic and social costs. Even in the United States, where only 1 patient with Ebola virus disease has died, the disease has spurred public fear, tested the readiness of the public health system, and led to measures such as enhanced border screening and state quarantines. The lesson of Ebola is clear: strong, resilient health systems are needed in Africa to curtail the outbreak at its source and in the United States to ameliorate risks and reassure the public.

The United States has led the global response to Ebola, devoting significant financial and human resources, deploying military troops, and sponsoring a groundbreaking United Nations Security Council resolution. Although there is some evidence that the spread of the disease is slowing in Liberia, the response of the United States is still not complete. Health systems in West Africa have been overwhelmed, and the US domestic public health system was not initially prepared, with inadequate training of and protection for health workers and inconsistent exercise of public health powers. This should not be a surprise given the severe budget cuts of recent years, including a 10% reduction in the Centers for Disease Control and Prevention's 2013 budget¹ and the loss of more than 50,000 state public health professionals.²

President Obama is trying to address these challenges. On November 5, 2014, he submitted a \$6.2 billion emergency supplemental funding request to Congress to improve domestic and

global health capacities in 3 critical areas: a surge of resources for containment and treatment in West Africa; enhanced prevention and detection of, and response to, Ebola entering the United States; and, perhaps most important, buttressing health systems to respond rapidly and flexibly to all hazards in the future.³ Epidemics will occur in the future. It is urgent that Congress support his request...

JAMA Pediatrics

January 2015, Vol 169, No. 1

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

Viewpoint | January 2015

[Advancing Children's Rights and Ensuring the Well-being of Children](#)

Jonathan Todres, JD1

[+] Author Affiliations

JAMA Pediatr. 2015;169(1):5-6. doi:10.1001/jamapediatrics.2014.2470.

[Excerpt]

On November 20, 2014, the global community will celebrate the 25th anniversary of the United Nations Convention on the Rights of the Child, the most comprehensive international legal instrument on children's rights. The Convention is the most widely ratified human rights treaty in history, ratified by 194 countries. Only the United States, Somalia, and South Sudan have not ratified it. The United States signed the Convention in 1995 but, almost 20 years later, the United States has taken no further action (a treaty becomes legally binding only following ratification). Yet, numerous US children continue to experience various harms. Because physicians witness many children's rights issues, pediatricians are well-positioned to inform policymakers on challenges children confront and the value of ensuring the rights of all children...

Journal of Community Health

Volume 39, Issue 6, December 2014

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

[Reviewed earlier]

Journal of Development Economics

Volume 114, In Progress (May 2015)

<http://www.sciencedirect.com/science/journal/03043878/114>

[Reviewed earlier]

Journal of Epidemiology & Community Health

January 2015, Volume 69, Issue 1

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

[Reviewed earlier]

Journal of Global Ethics

Volume 10, Issue 3, 2014

<http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L01#.VAJEj2N4WF8>

Tenth Anniversary Forum: The Future of Global Ethics

[Reviewed earlier]

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

Volume 25, Number 4, November 2014

http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.25.4.html

[Reviewed earlier]

Journal of Humanitarian Logistics and Supply Chain Management

Volume 4 Issue 2

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

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 16, Issue 6, December 2014

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

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 12, Issue 4, 2014

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

Special Issue: New Forms of Intolerance in European Political Life

[Reviewed earlier]

Journal of Infectious Diseases

Volume 211 Issue 3 February 1, 2015

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

EDITORIAL COMMENTARY

[Delayed BCG Vaccination—Time to Take a Shot](#)

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(See the major article by Toukam Tchakoute et al on pages 338–46.)

[Excerpt]

The BCG vaccine is often derided for the lack of efficacy in preventing *Mycobacterium tuberculosis* infection and pulmonary disease in adults. However, BCG vaccine remains a highly effective and cost-efficient intervention to prevent tuberculous meningitis and miliary tuberculosis in infants, reducing the incidence of these life-threatening and debilitating infections by approximately 75% [1, 2]. In addition, BCG vaccine coverage rates typically

exceed those of other vaccines because it can be administered at birth as a single vaccination [3].

However, this strength of the BCG vaccination strategy has become a liability because of the risks of administering BCG vaccine to human immunodeficiency virus (HIV)-infected infants. The HIV diagnosis is typically not made until the second or third month of life in resource-limited settings, and BCG vaccination in this population results in unacceptably high rates of disseminated BCG disease of 417–992 cases per 100,000 vaccinations, with a mortality of approximately 75% [4–6]. To put this in perspective, this rate of disseminated BCG disease exceeds the rate of disseminated disease due to *M. tuberculosis* in the same South African population of HIV-infected infants, which is estimated to be 241 cases per 100,000 [7]. In light of this significant risk for the vaccine to cause harm, the World Health Organization (WHO) now identifies known HIV infection in infants, or HIV exposure and symptoms concerning for HIV, as contraindications to BCG vaccination [8, 9]. The rationale for this recommendation is augmented by the unknown clinical efficacy of BCG vaccination in HIV-infected infants and the immunologic data suggesting that BCG given at birth is unlikely to be efficacious in this population [10]....

Journal of International Development

November 2014 Volume 26, Issue 8 Pages 1097–1196

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

[Reviewed earlier]

The Journal of Law, Medicine & Ethics

Winter 2014 Volume 42, Issue 4 Pages 408–602

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2014.42.issue-4/issuetoc>

Special Issue: SYMPOSIUM: The Buying and Selling of Health Care

[Global Emergency Legal Responses to the 2014 Ebola Outbreak: Public Health and the Law](#) (pages 595–601)

James G. Hodge Jr., Leila Barraza, Gregory Measer and Asha Agrawal

Article first published online: 6 JAN 2015 | DOI: 10.1111/jlme.12179

[No abstract]

Journal of Medical Ethics

January 2015, Volume 41, Issue 1

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

JME40: Good medical ethics

Paper

[The impossibility of informed consent?](#)

Kenneth Boyd

Abstract

The problematic nature of informed consent to medical treatment and research, and its relation to autonomy, trust and clinical practice, has been addressed on many occasions and from a variety of ethical perspectives in the pages of the *Journal of Medical Ethics*. This paper gives an account of how discussion of these issues has developed and changed, by describing a number

of significant contributions to these debates which provide examples of 'doing good medical ethics' over the 40 years of the Journal's publication.

Journal of Policy and Complex Systems

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

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 36, Issue 1 (February 2015)

<http://www.palgrave-journals.com/jphp/journal/v36/n1/index.html>

Editorial

Lessons from the public health response to Ebola

Journal of Public Health Policy (2015) 36, 1–3. doi:10.1057/jphp.2014.51; published online 11 December 2014

Anthony Robbins Co-Editor and Ruth Berkelman Member, JPHP Editorial Board

Anything we say today about Ebola is likely to seem dated by the time it is posted online in weeks or appears in print in months. So we look back, to consider missed opportunities, and into the unknown future to avoid worldwide 'surprise' again.

How could the public health world have been so ill prepared for this year's Ebola virus disease outbreaks in Guinea, Sierra Leone, and Liberia? Although these outbreaks have grabbed the whole world's attention, we can only describe the response as 'scrambling to catch-up'.

The hemorrhagic fever caused by the Ebola virus was first described in 1976 in what was then Zaire. There have been additional small outbreaks in sub-Saharan Africa. Uganda and other countries controlled outbreaks, but not without resources and an organized response.

