

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

***Week ending 12 September 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.*

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**[Secretary-General, Citing 'Damning' List of Humanitarian Crises, Calls for Renewed Action as General Assembly Holds Dialogue on 'Responsibility to Protect' Pledge](#)**

Secretary-General  
SG/SM/17054-GA/11672  
8 September 2015

*Following are UN Secretary-General Ban Ki-moon's remarks to the General Assembly's informal interactive dialogue on "A vital and enduring commitment: Implementing the responsibility to protect", in New York:*

Ten years ago, world leaders transformed expectations about the responsibility to protect populations from genocide, war crimes, ethnic cleansing and crimes against humanity. When Heads of State and Government unanimously endorsed the World Summit Outcome, they expressed an unprecedented resolve to protect populations from the most egregious international crimes and to assist one another in this effort. The endorsement of the responsibility to protect was a milestone in transforming international concern about people facing mortal danger into a meaningful response.

In the decade since, we forged growing consensus on how to carry out R2P. Today, on its tenth anniversary, I urgently call on Governments and UN entities, especially the Security Council, to move from understanding to action. The Security Council is the only body empowered under international law to authorize military action to save lives when all else fails. We must do all that we can to act early, prevent atrocity crimes and support States in protecting their citizens. The question that must guide the Council's work is: have we truly done all that we can?

Countries know that the responsibility to prevent and respond to atrocity crimes is among their primary obligations, both under international law and as a matter of common humanity. Leaders can no longer claim that national sovereignty outweighs all other concerns or hide behind excuses about national circumstances or exceptional security threats.

Awareness is important, but since R2P was adopted, the international community has failed too many vulnerable populations. We face a daunting, damning list of crises marked by acts that may constitute atrocity crimes. The concerns span many regions.

Syria is the world's largest humanitarian crisis. The parties have shown wanton disregard for human life. All parties are alleged to have committed grave violations of human rights and international humanitarian law that may amount to war crimes and crimes against humanity. The Syrian Government in particular has not lived up to its obligation under international law to protect civilians.

The conflict is a colossal tragedy for Syria and a shameful symbol of international divisions. History's judgement will be harsh. I deplore the abject failure to end the suffering of the Syrian people. That failure takes concrete expression in today's refugee crisis in Europe. We must do everything possible to find a political solution based on the Geneva Communiqué. I appeal again for Security Council action.

In Yemen, civilians bear the brunt of a brutal conflict marked by reports of increasingly blatant violations of international humanitarian law. In the Central African Republic, Muslims and Christians were targeted because of who they are or what they believe. In the Democratic Republic of the Congo, armed groups continue to kill civilians. I remain deeply concerned about the situation in South Sudan and Sudan, particularly in Darfur and the two areas. The culture of impunity must end. I am particularly alarmed at the unacceptable impact on children. Their suffering due to violations of fundamental rights should prompt immediate action.

In the Democratic People's Republic of Korea, a wide array of crimes against humanity have been documented. These and other situations demand that we strengthen our work across all the pillars of R2P. Failure to rise to that moral obligation means greater human suffering that reverberates across borders.

R2P requires prevention. People need early protection so they are not forced to flee their homes. When we fail in that primary obligation, we face the subsidiary obligation to address their plight. Throughout our search for a collective response to the root causes and manifestations of atrocity crimes, we uphold and defend human rights.

The atrocity crimes that stain humanity's conscience make it imperative that leaders transform R2P from a vital principle into visible practice. That is why I am calling for three steps. First, genuine willingness among Member States, especially Security Council members, to create the necessary political space to prevent and respond to atrocity crimes. Second, stronger connections between early warning and early action, and third, courage in publicly confronting and addressing signs of risk. As a cross-cutting priority we must also invest financially in prevention.

The 2011 intervention in Libya offered important lessons. Military force may be required as a last resort, but it must be grounded in a clear, common understanding of the goals, overarching strategy, potential consequences and conditions on the ground. Firm compliance with international human rights and humanitarian law is essential.

After the guns fall silent, we must ensure that atrocity crimes do not recur. We can help societies to rebuild by encouraging reconciliation and holding perpetrators to account.

This is a demanding agenda. Some may argue that the risks and costs of action are too high. But the costs of inaction are far higher. Our failure to respond decisively to the unfolding tragedy today returns as another tragedy tomorrow: namely desperate people fleeing indiscriminate violence and, in too many cases, losing their lives in their quest for safety.

The global security landscape is shifting in dangerous ways. New technology is being used to incite violence. Cyberthreats are on the rise. Non-State actors are brazenly committing atrocity crimes as a means of pursuing their political goals and spreading violent extremism.

In response, countries must continue building their capacity to counter terrorism and prevent the spread of violent extremism in full accordance with human rights and the rule of law. The United Nations will continue working with Member States, regional organizations and civil society to support these efforts to advance progress.

I call on all partners to institutionalize our commitment to R2P by showing political will to address serious human rights violations. I recommend appointing focal points and empowering officials with the resources and authority to act.

I have made the responsibility to protect a core priority. I have significantly strengthened our Organization's capacity in this area. I will continue to sound the alarm about situations of concern. I will press for dialogue and diplomacy. I will push for more rapid deployments of troops and police when necessary and authorized by the Security Council. I will deepen

cooperation with regional organizations and I will fully carry out our Human Rights up Front action plan.

For 10 years, R2P has offered an alternative to indifference and fatalism. The challenges of atrocity crimes are enormous and the human cost is staggering. That is not a reason to be overwhelmed; it is a cause for urgent action. The collective weight of international action can make a difference. I count on your leadership in making sure that R2P provides real protection for people in dire need. Thank you.

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### **Development must target the millions of children affected by humanitarian crises**

Anthony Lake, UNICEF

*The Guardian*

Friday 11 September 2015

*We must break down the barriers between development and humanitarian response, to put in place long-term efforts to end poverty and hunger*

In two weeks, world leaders will ratify a new consensus to build a better world: the sustainable development goals. But we will not reach these development goals – nor can development be sustainable – without reaching the millions of children living in the midst of humanitarian crises.

Consider a few data points\*. Children living in countries affected by humanitarian crises – conflicts, natural disasters and health emergencies – account for nearly half of all under-five deaths. How can we achieve SDG3, good health for all, if we don't reach these children?

Four-fifths of these countries have stunting levels above 20%. Nearly two-thirds have stunting levels above 30%. Two-thirds have unacceptable levels of wasting, often associated with acute starvation. How can we realise SDG2, to end hunger and all forms of malnutrition, if we don't reach these children?

Countries affected by humanitarian crises account for 43% of all out-of-school children at the primary and lower-secondary levels. SDG4 demands inclusive quality education for all. How will that be possible if we don't reach these children?

The international community tends to compartmentalise humanitarian and development crises – separate funding appeals, separate advocacy campaigns and separate conferences. It is as if development and emergencies exist in different worlds.

But children living through crises see no distinction between humanitarian and development action – they only see whether they are getting what they need to survive, whether they are able to go to school, and whether they can dream about a better future.

When we educate a girl displaced by conflict, we're not only giving her immediate protection. We're helping her to shape her mind, build her own future, contribute to her family and society when she becomes an adult and perhaps even become a voice of peace in her community and country.

When we provide cash transfers to families living through natural disasters, we are not only helping see to their immediate needs. We are supporting them to prevent them depleting their savings, potentially enabling them to raise healthier, better educated children.

And sustaining the most disadvantaged and marginalised children in crisis with long-term development efforts is a practical, cost-effective path to fighting future extreme poverty – SDG1.

So, we need to keep breaking down the silos between humanitarian and development action.

Ultimately, our success in achieving the SDGs depends on addressing humanitarian crises themselves. This means, above all, refusing to accept a world in which we are unable to prevent or resolve conflicts.

Ending conflicts would open the single greatest pathway to global development; the best way to save lives; the best way to foster a generation of children ready, willing and able to sustain development into the future.

Approximately 246 million children live in countries or areas affected by armed conflict. Last year saw the highest number of child refugees since the second world war, with more than 25 million fleeing violence, destruction and deprivation.

Ending conflicts is not only in the interests of these children, though that is reason enough. It is also in the interests of every country in the world. The cost of a civil war can equal 30 years of GDP growth. Last year alone, conflicts cost the global economy an estimated \$14.3trn – more than 13% of world GDP.

How can we sustain future development when we also sustain these losses, year after year? Can the world afford to lose more than 10% of its productivity year after year? How can we bring children out of poverty, poor health and despair when any progress made can be so quickly – so brutally, so needlessly – erased?

And what kind of future does humanity have when communities are battered by conflict after conflict, seemingly without end? When children fleeing these conflicts drown at sea, or suffocate in the backs of trucks crossing borders in a desperate attempt to escape the fighting?

Wouldn't ending these conflicts be the best possible contribution to reaching the sustainable development goals?

Before we reject such a call as unrealistic, let's consider the words of nine-year old Ali, from Sa'ada, Yemen – one of 1.8 million Yemeni children affected by the ongoing conflict there. He recently asked: "What did we do wrong? Why can't we live like other children in the world?"

The world owes him an answer. He and every child has the right to the quiet blessing of a normal childhood.

*\* Data throughout this report is drawn from new, unpublished analyses of Unicef figures, relating to countries where the organisation has launched humanitarian appeals*

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## **Refugees/Migrants/IDPs** [to 12 September 2015]

### ***Editor's Note:***

*The growing, multiple crises across the globe involving refugees, migrants and internally-displaced persons – especially in the EU context – continue. Please see the numerous statements and calls to actions from UN agencies and INGOs below in the respective "Watch" sections below*

### **UNHCR praises Austrian, German Leadership and Civil Society Response**

Press Releases, 12 September 2015

UNHCR welcomes the decision of Austria and Germany to receive thousands of refugees and migrants who crossed the border last night from Hungary. This is political leadership based on humanitarian values.

UNHCR also praises the civil society groups and individuals of Austria and Germany who are mobilizing in large numbers to welcome and provide aid to people as they enter. All over Europe, UNHCR is witnessing a remarkable outpouring of public response, including from faith-based organizations, NGOs and individuals, in many cases driving governments to change policies and rhetoric.

However, the current concentration of refugees and migrants in a small number of countries willing to receive them is not a sustainable solution. There is clearly an urgent need to put in place an emergency plan to manage the refugee crisis. The High Commissioner for Refugees, António Guterres, is putting forward concrete proposals to respond ahead of key meetings of European leaders. They are outlined here: <http://www.unhcr.org/55e9793b6.html>

### **United action needed now for child refugees: UNICEF**

NEW YORK/GENEVA, 12 September 2015 – Europe has a brief window of opportunity, before winter approaches, to protect and care for the tens of thousands of children seeking refuge, UNICEF said today.

About a quarter of those seeking refuge in Europe this year are children. More than 106,000 children have claimed asylum within the first half of 2015, up 75 per cent from last year. Many refugee and migrant children in Europe are living in overcrowded and inadequate conditions, where they are at risk of violence, exploitation and abuse. Many are sleeping out in the open air; as winter approaches, the health of young children is especially at risk, including from the threat of diseases like pneumonia. Only concerted action to accommodate and care for children now will prevent more deaths and suffering in the months ahead.

With the growing numbers of children making perilous journeys into and across Europe, collective action with a fair distribution of responsibility across the European Union is essential. This should include putting in place a number of immediate safeguards for children and their families:

:: Safe, child-friendly reception facilities as children arrive, with access to health care, psychosocial support, recreation and schooling.

- :: More resettlement places across Europe and humanitarian visas for children and their families. The processing of asylum cases should be timely, and always focus on the best interests of the children.
- :: Stronger commitment to resettlement of refugees from countries in conflict to reduce the likelihood that refugees resort to unsafe routes and people smuggling.
- :: Stepped-up search and rescue operations at sea and on land.
- :: Speeding up family reunification programmes for separated and unaccompanied children.
- :: Adequate numbers of trained child welfare specialists to care for and counsel children and families.

Such care is enshrined in the Convention on the Rights of the Child, which provides for the protection of all children – whether on the move from their homes, on the seas, over land, or on the shores of destination countries.

UNICEF urges the international community to address the root causes of this huge movement of desperate children through more vigorous diplomatic efforts to end conflicts, and to provide the required development and humanitarian support in countries of origin.

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### **Child Mortality Rates Plunge by More Than Half Since 1990 but Global MDG Target Missed by Wide Margin**

*16,000 children under 5 years old die each day*

NEW YORK/GENEVA/WASHINGTON, 9 September 2015 – Child mortality rates have plummeted to less than half of what they were in 1990, according to a new report released today. Under-five deaths have dropped from 12.7 million per year in 1990 to 5.9 million in 2015. This is the first year the figure has gone below the 6 million mark.

New estimates in Levels and Trends in Child Mortality Report 2015 released by UNICEF, the World Health Organization, the World Bank Group, and the Population Division of UNDESA, indicate that although the global progress has been substantial, 16,000 children under five still die every day. And the 53 per cent drop in under-five mortality is not enough to meet the Millennium Development Goal of a two-thirds reduction between 1990 and 2015.

"We have to acknowledge tremendous global progress, especially since 2000 when many countries have tripled the rate of reduction of under-five mortality," said UNICEF Deputy Executive Director Geeta Rao Gupta. "But the far too large number of children still dying from preventable causes before their fifth birthday – and indeed within their first month of life – should impel us to redouble our efforts to do what we know needs to be done. We cannot continue to fail them."

The report notes that the biggest challenge remains in the period at or around birth. A massive 45 per cent of under-five deaths occur in the neonatal period – the first 28 days of life. Prematurity, pneumonia, complications during labour and delivery, diarrhoea, sepsis, and malaria are leading causes of deaths of children under 5 years old. Nearly half of all under-five deaths are associated with undernutrition.

However, most child deaths are easily preventable by proven and readily available interventions. The rate of reduction of child mortality can speed up considerably by concentrating on regions with the highest levels – sub-Saharan Africa and Southern Asia – and ensuring a targeted focus on newborns.

"We know how to prevent unnecessary newborn mortality. Quality care around the time of childbirth including simple affordable steps like ensuring early skin-to-skin contact, exclusive breastfeeding and extra care for small and sick babies can save thousands of lives every year," noted Dr Flavia Bustreo, Assistant Director General at WHO. "The Global Strategy for Women's, Children's and Adolescents' Health, to be launched at the UN General Assembly this month, will be a major catalyst for giving all newborns the best chance at a healthy start in life."

The report highlights that a child's chance of survival is still vastly different based on where he or she is born. Sub-Saharan Africa has the highest under-five mortality rate in the world with 1 child in 12 dying before his or her fifth birthday – more than 12 times higher than the 1 in 147 average in high-income countries. In 2000-2015, the region has overall accelerated its annual rate of reduction of under-five mortality to about two and a half times what it was in 1990-2000. Despite low incomes, Eritrea, Ethiopia, Liberia, Madagascar, Malawi, Mozambique, Niger, Rwanda, Uganda, and Tanzania have all met the MDG target.

Sub-Saharan Africa as a whole, however, continues to confront the immense challenge of a burgeoning under-five population – projected to increase by almost 30 per cent in the next 15 years – coupled with persistent poverty in many countries.

"This new report confirms a key finding of the 2015 Revision of the World Population Prospects on the remarkable decline in child mortality globally during the 15-year MDG era," said UN Under-Secretary-General for Economic and Social Affairs Mr. Wu Hongbo. "Rapid improvements since 2000 have saved the lives of millions of children. However, this progress will need to continue and even accelerate further, especially in high-mortality countries of sub-Saharan Africa, if we are to reach the proposed child survival target of the 2030 Agenda for Sustainable Development."

"Many countries have made extraordinary progress in cutting their child mortality rates. However, we still have much to do before 2030 to ensure that all women and children have access to the care they need," said Dr Tim Evans, Senior Director of Health, Nutrition and Population at the World Bank Group. "The recently launched Global Financing Facility in Support of Every Woman Every Child with its focus on smarter, scaled and sustainable financing will help countries deliver essential health services and accelerate reductions in child mortality."

*Among the report's findings:*

:: Roughly one-third of the world's countries – 62 in all – have actually met the MDG target to reduce under-five mortality by two-thirds, while another 74 have reduced rates by at least half.

:: The world as a whole has been accelerating progress in reducing under-five mortality – its annual rate of reduction increased from 1.8 per cent in 1990-2000 to 3.9 per cent in 2000-2015.

:: 10 of the 12 low income countries which have reduced under-five mortality rates by at least two-thirds are in Africa.

:: 5 in 10 global under-five deaths occur in sub-Saharan Africa and another 3 in 10 occur in Southern Asia.

:: 45 per cent of all under-five deaths happen during the first 28 days of life. 1 million neonatal deaths occur on the day of birth, and close to 2 million children die in the first week of life.



## **Switzerland tops Global AgeWatch Index 2015**

Wednesday 9 September 2015

HelpAge International is launching the Global AgeWatch Index 2015, ranking 96 countries according to the social and economic wellbeing of older people. The Index represents 91 per cent of people aged 60 and over, some 901 million people, measuring the wellbeing of older people in four key areas: income security, health, personal capability and an enabling environment.

### *GLOBAL AGEWATCH INDEX 2015: Headlines*

:: Switzerland tops this year's Index as the best country to live for older people.

:: The Index includes 96 countries but 98 countries had to be left out through lack of data. Only 11 out of 54 countries in Africa included.

:: Poverty rates in old age missing from international data sets in at least 93 countries; millions of older people missing from the data.

:: Inequality among older people increasing - life expectancy gap at age 60 between countries at the top and bottom of the Index has widened from 5.7 years in 1990 to 7.3 years in 2012.

:: Impact of austerity on older people increasing.

:: Investing in people throughout their lives reaps dividends in later life.

... "The big story this year in the Index, is that millions of older people are invisible, living their lives in countries where information on the quality of older age is missing from international data sets," said Toby Porter, Chief Executive, of HelpAge International.

Against a back drop of global ageing there is a danger that wellbeing in older age is going backwards not forwards. Data shows that the gap in life expectancy at age 60 between countries at the top and bottom of the Index has widened from 5.7 years in 1990 to 7.3 years in 2012. This inequality will grow without more focus on this age group and better targeted policies. Austerity measures are already affecting older people in Europe.

"Later this month, governments will be signing up to the UN Sustainable Development Goals, committing us to universal goals and targets until 2030," said Porter.

"Ageing has started to be recognised in the Sustainable Development Goals, following the commitment set by the UN Secretary-General Ban Ki-moon to 'leave no one behind'.

"The Global AgeWatch Index can help show the impact that implementing the Sustainable Development Goals will have on the lives of older people but we need to fill the data gaps to complete the picture.

"Improved national, regional and global data, broken down by age and gender will help us to fully understand how men and women experience ageing around the world."

Countries that do well in the Index are thinking about ageing. They have data on older men and women and consult them on targeted approaches to meet their needs and build on their experience and skills. These countries score highly in all four areas, have social pensions, accessible and appropriate healthcare, promote and support flexible working as well as life-long learning for older people and have created a secure and supportive environment for people of all ages.

The Sustainable Development Goals, with their 17 goals and 169 targets, will be adopted at the United Nations at the end of September. By the time they reach their fruition in 2030, the proportion of people aged 60 and over, globally, is predicted to rise from 12.3% now to 16.5%. Three-quarters of this number will live in developing countries.

In a message accompanying this year's Index, Archbishop Desmond Tutu said: "I want to tell the world that I count, that older people everywhere count and that people of all ages should be included in the Sustainable Development Goals."

[www.globalagewatch.org](http://www.globalagewatch.org)

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### **Payment aspects of financial inclusion – Consultative report**

*Committee on Payments and Market Infrastructures; World Bank Group*

September 2015 :: 77 pages

Bank for International Settlements and World Bank Group 2015.

ISBN 978-92-9197-216-6 (online)

*Excerpt from Foreword*

In recent years, a number of reports have been prepared by organisations on financial inclusion, a topic whose importance is increasingly being recognised. However, few of these reports have addressed what may be called the "payment aspects" of financial inclusion. In cases where the topics of payment systems and payment services have been raised in the context of financial inclusion, discussion has focused only on specific aspects of payments, such as mobile payments, rather than on the payment system in its entirety. Understanding payments in a holistic sense, including how individual elements relate to one other, is crucial to an understanding of financial inclusion and to promoting broader access to and usage of financial services.

This report provides an analysis of the payment aspects of financial inclusion, on the basis of which it sets out guiding principles designed to assist countries that seek to advance financial inclusion in their markets through payments. The report is being issued as a consultation document. Comments are invited from any interested parties, and should be sent to the CPMI (cpmi@bis.org) and the World Bank Group (paymentsystems@worldbank.org) by 7 December 2015; please mention "PAFI" in the subject line of your e-mail. A final version of the report will be published subsequently.

*Press Release*

**New Report Examines Payment Aspects of Financial Inclusion**

Date: September 9, 2015 Type: Press Release

The Committee on Payments and Market Infrastructures (CPMI) and the World Bank Group today issued a consultative report on Payment aspects of financial inclusion. The report examines demand and supply-side factors affecting financial inclusion in the context of payment systems and services, and suggests measures to address these issues.

Financial inclusion efforts – from a payment perspective – should aim at achieving a number of objectives. Ideally, all individuals and businesses should have access to and be able to use at least one transaction account operated by a regulated payment service provider, to: (i) perform most, if not all, of their payment needs; (ii) safely store some value; and (iii) serve as a gateway to other financial services.

Benoît Cœuré, member of the Executive Board of the European Central Bank (ECB) and CPMI Chairman, says that, "With this report, the Committee on Payments and Market Infrastructures and the World Bank Group make an important contribution to improving financial inclusion. Financial inclusion efforts are beneficial not only for those that have no access to financial services, but also for the national payments infrastructure and, ultimately, the economy."

Gloria M. Grandolini, Senior Director, Finance and Markets Global Practice of the World Bank Group, comments that, "This report will help us better understand how payment systems and services promote access to and effective usage of financial services. It provides an essential tool to meeting our ambitious goal of universal financial access for working-age adults by 2020."

The report outlines seven guiding principles designed to assist countries that want to advance financial inclusion in their markets through payments:

- (i) commitment from public and private sector organisations;
- (ii) a robust legal and regulatory framework underpinning financial inclusion;
- (iii) safe, efficient and widely reachable financial and ICT infrastructures;
- (iv) transaction accounts and payment product offerings that effectively meet a broad range of transaction needs;
- (v) availability of a broad network of access points and interoperable access channels;
- (vi) effective financial literacy efforts; and
- (vii).the leveraging of large-volume and recurrent payment streams, including remittances, to advance financial inclusion objectives.

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### **Global Forest Resources Assessment 2015 – How are the world's forests changing?**

FAO

Rome, 2015 :: 56 pages

*[Excerpt from Foreword]*

The contributions of forests to the well-being of humankind are extraordinarily vast and far-reaching. Forests play a fundamental role in combating rural poverty, ensuring food security and providing decent livelihoods; they offer promising mid-term green growth opportunities; and they deliver vital long-term environmental services, such as clean air and water, conservation of biodiversity and mitigation of climate change.

Forestry has an important place in FAO's Strategic Framework, which strongly promotes an integrated approach to addressing the major problems that concern food production, rural development, land use and sustainable management of natural resources.

However, in order to manage our forests wisely for the benefit of current and future generations, it is vital to have a clear understanding of the situation of the world's forests and ongoing trends.

The *Global Forest Resources Assessment (FRA)* allows us to do exactly that. Since the first FRA was published in 1948, FAO has reported periodically on the situation of the world's forests, serving the international community with the best information and techniques available.

FRA 2015 arrives in a decisive year for forests and sustainable development. This year the development agenda towards 2030 is being defined, including the adoption of new Sustainable Development Goals (SDGs). Forests and their role in protecting and restoring terrestrial ecosystems and their services are essential for the post-2015 development agenda.

A global and inclusive climate change agreement – in which forests are a key part – is also expected to be reached at the Conference of the Parties of the United Nations Framework Convention on Climate Change to be held in Paris in December 2015. The year 2015 also features the XIV World Forestry Congress in Durban, the biggest international forest event of this decade – to be held in Africa for the first time – where we are honoured to launch FRA 2015.