It looks like not everyone was asleep. Lab researchers did what they are good at, and the molecular biology of the Ebola virus is rather well described and advanced in understanding.¹ Promising candidate vaccines and antiviral therapies have been developed but they have not progressed to licensure.^{2, 3} Was testing and licensure left largely to an industry that saw no profit selling an Ebola vaccine to the world's poorest countries?

Research in the field has been less robust than in the laboratory. Months into the epidemic, there still seemed to be confusion about how the virus was spread. The question of whether some people are more likely to spread the disease than others, so-called 'super-spreaders', has lingered. More applied research is surely needed. We learned recently that management of waste disposal – from bodily fluids to personal protective equipment and mattresses – remains inadequately studied. Does everything need to be buried or burned? What works efficiently?

Perhaps it is unfair to expect the world's major research institutes – the Institut Pasteur, the Karolinska, or the US National Institutes of Health – to put more researchers in the field. But, is there an explanation for the World Health Organization's (WHO) failure to organize assistance for countries with inadequate resources; to help them prepare for Ebola and other infectious disorders? In the case of Ebola, WHO knew that with preparation and resources, the disease had, in the past, been successfully contained. New global interest in noncommunicable diseases⁴ must not absolve public health officials for their failure to prepare for infectious disease outbreaks.

Médecins Sans Frontières (MSF) has sent doctors and nurses into the field to help where resources are scarce. They also conduct field research. MSF's applied research, organized by Epicentre MSF in Paris. Epicentre studies field operations of MSF to learn what works and what does not. They learn what knowledge, strategies, and resources are needed, and how to provide care and protection. MSF developed guidance for the use of personal protective equipment.

In June 2014 MSF was outspoken, calling for a robust response and stating that the outbreak was 'out of control' and that they had reached their limit in being able to care for patients with Ebola virus disease in 60 locations across Liberia, Guinea, and Sierra Leone. Was anyone listening? It took 6 weeks until WHO deemed Ebola a 'Public Health Emergency of International Concern' and called for a coordinated international response. Countries facing occasional imported cases were in a panic about how to respond at home, while thousands of people in West Africa became infected with Ebola.

Our list of 'pending' infectious challenges is far from exhaustive, but it confirms that there are many threats out there. Influenza has received some attention. The coronaviruses – Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome – and the paramyxoviruses – Nipah virus – remain serious threats to health globally.^{5, 6} Current efforts to control multi-drug resistant tuberculosis are dangerously 'out of step' with this grave peril.^{7, 8} Mosquito control needs to be reinforced so that Chikungunya and Dengue can be prevented. We must look ahead at the full range of threats.

Can we learn from Ebola? We must make sure that lab research, plus applied research and field studies, and the resources for care and prevention will be developed now so that we will not be 'surprised' in the future as we seem to have been with Ebola.

[\[References\]](#)

Editorial

Commentary: Ebola: The haves and the have-nots

Adolfo Martínez Palomo^a

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Journal of Public Health Policy (2015) 36, 4–6. doi:10.1057/jphp.2014.50; published online 27 November 2014

Abstract

The Ebola epidemic exemplifies the importance of social determinants of health: poverty and illiteracy, among others.

Viewpoint: The role of sanitation in malnutrition – A science and policy controversy in India

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Abstract

Over the past decade, India's economic growth has been remarkable – yet almost half of India's children under 5 remain stunted. The National Food Security Bill is the country's response to this critical situation. Studies reveal that Indian children are chronically undernourished, not only because of lack of food but also because of recurring gastrointestinal infections. The stunting problem revolves more around lack of sanitation than food insecurity. Despite acknowledging that malnutrition is 'complex and multidimensional', government action has consisted largely of nutritional interventions and subsidized food. Although improvements in sanitation would be the most effective way to reduce excessively high levels of chronic undernutrition and stunting, a review of policy formulation and implementation reveals deficits

and disconnects with available scientific evidence. It is time to change these mistaken assumptions and focus on improving access and use of safe sanitation facilities to achieve India's nutritional goals.

Journal of the Royal Society – Interface

06 February 2015; volume 12, issue 103

<http://rsif.royalsocietypublishing.org/content/current>

[New issue; No relevant content]

Journal of Sustainable Development

Vol 7, No 6 (2014) December 2014

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

[Reviewed earlier]

Knowledge Management for Development Journal

Vol 10, No 2 (2014)

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

[Reviewed earlier]

The Lancet

Jan 10, 2015 Volume 385 Number 9963 p89-200 e4

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

Comment

Beyond Ebola: a new agenda for resilient health systems

Marie Paule Kieny, Delanyo Dovlo

DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)62479-X](http://dx.doi.org/10.1016/S0140-6736(14)62479-X)

Summary

A resilient health system is one able to absorb the shock of an emergency like Ebola and at the same time continue to provide regular health services, leaving other sectors of the country fully functioning. In Guinea, Liberia, and Sierra Leone, the 2014 Ebola outbreak has claimed many lives and laid waste to economies, food provision, and development. The World Bank's forecast¹ of tens of billions of dollars lost for the three affected countries and the broader west Africa region points to the interdependence between health and countries' wider socioeconomic landscape.

Comment

Offline: Solving WHO's "persisting weaknesses" (part 1)

Richard Horton

DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)62485-5](http://dx.doi.org/10.1016/S0140-6736(14)62485-5)

When the 34 members of WHO's Executive Board gather in Geneva on Jan 25—first, for a special session on the response to the Ebola outbreak and, second, for its 136th meeting—countries will have an unprecedented opportunity to reflect on the future of the world's only global health agency. Why unprecedented? Because, in WHO's own words (from documents submitted to the Board and available on WHO's website), Ebola has put "enormous strain" on

the agency's managerial structures and systems. The outbreak has had a "significant impact" on WHO's non-Ebola work, with the result that "time-bound projects will be affected".

Articles

Global, regional, and national age–sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

GBD 2013 Mortality and Causes of Death Collaborators

Collaborators listed at the end of the Article

Published Online: 17 December 2014

DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)61682-2](http://dx.doi.org/10.1016/S0140-6736(14)61682-2)

Summary

Background

Up-to-date evidence on levels and trends for age-sex-specific all-cause and cause-specific mortality is essential for the formation of global, regional, and national health policies. In the Global Burden of Disease Study 2013 (GBD 2013) we estimated yearly deaths for 188 countries between 1990, and 2013. We used the results to assess whether there is epidemiological convergence across countries.

Methods

We estimated age-sex-specific all-cause mortality using the GBD 2010 methods with some refinements to improve accuracy applied to an updated database of vital registration, survey, and census data. We generally estimated cause of death as in the GBD 2010. Key improvements included the addition of more recent vital registration data for 72 countries, an updated verbal autopsy literature review, two new and detailed data systems for China, and more detail for Mexico, UK, Turkey, and Russia. We improved statistical models for garbage code redistribution. We used six different modelling strategies across the 240 causes; cause of death ensemble modelling (CODEm) was the dominant strategy for causes with sufficient information. Trends for Alzheimer's disease and other dementias were informed by meta-regression of prevalence studies. For pathogen-specific causes of diarrhoea and lower respiratory infections we used a counterfactual approach. We computed two measures of convergence (inequality) across countries: the average relative difference across all pairs of countries (Gini coefficient) and the average absolute difference across countries. To summarise broad findings, we used multiple decrement life-tables to decompose probabilities of death from birth to exact age 15 years, from exact age 15 years to exact age 50 years, and from exact age 50 years to exact age 75 years, and life expectancy at birth into major causes. For all quantities reported, we computed 95% uncertainty intervals (UIs). We constrained cause-specific fractions within each age-sex-country-year group to sum to all-cause mortality based on draws from the uncertainty distributions.