FRA 2015 shows a very encouraging tendency towards a reduction in the rates of deforestation and carbon emissions from forests and increases in capacity for sustainable forest management. The reliability of the information collected has also improved enormously – presently national forest inventories apply to some 81 percent of global forest area, a substantial increase over the past 10 years.

Two broad conclusions can be drawn: 1) we have a wealth of reliable information today on the situation of the world's forests; and 2) the direction of change is positive, with many impressive examples of progress in all regions of the world. However this positive trend needs to be strengthened, especially in the countries that are lagging behind...

*Press Release*

**World deforestation slows down as more forests are better managed**

*FAO publishes key findings of global forest resources assessment*

7 September 2015, Durban/Rome - The world's forests continue to shrink as populations increase and forest land is converted to agriculture and other uses, but over the past 25 years the rate of net global deforestation has slowed down by more than 50 percent, FAO said in a report published today.

Some 129 million hectares of forest - an area almost equivalent in size to South Africa - have been lost since 1990, according to FAO's most comprehensive forest review to date, The Global Forest Resources Assessment 2015.

It noted however, that an increasing amount of forest areas have come under protection while more countries are improving forest management. This is often done through legislation

and includes the measuring and monitoring of forest resources and a greater involvement of local communities in planning and in developing policies.

The FAO study covers 234 countries and territories and was presented at this week's World Forestry Congress in Durban, South Africa...

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### **Global Waste Management Outlook**

United Nations Environment Programme, 2015

ISBN: 978-92-807-3479-9 :: 346 pages

#### *Foreword*

Good decision-making about how we manage the waste we create is one of the most important contributions humanity can make to reducing its impact on the natural world. The Global Waste Management Outlook (GWMO) is being released at a critical moment, one where the world is considering a new regime to keep global warming to below 2 degrees above pre-industrial temperatures, and, at the same time, discussing what the future development agenda will look like and how it will be funded.

Environmental sustainability is the core issue that will need to be addressed for development to focus on human well-being and yet stay within the limitations of planet's capacity.

Environmentally sound waste management is one of the key elements for sustainable development.

Already, science has demonstrated that we are on an unsustainable path, and that urgent and united action is required to correct this. The global population, currently at 7.3 billion, will grow in the coming decades to 9 billion and perhaps 11 billion by the end of the 21st century. Some 80% of this growing population will live in cities, most of which are yet to be built. Of this projected 9 billion people, 3 billion will belong to the middle class, with sufficient disposable income to purchase the consumer goods that others enjoy elsewhere in the world, further draining the planet's already strained natural resources.

Moving to a circular development model – which works to reduce waste before it is produced, but which treats waste as a resource when it is – is essential, and holistic and integrated sustainable waste management will be crucial.

The GWMO is the first comprehensive, impartial and in-depth assessment of global waste management. It reflects the collective body of recent scientific knowledge, drawing on the work of leading experts and the vast body of research undertaken within and beyond the United Nations system. The six chapters inform the reader about trends, provide an analysis on governance and financial mechanisms, and offer policy advice on the way forward. The main document targeting professionals is accompanied by two summary documents, one for decision makers and the other for the public more broadly.

This GWMO offers a profound analysis of the enormous potential better waste management provides to assist in meeting the sustainability challenges ahead.

*Press Release*

## **The Mounting Problem: World's Cities Produce up to 10 Billion Tonnes of Waste Each Year, UN Study Estimates**

*Holistic waste management could save countries hundreds of billions of USD and reduce greenhouse gas emissions by up to 20% annually*

Antwerp, 7 September 2015 - Inadequate waste management has become a major public health, economic and environmental problem, with 7-10 billion tonnes of urban waste produced each year and 3 billion people worldwide lacking access to controlled waste disposal facilities. Fuelled by population growth, urbanization and rising consumption, the volumes of waste are likely to even double in lower-income African and Asian cities by 2030, warns the Global Waste Management Outlook - launched by the United Nations Environment Programme (UNEP) and the International Solid Waste Association (ISWA) today.

UNEP Executive Director Achim Steiner said, "An urgent response to the world's mounting waste problem is not only a public health and environmental necessity, but also a sound economic investment. Inaction is costing countries 5-10 times more than investments in proper waste management. A greater commitment by nations to systematically apply the 3 R's - Reduce, Reuse, Recycle - can transform the problem of waste into a resource for our economies..."

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## **Development Co-operation Report 2015 – Making Partnerships Effective Coalitions for Action**

OECD, Paris.

Published on September 07, 2015

<http://dx.doi.org/10.1787/dcr-2015-en>

pdf: <http://www.oecd-ilibrary.org/deliver/4315041e.pdf?itemId=/content/book/dcr-2015-en&mimeType=application/pdf>

### *Overview*

With the adoption of the Sustainable Development Goals, the question of how to finance, implement and monitor these goals moves to the centre of the debate. Today, international development co-operation takes place in an increasingly complex environment, with an ever growing number of actors, policies and instruments involved. This complexity raises the stakes for achieving the goals, but also opens up new opportunities. Although governments will remain the key actors in the implementation of the new post-2015 goals, the role of non-state actors such as civil society, foundations and business is growing. Their association through effective partnerships will be key to the implementation of the post-2015 agenda.

The Development Co-operation Report 2015 explores the potential of networks and partnerships to create incentives for responsible action, as well as innovative, fit-for-purpose ways of co-ordinating the activities of diverse stakeholders. The report – *Making Partnerships Effective Coalitions for Action* – looks at a number of existing partnerships working in diverse sectors, countries and regions to draw lessons and provide practical guidance, proposing ten success factors for post-2015 partnerships. A number of leading policy makers and politicians share their insights and views.

### *Foreword*

The world has made great progress since the Millennium Development Goals were put in place a decade ago. Poverty has been cut in half. Illness and early deaths have been significantly

reduced, particularly among women and children. Despite these achievements, huge challenges remain if we are to meet the new and ambitious set of Sustainable Development Goals by 2030. These truly universal targets involve – and depend on – all nations, leaders and peoples for their successful realisation. Likewise, we must address climate change and ensure that our actions to combat it are fully aligned with common development objectives.

The stakes are high. If we are to succeed, we must raise the level of ambition and strengthen the capacity of the international system to support universal, inclusive and sustainable development.

Only through joined up action guided by an effective system of global governance will we be able to make the Sustainable Development Goals a break-through success. And that is what this *Development Co-operation Report 2015: Making Partnerships Effective Coalitions for Action* is all about. Based on analysis and experience, it draws out ten success factors that will enable us to ensure, as we go forward, that partnerships function to their maximum potential and that they are fit-for-purpose in addressing the imposing challenges of the post-2015 world. Among these success factors, strong leadership, country ownership, right-sizing partnerships to the challenge at hand and a focus on results are key. This is a powerful model – and one that the global community cannot afford to ignore.

The OECD hosts various initiatives to advance effective and coherent development policies, and is a front-line player in ongoing efforts to improve global governance mechanisms. With our work on taxation, private investment, smart use of official development assistance, and combating bribery – just to name a few – we stand ready to join with all stakeholders in producing “Better Policies for Better Lives” and making the new goals reality through common action. This Development Co-operation Report 2015 is an important contribution to that mission.



### **African leaders, international partners launch new initiatives to spur scientific research in Africa**

10 September 2015

African and international partners have launched the Alliance for Accelerating Excellence in Science in Africa (AESA), a new initiative that aims to help drive Africa’s research agenda across the continent.

AESA was created by the African Academy of Sciences (AAS) and the New Partnership for Africa’s Development (NEPAD) Agency with US\$5.5 million in initial seed funding from the Bill & Melinda Gates Foundation, the Wellcome Trust and the UK Department for International Development (DFID).

The AESA launch ceremony featured the announcements of two grant programmes intended to support Africa’s future research leaders: the Developing Excellence in Leadership, Training and Science (DELTAS) Africa Awards and Grand Challenges Africa.

*Closing the Science Gap*

Currently, Africa accounts for 15% of the global population and 25% of the global disease burden, but only produces about 2% of the world's research output. Although more than 60% of African countries have increased their recent investments in science, over half of African countries still invest less than 0.5% of their GDP on research – far less than the global target of 1%. Increased domestic investment in research is needed to accelerate the long-term health and development progress required to meet the Sustainable Development Goals by 2030.

Endorsed by African Heads of State and Government, the Nairobi-based AESA aims to support the implementation of the African Union's Science, Technology and Innovation Strategy (STISA-2024) and the African Health Strategy (AHS) for 2015-2030. Ministers of Health tasked the NEPAD Agency within the context of AHS to develop the continent's health research agenda at the AU Specialised Technical Committee on Health, Population and Drug Control in April 2015.

In addition to serving as a scientific think tank, AESA will manage more than US\$70 million in Africa-focused research programmes as part of its broader effort to build pan-African scientific capacity and leadership.

"Building capacity for science, technology and innovation is a strategic and critical investment for Africa's future," said Prof Berhanu Abegaz, Executive Director of AAS. "Today, we are proud to launch new initiatives that will help harness Africa's scientific potential to contribute to the wellbeing of Africa's people."

#### *Investing in Local Researchers*

To this end, AESA will play a key role in the implementation of the two grant programmes announced today, DELTAS Africa and Grand Challenges Africa.

"Africa is home to some of the most dynamic innovators and institutions, poised to advance the continent's research agenda," said Dr Thomas Kariuki, Director of AESA. "Working in collaboration with key African and international partners, AESA will help provide researchers with the funding, training and resources they need to succeed and drive forward Africa's development."

#### *DELTAS Africa*

The US\$70 million DELTAS Africa programme – initiated by the Wellcome Trust in partnership with AESA, and including US\$10 million in additional funding from DFID announced today – supports the African-led development of world-class researchers and research leaders across the continent. Over an initial period of five years (2015-2020), the programme will support collaborative teams to conduct health research, offer training and mentorship and improve health research infrastructure. Following a joint review, operations and leadership of DELTAS Africa will be transferred to AESA early next year.

Today, the first seven DELTAS Africa awards, new grants were announced, focusing on locally relevant research including infection and immunity, mental health and biostatistics. The programmes will be led from universities and research institutes in Ghana, Kenya, Mali, South Africa, Uganda and Zimbabwe, and involve collaboration across the continent and with international research centres.

"The Wellcome Trust has a long-established track record in investing in health research in sub-

Saharan Africa. DELTAS Africa is a new approach and a long-term commitment, which has its centre of gravity and decision making firmly based in Africa," said Dr Jeremy Farrar, Director of the Wellcome Trust. "We welcome DFID's announcement today that it will provide additional funding to DELTAS Africa. The vision is to support the new generation of African research leaders. Individuals and teams from across the continent will play a leading role in shaping and driving world class, locally driven and relevant health research that improves human health."

### *Grand Challenges Africa*

The Grand Challenges family of grant initiatives seeks to engage innovators from around the world to solve the most pressing challenges in global health and development. Today, that family has grown with the announcement of Grand Challenges Africa. Led by AAS through the AESA platform, Grand Challenges Africa will build on the success of local Grand Challenges programmes in India, Brazil and South Africa, as well as the strong base of African Grand Challenges grantees funded by the Bill & Melinda Gates Foundation, Grand Challenges Canada and USAID.

Initially, Grand Challenges Africa will focus on supporting the over 400 existing Grand Challenges grantees in Africa, including by hosting a 2016 convening of African grantees. The programme will ultimately develop, launch and manage Africa-specific Grand Challenges targeted to the development challenges preventing African countries from reaching the Sustainable Development Goals.

"Grand Challenges Africa builds on over a decade of Grand Challenges investment in local innovators, including hundreds of Grand Challenges grants awarded to innovators across Africa," said Trevor Mundel, President of Global Health at the Bill & Melinda Gates Foundation. "We're excited to work with AESA to support African innovators in finding transformative solutions to major health and development challenges."

Yesterday, Grand Challenges Explorations launched four new calls for proposals focused on antimicrobial resistance, newborn and infant gut health, digital financial services and global health priority areas. Initial grants will be for US\$100,000 and successful projects will be eligible to receive a follow-on grant of up to US\$1million. For more information or to submit a two-page application, visit [www.grandchallenges.org](http://www.grandchallenges.org).

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### **EBOLA/EVD** [to 12 September 2015]

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

### **Ebola Situation Report - 9 September 2015**

*[Excerpts] SUMMARY*

:: There were 2 confirmed cases of Ebola virus disease (EVD) reported in the week to 6 September: 1 in Guinea and 1 in Sierra Leone. Overall case incidence has remained stable at 2 or 3 confirmed cases per week for 6 consecutive weeks. There are a total of three active chains of transmission—...

[\[back to table of contents\]](#)

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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 System Organizational Chart**

:: 8.5" x 11" / 216 x 279 mm :: 11" x 17" / 279 x 432 mm

### **United Nations – Secretary General, Security Council, General Assembly**

[to 12 September 2015]

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

*Selected Press Releases/Meetings Coverage*

11 September 2015

GA/11677

[Adopting Six Resolutions, General Assembly Supports Multilingualism, Bolsters Transparency in Selection of Secretary-General](#)

Resolutions aimed at fostering greater transparency in the selection of the next Secretary-General and equitable use of all six official languages in the activities of the United Nations were among six texts adopted by the General Assembly today, one of which required a recorded vote.

10 September 2015

GA/11678

[State of Palestine Flag to Fly at United Nations Headquarters, Offices as General Assembly Adopts Resolution on Non-Member Observer States](#)

Amidst heated debates about the political value of symbolic gestures, the General Assembly today adopted five resolutions on a wide range of topics, including the raising of flags by non-member observer States at the United Nations and debt restructuring.

10 September 2015

SC/12038

[Tackling Ebola, Post-Conflict Challenges, Liberia Poised to Resume Security Duties as Mission Readies Drawdown Plan, Top Peacekeeping Official Tells Security Council](#)

With Liberia having turned a corner from its unprecedented Ebola health emergency, the people and Government now had the important work of continuing to build a unified and reconciled nation fully responsible for its own destiny, the top United Nations peacekeeping official told the Security Council today.

10 September 2015

SG/SM/17064-SC/12040-DC/3582

[Secretary-General Welcomes Security Council Follow-Up to Resolution 2235 \(2015\), Reiterating Call for Parties in Syria to Support Joint Investigative Body](#)

The Secretary-General welcomes the authorisation by the Security Council of the Secretary-General's recommendations to establish and operate the Organisation for the Prohibition of Chemical Weapons—United Nations Joint Investigative Mechanism.

It underlines once again the importance of addressing the use of toxic chemicals as weapons, and the need for the perpetrators to be held accountable.

The Secretary-General, in close coordination with the Director-General of the Organisation for the Prohibition of Chemical Weapons and all other relevant parties, shall, without delay, undertake all steps, measures and arrangements necessary for the speedy establishment and full functioning of the Joint Investigative Mechanism...

9 September 2015

SG/SM/17062-OBV/1514

[Tourism Now a 'Transformative Force', Secretary-General Says, in Message for International Day](#)

Following is UN Secretary-General Ban Ki-moon's message for World Tourism Day 2015 under the theme "One Billion Tourists, One Billion Opportunities", observed 27 September.

8 September 2015

SG/SM/17055-REF/1211

[In Phone Calls with European Heads of State, Secretary-General Stresses Collective Duty to Respond Humanely as Refugees Arrive, Many Fleeing War, Violence](#)

8 September 2015

SG/SM/17054-GA/11672

[Secretary-General, Citing 'Damning' List of Humanitarian Crises, Calls for Renewed Action as General Assembly Holds Dialogue on 'Responsibility to Protect' Pledge](#)

**UN OHCHR** Office of the United Nations High Commissioner for Human Rights [to 12 September 2015]

<http://www.ohchr.org/EN/NewsEvents/Pages/media.aspx?IsMediaPage=true>

[UN child rights committee urges EU Justice and Home Affairs Council to include child rights in migration response](#)

11 September 2015

[Committee on the Rights of Migrant Workers closes twenty-third session](#)

09 September 2015

[Statement by the Committee on the Rights of Migrant Workers on the global migration crisis](#)

09 September 2015

As the Committee marks the 25th anniversary of the adoption of the United Nations Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, we are witnessing a constantly worsening situation experienced by many migrants. These migrants are on the move due to various and interrelated reasons. Many are fleeing from their countries of origin due to extremely difficult circumstances, including violations of their human rights. As a group, they are already in a vulnerable situation, but this vulnerability dramatically increases during their transit as a result of inadequate regular migration channels, numerous and diverse

migration control practices, xenophobic attitudes and the growing presence of organized criminal groups that take advantage of the structural character of irregular migration.

In this regard, the UN High Commissioner for Human Rights highlighted that "[w]hen people are unable to use regular channels to escape oppression, violence and economic despair, they may attempt, in desperation, to find irregular ones. This does not make them criminals. It does not withdraw their right to be treated with dignity. On the contrary, their vulnerability cries out for humanity – an approach that is motivated by respect for their plight, and for their fundamental rights as human beings." The Committee wholeheartedly shares this view.

All of these people, whether they can be considered migrants, asylum seekers or refugees, are entitled to a protection response based on international law, in particular, the human rights, humanitarian, and refugee law treaty framework. Policies and practices aimed at effectively tackling the root causes of this phenomenon of increasing mixed-migration flows, as well as to address the situation of migrants in transit and destination countries, must be fully in line with these norms and principles established by the international community. A comprehensive, rights-based short and long term response is critical and inevitable. States should also refrain from reacting to this multidimensional and complex issue through criminalization of irregular migration, building of fences and strengthening other border controls measures, including detention, push-back and deportation practices.

In the view of the Committee, it is high time to holistically address this complex and grave situation which affects every region of the world and calls upon the international community to rise to this challenge and respond in accordance with human rights norms and with compassion and humanity. Likewise, it is important to note that the Sustainable Development Goals will not be fully achieved unless this phenomenon is adequately addressed. Therefore, all Member States of the United Nations have a historic opportunity to revert this sad state of affairs through meeting the targets agreed to by the international community. In this context, the Committee is committed to maximizing its efforts to substantially and actively contribute to this process with the firm conviction that the human rights treaties, including the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families Convention of Migrant Workers, are critical tools for achieving this just goal.

The Committee also recognizes all of the initiatives undertaken to promote and protect the human rights of migrants and supports the organization of a global discussion, that is both constructive and practical, with a view to put in place measures, policies and actions so not to further prolong this human rights and humanitarian crisis.

[Committee on the Rights of the Child holds seventieth session in Geneva from 14 September to 2 October](#)

09 September 2015

**Committee on the Rights of the Child** [to 12 September 2015]

<http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx>

[UN child rights committee urges EU Justice and Home Affairs Council to include child rights in migration response](#)

11 September 2015

The United Nations Committee on the Rights of the Child expresses its deep concern at the current migration crisis in Europe, and underscores that the continued shocking images that ricochet around the world do not tell the full extent of the devastating, and at times irreversible, impact the crisis continues to have on the rights and well-being of the children involved.

Ahead of the extraordinary "Justice and Home Affairs" Council taking place on 14 September in Brussels, dedicated to the situation of migration outside and inside the European Union, the Committee urges EU Ministers to adopt a child rights-based approach when planning, discussing, and implementing the measures designed to strengthen the European response.

"All European states have ratified the UN Convention on the Rights of the Child, and have committed to ensuring rights to all children that come under their jurisdiction irrespective of their legal status, and without discrimination of any kind," said the Chairperson of the Committee on the Rights of the Child, Mr. Benyam Dawit Mezmur. "The majority of these children have already experienced human rights violations before leaving their countries of origin, and subjecting them to yet more violations within European borders through laws and treatment that are contrary to their rights constitutes an additional serious violation of Convention obligations."

A number of these obligations are particularly relevant to the current situation. "The right of the child to have his or her best interests taken as a primary consideration should serve as the underlying obligation upon which all migration laws, policies, and services in countries of origin, transit, and destination must hinge," the Chairperson said. "In addition, the obligation to respect and protect the right of the child to freedom from all forms of violence — physical or mental, intentional or non-intentional — needs to be upheld by all branches of Governments in all contexts, including migration," Mr. Mezmur added, noting increasing visual evidence of police and other authorities acting in ways that may physically harm or traumatize migrant children.

The Convention obligations apply both in times of stability and crisis. And the Committee expects all Governments to fully commit to placing at the heart of their responses their legal obligations towards children in a migration situation.

"Since a response to the current migration crisis needs rights-based, serious, and collaborative efforts, the Committee stands ready to engage with all countries in Europe in their efforts to strengthen the protection of the rights of the child in their migration responses," the Chairperson concluded.

[Committee on the Rights of the Child holds seventieth session in Geneva from 14 September to 2 October](#)

9 September 2015

### **Special Rapporteur on the sale of children, child prostitution and child pornography**

[to 12 September 2015]

<http://www.ohchr.org/EN/Issues/Children/Pages/ChildrenIndex.aspx>

*No new digest content identified.*

**SRSG/CAAC** Office of the Special Representative of the Secretary-General for Children and Armed Conflict [to 12 September 2015]

<https://childrenandarmedconflict.un.org/virtual-library/press-release-archive/>

*No new digest content identified.*

**SRSG/SVC** Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict [to 12 September 2015]  
<http://www.un.org/sexualviolenceinconflict/media/press-releases/>  
*No new digest content identified.*

**UN OCHA** [to 12 September 2015]  
<http://www.unocha.org/media-resources/press-releases>

11 Sep 2015

[World: In Search of Humanitarian Leaders: Call for applications for the IASC Humanitarian Coordination Pool](#)

Source: UN Office for the Coordination of Humanitarian Affairs Country: World On 13 August, the Emergency Relief Coordinator, Stephen O'Brien, called on the Principals of Inter-Agency Standing Committee (IASC) organizations to nominate candidates for inclusion in the Humanitarian Coordination (HC) Pool. The HC Pool is a roster of humanitarian leaders from the UN, Red Cross/Red Crescent Movement, NGOs and other organizations who have been screened by the IASC as potential candidates...

10 Sep 2015

[Sudan: UN condemns fatal attack on humanitarians in W. Darfur, Sudan \[EN/AR\]](#)

08 Sep 2015

[Haiti: Les Nations Unies demandent aux bailleurs 25 millions pour des besoins humanitaires urgents en Haïti](#)

08 Sep 2015

[Yemen: Yemen: An economy in free fall and livelihoods destroyed](#)

06 Sep 2015

[Sudan: The United Kingdom contributes an additional US\\$10 million to the Sudan Common Humanitarian Fund for 2015 \[EN/AR\]](#)

**UNICEF** [to 12 September 2015]  
[http://www.unicef.org/media/media\\_78364.html](http://www.unicef.org/media/media_78364.html)

*Selected press release and news notes*

[UNICEF urges European leaders to quickly turn new commitments for refugees and migrants into action for children](#)

NEW YORK, 11 September 2015 - UNICEF welcomes increasing commitments by European leaders to support refugees and migrants – commitments that should now trigger urgent action by all EU Member States to fully protect children.

[Child refugee crisis in Europe will only grow if humanitarian needs in Syria and the region are not met, warns UNICEF](#)

NEW YORK, 10 September 2015 – The refugee and migrant crisis in Europe will only worsen if greater efforts are not made to end the protracted conflict in Syria and address the humanitarian needs of the millions affected by the violence, says UNICEF today.

### [UNICEF and WFP intensify efforts to defeat malnutrition in South Sudan](#)

JUBA, South Sudan, 9 September 2015 - The World Food Programme (WFP) and UNICEF are intensifying their efforts to reverse the dire malnutrition situation in South Sudan, where a brutal conflict has displaced millions of people, destroyed basic services, increased disease and exacerbated hunger.

### [Child mortality rates plunge by more than half since 1990 but global MDG target missed by wide margin](#)

NEW YORK/GENEVA/WASHINGTON, 9 September 2015 – Child mortality rates have plummeted to less than half of what they were in 1990, according to a new report released today. Under-five deaths have dropped from 12.7 million per year in 1990 to 5.9 million in 2015. This is the first year the figure has gone below the 6 million mark.