Findings

Global life expectancy for both sexes increased from 65·3 years (UI 65·0–65·6) in 1990, to 71·5 years (UI 71·0–71·9) in 2013, while the number of deaths increased from 47·5 million (UI 46·8–48·2) to 54·9 million (UI 53·6–56·3) over the same interval. Global progress masked variation by age and sex: for children, average absolute differences between countries decreased but relative differences increased. For women aged 25–39 years and older than 75 years and for men aged 20–49 years and 65 years and older, both absolute and relative differences increased. Decomposition of global and regional life expectancy showed the prominent role of reductions in age-standardised death rates for cardiovascular diseases and cancers in high-income regions, and reductions in child deaths from diarrhoea, lower respiratory infections, and neonatal causes in low-income regions. HIV/AIDS reduced life expectancy in

southern sub-Saharan Africa. For most communicable causes of death both numbers of deaths and age-standardised death rates fell whereas for most non-communicable causes, demographic shifts have increased numbers of deaths but decreased age-standardised death rates. Global deaths from injury increased by 10·7%, from 4·3 million deaths in 1990 to 4·8 million in 2013; but age-standardised rates declined over the same period by 21%. For some causes of more than 100 000 deaths per year in 2013, age-standardised death rates increased between 1990 and 2013, including HIV/AIDS, pancreatic cancer, atrial fibrillation and flutter, drug use disorders, diabetes, chronic kidney disease, and sickle-cell anaemias. Diarrhoeal diseases, lower respiratory infections, neonatal causes, and malaria are still in the top five causes of death in children younger than 5 years. The most important pathogens are rotavirus for diarrhoea and pneumococcus for lower respiratory infections. Country-specific probabilities of death over three phases of life were substantially varied between and within regions.

Interpretation

For most countries, the general pattern of reductions in age-sex specific mortality has been associated with a progressive shift towards a larger share of the remaining deaths caused by non-communicable disease and injuries. Assessing epidemiological convergence across countries depends on whether an absolute or relative measure of inequality is used.

Nevertheless, age-standardised death rates for seven substantial causes are increasing, suggesting the potential for reversals in some countries. Important gaps exist in the empirical data for cause of death estimates for some countries; for example, no national data for India are available for the past decade.

Funding

Bill & Melinda Gates Foundation.

Series

A community empowerment approach to the HIV response among sex workers: effectiveness, challenges, and considerations for implementation and scale-up

Dr Deanna Kerrigan, PhD, Caitlin E Kennedy, PhD, Ruth Morgan-Thomas, BA, Sushena Reza-aul, PhD, Peninah Mwangi, Kay Thi Win, Allison McFall, MHS, Virginia A Fonner, MPH, Jennifer Butler, PhD

Published Online: 21 July 2014

DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)60973-9](http://dx.doi.org/10.1016/S0140-6736(14)60973-9)

Summary

A community empowerment-based response to HIV is a process by which sex workers take collective ownership of programmes to achieve the most effective HIV outcomes and address social and structural barriers to their overall health and human rights. Community empowerment has increasingly gained recognition as a key approach for addressing HIV in sex workers, with its focus on addressing the broad context within which the heightened risk for infection takes place in these individuals. However, large-scale implementation of community empowerment-based approaches has been scarce. We undertook a comprehensive review of community empowerment approaches for addressing HIV in sex workers. Within this effort, we did a systematic review and meta-analysis of the effectiveness of community empowerment in sex workers in low-income and middle-income countries. We found that community empowerment-based approaches to addressing HIV among sex workers were significantly associated with reductions in HIV and other sexually transmitted infections, and with increases in consistent condom use with all clients. Despite the promise of a community-empowerment approach, we identified formidable structural barriers to implementation and scale-up at various levels. These barriers include regressive international discourses and funding constraints; national laws criminalising sex work; and intersecting social stigmas, discrimination, and

violence. The evidence base for community empowerment in sex workers needs to be strengthened and diversified, including its role in aiding access to, and uptake of, combination interventions for HIV prevention. Furthermore, social and political change are needed regarding the recognition of sex work as work, both globally and locally, to encourage increased support for community empowerment responses to HIV.

Series

Human rights violations against sex workers: burden and effect on HIV

Dr Michele R Decker, ScD, Anna-Louise Crago, MA, Sandra K H Chu, LLM, Prof Susan G Herman, PhD, Meena S Seshu, MSW, Kholi Buthelezi, Mandeep Dhaliwal, MD, Prof Chris Beyrer, MD

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DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)60800-X](http://dx.doi.org/10.1016/S0140-6736(14)60800-X)

Summary

We reviewed evidence from more than 800 studies and reports on the burden and HIV implications of human rights violations against sex workers. Published research documents widespread abuses of human rights perpetrated by both state and non-state actors. Such violations directly and indirectly increase HIV susceptibility, and undermine effective HIV-prevention and intervention efforts. Violations include homicide; physical and sexual violence, from law enforcement, clients, and intimate partners; unlawful arrest and detention; discrimination in accessing health services; and forced HIV testing. Abuses occur across all policy regimes, although most profoundly where sex work is criminalised through punitive law. Protection of sex workers is essential to respect, protect, and meet their human rights, and to improve their health and wellbeing. Research findings affirm the value of rights-based HIV responses for sex workers, and underscore the obligation of states to uphold the rights of this marginalised population.

The Lancet Global Health

Jan 2015 Volume 3 Number 1 e1-e61

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

[Reviewed earlier]

The Lancet Infectious Diseases

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 19, Issue 1, January 2015

<http://link.springer.com/journal/10995/19/1/page/1>

Maternal–Fetal Impact of Vitamin D Deficiency: A Critical Review

Letícia Schwerz Weinert, Sandra Pinho Silveiro

Abstract

Research into the extra-skeletal functions of vitamin D has been expanding in recent years. During pregnancy, maternal vitamin D status may be of concern because of the key role of this vitamin in fetal skeletal development and due to the association between hypovitaminosis D and

adverse maternal–fetal outcomes. Therefore, the objective of this manuscript was to review the maternal–fetal impact of gestational vitamin D deficiency and the benefits of vitamin D supplementation during pregnancy. A literature search was performed in PubMed and Embase employing the following keywords: vitamin D deficiency, pregnancy, 25-hydroxyvitamin D, and hypovitaminosis D. All relevant articles in English language published since 1980 were analysed by the two authors. Neonatal complications derived from vitamin D deficiency include low birth weight, growth restriction, and respiratory tract infection. In the mother, vitamin D deficiency has been associated with altered glucose homeostasis and increased incidence of gestational diabetes mellitus, pre-eclampsia, and bacterial vaginosis. However, the current state of the evidence is controversial for some other endpoints and the actual benefit of vitamin D supplementation in pregnancy remains unclear. Additional longitudinal studies may clarify the actual impact of vitamin D deficiency during pregnancy, and randomised trials are required to define the benefits of vitamin D supplementation in reducing the incidence of adverse outcomes in the mother and infant.

Skilled Birth Attendants in Tanzania: A Descriptive Study of Cadres and Emergency Obstetric Care Signal Functions Performed

Etsuko Ueno, Adetoro A. Adegoke, Gileard Masenga, Janeth Fimbo, Sia E. Msuya

Abstract

Although most developing countries monitor the proportion of births attended by skilled birth attendants (SBA), they lack information on the availability and performance of emergency obstetric care (EmOC) signal functions by different cadres of health care providers (HCPs). The World Health Organisation signal functions are set of key interventions that targets direct obstetric causes of maternal deaths. Seven signal functions are required for health facilities providing basic EmOC and nine for facilities providing comprehensive EmOC. Our objectives were to describe cadres of HCPs who are considered SBAs in Tanzania, the EmOC signal functions they perform and challenges associated with performance of EmOC signal functions. We conducted a cross-sectional study of HCPs offering maternity care services at eight health facilities in Moshi Urban District in northern Tanzania. A questionnaire and health facility assessment forms were used to collect information from participants and health facilities. A total of 199 HCPs working at eight health facilities in Moshi Urban District met the inclusion criteria. Out of 199, 158 participated, giving a response rate of 79.4 %. Ten cadres of HCPs were identified as conducting deliveries regardless of the level of health facilities. Most of the participants (81 %) considered themselves SBAs, although some were not considered SBAs by the Ministry of Health and Social Welfare (MOHSW). Only two out of the eight facilities provided all of the required EmOC signal functions. While Assistant Medical Officers are expected to perform all the signal functions, only 38 % and 13 % had performed vacuum extraction or caesarean sections respectively. Very few registered and enrolled nurse-midwives had performed removal of retained products (22 %) or assisted vaginal delivery (24 and 11 %). Inadequate equipment and supplies, and lack of knowledge and skills in performing EmOC were two main challenges identified by health care providers in all the level of care. In the district, gaps existed between performance of EmOC signal functions by SBAs as expected by the MOHSW and the actual performance at health facilities. All basic EmOC facilities were not fully functional. Few health care providers performed all the basic EmOC signal functions. Competency-based in-service training of providers in EmOC and provision of enabling environment could improve performance of EmOC signal functions in the district.

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

Volume 517 Number 7533 pp121-236 8 January 2015
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content]

New England Journal of Medicine

January 8, 2015 Vol. 372 No. 2
<http://www.nejm.org/toc/nejm/medical-journal>
Original Article

Efficacy of a Tetravalent Dengue Vaccine in Children in Latin America

Luis Villar, M.D., Gustavo Horacio Dayan, M.D., José Luis Arredondo-García, M.D., Doris Maribel Rivera, M.D., Rivaldo Cunha, M.D., Carmen Deseda, M.D., Humberto Reynales, M.D., Maria Selma Costa, M.D., Javier Osvaldo Morales-Ramírez, M.D., Gabriel Carrasquilla, M.D., Luis Carlos Rey, M.D., Reynaldo Dietze, M.D., Kleber Luz, M.D., Enrique Rivas, M.D., Maria Consuelo Miranda Montoya, M.D., Margarita Cortés Supelano, M.D., Betzana Zambrano, M.D., Edith Langevin, M.Sc., Mark Boaz, Ph.D., Nadia Tornieporth, M.D., Melanie Saville, M.B., B.S., and Fernando Noriega, M.D. for the CYD15 Study Group

N Engl J Med 2015; 372:113-123 January 8, 2015 DOI: 10.1056/NEJMoa1411037

Abstract

Background

In light of the increasing rate of dengue infections throughout the world despite vector-control measures, several dengue vaccine candidates are in development.

Methods

In a phase 3 efficacy trial of a tetravalent dengue vaccine in five Latin American countries where dengue is endemic, we randomly assigned healthy children between the ages of 9 and 16 years in a 2:1 ratio to receive three injections of recombinant, live, attenuated, tetravalent dengue vaccine (CYD-TDV) or placebo at months 0, 6, and 12 under blinded conditions. The children were then followed for 25 months. The primary outcome was vaccine efficacy against symptomatic, virologically confirmed dengue (VCD), regardless of disease severity or serotype, occurring more than 28 days after the third injection.

Results

A total of 20,869 healthy children received either vaccine or placebo. At baseline, 79.4% of an immunogenicity subgroup of 1944 children had seropositive status for one or more dengue serotypes. In the per-protocol population, there were 176 VCD cases (with 11,793 person-years at risk) in the vaccine group and 221 VCD cases (with 5809 person-years at risk) in the control group, for a vaccine efficacy of 60.8% (95% confidence interval [CI], 52.0 to 68.0). In the intention-to-treat population (those who received at least one injection), vaccine efficacy was 64.7% (95% CI, 58.7 to 69.8). Serotype-specific vaccine efficacy was 50.3% for serotype 1, 42.3% for serotype 2, 74.0% for serotype 3, and 77.7% for serotype 4. Among the severe VCD cases, 1 of 12 was in the vaccine group, for an intention-to-treat vaccine efficacy of 95.5%. Vaccine efficacy against hospitalization for dengue was 80.3%. The safety profile for the CYD-

TDV vaccine was similar to that for placebo, with no marked difference in rates of adverse events.

Conclusions

The CYD-TDV dengue vaccine was efficacious against VCD and severe VCD and led to fewer hospitalizations for VCD in five Latin American countries where dengue is endemic. (Funded by Sanofi Pasteur; ClinicalTrials.gov number, [NCT01374516](#).)

Editorial

Preventing Dengue — Is the Possibility Now a Reality?

Stephen J. Thomas, M.D.

N Engl J Med 2015; 372:172-173 January 8, 2015 DOI: 10.1056/NEJMMe1413146

Dengue is a mosquito-borne flaviviral illness that is endemic in the tropics and subtropics. An estimated 390 million infections occur annually, of which 96 million have clinical manifestations.¹ Although mortality is relatively lower than that for other tropical infectious diseases, the scale of human suffering and economic resources that are expended to control dengue makes it a major global public health problem.² The factors driving transmission and infection persist without evidence of decline. For these reasons, the world needs a safe and effective dengue vaccine.

Infection with one of the four types of dengue virus (serotypes 1, 2, 3, and 4) may result in an asymptomatic infection, a mild nonspecific viral illness, classic dengue fever, or severe dengue manifested by plasma leakage, hemorrhagic tendencies, and possibly death. Patients with a second infection with a different serotype are at increased risk for severe disease. The mechanisms responsible for enhanced disease have not been completely elucidated. It is theorized the humoral and cellular convalescent immune profiles that are present after a first infection may not only fail to control a second infection with a different serotype but may also facilitate increased target-cell infection, viral replication, and generation of a so-called proinflammatory cytokine storm.^{3,4}

The dengue-vaccine field is facing numerous challenges. First, a viable dengue vaccine must be capable of protecting against disease caused by any of the four serotypes, a process that has been burdened by the absence of a validated animal model of disease or a well-characterized human infection model. The incomplete understanding of dengue immunopathology introduces risk into clinical development programs. Finally, the reliance on neutralizing antibody assays, which are notorious for interassay variability and cross-reactivity among serotypes, to generate immunologic end-point data introduces error into data interpretation.⁵

After decades of attempts to develop a dengue vaccine, the results of a phase 3 efficacy trial that are now described in the Journal are a milestone. The vaccine candidate that is described by Villar et al.⁶ has been tested in three clinical end-point studies. In all the studies, three doses of vaccine or a control injection were administered at 0, 6, and 12 months, and all efficacy determinations were made at study month 25.