### [Rising numbers of women and children pass through the former Yugoslav Republic of Macedonia and Serbia to seek refuge in Europe - UNICEF](#)

SKOPJE/BELGRADE/GENEVA, 8 September 2015 – Women and children seeking refuge in Europe continue to pass through the former Yugoslav Republic of Macedonia and Serbia in growing numbers. Nearly 10,000 people, approximately 40 per cent of whom were women and children, were registered crossing into the former Yugoslav Republic of Macedonia at Gevgelija from Greece between 1 and 6 September. More than 7,720 people were also registered crossing into Serbia through Presevo over the same time period.

### **UNHCR** Office of the United Nations High Commissioner for Refugees [to 12 September 2015]

[http://www.unhcr.org/cgi-](http://www.unhcr.org/cgi-bin/texis/vtx/search?page=&comid=4a0950336&cid=49aea93a7d&scid=49aea93a40)

[bin/texis/vtx/search?page=&comid=4a0950336&cid=49aea93a7d&scid=49aea93a40](http://www.unhcr.org/cgi-bin/texis/vtx/search?page=&comid=4a0950336&cid=49aea93a7d&scid=49aea93a40)

### [Statement by Vincent Cochetel, UNHCR's Regional Refugee Coordinator for the Refugee Crisis in Europe](#)

8 September 2015

We have met the authorities here in Budapest and have offered UNHCR's assistance to deal with the increasing number of refugees and migrants arriving in Hungary.

We have repeated our call for simplifying and streamlining registration, reception at the collection points, registration centres and reception centres and care for those who come to seek international protection.

Over 150,000 refugees and migrants have crossed into Hungary from Serbia since January this year. A majority of those are from Syria, Afghanistan and Iraq. Some other nationalities include Pakistanis, Bangladeshis and people from Sub-Saharan Africa.

UNHCR expects more people to come during the coming months. The number of arrivals yesterday was over 2,700 people, as the daily average has remained around 2,000 since last month...

### **IOM / International Organization for Migration** [to 12 September 2015]

<http://www.iom.int/press-room/press-releases>

*Selected Press Releases*

### [IOM Supports Dominican Republic Government, Civil Society during Implementation of National Regularization Plan](#)

09/11/15

Dominican Republic - Over 100,000 migrants have received a document proving their legal immigration status.

[Displacement in Iraq Reaches Nearly 3.2 Million: IOM](#)

09/11/15

Iraq - IOM's Iraq Displacement Tracking Matrix published this week identified 3,182,736 internally displaced Iraqis from January 2014 through 27 August 2015.

[IOM Helps Prevent Disease at UN Displacement Sites in South Sudan](#)

09/11/15

South Sudan - To help stem the spread of disease in crowded displacement sites in South Sudan, IOM health teams are promoting preventative health care, including two cholera vaccination campaigns benefiting 113,600 internally displaced persons (IDPs).

[IOM Distributes Aid to Displaced Flood Victims in Ethiopia's Afar State](#)

09/11/15

Ethiopia - IOM Ethiopia is today distributing non-food aid to 90 households displaced by severe flooding in Aysaita woreda (district), Afar Regional State.

[Community Stabilization Project Launched in Central African Republic](#)

09/11/15

Central African Republic - Following a series of meetings with local government leaders, IOM yesterday (10/9) launched the European Union-funded Community Stabilization for At-Risk Communities project (SIRIRI) in Boda, Central African Republic (CAR).

[IOM, Government Free Victims of Sex Trafficking in Papua New Guinea](#)

09/11/15

Papua New Guinea - Following a call alerting the IOM mission in Port Moresby to the situation of potential victims of sexual slavery in the Highlands of Papua New Guinea (PNG), an IOM protection team, working with a specialized police squad, has completed a successful rescue operation.

[IOM Monitors Migrant Arrivals, Deaths in Italy, Greece and Spain](#)

09/08/15

Italy - September continues to be a deadly month in the Mediterranean. IOM's Missing Migrants Project recorded 58 new fatalities at sea since noon Friday (4/9).

[Typhoon Assistance to Micronesia Tops USD 10 Million](#)

09/08/15

Federated States of Micronesia - Over USD 10 million – the lion's share from USAID - has been allocated to support remote and delicate communities in Micronesia.

[IOM Empowers Communities Hosting Refugees in Mauritania](#)

09/08/15

Mauritania - IOM has launched a project to boost community empowerment and self-reliance in communities hosting Malian refugees in southeast Mauritania.

**UN Women** [to 12 September 2015]  
<http://www.unwomen.org/news/stories>

*Selected Press Releases*

[Building resilience against climate change: Women in Bangladesh lead the way](#)

Date : September 11, 2015

In 10 of the most climate-vulnerable districts of Bangladesh, more than 19,100 women have built better systems of support and preparation for disasters, while livelihood skills training has enabled more than 1,600 women to expand their businesses.

[G20 leaders launch group to promote women's economic empowerment](#)

Date : September 8, 2015

Marking a historic step for women's rights and gender equality, representatives of G20 countries, that constitute two-thirds of the world's population and 85 per cent of GDP, launched a new engagement group to advance the economic empowerment of women.

[UN Women Executive Director announces collaborative study with Asian Development Bank during mission in the Philippines](#)

Date : September 8, 2015

During a two-day Mission in the Philippines, United Nations Under-Secretary-General and Executive Director of UN Women, Phumzile Mlambo-Ngcuka, addressed the Eminent Speakers' Forum of the Asian Development Bank (ADB) to promote gender equality and women's rights within a regional context. ADB and UN Women will work together on a collaborative study announced during the Mission that will help Asia and the Pacific track its progress in realizing gender equality.

["We must be diligent and vocal advocates" – Lakshmi Puri](#)

Date : September 8, 2015

Remarks by UN Women Deputy Executive Director Lakshmi Puri at the W20 Official Launch Event in Ankara, Turkey

**WHO & Regionals** [to 12 September 2015]

[Implementing comprehensive HIV and STI programmes with men who have sex with men](#)

September 2015 -- WHO and partners have published practical advice on implementing HIV and sexually transmitted infection programmes with men who have sex with men. Among other things this publication covers behavioural prevention programmes such as use of condoms and lubricant and early diagnosis. It also addresses community empowerment, violence, health-care services, and service delivery.

:: [WHO Regional Offices](#)

[WHO African Region AFRO](#)

:: [Down to zero – Nigeria on the path to polio eradication](#)

Abuja, 11 September 2015 - There's starting to be a breath of fresh air for parents in Africa, and around the world, as Nigeria approaches being removed from the notorious polio-endemic list. From more than 1122 cases in 2006 to zero today, Nigeria has made tremendous progress in polio eradication with no children being paralyzed in more than one year.

:: [Child mortality rates plunge by more than half since 1990 but global MDG target missed by wide margin - 09 September 2015](#)

:: [Polio outbreak confirmed in Mali - 07 September 2015](#)

WHO Region of the Americas PAHO

:: [PAHO/WHO promotes safe, green and "smart" hospitals in the Caribbean](#) (09/10/2015)

WHO South-East Asia Region SEARO

:: [Make Universal Health Coverage a reality: WHO](#) 11 September 2015

:: [Focus on neglected tropical diseases: WHO](#) 10 September 2015

WHO European Region EURO

:: [WHO European governing body to convene in Vilnius](#) 10-09-2015

:: [New evidence: how the economic crisis has affected health systems and health in Europe](#) 07-09-2015

WHO Eastern Mediterranean Region EMRO

:: [Yemen's largest blood transfusion centre in Sana'a faces threat of closure](#)

Sana'a, 3 September 2015 – WHO is calling for support to prevent Yemen's largest blood transfusion centre in Sana'a from closing down due to a shortage of blood bags, reagents and fuel to run the generators. During the past 6 months of the crisis, the need for blood transfusion services has more than doubled. Although there are many people willing to donate blood, the centre is unable to cope due to shortages in blood bags and reagents to collect, store and screen blood and other components.

WHO Western Pacific Region

*No new digest content identified.*

**UNAIDS** [to 12 September 2015]

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

*No new digest content identified.*

**UNFPA** United Nations Population Fund [to 12 September 2015]

[New UNFPA Tool on Implementing HIV and STI Programmes with Men who have Sex with Men](#)

8 September 2015 Press Release

A tool for implementing comprehensive programmes on HIV and sexually transmitted infections with men who have sex with men was released today by UNFPA, the United Nations Population Fund. The publication, [Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex With Men: practical guidance for collaborative interventions](#), presents concrete steps that public-health officials, health workers and non-governmental organizations can use to implement HIV and STI programmes for men who have sex with men...

**UNDP** United Nations Development Programme [to 12 September 2015]

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

[540,000 Malawians to be provided with safe, clean water by 2018](#)

Sep 11, 2015

Basic Water Needs, a Dutch manufacturer and marketer of household water treatment and safe storage products, has joined the Business Call to Action (BCtA), a global initiative supported by the United Nations Development Programme (UNDP) and other international organizations that encourages companies to fight poverty through innovative business models. As part of its commitment, Basic Water Needs plans to distribute its low-cost Tulip Table Top water filters to more than 540,000 Malawians by 2018, making safe and clean drinking water more available, easily accessible, and affordable.

[Rwanda launches the National Risk Atlas, first-ever comprehensive risk profile developed in Africa](#)

Sep 10, 2015

The Government of Rwanda today launched its first National Risk Atlas, the first-ever comprehensive risk profile developed in Africa. In collaboration with UNDP, the World Bank and the European Union, the National Risk Atlas was developed through a comprehensive risk assessment to provide to the Government of Rwanda guidance in national planning and policy-making on disaster risk reduction.

[Faiths launch far-reaching action plans to help the world's poorest people](#)

Sep 9, 2015

Faith leaders have pledged far reaching practical action over the next 10 years to help the world's poorest people at a meeting with senior UN officials in Bristol, UK, to discuss the new Sustainable Development Goals (SDGs).

[Sweden continues commitment to support UNDP by pledging \\$58.6m for 2015](#)

Sep 3, 2015

The Swedish Government announced its continued commitment to the United Nations Development Programme by making a 2015 core contribution of \$58.6m, or 495m Swedish Kroner, to help UNDP support the implementation of the Sustainable Development Goals and fulfill its coordination role for the UN system.

**UN Division for Sustainable Development** [to 12 September 2015]

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

*No new digest content identified.*

**UN Statistical Commission :: UN Statistics Division** [to 12 September 2015]

<http://unstats.un.org/unsd/default.htm>

<http://unstats.un.org/unsd/statcom/commission.htm>

<http://unstats.un.org/sdgs/>

*No new digest content identified.*

**UNEP** United Nations Environment Programme [to 12 September 2015]

<http://www.unep.org/newscentre/?doctypeID=1>

*Selected Press Releases*

## [Largest Brazilian Cosmetics Manufacturer Recognized with United Nation's Top Environmental Award](#)

Natura named Champion of the Earth for making sustainability their business  
11/09/2015

## [National Geographic Wins Top United Nations Environmental Prize for Science and Innovation](#)

The Champions of the Earth Award recognizes outstanding visionaries and leaders in the fields of policy, science, entrepreneurship, and civil society  
10/09/2015

## [Demand for Wood in Africa Could Triple by 2050, Straining the Continent's Dwindling Forest Resources, Warns UN Report](#)

*Integrating informal sectors into official economy could protect forests by promoting sustainable management and boosting productivity*

Nairobi, 9 September 2015 - The demand for forest products and services in Africa is growing rapidly, fuelled by a growing population and an expanding economy. By 2050, domestic demand for industrial roundwood could double or even triple from the current annual level of 96.2 million m<sup>3</sup> found a report released today by the United Nations Environment Programme (UNEP).

Such pressure, coupled with the encroachment of other sectors on forests, could lead to unsustainable levels of exploitation and accelerating deforestation, resulting in loss of livelihoods and a decrease in biodiversity.

The report, entitled "The Role of Forests in a Green Economy Transformation in Africa", calls for a stronger integration of the largely informal forest sector into national planning and accounting. This would boost the sector's productivity, while promoting sustainable management of forest resources, helping to meet the growing demand for forest products.

### *Further Resources*

[Download Full Report in English](#)

## [The Mounting Problem: World's Cities Produce up to 10 Billion Tonnes of Waste Each Year, UN Study Estimates](#)

*Holistic waste management could save countries hundreds of billions USD and reduce greenhouse gas emissions by up to 20% annually*

Antwerp, 7 September 2015 - Inadequate waste management has become a major public health, economic and environmental problem, with 7-10 billion tonnes of urban waste produced each year and 3 billion people worldwide lacking access to controlled waste disposal facilities. Fuelled by population growth, urbanization and rising consumption, the volumes of waste are likely to even double in lower-income African and Asian cities by 2030, warns the Global Waste Management Outlook - launched by the United Nations Environment Programme (UNEP) and the International Solid Waste Association (ISWA) today.

UNEP Executive Director Achim Steiner said, "An urgent response to the world's mounting waste problem is not only a public health and environmental necessity, but also a sound economic investment. Inaction is costing countries 5-10 times more than investments in proper waste management. A greater commitment by nations to systematically apply the 3 R's - Reduce, Reuse, Recycle - can transform the problem of waste into a resource for our economies..."

### *Further Resources*

[Download Global Waste Management Outlook](#)

**UNISDR** UN Office for Disaster Risk Reduction [to 12 September 2015]

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

*Selected Press Releases*

[Making a resilient airport](#)

NADI, Fiji, 9 September 2015 – When floods closed Fiji's main international airport for the only time in its history, economic shockwaves rippled through the tourism-dependent country.

[Southern Africa moves on Sendai Framework](#)

MAPUTO, 7 September 2015 – African leaders and experts on disaster risk are moving ahead on detailed planning of implementation of the Sendai Framework for Disaster Risk Reduction, the new global agreement on reducing disaster losses and a key pillar of the post-2015 Development Agenda.

**UN DESA** United Nations Department of Economic and Social Affairs [to 12 September 2015]

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

[Historic moment when UN adopts 'charter for people and planet'](#)

10 September 2015, New York

The top United Nations official who oversaw the negotiations that whittled down more than 500 proposals into 17 goals to end extreme poverty, fight inequality and injustice and tackle climate change says it will be a "historic moment" when world leaders formally commit to the Sustainable Development Goals later this month.

**UNESCO** [to 12 September 2015]

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

[International Literacy Day 2015: Literacy and Sustainable Societies](#)

08 September 2015

[Informed citizens build sustainable societies says Dan Wagner, UNESCO Chair in Learning and Literacy](#)

08.09.2015 - Education Sector

*Mr Dan Wagner, UNESCO Chair in Learning and Literacy at the University of Pennsylvania, will make a keynote presentation on strengthening links between literacy and sustainable development as part of the UNESCO Global Meeting on "Literacy and Sustainable Societies", which will be held at the Organization's headquarters in Paris to celebrate International Literacy Day on 8 and 9 September.*

Mr Wagner will present a paper on September 8 which discusses how nation-building and development, which depend on resources taken from the planet, must be rethought as those resources become depleted. He will highlight the disproportionate impact of environmental change on children, the poor, women and indigenous populations and the implications for education.

"A focus on literacy and sustainability in these marginalized groups is the most important thing we can do," he said.

He says that while globalization brings with it threatening changes such as climate and environmental upheaval which will impact on education, social and political conflict, national and international migration, and employment, it also brings an increasingly connected global citizenry, greater access to new technologies and new respect for the world's dwindling resources.

In relation to literacy he said: "UNESCO plays a very special and central role in the promotion of literacy worldwide. In the era of the Sustainable Development Goals, its role should be strengthened as this is a special time where sustainable development requires that science and culture be linked to education initiatives. It's the combination of these three sectors that will be needed for success, and UNESCO is uniquely positioned to make that happen."

He said literacy helps to empower people and create more informed citizens who are vital to address the problems associated with building more sustainable societies. Rural farmers are better farmers if they have been to school just as educated people are better able to understand key health messages and educated mothers pass on their health learning to their children.

**UNODC** United Nations Office on Drugs and Crime [to 12 September 2015]

<http://www.unodc.org/unodc/en/press/allpress.html?ref=fp>

[Media Advisory: Role of private sector in tackling corruption to be discussed at world's biggest anti-corruption gathering in St. Petersburg](#)

07/09/2015

**UN-HABITAT** United Nations Human Settlements Programme [to 12 September 2015]

<http://unhabitat.org/media-centre/press-releases/>

*No new digest content identified.*

**FAO** Food & Agriculture Organization [to 12 September 2015]

<http://www.fao.org/news/archive/news-by-date/2015/en/>

[World Forestry Congress sets out vision for future of forests](#)

The largest gathering on forests this decade set out its vision of how forests and forestry should look in 2050, adopting the Durban Declaration after a week of debate. The vision calls for the forests of the future to be "fundamental" for food security and improved livelihoods.

11-09-2015

[FAO Food Price Index registers sharpest fall since December 2008](#)

The index averaged 155.7 points in August 2015, down 5.2 percent from July, the steepest monthly drop since December 2008, with virtually all major food commodities registering marked dips.

10-09-2015

[Severe food insecurity on the rise in Afghanistan](#)

The number of people in Afghanistan resorting to selling land or turning to friends or family for help because of food insecurity has doubled in the last year, says a new joint report by UN and partner agencies.

10-09-2015

#### [Ugandan community leader receives top forestry prize](#)

Ugandan forestry activist Gertrude Kabusimbi Kenyangi has been awarded the 2015 Wangari Maathai 'Forest Champions' Award in recognition of her efforts to promote the conservation and sustainable use of forest resources in Uganda.

10-09-2015

#### [World deforestation slows down as more forests are better managed](#)

Some 129 million hectares of forest - an area almost equivalent in size to South Africa - have been lost since 1990, according to FAO's most comprehensive forest review to date, The Global Forest Resources Assessment 2015. It noted however, that an increasing amount of forest areas have come under protection while more countries are improving forest management.

7-09-2015

#### [FAO and Action Aid join forces to empower rural people](#)

The Food and Agriculture Organization of the United Nations (FAO) and ActionAid International, a globe-spanning NGO, have agreed to embark on new joint program of work that will focus on empowering rural people.

6-09-2015

#### **IFAD** International Fund for Agricultural Development [to 12 September 2015]

<http://www.ifad.org/media/press/index.htm>

#### [UN agriculture agencies to strengthen rural employment opportunities for Caribbean youth](#)

Bridgetown, 7 September 2015 -- The International Fund for Agricultural Development (IFAD, or FIDA by its Spanish acronym) and the Food and Agriculture Organization of the United Nations (FAO) have joined forces to tackle the growing level of youth unemployment in the Caribbean.

The US\$2.7 million dollar programme "Strengthening decent rural employment opportunities for young women and men in the Caribbean" will be implemented in coordination with a number of Caribbean governments and key stakeholders in six countries: Belize, Cuba, Dominican Republic, Grenada, Guyana and Haiti. Other countries in the region, including Barbados, St. Lucia and St. Vincent and the Grenadines, are also expected to benefit from the programme's regional activities...

#### **ILO** International Labour Organization [to 12 September 2015]

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

*No new digest content identified.*

#### **ICAO** International Civil Aviation Organization [to 12 September 2015]

<http://www.icao.int/Newsroom/Pages/pressrelease.aspx>

#### [ICAO Announces New 2016 Opportunities For Young Aviation Professionals](#)

11/9/15

**IMO** International Maritime Organization [to 12 September 2015]  
<http://www.imo.org/en/MediaCentre/PressBriefings/Pages/Home.aspx>

[IMO Member State audit details now online](#)

10/09/2015

A new module containing information on audits carried out under the IMO Member State Audit Scheme has been launched

**WMO** World Meteorological Organization [to 12 September 2015]

<https://www.wmo.int/media/?q=news>

[Central Asian countries prepare climate services](#)

9 September 2015

Recognizing that Central Asia is highly vulnerable to weather- and climate-related disasters, regional experts and stakeholders are meeting in Bishkek, Kyrgyz Republic, from 8 to 11 September in the first GFCS Workshop for Central Asia to explore how to build greater resilience through climate services.

The Workshop was opened on 8 September by the Swiss Ambassador H.E. René Holenstein, followed by WMO Assistant Secretary General Dr. Elena Manaenkova, Director of the State Agency on Environment Protection and Forestry of the Kyrgyz Republic H.E. Sabir Atadzhanyov, and State Secretary at the Ministry of Emergency Situation of the Kyrgyz Republic H.E. Taalaibek Temiraliev...

**UNIDO** United Nations Industrial Development Organization [to 12 September 2015]

<http://www.unido.org/en/news-centre/news.html>

[Food safety for social inclusiveness, sustainability and industrial development on agenda of Vienna forum](#)

VIENNA, 11 September 2015 – Coordinated efforts in order to prevent, detect and respond to foodborne diseases, and the benefits of safe food for social inclusiveness, sustainability and industrial development were on the agenda...

[Japan's assessment of international organizations ranks UNIDO among top performers](#)

VIENNA, 10 September 2015 – The Japanese Ministry of Foreign Affairs (MOFA) has assessed and rated 64 international organizations, including UN organizations. Four of them, including the United Nations Industrial Development...

[UNIDO ready to help countries along maritime and land Silk Road accelerate sustainable industrialization, says Director General Li](#)

XIAMEN, China, 8 September 2015 – Unlocking the potential for investments in infrastructure, industry, trade and services in the countries along the maritime and land Silk Road is crucial for the future of the region...

[BRICS to continue playing major role in global growth, says UNIDO Director General Li](#)

Tuesday, 08 September 2015

XIAMEN, China, 8 September 2015 – BRICS, the five major emerging national economies that comprise Brazil, Russia, India, China and South Africa, will continue to play a major role in global economic growth...

**UNWTO** World Tourism Organization [to 12 September 2015]

<http://media.unwto.org/news>

[21 million more international tourists in the first half of 2015](#)

10 September 2015

The number of international tourist arrivals grew by 4% in the first half of 2015 according to the latest UNWTO World Tourism Barometer. Destinations worldwide received some 538 million international tourists between January and June 2015, an increase of 21 million compared to the same period of 2014.

**ITU** International Telecommunications Union [to 12 September 2015]

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

*No new digest content identified.*

**WIPO** World Intellectual Property Organization [to 12 September 2015]

<http://www.wipo.int/pressroom/en/>

*No new digest content identified.*

**CBD** Convention on Biological Diversity [to 12 September 2015]

<http://www.cbd.int/press-releases/>

[STATEMENT OF THE EXECUTIVE SECRETARY OF THE CONVENTION ON BIOLOGICAL DIVERSITY BRAULIO FERREIRA DE SOUZA DIAS on the occasion of the UNITED NATIONS DAY FOR SOUTH-SOUTH COOPERATION](#)

12 SEPTEMBER 2015

... South-South and triangular cooperation are especially important as the overwhelming majority of the Earth's biodiversity is found in developing countries. Biodiversity – and the many ecosystem services associated with it – form the foundation of the Earth's life support systems and underpin human lives and well-being. Anchored in the post-2015 development agenda and the Sustainable Development Goals is a clear objective to mainstream biodiversity and ecosystem services in key national priorities and help countries achieve the Strategic Plan for Biodiversity 2011-2020 and its Aichi Biodiversity Targets.

Within the Convention on Biological Diversity (CBD), South-South cooperation has been identified as a key mechanism for scientific and technical cooperation in support of the implementation of the Strategic Plan for Biodiversity 2011-2020. Scientists and agencies based in the South are playing a major role in the implementation of the Convention. Working with the Secretariat of the CBD, for instance, the United Nations Environment Programme (UNEP) has scaled up its support to South-South Cooperation and launched a South-South Cooperation Exchange Mechanism, linked to the Consortium of Scientific Partners on Biodiversity, and supporting the implementation of the Multi-Year Plan of Action for South-South Cooperation on Biodiversity for Development, adopted in parallel to the tenth meeting of the Conference of the Parties to the Convention and recognized by the Parties.

An innovative agreement of collaboration signed in 2013 between the Food and Agriculture Organization of the United Nations, the Brazilian Agricultural Research Corporation (Embrapa) and the Brazilian Technical Cooperation Agency has enabled experts from Embrapa to provide technical expertise to developing countries. Among the 22 members of the Convention's Consortium of Scientific Partners on Biodiversity are several global players from the South, such as the South African National Biodiversity Institute (SANBI), the Mexican National Commission for Knowledge and Use of Biodiversity (CONABIO), the Costa Rican National Biodiversity Institute (InBio) and the Colombian Humboldt Institute. The Secretariat also works with UNEP to support its network of universities, mostly from the South, through the Global Universities Partnership on Environment and Sustainability...

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### **US Department of State**

<http://www.state.gov/r/pa/prs/ps/2015/index.htm>

*No new digest content identified.*

### **USAID** [to 12 September 2015]

<http://www.usaid.gov/news-information/press-releases>

[USAID Announces \\$86 million in Food Assistance for Vulnerable People in Sudan](#)

September 7, 2015

The U.S. Agency for International Development (USAID) announced an additional \$86 million in food assistance through the UN World Food Program (WFP) to help feed millions of displaced and food-insecure people in Sudan. Of the \$86 million, \$75 million will be used to provide more than 69,000 metric tons of U.S. food and \$11 million to provide food vouchers and support the local procurement of specialized nutrition products. The new contribution brings the total U.S. Government contribution of food assistance for Sudan to \$170 million this year.

### **DFID** [to 12 September 2015]

<https://www.gov.uk/government/latest?departments%5B%5D=department-for-international-development>

[The Girl Summit Charter](#)

Published 8 September 2015 Policy paper DFID

### [Syria refugees: UK government response](#)

Updated 7 September 2015 News story DFID, FCO, Home Office, MOD and Number 10

### [Syria: refugees and counter-terrorism - Prime Minister's statement](#)

Published 7 September 2015 Statement to Parliament AGO, DCLG, DFID, FCO, Home Office, MOD and Number 1

### **ECHO** [to 12 September 2015]

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

[European Commission adopts its position ahead of the World Humanitarian Summit 2016](#)

10/09/2015

The European Commission has adopted a Communication 'Towards the World Humanitarian Summit: A global partnership for principled and effective humanitarian action'. The Communication sets out the EU's strategic vision for reshaping humanitarian...

[EU Aid Volunteers: First call for proposals for deployment is open](#)

09/09/2015

The European Commission has published the first-ever call for proposals for deployment of humanitarian volunteers under its EU Aid Volunteers initiative. Through the new call, around 350 junior and senior professionals are expected to be deployed to...

[EU Children of Peace initiative: €1 million to assist children affected by Ebola](#)

07/09/2015

The European Commission is providing €1 million in funding so that children orphaned and affected by Ebola receive education and psycho-social support. "We must give hope to the children affected by the devastating consequences of the Ebola epidemic..."

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**African Union** [to 12 September 2015]

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

*[We generally limit coverage to regional and global level initiatives, recognizing that a number of country-level announcements are added each week]*

[The African Union and HelpAge urge member states to promote the rights of older people in Africa](#)

JOINT PRESS RELEASE

Addis Ababa, 10 September 2015: The African Union Commission (AUC) and HelpAge International have urged African Union Member States to develop and implement policies that protect the rights of older people in Africa. This was during a roundtable meeting on the Role of older persons in achieving Africa's agenda 2063 which took place today 10 September 2015 in Addis Ababa, Ethiopia, with the members of the Permanent Representatives Committee (PRC) and other key stakeholders.

The Chairperson of the PRC, H.E Albert Ranganai Chimbindi, reiterated the willingness of the African Union to guarantee that the developmental approach of the Africa's Agenda 2063 is inclusive. He recognised that older people are the custodians of the African culture and therefore, deserve that Africa creates conditions for their contribution to the achievement of the objectives of Agenda 2063. He also highlighted that to address the issue of older people in Africa is also a window of opportunity for the continent to better plan the future of the younger generation.

The Director of Social Affairs of the African Union Commission Ambassador Olawale Maiyegun informed member states that the population of older people in Africa is increasing drastically and therefore there is an urgent need to ensure that specific measures are in place to address the needs of older people.....

... The call to African governments in Addis Ababa follows the release of Global AgeWatch Index 2015 report by HelpAge International whose main aim is to raise visibility of ageing at regional and national levels as well as provide a framework for governments and institutions to respond to ageing population and the UN Secretary General call for Data Revolution...

Sep.09.2015 [Decision Makers in Africa Address Climate Change through Sustainable Forest Management](#)

**The African Development Bank Group** [to 12 September 2015]

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

*[We generally limit coverage to regional and global level initiatives, recognizing that a number of country-level announcements are added each week]*

[AfDB approves US \\$22-million grant to break "triangle of thirst" in West Kordofan, Sudan](#)

10/09/2015 - The African Development Bank Group (AfDB) on Wednesday, September 9 committed a grant of US \$22-million to finance water and sanitation facilities in the West Kordofan State of Sudan and a country-wide Institutional Capacity Development Program.

[AfDB and Japan sign bilateral agreement for sixth Private Sector Assistance Loan](#)

09/09/2015 - On September 8, 2015, the African Development Bank (AfDB) and the Government of Japan signed the sixth private sector assistance loan under the joint initiative titled Enhanced Private Sector Assistance (EPSA) for Africa. The loan, worth JPY 35.88 billion, equivalent to USD 300 million, is intended to support private sector operations in Africa.

[AfDB SME Program: Enhancing inclusive growth and job creation in Rwanda](#)

09/09/2015 - The African Development Bank Group (AfDB) and Access Bank Rwanda Ltd. signed a loan agreement for the equivalent of US \$6 million under the Africa SME Program on September 3, 2015 to support small and medium enterprises (SMEs) in Rwanda.

**ASEAN** Association of Southeast Asian Nations [to 12 September 2015]

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

*[We generally limit coverage to regional and global level initiatives, recognizing that a number of country-level announcements are added each week]*

[One ASEAN, One Response: ASEAN Responding to Disasters as One](#)

BANGKOK, 9 September 2015 –Thailand's Department of Disaster Prevention & Mitigation (DDPM) together with the ASEAN Secretariat and the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) will conduct "One ASEAN, One Response Roadshow and ASEAN Resilience Symposium" on 10 – 11 September 2015 in Bangkok, Thailand.

**European Union** [to 12 September 2015]

<http://europa.eu/rapid/search-result.htm?query=18&locale=en&page=1>

*[We generally limit coverage to regional and global level initiatives]*

[European Commission supports better access to medicines in poorest countries](#)  

Press release European Commission Brussels, 10 September 2015

The Commission agreed to support the least developed countries' call for easier access to cheaper medicines by means of an indefinite exemption from World Trade Organization (WTO) intellectual property rules for pharmaceuticals.

[EU Trust Fund kicks off its actions to address educational and food security needs of Syrian refugees in Turkey](#)

European Commission - Press release Brussels, 9 September 2015

Syrian refugee crisis: Today, the recently established EU Regional Trust Fund in response to the Syrian crisis launched its first actions in support of Syrian refugees.

[Refugee Crisis: European Commission takes decisive action](#)

European Commission - Press release Strasbourg, 9 September 2015

Delivering on the European Agenda on Migration from May, the European Commission is today putting forward a comprehensive package of proposals which will help address the refugee crisis.

[EU Children of Peace initiative: €1 million to assist children affected by Ebola](#) [fr](#) [de](#) [es](#)

European Commission - Press release Brussels, 7 September 2015

Children orphaned and affected by Ebola will receive education and psychosocial support via humanitarian projects implemented by UNICEF and Save the Children in Guinea and Sierra Leone.

**OECD** [to 12 September 2015]

<http://www.oecd.org/newsroom/publicationsdocuments/bydate/>

*[We generally limit coverage to regional and global level initiatives, recognizing that a number of country-level announcements are added each week]*

*No new digest content identified.*

**Organization of American States (OAS)** [to 12 September 2015]

[http://www.oas.org/en/media\\_center/press\\_releases.asp](http://www.oas.org/en/media_center/press_releases.asp)

*No new digest content identified.*

**Organization of Islamic Cooperation (OIC)** [to 12 September 2015]

<http://www.oic-oci.org/oicv2/news/>

*Selected Press Releases*

[OIC Welcomes Decision to Raise Palestinian Flag over UN](#)

The Secretary General of the Organization of Islamic Cooperation (OIC), Iyad Ameen Madani, welcomed the adoption by the United Nations General Assembly of the resolution to raise the flag of Palestine, as an observer state, over the headquarters of the UN. He considered this step as an international support to the expectations and rights of the Palestinian people...

11/09/2015

[OIC Convenes an Emergency Meeting to Mobilize Efforts to Address Syrian Refugee Crisis](#)

The Organisation of Islamic Cooperation (OIC) will be holding a meeting on Sunday, 13 September 2015, at its General Secretariat headquarters in Jeddah, to discuss the ramifications of the Syrian refugee crisis and mobilize efforts to address it. ...

10/09/2015

[OIC Welcomes Including its Member States in the International Quartet Meeting in New York](#)

The Secretary General of the Organisation of Islamic Cooperation (OIC), Mr. Iyad Amin Madani, welcomed the invitations addressed to the Hashemite Kingdom of Jordan, the Kingdom of Saudi Arabia and the Arab Republic of Egypt to attend the meeting of the International Quartet due to

be held on the 30th of the current month of September on the margin of the UN General Assembly's annual meeting in New York. He viewed that step as important and in line with the OIC stands which call for the invigoration of the Quartet's role and the reshaping of its structure and work processes in such a way as to bolster efforts in favor of achieving peace based on the Two-State solution...

10/09/2015

**Group of 77** [to 12 September 2015]

<http://www.g77.org/>

*[We generally limit coverage to regional and global level initiatives, recognizing that a number of country-level announcements are added each week]*

Statement on behalf of the Group of 77 and China by H.E. Ambassador Kingsley J.N. Mamabolo, Permanent Representative of the Republic of South Africa to the United Nations, Chair of the Group of 77, at the [High-level Committee on South-South Cooperation's Special Inter-Sessional Meeting \(New York, 8 September 2015\)](#)

Statement on behalf of the Group of 77 and China by Mr Thembile Joyini, Legal Adviser, Permanent Mission of South Africa to the United Nations, [at the meeting of the Ad Hoc Working Group of the Whole of the General Assembly on the Regular Process for Global Reporting and Assessment of the State of the Marine Environment, including Socio-economic Aspects \(New York, 8 September 2015\)](#)

**UNCTAD** [to 12 September 2015]

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

*No new digest content identified.*

**World Trade Organisation** [to 12 September 2015]

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

*[We generally limit coverage to regional and global level initiatives, recognizing that a number of country-level announcements are added each week]*

*No new digest content identified.*

**IMF** [to 12 September 2015]

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

*[We generally limit coverage to regional and global level initiatives, recognizing that a number of country-level announcements are added each week]*

[Press Release: Statement by IMF Managing Director Christine Lagarde at the Conclusion of Visit to Liberia](#)

September 11, 2015

["Liberia: Overcoming Challenges—Past, Present, and Future," Speech by Christine Lagarde, Managing Director, International Monetary Fund](#)

September 11, 2015

["Delivering on the Promise of 2025," Keynote Address by Christine Lagarde, Managing Director, IMF](#)

Keynote Address by Christine Lagarde  
Managing Director, International Monetary Fund  
W-20 Summit  
September 6, 2015, Ankara, Turkey

I am delighted to be here for this inaugural gathering of the Women's 20—the W-20. Today's launch is timely. At their summit meeting last November, the G-20 pledged to reduce the gap in women's labor force participation by 25 percent by the year 2025—which would have the benefit of creating an estimated 100 million new jobs for the global economy.

That was *The Promise of 2025*. Today, I want to focus on how to deliver on that promise. Certainly, it represents a major challenge. But with so much attention focused on gender equity—by the post-2015 Sustainable Development Goals this year, and by the G-20's pledge from last year—we clearly have a unique moment of opportunity.

We must seize it...

**World Bank** [to 12 September 2015]

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

*[We generally limit coverage to regional and global level initiatives, recognizing that a number of country-level announcements are added each week]*

[World Bank: Quality Education, Social Protection Critical to Stemming Inequality in Asia and the Pacific](#)

CEBU, Philippines, September 11, 2015 – Investing in quality education and providing social protection for the poor stand out among the key policies to address rising inequality in the Asia-Pacific region...

Date: September 11, 2015 Type: Press Release

[World Bank Meets African Caucus in Advance of Fresh Round of Talks on Safeguards Amidst Record Lending for the Continent](#)

WASHINGTON, September 10, 2015—World Bank officials met with the African Caucus in Luanda, Angola, August 27 and 28, to present an update on the work to revise policies for protecting the poor and the...

Date: September 10, 2015 Type: Press Release

[Discriminating Against Women Keeps Countries Poorer](#)

Sri Mulyani Indrawati, Chief Operating Officer and Managing Director of the World Bank.

In 100 countries around the world, women are barred from doing certain work solely because they are women. Over 150 countries have at least one law that is discriminatory towards women. And only 18 countries are free of any law disadvantaging women.

This is just the tip of the iceberg of legal barriers for women to achieve their full economic potential. New World Bank Group research in the [Women, Business and the Law 2016](#) report shows that in 32 countries women cannot apply for passports in the same way as men and in 18 countries they cannot get a job if their husbands feel it is not in the family's interest. Jordan and Iran are among them. In 59 countries, there are no laws against sexual harassment at work. Myanmar, Uzbekistan and Armenia are among 46 countries where there is no legal protection against domestic violence. In a nutshell, the research makes for depressing reading when you care about inclusion and ending poverty.

Date: September 10, 2015 Type: Opinion

[Middle East and North Africa Makes Progress on Gender Equality, But Severe Barriers Persist, says WBG Report](#)

WASHINGTON, September 9, 2015 – Saudi Arabia, Egypt and Lebanon have enacted reforms to advance women's economic advancement, although women in the Middle East and North Africa region face the most hurdles...

Date: September 9, 2015 Type: Press Release

[New Report Examines Payment Aspects of Financial Inclusion](#)

The Committee on Payments and Market Infrastructures (CPMI) and the World Bank Group today issued a consultative report on Payment aspects of financial inclusion. The report examines demand and supply-side factors affecting financial inclusion in the context of payment systems and services, and suggests measures to address these issues.

Date: September 9, 2015 Type: Press Release

**IPU Inter-Parliamentary Union** [to 12 September 2015]

<http://www.ipu.org/english/news.htm>

[Strengthening parliamentary action against weapons of mass destruction](#)

9 SEPTEMBER 2015

IPU is strengthening its collaboration with the UN on the elimination and non-proliferation of weapons of mass destruction (WMD) as part of the Organization's work to promote peace and security in the world. Addressing the UN 1540 Committee, set up to implement UN Security Council Resolution 1540 on WMD, IPU Secretary General, Martin Chungong, outlined how parliaments and MPs could be mobilized on the issue and ensure greater coherence between IPU and the UN Committee in their work...

[\[back to table of contents\]](#)

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**:: INGO/Consortia/Joint 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 announcement, programs or appeals.*

**Amref Health Africa** [to 12 September 2015]

<http://amref.org/news/news/>

[New Partnership for Hygiene Reaping Benefits in Kibera](#)

Published: 08 September 2015 Marie Kinyanjui

Following the signing of a Memorandum of Understanding in July this year, Amref Health Africa CEO Dr Githinji Gitahi and Unilever Africa President Mr Bruno Witvoet visited the Kibera Community Health Centre to see...

**Aravind Eye Care System** [to 12 September 2015]

<http://www.aravind.org/default/currentnewscontent>

*No new digest content identified.*

**BRAC** [to 12 September 2015]

<http://www brac net/#news>

10 September 2015

[Finding the freedom through arguments](#)

On September 12, 2015 Saturday at 11.00 am, A national debate competition is going to be held in Bangla Academy Auditorium, Dhaka. Bitarka Bikash Grand Final, Debate competition is organised by BRAC, ATN Bangla and Debate for Democracy. ATN Bangla will telecast it live. The main objective of this programme is to provide the students of rural secondary schools an opportunity to progress their presentation skill, communication skill and speaking ability as well as improve their logical thinking and self-confidence...

**CARE International** [to 12 September 2015]

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

[CARE Calls on the EU to Turn Meetings Into Action](#)

JORDAN/BELGIUM

11 SEPTEMBER 2015

Ahead of Monday's Extraordinary Council meeting of European Interior Ministers, CARE International calls on the European Union to provide a safe haven for asylum seekers while stepping up its support for humanitarian aid in the Syria region.

[UN Climate Talks Lag Behind As Paris Deadline Approaches](#)

GLOBAL

7 SEPTEMBER 2015

Governments negotiating for a universal climate change agreement, due to be signed in Paris in December, are lagging far behind from what is needed, says CARE International, as the second to last round of UN climate talks before the Paris deadline conclude in Bonn, Germany.

**Danish Refugee Council** [to 12 September 2015]

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

[Deteriorating quality of asylum in Middle East must be on global agenda](#)

(10.09.15)

The critical need to respond to Syrian refugees entering Europe and their efforts to find protection for their families, must coincide with addressing the root causes affecting refugees to leave...

**Casa Alianza** [to 12 September 2015]  
**Covenant House** [to 12 September 2015]  
<http://www.casa-alianza.org.uk/news>  
<https://www.covenanthouse.org/>  
*No new digest content identified.*

**ECPAT** [to 12 September 2015]  
<http://www.ecpat.net/news>  
*No new digest content identified.*

**Fountain House** [to 12 September 2015]  
<http://www.fountainhouse.org/about/news-press>  
*No new digest content identified.*

**Handicap International** [to 12 September 2015]  
[http://www.handicap-international.us/press\\_releases](http://www.handicap-international.us/press_releases)  
*No new digest content identified.*

**Heifer International** [to 12 September 2015]  
<http://www.heifer.org/about-heifer/press/press-releases.html>  
[Heifer International Weekly](#)  
*[undated]*

**HelpAge International** [to 12 September 2015]  
<http://www.helpage.org/newsroom/press-room/press-releases/>  
[Switzerland tops Global AgeWatch Index 2015](#)  
Wednesday 9 September 2015

HelpAge International is launching the Global AgeWatch Index 2015, ranking 96 countries according to the social and economic wellbeing of older people. The Index represents 91 per cent of people aged 60 and over, some 901 million people, measuring the wellbeing of older people in four key areas: income security, health, personal capability and an enabling environment.

**IRC International Rescue Committee** [to 12 September 2015]  
<http://www.rescue.org/press-release-index>  
[The International Rescue Committee expresses dismay at 10,000 number for Syrian refugee resettlement](#)

10 Sep 2015 - \*\*Update\*\* September 11, 2015: The IRC supports [Refugee Council USA call for 100,000 Syrian refugees](#) to be resettled to the US in 2016. Numbers below are updated from 65,000 to 100,000 to reflect that support.

:: Calls on US Government to resettle 100,000 Syrian refugees in 2016;  
:: David Miliband: This offer is "cold comfort" to victims of Syria's conflict;

:: The international response to refugee resettlement wholly inadequate. United States must lead at this critical moment.

### [Refugee crisis: The IRC's recommendations for Europe](#)

Posted by The IRC on September 10, 2015

More than 381,000 people have fled to Europe by sea this year -- the vast majority are refugees seeking safety from harm. In a policy brief issued today, the IRC recommends ways the European Union and its member states can do more to help refugees...

**ICRC** [to 12 September 2015]

<https://www.icrc.org/en/whats-new>

### [South Sudan: Facts and figures September 2015 - Volatile environment and humanitarian needs on the rise in Unity and Upper Nile states](#)

A summary of the ICRC's activities in South Sudan since the beginning of the emergency in mid-December 2013 to the end of August 2015. This month's focus: Volatile environment and humanitarian needs on the rise in Unity and Upper Nile states

11-09-2015 | Article

### [Refugees and migrants have the right to respect and protection](#)

Some flee from the violence and conflict zones in their countries, others seek to escape oppressive poverty.

11-09-2015 | Article

### [World First Aid Day: Empowering communities to save lives](#)

When a crisis or emergency occurs, first aid can save lives.

10-09-2015 | Article

### [Ethiopia: Facts and figures January to June 2015](#)

A summary of the ICRC's activities in Ethiopia between January and June 2015.

10-09-2015 | Article

### [Lebanon: ICRC carries out largest food distribution to Syrian refugees since crisis began](#)

The International Committee of the Red Cross (ICRC), has distributed 90 tons of food to around 10 thousand Syrian refugees in northern Lebanon. The distribution was supported by the Lebanese Red Cross.

10-09-2015 | News release

### [Philippines: 2,700 evacuees in Surigao del Sur receive aid](#)

Around 2,700 people fled their homes in Surigao del Sur, Eastern Mindanao, in the aftermath of armed violence last week.

10-09-2015 | News release

### [Jordan: Boosting first aid skills in emergencies](#)

In an effort to boost first aid skills in emergencies, the ICRC in Jordan provides practical and hands-on first aid training, including to Jordanians, Syrians, the civil defence and the Jordan Red Crescent Society (JRCS).

09-09-2015 | Article

## [Migrants and Refugees: How the Red Cross Red Crescent is responding](#)

The extreme hardship endured by millions of people inside Syria - and by the scores of refugees who have fled the country - continues to grow by the day.

08-09-2015 | Article

## [Lebanon: How the ICRC helps weapon-wounded people](#)

Weapon wounds are some of the most complex injuries to treat and operate, particularly in Lebanon, where millions have fled because of violence in neighbouring countries and where internal disputes often leave people with severe injuries caused by we

08-09-2015 | Video

## [Australia: Making the world a safer place for journalists](#)

The Australian Red Cross released the first edition of its International Humanitarian Law magazine for 2015, with a focus on journalism and the laws of war.

08-09-2015 | Article

## [Nepal: ICRC continues to rebuild lives of families of the missing](#)

Since the conflict in Nepal ended 9 years ago, the International Committee of the Red Cross (ICRC) delegation in Kathmandu has been supporting the families of those who disappeared.

08-09-2015 | Article

## [Afghanistan: Facts and figures - January to June 2015](#)

A summary of activities carried out by the ICRC in Afghanistan during the first six months of 2015.

08-09-2015 | Article

## [Cambodia: Locally-run factory helps restore the mobility of thousands](#)

Set up 25 years ago by the ICRC in collaboration with the Ministry of Social Affairs, the Mosvy Orthopaedic Component Centre in Cambodia produces around 18,000 limbs and devices every year – benefiting nearly 28,000 people.

08-09-2015 | Video

## [First Review Conference of the Convention on Cluster Munitions](#)

First Review Conference of the Convention on Cluster Munitions, Dubrovnik, Croatia, 7-11 September 2015 Address by Christine Beerli, vice-president of the ICRC.

07-09-2015 | Statement

## [Myanmar: Recovery work begins to support flood-affected communities](#)

One month after cyclone Komen and heavy seasonal rains caused floods and landslides in Myanmar, recovery work has started.

07-09-2015 | Article

**IRCT** [to 12 September 2015]

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

*News*

[Great Lakes Project Report launched at Final Seminar](#)

11 September 2015

Over four years, the IRCT Great Lakes Project supported the collaboration between six rehabilitation centres in Burundi, the Democratic Republic of Congo (DRC) and Rwanda that have seen thousands of torture victims heal their wounds, overcome their trauma and rebuild their lives.

The project demonstrated the power of holistic and community-based rehabilitation and how this approach can empower victims of torture to become pro-active and engaged actors in the social, economic and political development of their communities. The results of the Project are shared in a new IRCT report.

The Great Lakes Report will be launched today at the Project's Final Seminar in Kigali, Rwanda. The event marks the end of four years of activities, which have touched the lives of thousands of men, women and children living in Burundi, the DRC and Rwanda.

The European Union-funded project was initiated in April 2011 and supported six rehabilitation centres in the region in providing holistic and community-based services to victims of torture and sexual violence, survivors of genocide and other forms of political violence.

The report provides an overview of the rehabilitation approaches taken within the Project and captures the achievements and the stories of the beneficiaries who have been involved in the four key activities: The medical referral system, restoring dignity through livelihoods, supporting victims in the fight against impunity and changing lives through community-based social counselling...

**Islamic Relief** [to 12 September 2015]

<http://www.islamic-relief.org/category/news/>

[EU action on refugees needed now](#)

[undated]

The Head of Islamic Relief's Humanitarian Department has expressed his 'huge relief' following the evacuation of 25,000 refugees to the Greek mainland from appalling conditions on the island of Lesvos, but called for concerted action by the European Union and member states to tackle the continuing Mediterranean refugee crisis.