The first study was a phase 2b efficacy trial involving children between the ages of 4 and 11 years in a single center in Thailand. The trial did not meet the primary efficacy end point, with a per-protocol efficacy of 30.2%, and showed wide variation in serotype-specific efficacy: 55.6% for serotype 1, 9.2% for serotype 2, 75.3% for serotype 3, and 100% for serotype 4.⁷ The first phase 3 trial, which was conducted in five Asian countries and involved children between the ages of 2 and 14 years, showed a per-protocol efficacy of 56.5%, with a similar trend in serotype-specific efficacy: 50.0% for serotype 1, 35.0% for serotype 2, 78.4% for serotype 3, and 75.3% for serotype 4.⁸ The phase 3 trial by Villar et al., which was conducted in five Latin America countries and involved children between the ages of 9 and 16 years, had a per-protocol

efficacy of 60.8%, with serotype-specific efficacies of 50.3%, 42.3%, 74.0%, and 77.7%, respectively. Additional end points included efficacy against hospitalization (80.3%) and against severe dengue (95.5%). In each of the three studies, the cohort was highly immune to at least one of the serotypes at baseline. In the phase 2b and 3 trials in Asia, average rates of seropositive status for one or more dengue serotypes were 69.5% and 67.5%, respectively; in the study by Villar et al., the average rate was 79.4%.

These studies have answered important questions with respect to the development of a dengue vaccine but have generated numerous others. Vaccine safety, immunogenicity, and efficacy were consistent across the phase 3 studies, with measures of performance similar to those in the phase 2b trial. There were no safety signals identified and no evidence of the hypothetical risk of administering a dengue vaccine to children with a mixture of seropositive and seronegative status who are living in an area in which dengue is endemic. However, it is not clear whether this favorable safety profile will be sustained through periods of waning immunity and successive dengue exposures remote from vaccination.

Vaccination of children with seropositive status produced high seroconversion rates and broad, potent neutralizing-antibody profiles. Despite such elicitation of antibody responses, why was there such disparity in efficacy across the dengue serotypes? Could too much preexisting immunity interfere with a serotype-specific vaccine response, leaving deficits in tetravalent efficacy? It is possible that the antibodies that were measured after vaccination were not all neutralizing but were a mixture of neutralizing and cross-reactive antibodies that were poorly functioning and potentially enhancing.⁹ If so, this could explain the discordance between the favorable serotype-specific serologic response to vaccination and the absence of corresponding serotype-specific efficacy.

Efficacy was higher in vaccine recipients with seropositive status than in those with seronegative status. Does the inferior efficacy in seronegative vaccine recipients preclude the usefulness of this vaccine for travelers or military personnel? If the vaccine is licensed and an immunization program is implemented, will this factor have an effect on its age-specific placement in the vaccination schedule?

The observed reduction in the severity of clinical disease and the prevention of hospitalization are encouraging. Although outpatient dengue has a substantial societal cost, dengue requiring hospitalization reflects morbidity.¹⁰ Is it possible that a vaccine candidate with a modest overall efficacy could be licensed and included in a national immunization program on the basis of its ability to reduce morbidity and other outcomes driving expenditures?

The efficacy trial by Villar et al. shows that we can protect populations from dengue disease and perhaps even reduce the proportion of patients with severe disease. Although the available results are not broadly generalizable across diverse populations, a foundation for additional studies has been laid. The global enrollment of more than 30,000 children in the phase 2b and 3 studies has assuaged fears focusing on the theoretical risk that dengue vaccination could predispose recipients to enhanced rates of severe disease. It remains to be seen whether licensure will be sought on the basis of these data and what effect this could have on future attempts to conduct efficacy trials with different candidate vaccines. For now, practitioners should remain optimistic that one day it will be possible to prevent dengue.

Nonprofit and Voluntary Sector Quarterly

December 2014; 43 (6)

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

[Reviewed earlier]

Oxford Monitor of Forced Migration

Volume 4, No. 2 December 2014

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

Boundaries of Civility Transgressed? Studying Practices of Humanitarian Government, Difference, and Power in Kakuma Refugee Camp

By Mandy Jam

This article draws on ethnographic observations of structures of refugee governance in Kenya's Kakuma Refugee Camp. It revisits the continued relevance and functionality of the concept of governmentality in the analysis of forms of authority and power dynamics in settings of humanitarian and camp government. By means of a case study analysis, the article aims to demonstrate how, in the socio-politically remote and geographically isolated setting of Kakuma, locally enacted practices of refugee governance cause tension and relationships characterised by a simmering animosity between agency staff and camp residents. It is argued that the camp's day-to-day governance structures bear a compelling resemblance to the pseudoscientific, essentialist, stereotypical bodies of imagery that informed and directed previous colonial relationships of domination. In doing so, the article aims to contribute to the ongoing exploration of historically constituted connections between the project of colonialism and that of contemporary humanitarianism in the context of refugee assistance.

The Syrian Displacement Crisis: Future Durable Solutions

By Catherine Tyson

The Syrian refugee crisis, a result of the violence of the several military groups sweeping the country during the prolonged civil war, is escalating each day as more people flee their homes and seek refuge in neighbouring nations. As the crisis has already become protracted, it is now more necessary to evaluate the access to the durable solutions – resettlement, integration, and repatriation – promoted by UNHCR once the conflict ceases. I argue that currently, from a governmental viewpoint, repatriation is the most likely solution to the Syrian refugee crisis due more to the unlikelihood of integration and the small scale of resettlement rather than any potentially quick reconstruction and stabilisation of Syria after the conflict ends.

Implications of the New Turkish Law on Foreigners and International Protection and Regulation no. 29153 on Temporary Protection for Syrians Seeking Protection in Turkey

By Meltem Ineli-Ciger

More than 800,000 Syrians registered in Turkey have now been protected under a temporary protection regime, being addressed as 'guests' or 'temporary protection beneficiaries' by the Turkish authorities. Implementation of the temporary protection policy for Syrians means that Syrians are neither refugees nor asylum seekers under Turkish domestic law. In 2013 Turkey adopted its first law that regulates asylum, namely the Law on Foreigners and International Protection (the 2013 Law), which entered into force in April 2014. The 2013 Law promises better protection standards and more safeguards for asylum seekers and refugees, but how about Syrians in Turkey? In view of recent legal developments on asylum namely, adoption of the 2013 Law and Regulation no. 29153 on Temporary protection (the 2014 Regulation), this article examines the current legal protection regime of Syrians in Turkey.

Australian Immigration Detention after Plaintiff S4: New Limits, Little Change

By Nathan Van Wees

Mandatory detention of asylum-seekers has been a constant feature of Australia's immigration policy since 1992. With indefinite detention considered lawful and the average length of detention exceeding one year, a recent case ('Plaintiff S4') in the High Court of Australia was reported to be 'the end of Australian immigration detention as we know it,' potentially limiting the availability of lengthy (and indefinite) detention. This article assesses the likely extent of this change. The court's new temporal limitations on detention are (unfortunately) unlikely to add much to existing purposive limitations, meaning that reality will be unlikely to match the media's expectations.

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

January 2015, VOLUME 135 / ISSUE 1

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

[No relevant content]

PLOS Currents: Disasters

[Accessed 10 January 2015]

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

[No new relevant content]

PLoS Currents: Outbreaks

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

(Accessed 10 January 2015)

PLoS Medicine

(Accessed 10 January 2015)

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

Essay

[Randomized Controlled Trials in Environmental Health Research: Unethical or Underutilized?](#)

Ryan W. Allen mail, Prabjit K. Barn, Bruce P. Lanphear

Summary Points

:: Efficacious environmental interventions are needed because environmental risks account for a large fraction of the global disease burden.