["There is no 'them' and 'us'"](#)

[undated]

From Lesvos, where Islamic Relief is assisting refugees, Musab Bora reports on the dramatic change on the Greek island and reflects on the deep-seated human need to connect.

[Welcome for new leaders](#)

September 9, 2015

Islamic Relief has officially welcomed new trustee leadership to the organisation.

**MSF/Médecins Sans Frontières** [to 12 September 2015]

<http://www.doctorswithoutborders.org/news-stories/press/press-releases>

[The 2015 Lasker-Bloomberg Public Service Award:](#)

[Médecins Sans Frontières \(Doctors Without Borders\) for Sustained and Effective Frontline Responses to the Recent Ebola Outbreak in Africa](#)

The 2015 Lasker~Bloomberg Public Service Award honors Médecins Sans Frontières (Doctors

Without Borders), established in 1971, for bold leadership in responding to the recent Ebola outbreak in Africa, and for sustained and effective frontline responses to health emergencies.

Since the beginning of the most recent Ebola outbreak in West Africa in March 2014, more than 11,000 people lost their lives, including hundreds of health workers. MSF leaders realized quickly the devastating magnitude of the outbreak and sprang into action. The organization sent experts, built hospitals, imported necessary supplies, and set up systems to receive and treat patients. For many months, MSF was alone in its work. When other international organizations later began stepping up, MSF provided guidelines and trained many of their personnel.

Throughout the Ebola crisis, MSF led a call for governments and international organizations to provide trained medical personnel and set up a system for disaster response. In May, the World Health Organization and its constituent countries announced that it would create a \$100M fund that will support an international rapid response system for future outbreaks.

Since its inception, MSF has tackled the world's most overwhelming disasters that affect our planet's most marginalized people, and its activities during the last 18 months have demonstrated its exceptional perseverance and effectiveness.

*Press release*

[Syria: Daily Bombings Made August One of the Bloodiest Months in East Ghouta](#)

September 11, 2015

Makeshift hospitals near Damascus overwhelmed by mass casualties; 2 million people now under siege

*Press release*

[MSF Receives Lasker-Bloomberg Public Service Award](#)

September 08, 2015

On September 8, 2015, [the Lasker Foundation](#) announced that Doctors Without Borders/Médecins Sans Frontières (MSF) has received its annual [Lasker-Bloomberg Public Service Award](#), in recognition of our work in the [Ebola](#)-affected countries.

*Press release*

[Jordan: Reconstructive Surgery Hospital for War Victims Opens in Amman](#)

September 08, 2015

AMMAN, JORDAN—Doctors Without Borders/Médecins Sans Frontières (MSF) officially opened a newly upgraded reconstructive surgery hospital today in Amman to provide improved treatment to war-wounded patients from across the region.

*Press release*

[Global Health Community Walks Away from Snakebite Crisis as Antivenom Runs Out](#)

September 07, 2015

BASEL—Tens of thousands of people will continue to die of snakebite unnecessarily unless the global health community takes action to ensure treatment and antivenom is made available, said the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) ahead of a symposium on this issue in Basel, Switzerland, this week.

*Field news*

[MSF Assists Hundreds of Refugees in Roszke, Hungary](#)

September 11, 2015

Thousands of refugees, mostly from Syria, are arriving to Roszke, on the Serbia-Hungary border. They are both physically and psychologically exhausted after a long and dangerous journey by sea and road across several countries, says Doctors Without Borders/Médecins Sans Frontières. Some 2,000 people are crossing over the border daily.

*Field news*

[Greece: Closure of Captain Elias Camp Leaves Refugees Even More Vulnerable](#)

September 11, 2015

Yesterday, September 10, saw the immediate closure of the Captain Elias camp on Kos Island, a makeshift building where authorities have been directing refugees to stay while awaiting their registration papers.

**Mercy Corps** [to 12 September 2015]

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

*No new digest content identified.*

**Operation Smile** [to 12 September 2015]

<http://www.operationsmile.org/press-room>

:: [Program Schedule](#)

*Here's what we're doing worldwide to make a difference in the lives of children who deserve every opportunity for safe surgical care.*

**OXFAM** [to 12 September 2015]

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

[Increasing inequality plunging millions more Europeans into poverty](#)

9 September 2015

*Poverty and inequality in Europe have reached shocking levels, according to a new Oxfam report.*

Between 2009 and 2013, the number of Europeans living without enough money to heat their homes or cope with unforeseen expenses, known as "severe material deprivation", rose by 7.5 million to 50 million people. These are among the 123 million people(1) - almost a quarter of the EU's population – at risk of living in poverty, while the continent is home to 342 billionaires.

'A Europe for the Many, Not the Few' report findings confirm and add to research done by the IMF and others on how rising inequality is making the fight against poverty harder to win. As part of its global campaign against inequality, Oxfam works on tackling poverty across Europe.

The Oxfam report, which reveals the extent of inequality across the continent by analyzing data on poverty and wealth, is accompanied by a league table. Both are being published ahead of an informal meeting of European Finance Ministers on 11 and 12 September...

**Norwegian Refugee Council** [to 12 September 2015]

<http://www.nrc.no/>

*Press release*

["Unworthy refugee response in Greece"](#)

11. September 2015

"Today we are too often prevented from providing effective assistance to refugees arriving in Greece. All European countries have the responsibility to treat refugees according to international standards, and national political challenges are no excuse. Faced with the urgent humanitarian challenge, international humanitarian actors must be allowed to provide assistance" says Benedicte Giæver, Director of the Emergency Deployment Department of the Norwegian Refugee Council (NRC).

*Refugee crisis:*

[NRC's response](#)

07. september 2015

An increasing number of desperate refugees are seeking safety in Europe – many of them fleeing the brutal war in Syria. NRC is working to assist refugees in Europe, as well as in Syria and the neighbouring countries.

**Partners In Health** [to 12 September 2015]

<http://www.pihi.org/blog>

Sep 10, 2015

["Guardian Angels" for Pregnant Women with HIV](#)

Socios En Salud (SES), Partners In Health's sister organization in Peru, understands the challenges pregnant women living with HIV face. SES launched a unique yearlong pilot program in which peer counselors—all of whom are HIV-positive themselves—contact expectant mothers and help them access the clinical and social services they need. Most importantly though, they are friends to women who feel completely alone following their diagnosis.

**PATH** [to 12 September 2015]

<http://www.path.org/news/index.php>

*Announcement*

[PATH joins leading global health organizations in calling for inclusion of research and development indicators in Sustainable Development Goal framework](#)

Posted September 8, 2015.

As global leaders are set to adopt the Sustainable Development Goals (SDGs) later this month, [PATH joined a group of leading global health organizations in commissioning a report](#) that calls for the United Nations (UN) and its Member States to strengthen the SDG health targets by including indicators to measure global health research and development (R&D) progress. The report—[Measuring global health R&D for the post-2015 development agenda](#)—includes a short list of recommended global health R&D indicators for inclusion in the global and national SDG monitoring frameworks.

*From the partner announcement:*

The report underscores the critical link between global health R&D and achieving the SDGs. It notes that the SDGs include ambitious targets for reducing child and maternal deaths and ending the epidemics of HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases, but existing global strategies that align with these targets clearly acknowledge they cannot be achieved without the development and delivery of new and improved drugs, vaccines, diagnostics, and other health tools. While the SDGs include a means of implementation target (target 3.b) to support R&D for vaccines and medicines for diseases primarily impacting

developing countries, none of the official UN indicator proposals include any indicators to measure progress on the global health R&D needed to meet this and other health targets.

To fill this gap and ensure the SDGs generate the innovations needed to reach the health targets, the report proposes three indicators to measure global health R&D for inclusion in the SDG global monitoring framework, as well as five additional indicators countries are encouraged to include in their national monitoring frameworks if appropriate for their circumstances. These indicators were recommended based on an extensive landscaping and consultative process to identify health R&D indicators and further analysis to refine this list based on feasibility, level of community endorsement, appropriateness, and cross-cutting potential.

The report was prepared by Policy Cures and commissioned by the Council on Health Research for Development (COHRED), the Foundation for Innovative New Diagnostics (FIND), the Global Health Technologies Coalition (GHTC), the International AIDS Vaccine Initiative (IAVI), the Medicines for Malaria Venture (MMV), PATH, and the TB Alliance to inform stakeholders of the importance of including robust indicators for global health R&D and advise on the most suitable indicators for inclusion.

**Plan International** [to 12 September 2015]

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

*Press releases*

[Europe must act together to save refugee children](#)

11 September 2015

European leaders must urgently agree a comprehensive and united response to the arrival of thousands of refugees in European countries. In particular strenuous efforts must be made by all states across Europe to directly ensure refugee children and their families receive appropriate treatment, including food, shelter, sanitation, education, psychosocial support and protection from abuse...

**Save The Children** [to 12 September 2015]

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

*No new digest content identified.*

**SOS-Kinderdorf International** [to 12 September 2015]

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

[Hope for Farid, another boy from Kobani](#)

11.09.2015 - Katerina Ilievska, a correspondent for SOS Children's Villages International, reports from the Vinojug refugee centre in FYR Macedonia.

[A global response to refugee crisis](#)

11.09.2015 - SOS Children's Villages International is continuing to respond in every possible way to the global humanitarian crisis of refugees and displaced people. Emergency response activities are underway in the Middle East and across Europe, bringing much needed relief to refugee children and their families.

**Tostan** [to 12 September 2015]

<http://www.tostan.org/latest-news>

*No new digest content identified.*

**Women for Women International** [to 12 September 2015]

<http://www.womenforwomen.org/press-releases>

*No new digest content identified.*

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**ChildFund Alliance** [to 12 September 2015]

<http://childfundalliance.org/news/>

*No new digest content identified.*

**CONCORD** [to 12 September 2015]

*European NGO confederation for relief and development*

<http://www.concordeurope.org/news-room>

[The best and worst of Europe: CONCORD, Social Platform, EPAM statement on humanitarian crisis](#)

(Brussels, 11/09/2015) In the face of the current humanitarian crisis affecting people fleeing war, persecution and poverty, EPAM, Social Platform and CONCORD Europe – the three largest coalitions of European NGOs working on development, social rights, asylum and migration – have come together to call on Member State governments and ministers to create a more welcoming Europe.

**Disasters Emergency Committee** [to 12 September 2015]

<http://www.dec.org.uk/media-centre>

*[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.*

**The Elders** [to 12 September 2015]

<http://theelders.org/news-media>

*Press release 7 September 2015*

[A stronger UN: The Elders hold high-level talks in Liechtenstein](#)

*As the UN celebrates its 70th year, three Elders travelled to Liechtenstein to participate in high-level discussions on strengthening the organisation with a distinguished and diverse group of experts*

Vaduz – The Elders met in Liechtenstein on 5-6 September at the invitation of Foreign Minister Aurelia Frick to discuss proposals on strengthening the United Nations in its 70th anniversary year to ensure it remains “fit for purpose”.

[Gro Harlem Brundtland](#), Deputy Chair of The Elders, led the delegation together with [Lakhdar Brahimi](#) and [Martti Ahtisaari](#), and held wide-ranging discussions with ministers from

Liechtenstein and other UN states, including several UN Permanent Representatives and former officials.

The discussions follow the launch of The Elders' "Stronger UN" initiative at the Munich Security Conference in February 2015, which calls for four fundamental changes to the way the organisation operates: enlargement of the UN Security Council, a new agreement on UNSC veto restraint to prevent mass atrocities, a transparent and accountable mechanism to elect the new UN Secretary-General, and greater involvement of civil society in UN processes and decision-making...

**END Fund** [to 12 September 2015]

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

*No new digest content identified.*

**Gavi** [to 12 September 2015]

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

[China seals commitment to support immunisation in developing countries](#)

09 September 2015

**Global Fund** [to 12 September 2015]

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

*No new digest content identified.*

**Hilton Prize Laureates** [to 12 September 2015]

<http://prizelaureates.charity.org/about-us/>

*No new digest content identified.*

**InterAction** [to 12 September 2015]

<http://www.interaction.org/media-center/press-releases>

*No new digest content identified.*

**Start Network** [to 12 September 2015]

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

*[Consortium of British Humanitarian Agencies]*

*No new digest content identified.*

**Muslim Charities Forum** [to 12 September 2015]

<https://www.muslimcharitiesforum.org.uk/media/news>

*[An umbrella organisation for Muslim-led international NGOs based in the UK. It was set up in 2007 and works to support its members through advocacy, training and research, by bringing charities together. Our members have a collective income of £150,000,000 and work in 71 countries.]*

## Muslim Charities Forum Statement on the European Refugee Crisis

9th September 2015

More than 2000 refugees have drowned, losing their lives in a desperate attempt to reach Europe. Many of those victims have been women and children. Thousands more are stranded in southern and eastern Europe, desperate to build new lives after witnessing the horrors of war tear apart the fabric of their societies and homes.

So far, various European countries such as Germany, Sweden, & France have opened up their borders to allow in some of the refugees that have made it to the shores of Europe. We welcome Prime Minister David Cameron's pledge to allow in 20,000 refugees over the next five years but are dismayed at the comparatively low number in relation to some of our European neighbours. We are also disappointed by the fact that these refugees will only come from the camps neighbouring Syria. Whilst we commend all efforts to help those currently in the Middle East, the UK has a moral obligation to help the refugees that have made it to Europe, and to take its fair share of those refugees in a collective effort with others on the continent who are bearing the brunt of the crisis.

Though the focus has been on the Syrian refugees, we must not forget that many are also fleeing conflict, poverty and abuse from Iraq, Afghanistan, Eritrea, Nigeria, Somalia and other countries and need our help and compassion as well.

We ask that this government reconsider the number of refugees it will take in as well as shorten the time span to two years instead of five. We need immediate action now as this is a crisis situation. The UK needs to take a leadership role in this crisis due to its unique positioning in Europe and history in the region.

We also call upon our members to work together with local councils to support and resettle those that will be coming in, as well as coordinate their efforts with other NGOs who are already engaged with emergency relief in places like Calais, Greece, Macedonia and Hungary.

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## **Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)** [to 12 September 2015]

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

*No new digest content identified.*

## **CHS International Alliance** [to 12 September 2015]

<http://chsalliance.org/news-events/news>

[Sexual Violence Management Conference gives the humanitarian sector action points to prevent and manage sexual violence](#)

04/09/2015

The Sexual Violence Management Conference for the Humanitarian sector saw over 50 security, health, wellbeing and Human Resources (HR) experts come together to find ways to improve the management of sexual violence in the humanitarian and development sector.

## **EHLRA/R2HC** [to 12 September 2015]

<http://www.elrha.org/resource-hub/news/>

*No new digest content identified.*

**Global Humanitarian Assistance (GHA)** [to 12 September 2015]

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

*No new digest content identified.*

**ODI** [to 12 September 2015]

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

[How does Nepal's Child Grant work for Dalit children and their families?](#)

*Research reports and studies* | September 2015 | Jessica Hagen-Zanker, Richard Mallett and Anita Ghimire

This study examines the delivery and impact of Nepal's Child Grant to identify implementation barriers and recommend ways to improve effectiveness.

[Nepal's Child Grant: how is it working for Dalit families?](#)

*Briefing papers* | September 2015 | Jessica Hagen-Zanker and Richard Mallett

This briefing paper uses two case studies from Bajura and Saptari to identify issues with the current Child Grant programme in Nepal and provides recommendations for ways to improve its effectiveness.

**The Sphere Project** [to 12 September 2015]

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

*No new digest content identified.*

**Professionals in Humanitarian Assistance and Protection (PHAP)** [to 12 September 2015]

<https://phap.org/>

*No new digest content identified.*

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**:: Foundation/Major Donor Watch**

*We will primarily 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** [to 12 September 2015]

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

SEPTEMBER 09, 2015

[Bill & Melinda Gates Foundation Opens 16th Round of Grand Challenges Explorations](#)

Seeking great ideas for understanding antimicrobial resistance, improving newborn gut health, measuring digital financial services, and other global health and development priorities.

**Clinton Foundation** [to 12 September 2015]

<https://www.clintonfoundation.org/press-releases-and-statements>

*Press Release*

[No Ceilings Commemorates 20th Anniversary of Beijing Platform with Digital Awareness Campaign](#)

8 Sept 2015 Press Release

*Campaign includes media partnership with MTV's "Look Different" campaign to challenge bias and inspire action for a "No Ceilings generation"*

Today, *No Ceilings: The Full Participation Project*, an initiative of the Clinton Foundation, launched a social media awareness effort to educate young Americans on the progress that has been made for girls and women worldwide, and gaps to full participation that still remain. This campaign will mark the 20th anniversary of the UN Fourth World Conference on Women and the Beijing Platform for Action, a turning point in the global agenda for gender equality...

**Ford Foundation** [to 12 September 2015]

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

*No new digest content identified.*

**William and Flora Hewlett Foundation** [to 12 September 2015]

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

*No new digest content identified.*

**Conrad N. Hilton Foundation** [to 12 September 2015]

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

*No new digest content identified.*

**IKEA Foundation** [to 12 September 2015]

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

*No new digest content identified.*

**HHMI - Howard Hughes Medical Institute** [to 12 September 2015]

<https://www.hhmi.org/news>

*Research [ September 8, 2015 ]*

[Stephen Elledge Receives Albert Lasker Basic Medical Research Award](#)

HHMI Investigator Stephen Elledge of Brigham and Women's Hospital shares the 2015 Albert Lasker Basic Medical Research Award with Evelyn Witkin of Rutgers University.

*Science Education [ September 8, 2015 ]*

[WildCam Gorongosa: Help Tag Animal Selfies to Support Conservation in Africa](#)

HHMI and the Zooniverse launch WildCam Gorongosa, a new citizen science project.

**Kellogg Foundation** [to 12 September 2015]  
<http://www.wkkf.org/news-and-media#pp=10&p=1&f1=news>  
*No new digest content identified.*

**MacArthur Foundation** [to 12 September 2015]  
<http://www.macfound.org/>  
*Publication*  
September 9, 2015

[A Landscape Evaluation of Oil Governance in Uganda and Kenya](#)

...A key output of the study was the creation of a framework to monitor and evaluate both the impact of the oil sector on the environmental and socioeconomic livelihoods of people. It is available in the report available for download and includes an analysis of the robustness of existing data that the Foundation and others might track, or work to improve, in order to better understand the pace and kind of changes taking place. The report also contains specific recommendations related to Uganda and Kenya made by UNEP-WCMC.

[Download the complete evaluation](#)

**Gordon and Betty Moore Foundation** [to 12 September 2015]  
<https://www.moore.org/newsroom/press-releases>  
[Fourth wheat gene is key to flowering and climate adaptation](#)  
September 4, 2015

In the game of wheat genetics, Jorge Dubcovsky's laboratory at UC Davis has hit a grand slam, unveiling for the fourth time in a dozen years a gene that governs wheat vernalization, the biological process requiring cold temperatures to trigger flower formation.

**Open Society Foundation** [to 12 September 2015]  
[http://www.opensocietyfoundations.org/termsearch/8175/listing?f\[0\]=type%3Anews](http://www.opensocietyfoundations.org/termsearch/8175/listing?f[0]=type%3Anews)  
[Open Society Foundations Statement on the Situation in Hungary](#)  
September 4, 2015News

Volunteers and civil society organizations in Hungary are showing a responsible and humane way to tackle the refugee crisis. The Open Society Foundations stand ready to support them.

**David and Lucile Packard Foundation** [to 12 September 2015]  
<http://www.packard.org/news/>  
*No new digest content identified.*

**Pew Charitable Trusts** [to 12 September 2015]  
<http://www.pewtrusts.org/en/about/news-room/press-releases>  
*No new digest content identified.*

**Rockefeller Foundation** [to 12 September 2015]

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

*No new digest content identified.*

**Robert Wood Johnson Foundation** [to 12 September 2015]

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

*No new digest content identified.*

**Wellcome Trust** [to 12 September 2015]

<http://www.wellcome.ac.uk/News/2015/index.htm>

[African leaders, international partners launch new initiatives to spur scientific research in Africa](#)

African and international partners have launched the Alliance for Accelerating Excellence in Science in Africa (AESA), a new initiative that aims to help drive Africa's research agenda across the continent.

10 September 2015

[Government urged to protect UK science budget](#)

Almost 200 organisations from across the life sciences, including the Wellcome Trust, have called on the UK Government to protect the science budget in its forthcoming Spending Review.

8 September 2015

Science

11 September 2015 vol 349, issue 6253, pages 1137-1256

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

Feature

[Global payer](#)

Kai Kupferschmidt

Summary

Jeremy Farrar took over as head of the Wellcome Trust, the world's second biggest private funder of medical research, in October 2013. Three months later, the biggest Ebola outbreak the world has ever seen started. Farrar, an infectious disease specialist with a lot of experience working in poor countries, became a key voice in the epidemic. He chastised the world for not acting more decisively; lobbied for making experimental therapies available; and, through the Wellcome Trust, helped fund research in West Africa including the vaccine trial in Guinea, which for the first time showed protection from Ebola in humans. The outbreak pushed Farrar and the Wellcome Trust onto the international stage. Farrar intends to stay there, but he also plans to make the trust more dynamic, give younger scientists a leg up, coordinate more closely with another public health behemoth, the Bill and Melinda Gates Foundation, and focus on areas where Wellcome can have a major impact.

[\[back to table of contents\]](#)

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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 2015, Volume 10, Number 1

<http://pnpcsw.pnpco.com/cadmus/testvol.asp?year=2015&journal=ajdm>

[Reviewed earlier]

### **American Journal of Infection Control**

September 2015 Volume 43, Issue 9, p905-1026, e47-e59

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

[Reviewed earlier]

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

September 2015 Volume 49, Issue 3 , Supplement 2, S125-S218

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

**Theme: Evidence-Based Behavioral Counseling Interventions as Clinical Preventive Services: Perspectives of Researchers, Funders, and Guideline Developers**

Edited by Robert J. McNellis, Susan J. Curry

[Reviewed earlier]

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

Volume 105, Issue 9 (September 2015)

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

[Reviewed earlier]

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

September 2015; 93 (3)

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

[Reviewed earlier]

### **BMC Health Services Research**

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

(Accessed 12 September 2015)

*Research article*

[\*\*Maternal health care use among married women in Hossaina, Ethiopia\*\*](#)

Zeleke Dutamo, Nega Assefa, Gudina Egata BMC Health Services Research 2015, 15:365 (10 September 2015)

*Abstract*

**Background**

Pregnancy and child birth are natural process of continuity of life. For many it is a normal process, for some it puts life at risk impending complications. Provision of skilled care for all women before, during, and after childbirth is a key in saving women's life and ensuring delivery of healthy baby. Maternal health service drop-out through the course of pregnancy is widely claimed, yet by how much it is dropped is not known. The main aim of this study was to identify the use of maternal health service over the course of pregnancy and child birth in a comprehensive manner.

**Methods**

A community based cross-sectional quantitative study on 623 women supported by qualitative inquiry was conducted Hossaian town, South Ethiopia during January 1–31, 2014. A structured questionnaire was used to generate the quantitative data and 4 Focus Group Discussions (FGD) were carried out to support the finding. Multiple logistic regression was used to control the effect of confounding. Odds ratios with 95 % CI used to display the result of analysis. Data generated from the FGD was analyzed using thematic analysis.

**Results**

The study revealed that 87.6 % of women attended at least one antenatal care (ANC). Among 546 women who attended ANC, 61.3 % of the women made their first visit during second and third trimester of pregnancy and 49 % had less than four antenatal visits. The study also revealed that 62.6 % of deliveries were assisted by skilled attendants and 51.4 % of the women received at least one postnatal check-up. Parity, pregnancy intention and awareness on danger signs of pregnancy during pregnancy were significantly associated ( $p < 0.05$ ) with ANC usage. Skilled delivery attendance was significantly associated with some socio-demographic, economic and obstetric factors. Average family monthly income, awareness on obstetric danger signs of pregnancy during recent pregnancy, and frequency of ANC were positive predictors of Postnatal Care (PNC) utilization.

**Conclusions**

Though use of maternal health care services is relatively higher, however, it is not adequate. Engaging women in their own reproductive health affairs, strengthening maternal health care, increasing community awareness about obstetric danger signs during pregnancy and child birth, and telling the benefit of family planning should be major targets for intervention.

**BMC Infectious Diseases**

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

(Accessed 12 September 2015)

[No new relevant content identified]

**BMC Medical Ethics**

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

(Accessed 12 September 2015)

*Debate*

[\*\*Informed consent in paediatric critical care research – a South African perspective\*\*](#)

Brenda Morrow, Andrew Argent, Sharon Kling BMC Medical Ethics 2015, 16:62 (9 September 2015)

*Abstract*

**Background**

Medical care of critically ill and injured infants and children globally should be based on best research evidence to ensure safe, efficacious treatment. In South Africa and other low and middle-income countries, research is needed to optimise care and ensure rational, equitable allocation of scarce paediatric critical care resources.

Ethical oversight is essential for safe, appropriate research conduct. Informed consent by the parent or legal guardian is usually required for child research participation, but obtaining consent may be challenging in paediatric critical care research. Local regulations may also impede important research if overly restrictive.

By narratively synthesising and contextualising the results of a comprehensive literature review, this paper describes ethical principles and regulations; potential barriers to obtaining prospective informed consent; and consent options in the context of paediatric critical care research in South Africa.

**Discussion**

Voluntary prospective informed consent from a parent or legal guardian is a statutory requirement for child research participation in South Africa. However, parents of critically ill or injured children might be incapable of or unwilling to provide the level of consent required to uphold the ethical principle of autonomy. In emergency care research it may not be practical to obtain consent when urgent action is required. Therapeutic misconceptions and sociocultural and language issues are also barriers to obtaining valid consent.

Alternative consent options for paediatric critical care research include a waiver or deferred consent for minimal risk and/or emergency research, whilst prospective informed consent is appropriate for randomised trials of novel therapies or devices.

**Summary**

We propose that parents or legal guardians of critically ill or injured children should only be approached to consent for their child's participation in clinical research when it is ethically justifiable and in the best interests of both child participant and parent. Where appropriate, alternatives to prospective informed consent should be considered to ensure that important paediatric critical care research can be undertaken in South Africa, whilst being cognisant of research risk. This document could provide a basis for debate on consent options in paediatric critical care research and contribute to efforts to advocate for South African law reform.

*Debate*

**Obligations of low income countries in ensuring equity in global health financing**

John Barugahare, Reidar Lie BMC Medical Ethics 2015, 16:59 (8 September 2015)

*Abstract*

**Background**

Despite common recognition of joint responsibility for global health by all countries particularly to ensure justice in global health, current discussions of countries' obligations for global health largely ignore obligations of developing countries. This is especially the case with regards to obligations relating to health financing. Bearing in mind that it is not possible to achieve justice in global health without achieving equity in health financing at both domestic and global levels, our aim is to show how fulfilling the obligation we propose will make it easy to achieve equity in health financing at both domestic and international levels.

**Discussion**

Achieving equity in global health financing is a crucial step towards achieving justice in global health. Our general view is that current discussions on global health equity largely ignore obligations of Low Income Country (LIC) governments and we recommend that these obligations should be mainstreamed in current discussions. While we recognise that various obligations need to be fulfilled in order to ultimately achieve justice in global health, for lack of space we prioritise obligations for health financing. Basing on the evidence that in most LICs health is not given priority in annual budget allocations, we propose that LIC governments should bear an obligation to allocate a certain minimum percent of their annual domestic budget resources to health, while they await external resources to supplement domestic ones. We recommend and demonstrate a mechanism for coordinating this obligation so that if the resulting obligations are fulfilled by both LIC and HIC governments it will be easy to achieve equity in global health financing.

#### Summary

Although achieving justice in global health will depend on fulfilment of different categories of obligations, ensuring inter- and intra-country equity in health financing is pivotal. This can be achieved by requiring all LIC governments to allocate a certain optimal per cent of their domestic budget resources to health while they await external resources to top up in order to cover the whole cost of the minimum health opportunities for LIC citizens.

### **BMC Pregnancy and Childbirth**

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

(Accessed 12 September 2015)

*Research article*

#### **Reasons for home delivery and use of traditional birth attendants in rural Zambia: a qualitative study**

Cephas Sialubanje, Karlijn Massar, Davidson Hamer, Robert Ruiter BMC Pregnancy and Childbirth 2015, 15:216 (11 September 2015)

*Abstract*

*Background*

Despite the policy change stopping traditional birth attendants (TBAs) from conducting deliveries at home and encouraging all women to give birth at the clinic under skilled care, many women still give birth at home and TBAs are essential providers of obstetric care in rural Zambia. The main reasons for pregnant women's preference for TBAs are not well understood. This qualitative study aimed to identify reasons motivating women to giving birth at home and seek the help of TBAs. This knowledge is important for the design of public health interventions focusing on promoting facility-based skilled birth attendance in Zambia.

*Methods*

We conducted ten focus group discussions ( $n = 100$ ) with women of reproductive age (15–45 years) in five health centre catchment areas with the lowest institutional delivery rates in the district. In addition, a total of 30 in-depth interviews were conducted comprising 5 TBAs, 4 headmen, 4 husbands, 4 mothers, 4 neighbourhood health committee (NHC) members, 4 community health workers (CHWs) and 5 nurses. Perspectives on TBAs, the decision-making process regarding home delivery and use of TBAs, and reasons for preference of TBAs and their services were explored.

*Results*

Our findings show that women's lack of decision-making autonomy regarding child birth, dependence on the husband and other family members for the final decision, and various

physical and socioeconomic barriers including long distances, lack of money for transport and the requirement to bring baby clothes and food while staying at the clinic, prevented them from delivering at a clinic. In addition, socio-cultural norms regarding childbirth, negative attitude towards the quality of services provided at the clinic, made most women deliver at home. Moreover, most women had a positive attitude towards TBAs and perceived them to be respectful, skilled, friendly, trustworthy, and available when they needed them.

#### Conclusion

Our findings suggest a need to empower women with decision-making skills regarding childbirth and to lower barriers that prevent them from going to the health facility in time. There is also need to improve the quality of existing facility-based delivery services and to strengthen linkages between TBAs and the formal health system.

### **BMC Public Health**

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

(Accessed 12 September 2015)

#### *Research article*

### **Implementation of an HPV vaccination program in Eldoret, Kenya: results from a qualitative assessment by key stakeholders**

Heleen Vermandere, Violet Naanyu, Olivier Degomme, Kristien Michielsen BMC Public Health 2015, 15:875 (10 September 2015)

#### *Abstract*

#### *Background*

Cervical cancer strikes hard in low-resource regions yet primary prevention is still rare. Pilot projects have however showed that Human Papillomavirus (HPV) vaccination programs can attain high uptake. Nevertheless, a study accompanying a vaccination demonstration project in Eldoret, Kenya, revealed less encouraging outcomes: uptake during an initial phase targeting ten schools (i.e., 4000 eligible girls), was low and more schools had to be included to reach the proposed number of 3000 vaccinated girls. The previously conducted study also revealed that many mothers had not received promotional information which had to reach them through schools: teachers were sensitized by health staff and asked to invite students and parents for HPV vaccination in the referral hospital. In this qualitative study, we investigate factors that hampered promotion and vaccine uptake.

#### *Methods*

Focus group discussions (FGD) with teachers (4) and fathers (3) were organized to assess awareness and attitudes towards the vaccination program, cervical cancer and the HPV vaccine, as well as a FGD with the vaccinators (1) to discuss the course of the program and potential improvements. Discussions were recorded, transcribed, translated, and analyzed using thematic analysis. In addition, a meeting with the program coordinator was set up to reflect upon the program and the results of the FGD, and to formulate recommendations for future programs.

#### *Results*

Cervical cancer was poorly understood by fathers and teachers and mainly linked with nonconforming sexual behavior and modern lifestyle. Few had heard about the vaccination opportunity: feeling uncomfortable to discuss cervical cancer and not considering it as important had hampered information flow. Teachers requested more support from health staff to address unexpected questions from parents. Non-uptake was also the result of distrust towards new vaccines. Schools entering the program in the second phase reacted faster: they

were better organized, e.g., in terms of transport, while the community was already more familiarized with the vaccine.

#### *Conclusions*

Close collaboration between teachers and health staff is crucial to obtain high HPV vaccine uptake among schoolgirls. Promotional messages should, besides providing correct information, tackle misbeliefs, address stigma and stress the priority to vaccinate all, regardless of lifestyle. Monitoring activities and continuous communication could allow for detection of rumors and unequal uptake in the community.

#### *Debate*

#### **Strategies to increase demand for maternal health services in resource-limited settings: challenges to be addressed**

Khalifa Elmusharaf, Elaine Byrne, Diarmuid O'Donovan BMC Public Health 2015, 15:870 (8 September 2015)

#### *Abstract*

#### *Background*

Universal health access will not be achieved unless women are cared for in their own communities and are empowered to take decisions about their own health in a supportive environment. This will only be achieved by community-based demand side interventions for maternal health access. In this review article, we highlight three common strategies to increase demand-side barriers to maternal healthcare access and identify the main challenges that still need to be addressed for these strategies to be effective.

#### *Discussion*

Common demand side strategies can be grouped into three categories: (i) Financial incentives/subsidies; (ii) Enhancing patient transfer, and; (iii) Community involvement. The main challenges in assessing the effectiveness or efficacy of these interventions or strategies are the lack of quality evidence on their outcome and impact and interventions not integrated into existing health or community systems. However, what is highlighted in this review and overlooked in most of the published literature on this topic is the lack of knowledge about the context in which these strategies are to be implemented.

#### *Summary*

We suggest three challenges that need to be addressed to create a supportive environment in which these demand-side strategies can effectively improve access to maternal health services. These include: addressing decision-making norms, engaging in intergenerational dialogue, and designing contextually appropriate communication strategies.

#### *Research article*

#### **Women's position and attitudes towards female genital mutilation in Egypt: A secondary analysis of the Egypt demographic and health surveys, 1995-2014**

Ronan Van Rossem, Dominique Meekers, Anastasia Gage BMC Public Health 2015, 15:874 (10 September 2015)

#### *Abstract*

#### *Background*

Female genital mutilation (FGM) is still widespread in Egyptian society. It is strongly entrenched in local tradition and culture and has a strong link to the position of women. To eradicate the practice a major attitudinal change is required for which an improvement in the social position of women is a prerequisite. This study examines the relationship between Egyptian women's

social positions and their attitudes towards FGM, and investigates whether the spread of anti-FGM attitudes is related to the observed improvements in the position of women over time.

#### Methods

Changes in attitudes towards FGM are tracked using data from the Egypt Demographic and Health Surveys from 1995 to 2014. Multilevel logistic regressions are used to estimate 1) the effects of indicators of a woman's social position on her attitude towards FGM, and 2) whether these effects change over time.

#### Results

Literate, better educated and employed women are more likely to oppose FGM. Initially growing opposition to FGM was related to the expansion of women's education, but lately opposition to FGM also seems to have spread to other segments of Egyptian society.

#### Conclusions

The improvement of women's social position has certainly contributed to the spread of anti-FGM attitudes in Egyptian society. Better educated and less traditional women were at the heart of this change, and formed the basis from where anti-FGM sentiment has spread over wider segments of Egyptian society.

### **BMC Research Notes**

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

(Accessed 12 September 2015)

[No new relevant content identified]

### **BMJ Open**

2015, Volume 5, Issue 9

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

[Reviewed earlier]

### **British Medical Journal**

28 August 2015 (vol 351, issue 8024)

<http://www.bmj.com/content/351/8024>

*Editorials*

#### **[Europe's refugee crisis: an urgent call for moral leadership](#)**

BMJ 2015; 351 doi: <http://dx.doi.org/10.1136/bmj.h4833> (Published 09 September 2015) Cite this as: BMJ 2015;351:h4833

Kamran Abbasi, international editor, The BMJ,

Kiran Patel, consultant cardiologist, Heart of England NHS Trust,

Fiona Godlee, editor in chief, The BMJ

*Offering asylum is a minimum standard of civilised society*

Europe's refugee crisis is the greatest test of humanity faced by the world's rich countries this century. It isn't a new crisis. Nor was it difficult for politicians to anticipate. Refugees have fled to Europe since at least the premature optimism of the Arab Spring in 2011. Today, optimism is replaced by desperation, a promise of freedom overshadowed by death. Western nations rushed to support the democratic principles of the Arab Spring yet are reluctant to address the root causes and the consequences, which include civil war and state brutality, most notably in Syria. Oil rich Arab States have played their part by allowing political oppression and conflict to

flourish in their region. A funding crisis in UN organisations is affecting the humanitarian effort in the Middle East, driving refugees to Europe in greater numbers.<sup>1</sup> Ignoring injustice and inequity in poorer countries and in areas of conflict has not prevented the consequences reaching the shores and borders of the rich world...

### *Research*

#### **Effect of bivalent human papillomavirus vaccination on pregnancy outcomes: long term observational follow-up in the Costa Rica HPV Vaccine Trial**

BMJ 2015; 351 doi: <http://dx.doi.org/10.1136/bmj.h4358> (Published 07 September 2015) Cite this as: BMJ 2015;351:h4358

Orestis A Panagiotou, researcher<sup>1</sup>, Brian L Befano, senior programmer<sup>2</sup>, Paula Gonzalez, investigator<sup>34</sup>, Ana Cecilia Rodríguez, investigator<sup>3</sup>, Rolando Herrero, group head<sup>4</sup>, John T Schiller, senior investigator<sup>5</sup>, Aimée R Kreimer, investigator<sup>1</sup>, Mark Schiffman, senior investigator<sup>1</sup>, Allan Hildesheim, senior investigator<sup>1</sup>, Allen J Wilcox, senior investigator<sup>6</sup>, Sholom Wacholder, senior investigator<sup>1</sup>

on behalf of the Costa Rica HPV Vaccine Trial (CVT) Group (see end of manuscript for full list of investigators)

### *Abstract*

#### **Objective**

To examine the effect of the bivalent human papillomavirus (HPV) vaccine on miscarriage.

#### **Design**

Observational long term follow-up of a randomized, double blinded trial combined with an independent unvaccinated population based cohort.

#### **Setting**

Single center study in Costa Rica.

#### **Participants**

7466 women in the trial and 2836 women in the unvaccinated cohort enrolled at the end of the randomized trial and in parallel with the observational trial component.

**Intervention** Women in the trial were assigned to receive three doses of bivalent HPV vaccine (n=3727) or the control hepatitis A vaccine (n=3739). Crossover bivalent HPV vaccination occurred in the hepatitis A vaccine arm at the end of the trial. Women in the unvaccinated cohort received (n=2836) no vaccination.

#### **Main outcome measure**

Risk of miscarriage, defined by the US Centers for Disease Control and Prevention as fetal loss within 20 weeks of gestation, in pregnancies exposed to bivalent HPV vaccination in less than 90 days and any time from vaccination compared with pregnancies exposed to hepatitis A vaccine and pregnancies in the unvaccinated cohort.

#### **Results**

Of 3394 pregnancies conceived at any time since bivalent HPV vaccination, 381 pregnancies were conceived less than 90 days from vaccination. Unexposed pregnancies comprised 2507 pregnancies conceived after hepatitis A vaccination and 720 conceived in the unvaccinated cohort. Miscarriages occurred in 451 (13.3%) of all exposed pregnancies, in 50 (13.1%) of the pregnancies conceived less than 90 days from bivalent HPV vaccination, and in 414 (12.8%) of the unexposed pregnancies, of which 316 (12.6%) were in the hepatitis A vaccine group and 98 (13.6%) in the unvaccinated cohort. The relative risk of miscarriage for pregnancies conceived less than 90 days from vaccination compared with all unexposed pregnancies was 1.02 (95% confidence interval 0.78 to 1.34, one sided P=0.436) in unadjusted analyses. Results were similar after adjusting for age at vaccination (relative risk 1.15, one sided P=0.17), age at

conception (1.03,  $P=0.422$ ), and calendar year (1.06,  $P=0.358$ ), and in stratified analyses. Among pregnancies conceived at any time from bivalent HPV vaccination, exposure was not associated with an increased risk of miscarriage overall or in subgroups, except for miscarriages at weeks 13-20 of gestation (relative risk 1.35, 95% confidence interval 1.02 to 1.77, one sided  $P=0.017$ ).

#### Conclusions

There is no evidence that bivalent HPV vaccination affects the risk of miscarriage for pregnancies conceived less than 90 days from vaccination. The increased risk estimate for miscarriages in a subgroup of pregnancies conceived any time after vaccination may be an artifact of a thorough set of sensitivity analyses, but since a genuine association cannot totally be ruled out, this signal should nevertheless be explored further in existing and future studies.

#### Trial registration

Clinicaltrials.gov [NCT00128661](https://clinicaltrials.gov/ct2/show/NCT00128661) and [NCT01086709](https://clinicaltrials.gov/ct2/show/NCT01086709).

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

Volume XXI Issue 1 Fall–Winter 2014

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

[Reviewed earlier]

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

Volume 93, Number 9, September 2015, 589-664

<http://www.who.int/bulletin/volumes/93/9/en/>

[Reviewed earlier]

### **Complexity**

July/August 2015 Volume 20, Issue 6 Pages C1–C1, 1–97

<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.6/issuetoc>

[Reviewed earlier]

### **Conflict and Health**

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

[Accessed 12 September 2015]

[No new content]

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

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

(Accessed 12 September 2015)

[No new relevant content]

### **Developing World Bioethics**

August 2015 Volume 15, Issue 2 Pages ii–iii, 59–114

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2015.15.issue-2/issuetoc>

[Reviewed earlier]

**Development in Practice**

Volume 25, Issue 6, 2015

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

[Reviewed earlier]

**Disability and Rehabilitation: Assistive Technology**

Volume 10, Number 5 (September 2015)

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

[Reviewed earlier]

**Disaster Medicine and Public Health Preparedness**

Volume 9 - Issue 04 - August 2015

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

[Reviewed earlier]

**Disasters**

July 2015 Volume 39, Issue 3 Pages 407–609

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2015.39.issue-3/issuetoc>

[Reviewed earlier]

**Emergency Medicine Journal**

September 2015, Volume 32, Issue 9

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

[New issue; No relevant content identified]

**Epidemics**

Volume 13, In Progress (December 2015)

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

[Reviewed earlier]

**End of Life Journal**

2015, Volume 5, Issue 1

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

[Reviewed earlier]

**Epidemiology and Infection**

Volume 143 - Issue 14 - October 2015

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

[New issue; No relevant content identified]

**The European Journal of Public Health**

Volume 25, Issue 4, 12 September 2015

<http://eurpub.oxfordjournals.org/content/25/4>

[Reviewed earlier]

**Food Policy**

Volume 56, In Progress (October 2015)

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

[Reviewed earlier]

**Food Security**

Volume 7, Issue 4, August 2015

<http://link.springer.com/journal/12571/7/4/page/1>

[Reviewed earlier]

**Forum for Development Studies**

Volume 42, Issue 2, 2015

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

[Reviewed earlier]

**Genocide Studies International**

Volume 9 No. 1, Spring 2015

<http://www.utpjournals.press/toc/gsi/current>

***Issue Focus: The Ottoman Genocides of Armenians, Assyrians, and Greeks***

[Reviewed earlier]

**Global Health: Science and Practice (GHSP)**

June 2015 | Volume 3 | Issue 2

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

[Reviewed earlier]

**Global Health Governance**

<http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/>

[Accessed 12 September 2015]

[No new relevant content]

**Global Public Health**

Volume 10, Issue 8, 2015

<http://www.tandfonline.com/toc/rgph20/current>

[Reviewed earlier]

## **Globalization and Health**

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

[Accessed 12 September 2015]

[No new content]

## **Health Affairs**

September 2015; Volume 34, Issue 9

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

### **Issue Theme: Noncommunicable Diseases: The Growing Burden**

#### **[Achieving Effective Universal Health Coverage And Diagonal Approaches To Care For Chronic Illnesses](#)**

Felicia Marie Knaul<sup>1,\*</sup>, Afsan Bhadelia<sup>2</sup>, Rifat Atun<sup>3</sup> and Julio Frenk<sup>4</sup>

#### Author Affiliations

<sup>1</sup>Felicia Marie Knaul ([fknaul@gmail.com](mailto:fknaul@gmail.com)) is director of the Miami Institute for the Americas and professor at the Miller School of Medicine, University of Miami, in Florida. At the time this research was conducted, she was director of the Harvard Global Equity Initiative, in Boston, Massachusetts.

<sup>2</sup>Afsan Bhadelia is a research associate at the Harvard Global Equity Initiative.

<sup>3</sup>Rifat Atun is a professor of global health systems in the Department of Global Health and Population at the Harvard School of Public Health.

<sup>4</sup>Julio Frenk is president of the University of Miami, in Florida. At the time this research was conducted, he was dean of the Harvard School of Public Health.

\*Corresponding author

#### *Abstract*

Health systems in low- and middle-income countries were designed to provide episodic care for acute conditions. However, the burden of disease has shifted to be overwhelmingly dominated by chronic conditions and illnesses that require health systems to function in an integrated manner across a spectrum of disease stages from prevention to palliation. Low- and middle-income countries are also aiming to ensure health care access for all through universal health coverage. This article proposes a framework of effective universal health coverage intended to meet the challenge of chronic illnesses. It outlines strategies to strengthen health systems through a “diagonal approach.” We argue that the core challenge to health systems is chronicity of illness that requires ongoing and long-term health care. The example of breast cancer within the broader context of health system reform in Mexico is presented to illustrate effective universal health coverage along the chronic disease continuum and across health systems functions. The article concludes with recommendations to strengthen health systems in order to achieve effective universal health coverage.

#### **[Cardiovascular Disease Screening By Community Health Workers Can Be Cost-Effective In Low-Resource Countries](#)**

Thomas Gaziano<sup>1,\*</sup>, Shafika Abrahams-Gessel<sup>2</sup>, Sam Surka<sup>3</sup>, Stephen Sy<sup>4</sup>, Ankur Pandya<sup>5</sup>, Catalina A. Denman<sup>6</sup>, Carlos Mendoza<sup>7</sup>, Thandi Puoane<sup>8</sup> and Naomi S. Levitt<sup>9</sup>

#### Author Affiliations

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#### *Abstract*

In low-resource settings, a physician is not always available. We recently demonstrated that community health workers—instead of physicians or nurses—can efficiently screen adults for cardiovascular disease in South Africa, Mexico, and Guatemala. In this analysis we sought to determine the health and economic impacts of shifting this screening to community health workers equipped with either a paper-based or a mobile phone-based screening tool. We found that screening by community health workers was very cost-effective or even cost-saving in all three countries, compared to the usual clinic-based screening. The mobile application emerged as the most cost-effective strategy because it could save more lives than the paper tool at minimal extra cost. Our modeling indicated that screening by community health workers, combined with improved treatment rates, would increase the number of deaths averted from 15,000 to 110,000, compared to standard care. Policy makers should promote greater acceptance of community health workers by both national populations and health professionals and should increase their commitment to treating cardiovascular disease and making medications available.

#### **Overcoming Obstacles To Enable Access To Medicines For Noncommunicable Diseases In Poor Countries**

Sandeep P. Kishore<sup>1,\*</sup>, Kavitha Kolappa<sup>2</sup>, Jordan D. Jarvis<sup>3</sup>, Paul H. Park<sup>4</sup>, Rachel Belt<sup>5</sup>, Thirukumaran Balasubramaniam<sup>6</sup> and Rachel Kiddell-Monroe<sup>7</sup>

#### *Author Affiliations*

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3Jordan D. Jarvis is executive director of the Young Professionals Chronic Disease Network and a former postgraduate research fellow at the Harvard Global Equity Initiative, in Boston.

4Paul H. Park is director of noncommunicable diseases for Partners in Health—Rwanda and a member of Universities Allied for Essential Medicines, in Washington, D.C.

5Rachel Belt is a member of Universities Allied for Essential Medicines.

6Thirukumaran Balasubramaniam is a Geneva representative at Knowledge Ecology International, in Switzerland.

7Rachel Kiddell-Monroe is a special adviser for the Universities Allied for Essential Medicines, a board member for the Young Professionals Chronic Disease Network, and a member of the International Board for Médecins sans Frontières, in Geneva.