:: Randomized controlled trials have not been widely embraced by environmental health researchers and comprise less than 1% of research publications in the field.

:: Additional randomized controlled trials in environmental health would complement a strong tradition of observational research by creating new knowledge on exposure–health

relationships, providing more definitive evidence of causality, identifying efficacious interventions to reduce or eliminate hazards, and countering the perception that environmental risks are evaluated with inadequate rigor.

:: Ethical issues—including clinical equipoise, the distribution of benefits and risks, and the relevance of the intervention and health outcome to the study population—must be carefully considered before conducting a randomized controlled trial of an environmental intervention.

PLoS Neglected Tropical Diseases

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

(Accessed 10 January 2015)

Research Article

[Effectiveness of Routine BCG Vaccination on Buruli Ulcer Disease: A Case-Control Study in the Democratic Republic of Congo, Ghana and Togo](#)

Richard Odame Phillips, Delphin Mavinga Phanza, Marcus Beissner, Kossi Badziklou, Elysée Kalundieko Luzolo, Fred Stephen Sarfo, Wembo Afiwa Halatoko, Yaw Amoako, Michael Frimpong, Abass Mohammed Kabiru, Ebekalisai Piton, Issaka Maman, Bawimodom Bidjada, [...], Karl-Heinz Herbinger mail, [view all]

Published: January 08, 2015

DOI: 10.1371/journal.pntd.0003457

Abstract

Background

The only available vaccine that could be potentially beneficial against mycobacterial diseases contains live attenuated bovine tuberculosis bacillus (*Mycobacterium bovis*) also called *Bacillus Calmette-Guérin* (BCG). Even though the BCG vaccine is still widely used, results on its effectiveness in preventing mycobacterial diseases are partially contradictory, especially regarding Buruli Ulcer Disease (BUD). The aim of this case-control study is to evaluate the possible protective effect of BCG vaccination on BUD.

Methodology

The present study was performed in three different countries and sites where BUD is endemic: in the Democratic Republic of the Congo, Ghana, and Togo from 2010 through 2013. The large study population was comprised of 401 cases with laboratory confirmed BUD and 826 controls, mostly family members or neighbors.

Principal Findings

After stratification by the three countries, two sexes and four age groups, no significant correlation was found between the presence of BCG scar and BUD status of individuals. Multivariate analysis has shown that the independent variables country ($p = 0.31$), sex ($p = 0.24$), age ($p = 0.96$), and presence of a BCG scar ($p = 0.07$) did not significantly influence the development of BUD category I or category II/III. Furthermore, the status of BCG vaccination was also not significantly related to duration of BUD or time to healing of lesions.

Conclusions

In our study, we did not observe significant evidence of a protective effect of routine BCG vaccination on the risk of developing either BUD or severe forms of BUD. Since accurate data on BCG strains used in these three countries were not available, no final conclusion can be drawn on the effectiveness of BCG strain in protecting against BUD. As has been suggested for tuberculosis and leprosy, well-designed prospective studies on different existing BCG vaccine strains are needed also for BUD.

Author Summary

After tuberculosis and leprosy, Buruli Ulcer Disease (BUD) is the third most common human mycobacterial disease. The only available vaccine that could be potentially beneficial against these diseases is BCG. Even though BCG vaccine is widely used, the results on its effectiveness are partially contradictory, probably since different BCG strains are used. The aim of this study was to evaluate the possible protective effect of BCG vaccines on BUD. The present study was performed in three different countries and sites where BUD is endemic: in the Democratic Republic of the Congo, Ghana, and Togo from 2010 through 2013. The large study population was comprised of 401 cases with laboratory confirmed BUD and 826 controls, mostly family members or neighbors. Considering the three countries, sex, and age, the analysis confirmed that the BCG vaccination did not significantly decrease the risk for developing BUD or for developing severe forms of BUD. Furthermore, the status of BCG vaccination was also not significantly related to duration of BUD or to time to healing of lesions. In our study, we could not find any evidence of a protective effect of routine BCG vaccination on BUD.

Strengthening Research Capacity—TDR's Evolving Experience in Low- and Middle-Income Countries

Olumide A. T. Ogundahunsi mail, Mahnaz Vahedi, Edward M. Kamau, Garry Aslanyan, Robert F. Terry, Fabio Zicker, Pascal Launois

Published: January 08, 2015

DOI: 10.1371/journal.pntd.0003380

Introduction

In the 1970s, very few international programmes provided support to strengthen tropical disease research capacity and most research for the diseases prevalent in low- and middle-income countries (LMICs) was done by scientists and institutions in advanced industrialised countries. Soon after inception in 1974, TDR established a research capacity strengthening (RCS) programme with a goal to train individuals and strengthen research capacity in disease-endemic countries so that they can find and implement appropriate solutions to their health problems [1], [2]. At that time, very little research addressed the burden of these diseases. For most of its existence, up to a third of TDR's total resources were earmarked for strengthening research capacity in LMICs. In the past 20 years, other charities, foundations, health research councils, and development agencies have begun their own capacity strengthening programmes, so today, the concept is well accepted, although the means to achieve the end vary [3]–[5]. This paper presents a broad description from the TDR secretariat's perspective on evolving approaches used to promote research capacity strengthening in LMICs. The paper is part of a special series commemorating TDR's 40-year anniversary.

TDR has an intertwined approach: training support for individuals and collaborative research programmes for institutions [1], [2]. Research training requires adequate research facilities, which may need strengthening. Similarly, strengthening an institution so that it can fully participate in a research partnership often calls for supporting training facilities and staff. The specific needs and priorities that are funded by TDR have been identified by a capacity building steering committee and approved by the TDR Scientific and Technical Advisory Committee (STAC), which comprises 15 to 18 experts in a wide range of scientific disciplines who peer review the programme's scientific and technical activities.

TDR's placement within the United Nations system provides close collaboration with country offices of not only the World Health Organization but also of other co-sponsoring agencies UNICEF and UNDP, and with the World Bank. As a consequence, those who are supported by TDR often work closely with disease control programmes as well as other international organizations.

Regular reviews of TDR's research capacity strengthening programmes have helped reorient the strategy as needed, shifting focus from institutional strengthening in the 1980s to human resources strengthening in the 1990s [1], as well as identifying the need to move to a more demand-driven model of national health research systems [4]. Over the years, TDR has continued to support multidisciplinary research, particularly to bring social science research and biomedical research together through different mechanisms [6], and has reinforced this effort through training in implementation research [7] and operations research [8]...

A Changing Model for Developing Health Products for Poverty-Related Infectious Diseases

Piero L. Olliaro, Annette C. Kuesel, John C. Reeder Historical Profiles and Perspectives | published 08 Jan 2015 | PLOS Neglected Tropical Diseases 10.1371/journal.pntd.0003379

Applied Research for Better Disease Prevention and Control

Johannes Sommerfeld, Andrew Ramsay, Franco Pagnoni, Robert F. Terry, Jamie A. Guth, John C. Reeder Historical Profiles and Perspectives | published 08 Jan 2015 | PLOS Neglected Tropical Diseases 10.1371/journal.pntd.0003378

What Have We Learned from 40 Years of Supporting Research and Capacity Building?