\*Corresponding author

#### *Abstract*

The modern access-to-medicines movement grew largely out of the civil-society reaction to the HIV/AIDS pandemic three decades ago. While the movement was successful with regard to HIV/AIDS medications, the increasingly urgent challenge to address access to medicines for noncommunicable diseases has lagged behind—and, in some cases, has been forgotten. In this article we first ask what causes the access gap with respect to lifesaving essential noncommunicable disease medicines and then what can be done to close the gap. Using the example of the push for access to antiretrovirals for HIV/AIDS patients for comparison, we highlight the problems of inadequate global financing and procurement for noncommunicable disease medications, intellectual property barriers and concerns raised by the pharmaceutical industry, and challenges to building stronger civil-society organizations and a patient and humanitarian response from the bottom up to demand treatment. We provide targeted policy recommendations, specific to the public sector, the private sector, and civil society, with the goal of improving access to noncommunicable disease medications globally.

### **Health and Human Rights**

Volume 17, Issue 1 June 2015

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

#### ***Special Section on Bioethics and the Right to Health***

in collaboration with the Dalla Lana School of Public Health, University of Toronto

[Reviewed earlier]

### **Health Economics, Policy and Law**

Volume 10 - Special Issue 04 - October 2015

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

#### **SPECIAL ISSUE: 10th Anniversary Issue**

### **Health Policy and Planning**

Volume 30 Issue 7 September 2015

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

[Reviewed earlier]

### **Health Research Policy and Systems**

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

[Accessed 12 September 2015]

[No new content]

**Human Rights Quarterly**

Volume 37, Number 3, August 2015

[http://muse.jhu.edu/journals/human\\_rights\\_quarterly/toc/hrq.37.3.html](http://muse.jhu.edu/journals/human_rights_quarterly/toc/hrq.37.3.html)

[Reviewed earlier]

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

Volume 39, Issue 3, 2015

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

[Reviewed earlier]

**Humanitarian Exchange Magazine**

Issue 64 June 2015

<http://www.odihpn.org/humanitarian-exchange-magazine/issue-64>

[Reviewed earlier]

**IDRiM Journal**

Vol 5, No 1 (2015) June 2015

<http://idrimjournal.com/index.php/idrim/issue/view/13>

[Reviewed earlier]

**Infectious Diseases of Poverty**

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

[Accessed 12 September 2015]

[No new content]

**International Health**

Volume 7 Issue 12 September 2015

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

[Reviewed earlier]

**International Human Rights Law Review**

Volume 4, Issue 1, 2015

<http://booksandjournals.brillonline.com/content/journals/22131035/4/1>

[Reviewed earlier]

**International Journal of Disaster Risk Reduction**

Volume 13, In Progress (September 2015)

<http://www.sciencedirect.com/science/journal/22124209/13>

[Reviewed earlier]

## **International Journal of Infectious Diseases**

September 2015 Volume 38, In Progress

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

### **Planning for the Next Global Pandemic**

Allen G.P. Ross, Suzanne M. Crowe, Mark W. Tyndall

Corresponding Editor: Eskild Petersen, Aarhus, Denmark

DOI: <http://dx.doi.org/10.1016/j.ijid.2015.07.016>

#### *Abstract*

In order to mitigate human and financial losses as a result of future global pandemics, we must plan now. As the Ebola virus pandemic declines, we must reflect on how we have mismanaged this recent international crisis and how we can better prepare for the next global pandemic. Of great concern is the increasing frequency of pandemics occurring over the last few decades. Clearly, the window of opportunity to act is closing. This editorial discusses many issues including priority emerging and re-emerging infectious diseases; the challenges of meeting international health regulations; the strengthening of global health systems; global pandemic funding; and the One Health approach to future pandemic planning. We recommend that the global health community unites to urgently address these issues in order to avoid the next humanitarian crisis.

#### *Short Communications*

### **Investigating the immunizing effect of the rubella epidemic in Japan, 2012-14**

Hiroshi Nishiura, Ryo Kinoshita, Yuichiro Miyamatsu, Kenji Mizumoto

p16–18

Published online: July 13 2015

### **Epidemiological features and trends of Ebola virus disease in West Africa**

Ligui Wang, Guang Yang, Leili Jia, Zhenjun Li, Jing Xie, Peng Li, Shaofu Qiu, Rongzhang Hao, Zhihao Wu, Hui Ma, Hongbin Song

p52–53

Published online: July 24 2015

### **Probable transmission chains of Middle East respiratory syndrome coronavirus and the multiple generations of secondary infection in South Korea**

Shui Shan Lee, Ngai Sze Wong

p65–67

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

March 2015 (VOL. 33, NO. 1)

<http://www.ijmed.org/issues/33/1/>

[Reviewed earlier]

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

Volume 22, Issue 4, 2015

<http://www.tandfonline.com/toc/tsdw20/current#.VSj2SpMw1hX>

[Reviewed earlier]

## **International Migration Review**

Summer 2015 Volume 49, Issue 2 Pages 271–552, e1–e16

<http://onlinelibrary.wiley.com/doi/10.1111/imre.2015.49.issue-2/issuetoc>

[Reviewed earlier]

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

July 2015 - Volume 13 - Issue 2 pp: 104-198

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

[Reviewed earlier]

## **JAMA**

September 8, 2015, Vol 314, No. 10

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

*Editorial* | September 8, 2015

### **[Antenatal Iron Use in Malaria Endemic Settings: Evidence of Safety?](#)**

Parul Christian, DrPH, MSc1; Robert E. Black, MD, MPH2

Author Affiliations

JAMA. 2015;314(10):1003-1005. doi:10.1001/jama.2015.10032.

#### **Extract**

Anemia related to iron deficiency during pregnancy occurs in 19% of women worldwide and in 20% of women in sub-Saharan Africa.<sup>1</sup> Findings from observational studies reveal a linear, inverse relationship between maternal anemia and risk of maternal mortality across the entire distribution of hemoglobin concentrations, although confounding may be an issue.<sup>2,3</sup> Severe anemia in pregnancy may result in maternal death due to cardiac failure. The current World Health Organization (WHO) guideline is to provide 30 to 60 mg of elemental iron and 400 µg of folic acid daily throughout pregnancy. This recommendation is mainly based on the proven effects of supplementation in reducing maternal anemia, iron deficiency, and low birth weight.<sup>4</sup> In addition, approximately 35 million pregnant women, nearly all of whom live in sub-Saharan Africa, are at risk of Plasmodium falciparum infection annually.<sup>5</sup> Across Africa, the prevalence of infection among children aged 2 to 10 years has declined from 26% in 2000 to 14% in 2013.<sup>5</sup> Still, in 2013, an estimated 437 000 malaria deaths occurred in children younger than 5 years, representing 83% of all deaths due to malaria in Africa.<sup>5</sup>

*Original Investigation* | September 8, 2015

### **[Effect of Daily Antenatal Iron Supplementation on Plasmodium Infection in Kenyan Women: A Randomized Clinical Trial](#)**

Martin N. Mwangi, PhD1,2; Johanna M. Roth, MSc1,3; Menno R. Smit, MD1;

Laura Trijsburg, MSc1; Alice M. Mwangi, PhD4; Ayşe Y. Demir, MD, PhD5; Jos P.

M. Wielders, PhD5; Petra F. Mens, PhD3; Jaco J. Verweij, PhD6; Sharon E. Cox, PhD7,8;

Andrew M. Prentice, PhD, FMedSci7,8; Inge D. Brouwer, PhD9; Huub F. J. Savelkoul, PhD1;

Pauline E. A. Andang'o, PhD2; Hans Verhoef, PhD1,7,8

Author Affiliations

JAMA. 2015;314(10):1009-1020. doi:10.1001/jama.2015.9496.

#### **Abstract**

## Importance

Anemia affects most pregnant African women and is predominantly due to iron deficiency, but antenatal iron supplementation has uncertain health benefits and can increase the malaria burden.

## Objective

To measure the effect of antenatal iron supplementation on maternal Plasmodium infection risk, maternal iron status, and neonatal outcomes.

## Design, Setting, and Participants

Randomized placebo-controlled trial conducted October 2011 through April 2013 in a malaria endemic area among 470 rural Kenyan women aged 15 to 45 years with singleton pregnancies, gestational age of 13 to 23 weeks, and hemoglobin concentration of 9 g/dL or greater. All women received 5.7 mg iron/day through flour fortification during intervention, and usual intermittent preventive treatment against malaria was given.

**Interventions** Supervised daily supplementation with 60 mg of elemental iron (as ferrous fumarate,  $n = 237$  women) or placebo ( $n = 233$ ) from randomization until 1 month postpartum.

## Main Outcomes and Measures

Primary outcome was maternal Plasmodium infection at birth. Predefined secondary outcomes were birth weight and gestational age at delivery, intrauterine growth, and maternal and infant iron status at 1 month after birth.

## Results

Among the 470 participating women, 40 women (22 iron, 18 placebo) were lost to follow-up or excluded at birth; 12 mothers were lost to follow-up postpartum (5 iron, 7 placebo). At baseline, 190 of 318 women (59.7%) were iron-deficient. In intention-to-treat analysis, comparison of women who received iron vs placebo, respectively, yielded the following results at birth: Plasmodium infection risk: 50.9% vs 52.1% (crude difference,  $-1.2\%$ , 95% CI,  $-11.8\%$  to  $9.5\%$ ;  $P = .83$ ); birth weight: 3202 g vs 3053 g (crude difference, 150 g, 95% CI, 56 to 244;  $P = .002$ ); birth-weight-for-gestational-age z score: 0.52 vs 0.31 (crude difference, 0.21, 95% CI,  $-0.11$  to 0.52;  $P = .20$ ); and at 1 month after birth: maternal hemoglobin concentration: 12.89 g/dL vs 11.99 g/dL (crude difference, 0.90 g/dL, 95% CI, 0.61 to 1.19;  $P < .001$ ); geometric mean maternal plasma ferritin concentration: 32.1  $\mu$ g/L vs 14.4  $\mu$ g/L (crude difference, 123.4%, 95% CI, 85.5% to 169.1%;  $P < .001$ ); geometric mean neonatal plasma ferritin concentration: 163.0  $\mu$ g/L vs 138.7  $\mu$ g/L (crude difference, 17.5%, 95% CI, 2.4% to 34.8%;  $P = .02$ ). Serious adverse events were reported for 9 and 12 women who received iron and placebo, respectively. There was no evidence that intervention effects on Plasmodium infection risk were modified by intermittent preventive treatment use.

## Conclusions and Relevance

Among rural Kenyan women with singleton pregnancies, administration of daily iron supplementation, compared with administration of placebo, resulted in no significant differences in overall maternal Plasmodium infection risk. Iron supplementation led to increased birth weight.

Trial Registration clinicaltrials.gov Identifier: [NCT01308112](https://clinicaltrials.gov/ct2/show/NCT01308112)

## JAMA Pediatrics

September 2015, Vol 169, No. 9

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

*Editorial*

[\*\*Human Trafficking of Children and Adolescents\*\*](#)

Abigail English, JD

*Extract*

Human trafficking has severe adverse effects on the health, development, well-being, and human rights of vulnerable young people globally and in the United States. Awareness of human trafficking—once hidden in the shadows—is growing. Although precise estimates are not available of how many children and adolescents are affected, there is little doubt that young people everywhere have experienced physical and sexual violence from being trafficked and millions worldwide are at risk. Despite the increased awareness, significant gaps remain in evidence-based knowledge about the causes, consequences, and responses; the gaps are particularly noteworthy with respect to the health implications of human trafficking and the appropriate role of health care professionals.

*Original Investigation*

**Exploitation, Violence, and Suicide Risk Among Child and Adolescent Survivors of Human Trafficking in the Greater Mekong Subregion** ONLINE ONLY

Ligia Kiss, PhD; Katherine Yun, MD; Nicola Pocock, MSc; Cathy Zimmerman, PhD

*Abstract*

**Importance**

Human trafficking and exploitation of children have profound health consequences. To our knowledge, this study represents the largest survey on the health of child and adolescent survivors of human trafficking.

**Objective**

To describe experiences of abuse and exploitation, mental health outcomes, and suicidal behavior among children and adolescents in posttrafficking services. We also examine how exposures to violence, exploitation, and abuse affect the mental health and suicidal behavior of trafficked children.

**Design, Setting, and Participants**

A survey was conducted with 387 children and adolescents aged 10 to 17 years in posttrafficking services in Cambodia, Thailand, or Vietnam, which along with Laos, Myanmar, and Yunnan Province, China, compose the Greater Mekong Subregion. Participants were interviewed within 2 weeks of entering services from October 2011 through May 2013.

**Main Outcomes and Measures** Depression, posttraumatic stress disorder, anxiety, suicidal ideation, self-injury, and suicide attempts.

**Results**

Among the 387 children and adolescent study participants, most (82%) were female. Twelve percent had tried to harm or kill themselves in the month before the interview. Fifty-six percent screened positive for depression, 33% for an anxiety disorder, and 26% for posttraumatic stress disorder. Abuse at home was reported by 20%. Physical violence while trafficked was reported by 41% of boys and 19% of girls. Twenty-three percent of girls and 1 boy reported sexual violence. Mental health symptoms were strongly associated with recent self-harm and suicide attempts. Severe physical violence was associated with depression (adjusted odds ratio [AOR], 3.55; 95% CI, 1.64-7.71), anxiety (AOR, 2.13; 95% CI, 1.12-4.05), and suicidal ideation (AOR, 3.68; 95% CI, 1.77-7.67). Sexual violence while trafficked was associated with depression (AOR, 2.27; 95% CI, 1.22-4.23) and suicidal ideation (AOR, 3.43; 95% CI, 1.80-6.54).

**Conclusions and Relevance**

Children and adolescents in posttrafficking care showed high symptom levels of depression, anxiety, and posttraumatic stress disorder, which are strongly associated with self-harm or

suicidal behaviors. Mental health screening and reintegration risk assessments are critical components of posttrafficking services, especially in planning for family reunification and other social integration options.

**Journal of Asian Development**

Vol 1, No 1 (2015)

[Reviewed earlier]

**Journal of Community Health**

Volume 40, Issue 4, August 2015

<http://link.springer.com/journal/10900/40/4/page/1>

[Reviewed earlier]

**Journal of Development Economics**

Volume 115, Pages A1-A2, 1-232 (July 2015)

<http://www.sciencedirect.com/science/journal/03043878/115>

[Reviewed earlier]

**Journal of Epidemiology & Community Health**

October 2015, Volume 69, Issue 10

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

[New issue; No relevant content identified]

**Journal of Global Ethics**

Volume 11, Issue 2, 2015

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

[Reviewed earlier]

**Journal of Global Infectious Diseases (JGID)**

July-September 2015 Volume 7 | Issue 3 Page Nos. 95-124

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier]

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

Volume 26, Number 3, August 2015

[https://muse.jhu.edu/journals/journal\\_of\\_health\\_care\\_for\\_the\\_poor\\_and\\_underserved/toc/hpu.26.2A.html](https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.2A.html)

[Reviewed earlier]

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

Volume 5 Issue 2

<http://www.emeraldinsight.com/toc/jhscm/5/2>

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 17, Issue 4, August 2015

<http://link.springer.com/journal/10903/17/4/page/1>

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 13, Issue 2, 2015

<http://www.tandfonline.com/toc/wimm20/current#.VQS0KOFnBhW>

**Special Issue: Implementing Human Rights: Civil Society and Migration Policies**

[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 212 Issue 7 October 1, 2015

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

[Reviewed earlier]

**Journal of International Development**

August 2015 Volume 27, Issue 6 Pages 717–880

<http://onlinelibrary.wiley.com/doi/10.1002/jid.v27.6/issuetoc>

**Special Issue: The Post-2015 Moment: Towards Sustainable Development Goals and a New Global Development Paradigm**

*Introduction*

[\*\*The Post-2015 Moment: Towards Sustainable Development Goals and a New Global Development Paradigm\*\*](#)

Charles Gore\*

Article first published online: 5 AUG 2015

DOI: 10.1002/jid.3109

*Abstract*

The post-2015 moment is a moment in time in which multiple efforts are being made to envision a better long-term future for humanity and to forge, post-2015, a new and different global development trajectory. There is a need for not only new global goals but also a new global development paradigm. The papers in this special issue assess the Sustainable Development Goals in the making and offer constructive suggestions to further a paradigm shift that would bring the post-2015 development agenda to life in a transformative way rather than sustain business as usual.

**The Journal of Law, Medicine & Ethics**

Summer 2015 Volume 43, Issue 2 Pages 174–430

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-1/issuetoc>

***Special Issue: SYMPOSIUM: Intersections in Reproduction: Perspectives on Abortion and Assisted Reproductive Technologies***

[New issue; No relevant content identified]

**Journal of Medical Ethics**

September 2015, Volume 41, Issue 9

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

[New issue; No relevant content identified]

**Journal of the Pediatric Infectious Diseases Society (JPIDS)**

Volume 4 Issue 3 September 2015

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

[Reviewed earlier]

**Journal of Public Health Policy**

Volume 36, Issue 3 (August 2015)

<http://www.palgrave-journals.com/jphp/journal/v36/n3/index.html>

[Reviewed earlier]

**Journal of the Royal Society – Interface**

06 August 2015; volume 12, issue 109

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

[Reviewed earlier]

**Knowledge Management for Development Journal**

Vol 11, No 1 (2015)

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

[Reviewed earlier]

**The Lancet**

Sep 12, 2015 Volume 386 Number 9998 p1013-1108

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

*Comment*

**[Diaspora engagement in humanitarian emergencies and beyond](#)**

Neeraja Nagarajan, Blair Smart, Joseph Nwadiuko

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)00071-9](http://dx.doi.org/10.1016/S0140-6736(15)00071-9)

*Summary*

Migration of health workers from low-income and middle-income countries (LMICs) to high-income countries continues unabated, with substantial effects on the development of health systems in LMICs.<sup>1–3</sup> WHO estimates that an additional 4·3 million health-care workers are needed to meet global health-care needs, with acute shortages in LMICs.<sup>4</sup> Yet almost 25% of

physicians in high-income countries such as the USA, UK, Australia, and Canada are foreign-born and from the very LMICs that face shortages in health-care workforces.

### **The Lancet Global Health**

Sep 2015 Volume 3 Number 9 e501-e576

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

[Reviewed earlier]

### **The Lancet Infectious Diseases**

Sep 2015 Volume 15 Number 9 p987-1114

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

[Reviewed earlier]

### **Maternal and Child Health Journal**

Volume 19, Issue 9, September 2015

<http://link.springer.com/journal/10995/19/9/page/1>

*Original Paper*

#### **Decentralizing Maternity Services to Increase Skilled Attendance at Birth and Antenatal Care Utilization in Rural Rwanda: A Prospective Cohort Study**

Lisa M. Nathan, Quihu Shi, Kari Plewniak...

*Original Paper*

#### **Integrating Vitamin A Supplementation at 6 months into the Expanded Program of Immunization in Sierra Leone**

Mary H. Hodges, Fatmata F. Sesay, Habib I. Kamara...

*Review Paper*

#### **Impact of Male Partner Antenatal Accompaniment on Perinatal Health Outcomes in Developing Countries: A Systematic Literature Review**

Carolina Aguiar, Larissa Jennings

### **Medical Decision Making (MDM)**

August 2015; 35 (6)

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

[Reviewed earlier]

### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

June 2015 Volume 93, Issue 2 Pages 223–445

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2015.93.issue-2/issuetoc>

[Reviewed earlier]

**Nature**

Volume 525 Number 7568 pp157-284 10 September 2015

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

[New issue; No relevant content identified]

**Nature Medicine**

September 2015, Volume 21 No 9 pp963-1101

<http://www.nature.com/nm/journal/v21/n9/index.html>

[New issue; No relevant content identified]

**New England Journal of Medicine**

September 10, 2015 Vol. 373 No. 11

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

*Perspective*

**Creating a Global Health Risk Framework**

Victor J. Dzau, M.D., and Judith Rodin, Ph.D.

N Engl J Med 2015; 373:991-993 September 10, 2015 DOI: 10.1056/NEJMp1509136

The Ebola outbreak in West Africa tragically illustrated the shortcomings of the global health system. Dysfunctional governance structures — within and among institutions and sectors — hindered response efforts. Financial and human resources were slow to arrive and insufficient,<sup>1</sup> as they often are during humanitarian crises. Surveillance and other information systems were not up to the task. Health care personnel risked their lives to provide care, and many died. Local culture was not respected, and mistrust of the health system was rampant.<sup>2</sup> Private industry had little incentive to proactively develop lifesaving products, and when it nevertheless did so, regulatory barriers and poor coordination hindered testing and deployment.<sup>3</sup> The list goes on. As a result, the Ebola outbreak has had catastrophic health, economic, and social effects on Guinea, Liberia, Sierra Leone, and beyond.

Clearly, a unifying framework for managing global public health events is needed. Although previous globally significant outbreaks, such as those of the human immunodeficiency virus, influenza, and the severe acute respiratory syndrome (SARS), highlighted many of these weaknesses, the political will needed to reform the global public health framework has failed. As a result, countless lives have been lost and billions of dollars in economic damage has been incurred. The situation urgently needs to be fixed, and that requires leadership from the highest levels. We can't allow another epidemiologic crisis to become a full-fledged catastrophe. An independent, multinational Commission on a Global Health Risk Framework for the Future has been established to recommend a more effective global architecture for mitigating the threat of epidemic infectious diseases.<sup>4</sup> The U.S. National Academy of Medicine (formerly the Institute of Medicine) is the secretariat for this commission.

The Global Health Risk Framework (GHRF) initiative will build on lessons from the current Ebola outbreak and other major outbreaks to develop a comprehensive framework for improving our response to future global public health threats. The Commission will rigorously analyze options for improving governance, finance, health system resilience, and research and development for global health security. To foster trust internationally with various levels of government, civil

society, academia, and industry, the Commission intends to keep the framework from being influenced by politics or the interests of any one country or organization.

The 18 Commission members have expertise in global health governance; workforce mobilization; global financing, including reinsurance business, economics, and public-private partnerships; information management and disease surveillance; humanitarian and pandemic response; and research, development, acquisition, and distribution. Because preparing for and responding to outbreaks requires more than medical expertise, the Commission also includes lawyers, bankers, mining executives, and others. To ensure the group's independence, the commissioners were screened for conflicts of interest, their evidence collection and analysis will be transparent, and their report will be rigorously peer reviewed.

An international oversight group will steer the initiative and determine the scope of the study, approve the Commission slate and the initiative processes, develop guidelines for the report review process, and assist with dissemination. The initiative also includes workstream planning groups that will oversee preparations for four public information-gathering workshops, involving experts to address governance for global health, financing for public health emergencies, resilient health systems, and research and development of medical products.

The governance-for-global-health workstream will begin with a review of the current responsibilities and constraints of countries, regional institutions, the World Health Organization (WHO), and other relevant United Nations (UN) agencies, as well as the International Health Regulations (IHR), and assessment of potential changes to international governance frameworks that would ensure a robust response capability regardless of the environmental contexts. Possible ways to reform or empower the WHO and the UN system to more effectively respond to public health emergencies — such as developing guidelines for roles of non-health-focused organizations, establishing mechanisms for mobilizing a global health workforce, developing strong regional networks that share information and coordinate responses, and creating national command centers — may also be considered.

The financing workstream will start with an examination of how global funding for response to pandemic threats can be set aside in advance or rapidly mobilized, where the money should come from, and how it should be spent. The workstream group will evaluate the role of the World Bank's proposed Pandemic Emergency Financing Facility, which will coordinate international financial response to pandemics — in particular, how the facility might ensure rapid deployment and prompt remuneration of health workers and minimize transaction times on other expenses. Vital to this discussion will be the roles to be played by the private sector, especially the reinsurance industry, in pooling risk for global emergencies. The financing workshop will explore possible underwriting functions of banks, insurers, and investment houses and analyze how they could ease the financial shock of an epidemic and control the costs of response, including the cost of developing new drugs and vaccines. The financing of surveillance systems to comply with the IHR will also be considered.

In the workstream focused on resilient health systems, optimal approaches to achieving effective, resilient, and sustainable health systems in individual countries will be considered. Multiple components of health systems will be examined, including surveillance and health information systems; universal health coverage; workforce capacity; health systems infrastructure; community, regional, and global partner engagement; supply-chain coordination

and management; and how these components are connected and coordinated to form a resilient health system. Other considerations include options for enhancing connections among the health sector, other sectors (such as agriculture, education, and commerce), and the community; strengthening syndromic surveillance systems to permit early reporting and response; enhancing education and training for health care workers, community leaders, and the public; and leveraging existing systems and resources to address surge needs and capabilities. These issues will be explored in the context of other efforts including the IHR, the Post-2015 Hyogo Framework for Disaster Risk Reduction, the Global Health Security Agenda, Health in All Policies initiatives, and the Sustainable Development Goals.

In the workstream for medical-product research and development, participating experts will examine issues surrounding ensuring global capacity for relevant research and development, acquisition, and dispensing of countermeasures and diagnostics. They may explore the need for a global plan to harmonize and strengthen regulatory systems, processes, and standards; models for public–private partnerships and nongovernmental organizations to support rapid research and development and complement and reinforce private-sector mechanisms; global financing models that provide incentives for research and development; frameworks for ethical and methodologic standards for product safety and efficacy; and investments in regulatory science and multiuse platforms to support rapid development and deployment.

In each workstream, expert participants will gather diverse perspectives on various policy options, which will be captured in written workshop summaries. The Commission will integrate the evidence from these workshops, synthesizing the expertise of more than 100 leaders in health and related areas. It will then develop a comprehensive set of recommendations based on the available evidence, with the ultimate aim of strengthening systems, reducing suffering, and saving lives. The Commission will also use information collected through expert consultations, literature reviews, and public input to propose a preparedness-and-response plan that will build on and be coordinated with other efforts in this area. This plan will be captured in a final report expected to be released by December 2015.

To be effective, the report will have to be positioned to encourage global health leaders to act on its recommendations. The International Oversight Group is working closely with decision makers to coordinate dissemination of the report. The plan is to feature the Commission's work at major events of the UN, the World Health Assembly, and the G7 and G20 groups of countries, aiming for effect well beyond the health sphere. Ultimately, world leaders' actions will determine international preparedness for future pandemics and medical disasters. This GHRF initiative should provide sound, evidence-based guidance for their decisions.

A world health crisis such as the Ebola outbreak should never happen again. If we prepare now, we can avoid devastation when the next outbreak occurs.

*Perspective*

**Combating Emerging Threats — Accelerating the Availability of Medical Therapies**

Luciana Borio, M.D., Edward Cox, M.D., M.P.H., and Nicole Lurie, M.D., M.S.P.H.

N Engl J Med 2015; 373:993-995 September 10, 2015 DOI: 10.1056/NEJMp1508708

Life-threatening emerging or reemerging infectious diseases increasingly inspire demands for access to novel, often untested therapies. Recent concern about transmission of the Middle East

respiratory syndrome coronavirus (MERS-CoV) in Asia underscores the need to rapidly evaluate investigational therapies during outbreaks, identify those that actually benefit patients, and protect against those that cause harm. Although a traditional sequence of studies in animals followed by phased clinical trials works well for many therapeutics, that process may be too slow during public health emergencies. We propose establishing a new paradigm for accelerating evaluation of investigational therapies during public health emergencies so that therapies shown to be safe and effective can reach patients as soon as possible.

The primary approach to containing outbreaks of emerging infectious diseases involves standard public health measures, such as identifying and isolating infected persons, tracing their contacts to detect secondary infections, and protecting contacts and health care workers from exposure. General supportive medical care for anyone who becomes infected is essential, in addition to use of any proven specific treatments. When such treatments are lacking, clinicians commonly try therapies on the basis of experience with other diseases (usually on the basis of a postulated mechanism of action) in the hope of improving outcomes. For example, during the 2003 epidemic of the severe acute respiratory syndrome (SARS), several small observational studies examined the use of interferon, ribavirin, steroids, and convalescent plasma.<sup>1</sup> Unfortunately, the inability to implement properly designed trials precluded any clear demonstration of benefit, and some evaluations suggested possible harm.

During the 2009 H1N1 influenza pandemic, it was considered infeasible to establish a multisite clinical study for an investigational therapy during a public health emergency. Peramivir, an intravenously administered influenza antiviral drug under clinical development, was made available in the United States under Emergency Use Authorization (EUA) to treat certain hospitalized patients. Demand was brisk — nearly 1300 seriously ill patients received the drug.<sup>2</sup> Unfortunately, no reliable data on effectiveness were derived from this use. Some analyses suggested that mortality was increased among patients receiving peramivir, although that finding could have represented channeling bias (if patients receiving peramivir were already “sicker” in ways that could not be readily measured). A subsequent randomized clinical trial did not demonstrate either benefit or increased mortality associated with peramivir in patients hospitalized with influenza.<sup>3</sup> Demand for this investigational drug drove its use under EUA, but any imperative to get demonstrably effective products to people in need as quickly as possible was not fulfilled. This experience showed that a reasonable expectation of benefit doesn't always pan out, data derived from uncontrolled use may not be interpretable, and use outside a properly designed clinical trial can delay product assessment.

In early August 2014, two Americans who became infected with Ebola virus in West Africa were evacuated to the United States for medical care. They received various interventions, including ZMapp, an investigational monoclonal antibody cocktail in early development, not previously tested in humans. Their survival from what had been considered a highly fatal disease was followed by widespread demand for access to early-stage investigational therapies for Ebola. A World Health Organization ethics panel opined that although it was ethical to offer interventions with as-yet-unknown efficacy and adverse effects as potential treatment or prevention, there was a moral imperative to determine as quickly as possible which therapies worked.<sup>4</sup> The international medical research community rushed to conduct clinical trials of several investigational products, but trial infrastructure took some time to establish. Meanwhile, initial doses of investigational drugs, some of which existed in very limited quantities, were administered to a few patients outside a clinical trial through so-called compassionate use. In

some countries, such use continued even after clinical trials were established, despite the knowledge that it could delay the gathering of high-quality evidence to identify beneficial drugs or prolong the use of harmful ones.

Moreover, substantial disagreement emerged about the types of clinical trial designs that were appropriate for rapidly evaluating unproven therapies. Some investigators argued that randomized, controlled studies comparing an investigational therapy with available supportive medical care would be unethical,<sup>5</sup> even when a drug's limited supply meant that some patients would receive it while others couldn't; others argued that early randomized trials should take priority both ethically and scientifically. Several uncontrolled studies were implemented, but their design makes them unlikely to provide reliable efficacy data or adequately protect patients by detecting serious adverse effects.

In early 2015, the National Institutes of Health, in partnership with U.S. and West African academic institutions and health authorities in Liberia, Sierra Leone, and later, Guinea, implemented a common protocol in which multiple therapies, even those at very early stages of development, could be simultaneously evaluated against a shared control group in an adaptive randomized trial. In this design, the shared control group is initially given the best available supportive care until a drug is identified that improves outcomes. Once a drug is proven effective, it's incorporated into the supportive care that all trial patients receive, and the study may continue in order to evaluate the added benefit of other investigational drugs.

The first drug being evaluated under this protocol, ZMapp, advanced more rapidly than usual to a clinical trial designed to assess both safety and efficacy (typically, efficacy trials occur much later in development). The study is very efficient because it includes frequent prespecified interim evaluations of the accruing data, employing Bayesian analytic techniques, to identify a winner or a harmful drug as early as possible. If proven effective, ZMapp will be incorporated in the control group against which other therapies are tested. This protocol is being used in both high- and low-resource settings, providing equity of access to the study drug.

The critical need for rapid availability of effective new therapies coupled with advances in product development, manufacturing, and clinical trial design create new opportunities for efficient, scientifically sound evaluation of investigational therapies during public health emergencies. The serious impact of these emergencies and the lack of effective therapies warrant moving forward with clinical testing as soon as possible. The Ebola experience indicates that the usual phased development approach can be accelerated and abridged on the basis of what's known about the candidate product, the severity and acuteness of the disease, and the limited window of opportunity for study. In such emergency settings, it may be appropriate to accept greater-than-usual degrees of uncertainty and risk in order to move rapidly to clinical trials, with the goal of getting safe, effective therapies to patients sooner.

The common protocol launched during the Ebola epidemic could serve as a model for rapidly evaluating promising but unproven therapies in the current MERS-CoV outbreak and future epidemics. Such an approach would allow earlier clinical testing of investigational drugs to accelerate identification of safe, effective therapies and thereby make them available to patients sooner. To succeed, this model requires close cooperation among clinical researchers, product developers, and public health and regulatory authorities globally.

Public health leaders need to take action before the next new threatening infectious disease emerges. One high-priority action will be the development and prepositioning of scientifically sound and widely accepted protocols by global public health authorities, to have them ready for use at the onset of a deadly outbreak wherever it strikes. In addition, work is needed to augment global clinical trial infrastructure, streamline processes for careful ethical review of multisite international studies, and establish model agreements for managing data and addressing intellectual property issues. If we are to act on lessons learned, there is no time to waste in getting this work done.

**Nonprofit and Voluntary Sector Quarterly**

August 2015; 44 (4)

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

[Reviewed earlier]

**Oxford Monitor of Forced Migration**

OxMo Volume 5, No. 1 – August 2015

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

[Reviewed earlier]

**Pediatrics**

September 2015, VOLUME 136 / ISSUE 3

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

[Reviewed earlier]

**Pharmacoeconomics**

Volume 33, Issue 9, September 2015

<http://link.springer.com/journal/40273/33/9/page/1>

[New issue; No relevant content identified]

**PLOS Currents: Disasters**

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

[Accessed 12 September 2015]

[No new content]

**PLoS Currents: Outbreaks**

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

(Accessed 12 September 2015)

[No new relevant content identified]

**PLoS Medicine**

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

(Accessed 12 September 2015)

### **Equity and Noncommunicable Disease Reduction under the Sustainable Development Goals**

Harald Schmidt, Anne Barnhill

Essay | published 08 Sep 2015 | PLOS Medicine

10.1371/journal.pmed.1001872

#### *Summary Points*

- :: Currently proposed Sustainable Development Goals (SDGs) include a timely call to significantly reduce the burden of noncommunicable diseases (NCDs).
- :: Existing policy guidance highlights cost-effective interventions for NCDs, but focusing just on cost-effectiveness risks exacerbating socioeconomic and health inequalities rather than reducing them.
- :: In implementing the SDGs, targets and interventions that benefit the worst off should be prioritized.
- :: The United Nations should develop practical guidance to assist policy makers at the country level with incorporating equity considerations.

### **PLoS Neglected Tropical Diseases**

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

(Accessed 12 September 2015)

### **Financial and Economic Costs of the Elimination and Eradication of Onchocerciasis (River Blindness) in Africa**

Young Eun Kim, Elisa Sicuri, Fabrizio Tediosi

Research Article | published 11 Sep 2015 | PLOS Neglected Tropical Diseases

10.1371/journal.pntd.0004056

### **Antivenoms for Snakebite Envenoming: What Is in the Research Pipeline?**

Emilie Alirol, Pauline Lechevalier, Federica Zamatto, François Chappuis, Gabriel Alcoba, Julien Potet

Viewpoints | published 10 Sep 2015 | PLOS Neglected Tropical Diseases

10.1371/journal.pntd.0003896

### **An Estimation of Private Household Costs to Receive Free Oral Cholera Vaccine in Odisha, India**

Vittal Mogasale, Shantanu K. Kar, Jong-Hoon Kim, Vijayalaxmi V. Mogasale, Anna S. Kerketta, Bikash Patnaik, Shyam Bandhu Rath, Mahesh K. Puri, Young Ae You, Hemant K. Khuntia, Brian Maskery, Thomas F. Wierzba, Binod Sah

Research Article | published 09 Sep 2015 | PLOS Neglected Tropical Diseases

10.1371/journal.pntd.0004072

#### *Abstract*

#### *Background*

Service provider costs for vaccine delivery have been well documented; however, vaccine recipients' costs have drawn less attention. This research explores the private household out-of-pocket and opportunity costs incurred to receive free oral cholera vaccine during a mass vaccination campaign in rural Odisha, India.

#### *Methods*

Following a government-driven oral cholera mass vaccination campaign targeting population over one year of age, a questionnaire-based cross-sectional survey was conducted to estimate private household costs among vaccine recipients. The questionnaire captured travel costs as well as time and wage loss for self and accompanying persons. The productivity loss was estimated using three methods: self-reported, government defined minimum daily wages and gross domestic product per capita in Odisha.

#### Findings

On average, families were located 282.7 (SD = 254.5) meters from the nearest vaccination booths. Most family members either walked or bicycled to the vaccination sites and spent on average 26.5 minutes on travel and 15.7 minutes on waiting. Depending upon the methodology, the estimated productivity loss due to potential foregone income ranged from \$0.15 to \$0.29 per dose of cholera vaccine received. The private household cost of receiving oral cholera vaccine constituted 24.6% to 38.0% of overall vaccine delivery costs.

#### Interpretation

The private household costs resulting from productivity loss for receiving a free oral cholera vaccine is a substantial proportion of overall vaccine delivery cost and may influence vaccine uptake. Policy makers and program managers need to recognize the importance of private costs and consider how to balance programmatic delivery costs with private household costs to receive vaccines.

#### *Author Summary*

The price of vaccine and the costs of its delivery are two important economic measures considered by governments and various international organizations in their decisions on the use of a new vaccine. However, the costs to the vaccine recipients resulting from their travel, time and wage loss are hardly considered and rarely documented. Even if the vaccine is provided for free, the costs borne by vaccine recipients could be sufficient enough to be a hurdle for taking vaccine. We elucidate this less explored angle of "vaccine recipient cost" in the context of oral cholera vaccine mass campaign in Odisha, India. Our research shows that the potential loss of income for individuals for receiving oral cholera vaccine ranged from 25% to 38% of overall vaccine delivery costs. We believe our findings have global implications on future decisions and policy making on vaccine introduction in balancing programmatic delivery costs with private household costs to receive vaccines.

## PLoS One

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

[Accessed 12 September 2015]

### **Effectiveness of Home Visits in Pregnancy as a Public Health Measure to Improve Birth Outcomes**

Kayoko Ichikawa, Takeo Fujiwara, Takeo Nakayama  
Research Article | published 08 Sep 2015 | PLOS ONE  
10.1371/journal.pone.0137307

## PLoS Pathogens

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

(Accessed 12 September 2015)

[No new relevant content identified]

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

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

(Accessed 12 September 2015)

**Impact of human mobility on the emergence of dengue epidemics in Pakistan**

Amy Wesolowska,<sup>a,b</sup> Taimur Qureshic, Maciej F. Bonid,<sup>e</sup> Pål Roe Sundsøyc, Michael A. Johansson,<sup>b,f</sup> Syed Basit Rasheedg, Kenth Engø-Monsenc, and Caroline O. Buckeea,<sup>b,1</sup>

**Author Affiliations**

Edited by Burton H. Singer, University of Florida, Gainesville, FL, and approved August 6, 2015  
(received for review April 2, 2015)

*Significance*

Dengue virus has rapidly spread into new human populations due to human travel and changing suitability for the mosquito vector, causing severe febrile illness and significant mortality. Accurate predictive models identifying changing vulnerability to dengue outbreaks are necessary for epidemic preparedness and containment of the virus. Here we show that an epidemiological model of dengue transmission in travelers, based on mobility data from ~40 million mobile phone subscribers and climatic information, predicts the geographic spread and timing of epidemics throughout the country. We generate fine-scale dynamic risk maps with direct application to dengue containment and epidemic preparedness.

*Abstract*

The recent emergence of dengue viruses into new susceptible human populations throughout Asia and the Middle East, driven in part by human travel on both local and global scales, represents a significant global health risk, particularly in areas with changing climatic suitability for the mosquito vector. In Pakistan, dengue has been endemic for decades in the southern port city of Karachi, but large epidemics in the northeast have emerged only since 2011.

Pakistan is therefore representative of many countries on the verge of countrywide endemic dengue transmission, where prevention, surveillance, and preparedness are key priorities in previously dengue-free regions. We analyze spatially explicit dengue case data from a large outbreak in Pakistan in 2013 and compare the dynamics of the epidemic to an epidemiological model of dengue virus transmission based on climate and mobility data from ~40 million mobile phone subscribers. We find that mobile phone-based mobility estimates predict the geographic spread and timing of epidemics in both recently epidemic and emerging locations. We combine transmission suitability maps with estimates of seasonal dengue virus importation to generate fine-scale dynamic risk maps with direct application to dengue containment and epidemic preparedness.

**Prehospital & Disaster Medicine**

Volume 30 - Issue 04 - August 2015

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

[Reviewed earlier]

**Public Health Ethics**

Volume 8 Issue 2 July 2015

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

***Special Symposium: Migrant Health***

[Reviewed earlier]

## **Qualitative Health Research**

October 2015; 25 (10)

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

### **Refugees, Post-Migration Stress, and Internet Use**

A Qualitative Analysis of Intercultural Adjustment and Internet Use Among Iraqi and Sudanese Refugees to the United States

Jude P. Mikal1, Braden Woodfield1

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#### *Abstract*

Post-migration stressors represent significant obstacle to refugee adjustment, and continued exposure to post-migration stressors can negatively affect mental and physical health.

Communities of support maintained over the Internet may provide a sense of constancy and reliability that may insulate against the negative effects of stress. We conducted five focus group interviews with Iraqi and Sudanese refugees to understand how refugees use the Internet to access support in their daily lives. Four trends were observed: (a) Internet use was related to culture of origin, (b) refugees were reluctant to explore online, (c) children served as brokers of online knowledge, and (d) limited Internet access is associated with increased time and financial obligations. This study aims to contribute to theory on Internet-mediated social support and to refugee health by creating smoother pathways to self-sufficiency and allowing refugees to exhibit agency in constructing and maintaining online networks of support.

## **Refugee Survey Quarterly**

Volume 34 Issue 3 September 2015

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

[Reviewed earlier]

## **Reproductive Health**

<http://www.reproductive-health-journal.com/supplements/12/S1>

[Accessed 12 September 2015]

[No new relevant content identified]

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

Volume 3, Issue 2, 2015

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

[Reviewed earlier]

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

June 2015 Vol. 37, No. 6

<http://www.paho.org/journal/>

[Reviewed earlier]

## **Risk Analysis**

August 2015 Volume 35, Issue 8 Pages 1389–1592

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-8/issuetoc>

[Reviewed earlier]

## **Science**

11 September 2015 vol 349, issue 6253, pages 1137-1256

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

[New issue; No relevant content identified]

## **Social Science & Medicine**

Volume 140, Pages 1-146 (September 2015)

<http://www.sciencedirect.com/science/journal/02779536/140>

### **Paid maternity leave and childhood vaccination uptake: Longitudinal evidence from 20 low-and-middle-income countries**

Original Research Article

Pages 104-117

Mohammad Hajizadeh, Jody Heymann, Erin Strumpf, Sam Harper, Arijit Nandi

#### *Abstract*

The availability of maternity leave might remove barriers to improved vaccination coverage by increasing the likelihood that parents are available to bring a child to the clinic for immunizations. Using information from 20 low-and-middle-income countries (LMICs) we estimated the effect of paid maternity leave policies on childhood vaccination uptake. We used birth history data collected via Demographic and Health Surveys (DHS) to assemble a multilevel panel of 258,769 live births in 20 countries from 2001 to 2008; these data were merged with longitudinal information on the number of full-time equivalent (FTE) weeks of paid maternity leave guaranteed by each country. We used Logistic regression models that included country and year fixed effects to estimate the impact of increases in FTE paid maternity leave policies in the prior year on the receipt of the following vaccines: Bacillus Calmette-Guérin (BCG) commonly given at birth, diphtheria, tetanus, and pertussis (DTP, 3 doses) commonly given in clinic visits and Polio (3 doses) given in clinic visits or as part of campaigns. We found that extending the duration of paid maternity leave had a positive effect on immunization rates for all three doses of the DTP vaccine; each additional FTE week of paid maternity leave increased DTP1, 2 and 3 coverage by 1.38 (95% CI = 1.18, 1.57), 1.62 (CI = 1.34, 1.91) and 2.17 (CI = 1.76, 2.58) percentage points, respectively. Estimates were robust to adjustment for birth characteristics, household-level covariates, attendance of skilled health personnel at birth and time-varying country-level covariates. We found no evidence for an effect of maternity leave on the probability of receiving vaccinations for BCG or Polio after adjustment for the above-mentioned covariates. Our findings were consistent with the hypothesis that more generous paid leave policies have the potential to improve DTP immunization coverage. Further work is needed to understand the health effects of paid leave policies in LMICs.

**Stability: International Journal of Security & Development**

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

[accessed 12 September 2015]

[No new relevant content]

**Sustainability**

Volume 7, Issue 7 (July 2015), Pages 8051-9752

<http://www.mdpi.com/2071-1050/7/7>

*Editorial*

**[A New Urban Agenda: Introduction to the Special Issue on "Sustainable Urban Development"](#)**

by Steffen Lehmann

Sustainability 2015, 7(8), 10000-10006; doi:[10.3390/su70810000](https://doi.org/10.3390/su70810000)

Received: 20 July 2015 / Revised: 21 July 2015 / Accepted: 21 July 2015 / Published: 24 July 2015

*Abstract:*

Since the start of the 21st century, humanity has been a predominantly urban species. This Special Issue is about the future of cities and how urbanization will develop when based on principles of sustainability. It explores the underlying dimensions of the transformation of existing cities and the design of low carbon green precincts and their urban systems. The view of the papers presented in this Special Issue is holistic and takes questions of social sustainability into account. This editorial highlights the contents and methodologies of 13 selected papers, while presenting diverse issues in strategies, concepts and policies for sustainable urban development.

**TORTURE Journal**

Volume 25, Nr. 1, 2015

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

[Reviewed earlier]

**Tropical Medicine and Health**

Vol. 43(2015) No. 2

[https://www.jstage.jst.go.jp/browse/tmh/43/0/\\_contents](https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents)

[Reviewed earlier]

**Tropical Medicine & International Health**

October 2015 Volume 20, Issue 10 Pages 1257–1404

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-7/issuetoc>

**[Roles and responsibilities in newborn care in four African sites \(pages 1258–1264\)](#)**

R. Iganus, Z. Hill, F. Manzi, M. Bee, Y. Amare, D. Shamba, A. Odebiyi, E. Adejuyigbe, B. Omotara and J. Skordis-Worrall

Article first published online: 17 JUN 2015 | DOI: 10.1111/tmi.12550

*Abstract*

## Objectives

To explore roles and responsibilities in newborn care in the intra- and postpartum period in Nigeria, Tanzania and Ethiopia.

## Methods

Qualitative data were collected using in-depth interviews with mothers, grandmothers, fathers, health workers and birth attendants and were analysed through content and framework analyses.

## Results

We found that birth attendants were the main decision-makers and care takers in the intrapartum period. Birth attendants varied across sites and included female relatives (Ethiopia and Nigeria), traditional birth attendants (Tanzania and Nigeria), spiritual birth attendants (Nigeria) and health workers (Tanzania and Nigeria). In the early newborn period, when the mother is deemed to be resting, female family members assumed this role. The mothers themselves only took full responsibility for newborn care after a few days or weeks. The early newborn period was protracted for first-time mothers, who were perceived as needing training on caring for the baby. Clear gender roles were described, with newborn care being considered a woman's domain. Fathers had little physical contact with the newborn, but played an important role in financing newborn care, and were considered the ultimate decision-maker in the family.

## Conclusion

Interventions should move beyond a focus on the mother-child dyad, to include other carers who perform and decide on newborn care practices. Given this power dynamic, interventions that involve men have the potential to result in behaviour change.

## UN Chronicle

Vol. LI No. 4 2014 April 2015

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

[Reviewed earlier]

## Vulnerable Children and Youth Studies

*An International Interdisciplinary Journal for Research, Policy and Care*

Volume 10, Issue 3, 2015

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

[Reviewed earlier]

## World Heritage Review

n°77 - June 2015

<http://whc.unesco.org/en/review/77>

***Special Issue on Iraq***

[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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