John C. Reeder, Jamie A. Guth Historical Profiles and Perspectives | published 08 Jan 2015 | PLOS Neglected Tropical Diseases 10.1371/journal.pntd.0003355

Shaping the Research Agenda

Edith Certain, Robert F. Terry, Fabio Zicker Historical Profiles and Perspectives | published 08 Jan 2015 | PLOS Neglected Tropical Diseases 10.1371/journal.pntd.0003350

PLoS One

[Accessed 10 January 2015]

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

[No new relevant content]

PLoS Pathogens

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

(Accessed 10 January 2015)

[No new relevant content]

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

(Accessed 10 January 2015)

<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 Loyalities: Health Providers Working for the State

[Reviewed earlier]

Qualitative Health Research

February 2015; 25 (2)

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

Special Issue: Responses to Treatment

[New issue; No relevant content]

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>

[Reviewed earlier]

Science

9 January 2015 vol 347, issue 6218, pages 101-208

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

Feature

On the trail of contagion

Kai Kupferschmidt*

Tracing contacts is crucial for stopping an Ebola outbreak. Public health workers need to find every patient, identify everyone they have interacted with, and monitor them for symptoms during the 21-day incubation period. But tracing contacts is a difficult and often frustrating job. Science joined a team in Bong County in Liberia that tried to locate a woman who had been in contact with two Ebola patients before they died; she reportedly fled to a remote village. The tracing team made a harrowing and exhausting 9-hour trek through the jungle to find her—and came home empty-handed. Their quest highlights just how difficult it will be to end the West African Ebola epidemic.

Policy Forum

Global Food Supply

China's aquaculture and the world's wild fisheries

Ling Cao¹, Rosamond Naylor^{1,*}, Duncan Leadbitter³, Marc Metian⁴, Max Troell^{4,5}, Wenbo Zhang^{6,7}

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China is the world's largest producer, consumer, processor, and exporter of finfish and shellfish (defined here as "fish"), and its fish imports are steadily rising (1–3). China produces more than one-third of the global fish supply, largely from its ever-expanding aquaculture sector, as most of its domestic fisheries are overexploited (3–6). Aquaculture accounts for ~72% of its reported domestic fish production, and China alone contributes >60% of global aquaculture volume and roughly half of global aquaculture value (1, 3).

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 10 January 2015]

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

Behavioral Patterns among (Violent) Non-State Actors: A Study of Complementary Governance

Annette Iris Idler, James J.F. Forest

Abstract

This article is part of a multi-year study of governance structures in the midst of insecurity and organized crime in fragile sub-state regions, where in the absence of a strong state, non-state actors (like insurgents, traffickers and tribal warlords) engage in political and socioeconomic governance. Building on our prior work on West Africa and the Afghanistan-Pakistan tribal belt, this paper focuses on the Andean borderlands, drawing on recent fieldwork in Colombia, Ecuador and Venezuela. We explore patterns of behavior in which competition among violent

non-state actors is not the norm. Instead, several instances were found in which violent non-state actors work collaboratively or have tacit non-interference agreements to provide public goods through arrangements we characterize as “complementary governance.” We therefore argue that, to understand how illicit authority emerges, it is not sufficient to consider one armed non-state actor in isolation or in a dichotomy to the state. As we contend, we have to take into account the complex connections and interactions among different (violent) non-state structures. Moving beyond state versus non-state governance to governance that is constitutive of various non-state groups, the perspective put forward in this article thus is aimed to enrich the current debate on governance and security

Sustainability

Volume 7, Issue 1 (January 2015), Pages 1-

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

[Reviewed earlier]

TORTURE Journal

Volume 24, Nr. 1, 2014

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

[Reviewed earlier]

Tropical Medicine and Health

Vol. 42(2014) No. 4

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

[No relevant content]

Tropical Medicine & International Health

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 10, Issue 1, 2015

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

[New issue; No content selected]

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

Editor's Note: UNMEER's [website](#) is aggregating and presenting content from various sources including its own External Situation Reports, press releases, statements and other format.

We present a composite below from the week ending 10 January 2015. We also note that 1) a regular information category in these reports – human rights – has apparently been eliminated as it no longer appears in any of these week's updates, and 2) the content level of these reports has, in our view, become less informative and less coherent over the last several week cycles.

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.

:: [**09 Jan 2015**](#) *UNMEER External Situation Report*

Key Political and Economic Developments

1. Guinea is facing a fuel shortage which is impacting the Ebola response. The UNMEER Field Crisis Manager for Macenta reported that on 8 January the Guinea Red Cross was unable to

transport a suspected case to the Ebola Treatment Centre (ETC) due to the fuel shortage. Reports indicate that local authorities have been working on to support the French Red Cross at the ETC. In addition the UNMEER Field Crisis Manager for N'zérékoré, Lola and Yomou has reported that fuel supplies are down to 5,000 liters (10 days of supply) at the Ebola Treatment Unit (ETU) and that radio stations which broadcast sensitization messages have not been working for 4 days.

Response Efforts and Health

5. The planned launch of the campaign "Zero Ebola in 60 days" (refer to Sitrep of 5 January) which was to be held in Forécariah prefecture, Guinea on 10 January has been put on hold due to the continuing resistance of the communities to EVD response in that area. According to WHO, on 6 January, there were 31 sub-prefectures in the country where EVD response efforts were facing community resistance.

Resource Mobilisation

9. The OCHA Ebola Virus Outbreak Overview of Needs and Requirements, now totaling USD 1.5 billion, has been funded for USD 1.16 billion, which is around 77% of the total ask.

10. The Ebola Response Multi-Partner Trust Fund currently has USD 134.9 million in commitments. In total USD 140 million has been pledged.

Essential Services

13. In addition to the procurement of 15,000 thermo-guns (refer to Sitrep of 6 January), UNICEF initiated procurement of sanitation and hygiene supplies (hand-washing buckets, sprayers, protective equipment for cleaning) to ensure that all 5,181 Liberian schools have the essential hygiene and hand-washing materials to promote safe learning environments and to be in compliance with the endorsed protocols upon reopening.

:: 8 Jan 2015 UNMEER External Situation Report

Key Political and Economic Developments

1. SRSG Ould Cheikh Ahmed continued his familiarization visit to Liberia on 7 January, and conducted a field mission to Robertsport and Sinje in Grand Cape Mount county, accompanied by Special Envoy David Nabarro, WHO Assistant Director-General Bruce Aylward and UNMEER Liberia's ECM Peter Graaff. The delegation also included the Presidential Advisor on EVD and the Deputy Minister for Health in charge of the Incident Management System (IMS). In light of the recent flare-ups in EVD transmission in the county, and the risk of cross-border transmission along the frontier with Sierra Leone, the UNMEER leadership invited the county's traditional and religious leaders, along with county health and security officials, for a series of meetings. The SRSG underlined the importance of national ownership to defeat the epidemic. He also emphasized the need to respect local communities and their values when implementing internationally-sponsored support activities, especially with regard to safe and dignified burials. He reiterated that coordinating activities at the district levels was essential. During the County Health Team meeting, the participants discussed the evolution of the epidemic in the county, as well as the emergency measures taken in response to the recent flare-up. Participants highlighted key challenges, including inadequate monitoring of cross-border traffic along the Sierra Leone frontier, ongoing traditional practices, secret burials, community pockets of denial and resistance, as well as lack of motivation among the response teams. The delegation also visited the recently opened Ebola Treatment Unit (ETU) in Sinje, before the SRSG is today in Sierra Leone.

2. On 7 January, the national trade unions in Guinea called off the general strike throughout the country, which had started on 6 January (refer to UNMEER Sitrep of 6 January), after reaching an agreement on salary increases with the Government.

Response Efforts and Health

3. To date, the UNICEF-led Family Tracing and Reunification (FTR) network in Sierra Leone has identified 14,766 children as being directly affected by the Ebola crisis (7,410 girls and 7,356 boys), with 7,938 children having lost one or both parents to EVD and 1,578 being unaccompanied or separated from their caregiver. The Ministry of Social Welfare, Gender and Children's Affairs' (MSWGCA) figures have jumped markedly from 24 – 31 December as child protection networks strengthened across the country.

Outreach and Education

13. Due to the persistent community resistance in 31 sub-prefectures in Guinea to EVD response efforts, WHO commissioned a number studies on this topic that will be collated as soon as possible.

Essential Services

14. Following reported cases of measles in Lofa county, Liberia, UNICEF supported periodic intensification of routine immunization against measles throughout the country. So far, the routine immunization has been completed in 8 counties, is underway in 4 and is about to begin in the last 3 counties (namely Maryland, Bong and River Gee). This activity is being implemented in lieu of an immunization campaign, which is not recommended in the Ebola context and aims at rapidly reducing the number of unimmunized children against measles.

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

Key Political and Economic Developments

1. As part of a visit to the three most affected countries, President Ould Abdel Aziz of the Islamic Republic of Mauritania and current Chair of the African Union (AU), arrived in Guinea yesterday and met with President Condé. The President pledged USD 400,000 to help Guinea in its fight against EVD, and also announced that Air Mauritania would operate flights to Guinea. The Chair of the AU travelled to Liberia today.

2. Today, President Mahamadou Issoufou of Niger and President Boni Yayi of Benin are jointly visiting Guinea to demonstrate their support in the fight against EVD.

Response Efforts and Health

4. A Community Transit Centre (CTCom) was burnt down yesterday in Bossou, Lola prefecture, Guinea. The centre, which was still under construction, would have been one of the first functional CTCom in Guinea. This act of arson is likely to be due to the continuing resistance of the local community to EVD response efforts.

5. The Ministry of Education (MoE), UNICEF and education partners have been working together in preparation of the reopening of schools in Guinea. In this regard, UNICEF plans to reach 7,055 schools (56% of schools at all levels) and 1.4 million children (53% of all school children) with 16,000 school hygiene kits (containing buckets and soap). In addition, the Islamic Development Bank (IDB) confirmed its commitment to support the provision of Thermoflashes for schools in Guinea. An IDB consultant is scheduled to arrive in Conakry on 9 January to help implement this project.

Outreach and Education

18. UNICEF signed a partnership agreement with Search for Common Ground to support the Liberian Ministry of Education's (MoE) Emergency Radio Education program in light of closed schools across the country. In collaboration with MoE's radio content development team, Search for Common Ground will expand broadcast coverage across all 15 counties in Liberia, integrating targeted programs on peacebuilding and education to build resilience amongst listeners during times of crisis.

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

Key Political and Economic Developments

1. Following an impasse in the negotiations between the Government of Guinea and six national trade unions, including the public health workers union, on salary increases and other demands, the unions called for a general strike throughout the country as of today. Limited demonstrations and road closures have been observed in Conakry.

2. Following the announcement by the President of Sierra Leone on New Year's day of his intention to reopen schools soon, the Governments of Liberia and Guinea similarly announced that schools would reopen. While Guinea did not provide a specific date, President Ellen Johnson Sirleaf provided 2 February as the target date.

9. In support of the Minister of Education's school reopening plan in Liberia, UNICEF initiated procurement of infrared thermometers for every Liberian school (15,000 thermometers) to ensure effective health screening of all individuals upon entry to school campuses.

10. In Sierra Leone, UNICEF, in partnership with the National Ebola Response Centre (NERC), the Ministry of Health and Sanitation, and the Centre for Disease Control (CDC), continues the national scale up of trainings at all 1,188 Public Health Units (PHUs) in the country on Infection Prevention and Control (IPC) and the screening of suspected Ebola patients. As of 27 December, a total of 4,368 health personnel and 2,698 support staff including cleaners and security personnel have benefitted from IPC trainings.

11. Following the registration of 13,608 households in 9 chiefdoms within 29 Ebola affected communities in Kono District, Sierra Leone, which were identified as major EVD hotspots, WFP has begun the delivery of over 1,000 metric tons of assorted food commodities to quarantined communities. Food distributions will be undertaken by World Vision. In Waterloo, Western Area Rural, Sierra Leone, WFP and its cooperating partner CIDO are also continuing general food distributions to meet the needs of over 47,000 households where high EVD rates have been identified. Since mid-December over 25,000 households have received one month rations.

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

Key Political and Economic Developments

1. The New Head of UNMEER, SRSG Ismail Ould Cheikh Ahmed, assumed his functions on 3 January. In a joint townhall meeting with outgoing SRSG Banbury, SRSG Ould Cheikh Ahmed praised the achievements of all Ebola response partners, but also noted challenges ahead. He stressed that "this is a global crisis. We definitely have a difficult time ahead of us, but we can achieve our goal of zero cases," said Ould Cheikh Ahmed. "This is within our reach, but we should not be complacent. We need to keep going until we don't have even one case, because even one case is too many". Together with the Special Envoy on Ebola, Dr. David Nabarro, SRSG Ould Cheikh Ahmed will be visiting Liberia, Sierra Leone this week and Guinea shortly after.

Response Efforts and Health

1. In Guinea, the National Coordinator briefed key response partners on 2 January on the launch of the campaign "Zero Ebola in 60 days". Working groups have in recent days developed action plans for the campaign across the main lines of intervention: surveillance, case management, infection prevention and control, community engagement and social mobilization, safe burials and coordination. The first step of the campaign will involve the fielding of teams including experts from each line of action in six regions of the country for one or two weeks starting 6 January. The purpose of the missions will be for each team to assess the response efforts at the local level and develop with each prefecture the coordination of a local plan of action mirroring the national plan of action.

2. The total number of children registered as orphaned by EVD in Liberia is 4,128. All registered orphans are currently receiving follow-up and psychosocial support. More than 250 volunteer contact tracers trained and engaged by UNICEF are 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, to prevent them from becoming institutionalized in an orphanage. To strengthen this, UNICEF provides onetime cash transfers to families that take the responsibility to care for orphaned children of relatives.

Outreach and Education

13. According to WHO, on 31 December, there were 25 sub-prefectures in Guinea where EVD response efforts were facing community resistance. These sub-prefectures are located in the prefectures adjacent to Conakry (Dubreka, Forécariah, Coyah and Kindia), in the Forest Region (Kissidougou, Guéckédou, Nzérékoré), in Upper Guinea (Dabola) and in Western Guinea (Télimélé and Labé).

14. On 1 January, a team of the Guinean Red Cross was assaulted by the local community in Kindia, Guinea resulting in one injured Red Cross volunteer and one vandalized vehicle. According to the IFRC, the team had travelled to Kindia to conduct a safe burial and to transfer suspected cases. The prefectural coordination solicited the support of the military which proceeded to arrest two persons suspected of taking part in the assault.

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